

# A Human Rights perspective on the lived experiences of homeless people in Limerick

A co-produced peer researcher study

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The Legal Framework for Housing Rights in Ireland by Alan Brady, BL.

## Glossary

[Limerick Homelessness Action Team \(LHAT\)](#) - Limerick City and County Council office where assessment and management of cases who present as homeless take place.

[Family Hub](#) - a type of emergency style of accommodation whereby up to ten families shared living space in a building with communal living and cooking facilities.

[Health Service Executive](#) – HSE.

[Irish Human Rights and Equality Commission](#) – IHREC.

[Non-governmental organisation](#) or NGO refers to organisations, sometimes referred to as voluntary organisations or the voluntary sector and in this context work in the homelessness services sector.

[Housing First](#) is an internationally recognized response to homelessness that involves providing housing as a first response to meeting the needs of homeless people along with provision of other co-ordinated supports.

## Executive Summary

This piece of research was commissioned by several stakeholders in Limerick who secured funding from the Irish Human Rights and Equality Commission in late 2019. The stakeholders were representatives of community organisations, of Community Law and Mediation Limerick, and of NOVAS. The research aim was to look at homelessness in Limerick from the perspectives of the lived experiences of those who were currently homeless or who had previously been homeless. A purpose of the research was to determine if and how the aforementioned organisations could work more collaboratively to address needs identified through the research. A particular focus of the research was to look at homelessness as a breach of human rights and what effect that had on people's other rights.

The research took place between February and October 2020 with a pause occurring quite early in the research due to Covid 19 restrictions. The research used a peer researcher model whereby volunteer researchers were recruited and trained to conduct interviews. It was of fundamental importance to the success of the research that rights holders were interviewed by people who had themselves experienced homelessness. The research was thus co-produced in that researchers informed what the research questions would be and furthermore informed the recommendations of the report. The methodology was changed somewhat from solely face to face interviews to accommodating interviews over video technology or using phone interviews. In all, 28 stakeholders were interviewed. 14 homeless people, (6 female, 8 male) 3 community organisation managers, 1 solicitor, 3 NOVAS workers, one Focus Ireland worker, one General Practitioner and the Co-ordinator of Homelessness Services in Limerick City and County Council.

Findings show that those who have experienced homelessness experience significant hardship and even on exiting homelessness are left with a legacy of psychological trauma due to their experiences. The women interviewed all spoke of severe anxiety and varying levels of depression. They reported significant developmental effects on their children and many logistical hardships due to living in confined spaces with no cooking or laundry facilities. They spoke of feeling disempowered and often feeling demeaned by how they were treated by service providers, particularly those in the statutory sector. The men who were interviewed all lived in a hostel. All had been in and out of homelessness for many years. Many had addictions and experience of rough sleeping. There was evidence of physical and mental health issues. All those interviewed felt that their rights were taken from them when they became homeless.

There is a lack of centralised and reliable information available to those who become homeless. It is mostly through word of mouth that they find out information. They find themselves engaging with several services at once which is frustrating and confusing. Nobody interviewed had ever been given an expected timeframe about when they could expect to stop being homeless. Single people who are homeless are not as high priority as families in terms of move on from emergency accommodation. In fact, many of the single men interviewed said they did not feel they had the skills needed to maintain a tenancy. There is evidence that life skills are very lacking for this group and they are very dependent on the support of hostel living. Experiences of key workers were mixed, with many feeling it was a

box ticking exercise and that key workers could not provide any certainty about a move on plan which is what most people needed.

There was little to no knowledge about what community organisations provide amongst those interviewed. The evidence suggests that those in homelessness tend to be living estranged from their communities of origin. Those living in hostels tend to exist in a sub community of their own in city centre locations.

The community sector interviews showed that there is a willingness among managers to reach out more to homeless people. There is a wealth of community services and a lot of local trust has been fostered over years. Services include childcare, adult education, hairdressing, community gardens, youthwork, parenting support, homework support, advocacy services, creative therapies, meals on wheels, older persons services. There is a desire in the community sector to work more closely with NGOs and statutory services working with homelessness. There was acknowledgement that there is expertise in all sectors but that a synergy is lacking which could be used effectively to address the needs of homeless people. The managers interviewed said that there is no doubt that human rights are affected negatively by being homeless and they all expressed concern at the long term effects on people. It was felt that stronger links with the local authority could help in flagging families who would be at risk of becoming homeless. Having a community development worker to work specifically on homelessness was viewed as possibly a workable solution to bridging gaps between the sectors and in garnering the synergy that is possible at an interagency level.

The Co-Ordinator of Community Law and Mediation, Limerick said that a significant number of its cases were related to homelessness. As there is no protection in Irish law for the right to housing and shelter the solicitor said that other avenues have to be explored in order to advocate for and mediate on behalf of clients. They are further constrained by a lack of funding. However they report very good levels of success in getting people housed by making representations to the local authority. The solicitor said that government needs to be lobbied in order to get constitutional or statutory change and that as such stakeholders need to form an alliance in order to effect such change.

NOVAS is a leading NGO in homelessness services provision nationwide. Services include emergency accommodation, detox, family support, addiction services. The staff interviewed said that Housing First as a model of intervention was very important as it provides service users with not only housing but also with wraparound supports to help people maintain tenancies. In terms of what the community sector could provide to homeless people it was reported that previously when their clients had availed of community services that often these relationships broke down. This was described to being due to a lack of understanding of the multiplicity of needs that homeless people have. It was felt that there is an education piece needed amongst the community sector about trauma informed care and safe working practices when dealing with addiction.

Focus Ireland, another leading NGO working with homeless people and those at risk of homelessness provide a range of wraparound supports to their customers including access to housing, tenancy support, support in accessing mental health services, education and

training, and practical day to day living supports. Focus Ireland manage the Housing First programme in Limerick. The project worker interviewed felt that there is a need for more information to be provided to homeless people about community services they can connect with. She felt there is a role for peer support which could be very valuable in helping people connect with services but ultimately she felt that housing must be a first priority as once there is a stable home then people have more success in accessing services that they need in order to take an active role in society.

The GP who was interviewed reported that homeless people suffer significant health problems that are exacerbated by being homeless. He said that the treatment for homelessness is the provision of housing. He pointed out that the health system does not always easily meet the needs of those who are disempowered by homelessness and that he often has to advocate for the needs of such patients. Furthermore he reported that the medical professionals can feel frustrated that they have no power to change the housing status of those who are homeless and thus tend to focus on immediate medical needs rather than more medium term health issues such as screening. Often addiction issues are the focus above all else. He said that there must be a political will to make housing first a priority above all else.

A suite of recommendations are laid out which detail both smaller and larger scale changes that are needed. Recommendations for change were categorized as follows: improving the experience of homeless people; systemic changes and policy changes.

The systemic changes outlined are perhaps the most important recommendations as many others could flow from here. It is recommended that the stakeholders come together along with the peer researchers who have lived experience of homelessness. This meeting would aim to discuss the recommendations of this report and to outline actions that could flow from this confluence. A further recommendation is the creation of a community worker role who would support homeless people across communities and who would be supported in this work by peer support workers. Trauma informed care is an education piece that would benefit community leaders and would remove a barrier that exists to smooth interactions with homeless people. Fostering homeless peoples' connection with their local communities would lead to more interaction with the services that such community organisations provide. Furthermore, dedicated time for homeless people to use community facilities such as sports or leisure could be facilitated, which would provide much needed shelter and a way of passing the long day time hours that would otherwise be passed on the street.

It is recommended that better lines of communication with the local authority and the community sector would result in earlier identification of people at risk of becoming homeless.

Short term improvement for homeless people involve changes to the structures and conditions that people reported as most challenging. It is recommended that the various stakeholders work together in publishing a set of reliable information that is widely available and uniformly distributed by services once a person becomes homeless. The system of having to attend community welfare clinics that are often a distance away from accommodation is very difficult for people especially given that they must pack all their

belongings and move out of the emergency provision and it is recommended that this system is made more user friendly by locating clinics in communities adjacent to accommodation or indeed by replacing face to face visits with other types of check ins using technology that is now widely acceptable as a form of communication. A range of services need to be offered to address the physical and psychological trauma that people endure. Such services should include the offer of therapies and/or peer support, and delivery of daily hot meals if needed. Such services are often available in the community sector and collaboration between the sector could facilitate access to these. Similarly, there is a need for life skills, independent living skills and self-advocacy that the community would be well placed to facilitate.

There is no ambiguity from the findings of this research but that all involved felt that there needs to be a change to legislation to reflect the right to housing and shelter in Ireland. A lobbying alliance to work on achieving this is needed with stakeholders agreeing a set of milestones on how this is to be achieved. There is a need for an over-arching government department that has responsibility for homelessness. Clearly, government policies need a cultural shift from emergency provision to more investment in a Housing First approach as well as investment in prevention strategies. An end to homelessness needs to be an ultimate aim.

## 1.0 Background to this research

This research was commissioned by a number of stakeholders from the community and non-governmental organisation sector in Limerick. The research was funded by the Irish Human Rights and Equality Commission. The aim of the work was to look at lived experiences of homeless people with a particular focus on breaches of human rights. A further focus of the work was to aim to gain an understanding of how the community sector could work more effectively with the NGO and statutory sector in meeting needs of homeless people in their communities. The organisations steering the research were Garryowen Community Development Project, Our Lady of Lourdes Community Centre, Southill Hub, Limerick City Partnership, the Community Law and Mediation Centre and NOVAS. A committee comprised of representatives of the above groups took a steering role in the research.

## 1.1 Introduction – Homelessness in Limerick

Chapter six of the Housing (Misc Provisions) Act 2009 provides a statutory structure to address the needs of people who are experiencing homelessness. Section 2 of the Housing Act, 1988 states that a person should be considered to be homeless if:

- (a) there is no accommodation available which, in the opinion of the authority, they can reasonably occupy or remain in occupation of,
- or
- (b) they are living a hospital, county home, night shelter or other such institution and
- (c) they cannot provide accommodation from his own resources.

While the 1988 Act does not impose a duty on housing authorities to provide housing to people who are homeless, it does clearly give responsibility to the local authorities to consider their needs and expand their powers to respond to those needs. Specifically authorities may house homeless people from their own housing stock or through arrangement with a voluntary body. The Act also enables the local authority to provide a homeless person with money to source accommodation in the private sector<sup>1</sup>.

According to statistics published by the Department of Housing, Planning and Local Government<sup>2</sup>, in July 2020 there were 289 homeless adults in the Mid-west region. These people are living in local authority managed emergency accommodation. There were 45 families and of those there were 70 dependents. It should be noted that these figures do not take account of the hidden homeless or those living in unsuitable accommodation.

The Homeless Action Team is a service provided by the local authority in Limerick i.e. Limerick City and County Council. The service runs in partnership with the Health Service Executive, the Department of Social Protection and voluntary housing bodies. There are a range of accommodations available via contracted services by both the authority and the HSE with voluntary housing bodies, (NGOs)<sup>3</sup>. The accommodation includes family apartments, hostels and women's and children's facilities.

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<sup>1</sup> [www.homelessdublin.ie](http://www.homelessdublin.ie)

<sup>2</sup> [https://www.housing.gov.ie/sites/default/files/publications/files/homelessness\\_report\\_-\\_may\\_2020.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homelessness_report_-_may_2020.pdf)

<sup>3</sup> [www.limerickcoco.ie](http://www.limerickcoco.ie)

The Co-Ordinator of homelessness services for the local authority was interviewed. The role of the Co-Ordinator is to deliver on and roll out any services in Limerick related to emergency provision for homelessness and also to manage the Homeless Action Team (HAT). Limerick City and County Council has the unique benefit of having a Co-Ordinator of Homelessness services who has many years' expertise across the homelessness sector.

The typical service users are *'anyone who would have come in at risk of being homeless, anyone currently in hostel or homeless bed in the city.'* Furthermore, there is follow up with people who become housed by the local authority to ensure tenancy maintenance.

#### 1.1.1 How the local authority addresses the needs of homeless people

The Co-Ordinator stated that *'the council has a statutory responsibility for anyone who presents as homeless. If they are assessed as homeless, emergency accommodation is offered (if it is available). The authority works with the NGO sector and the statutory sector (Health Service Executive) in providing beds.'* The authority co-funds these beds in conjunction with the HSE and various NGOs. Emergency accommodation is also provided to families in hotels and, pre Covid 19, in family hubs.

#### 1.1.2 First contact

The Homeless Action Team is the first point of call. Often a homeless (or at risk of homelessness) person will contact the local authority or different sources: *'for example NOVAS may get someone presenting to McGarry House and they would refer them onto us.'* Sometimes the referral is through a professional e.g. from a hospital or social worker. The team conducts a Holistic Needs Assessment with the person.

#### 1.1.3 Prioritisation of cases

Cases are prioritised according to assessed need. Families are prioritised over single people. The Homelessness Action Team office has 2 duty workers. The Co-Ordinator said that the resource is limited because of this but applicants are generally given appointments within a week, with urgent cases prioritised. The ideal time frame for achieving housing for an applicant is 6 months but the Co-Ordinator stated that it is very rare for that to happen due to a multiplicity of factors. A significant factor is that there is little availability of single bed accommodation in the city or county. There is a shortage of housing generally, and what is available tends to be three bedroomed.

At the time of interview (July 2020) the waiting list for housing was 5,000 people (2,500 of these are seeking transfers) with approximately 50% the remaining 2,500 of those being single. Those who are living in emergency provision are the smallest number of this group (approximately 120 families and 170 single people) but they are in the greatest level of need.

With regards to those who are living in emergency accommodation for a long time, the Co-Ordinator noted that people living in such provision can run the risk of becoming institutionalised and very dependent on that type of accommodation in terms of having the company of others and the support of staff without the responsibilities of maintaining a tenancy.

*“You lose your independent living skills, you are not allowed cook, or budget. The other big factor is isolation. People are well minded in there, they have good support, people they can chat to, if they move out, the silence is actually hard for them.”*

There is thus another gap in housing provision. The housing required by people in this category is some form of supported housing that has co-ordinated support structures in order to meet the needs of tenants. This is a Housing First model and there are 13 units in Limerick.

It was acknowledged that it is easier to house those who do not have drug or alcohol misuse problems or severe and enduring mental illness. While the authority is keen to break with institutionalisation as it is difficult to live in hostels, suitable accommodation is not freely available for such clients and as such the hostel may be a more appropriate place to live in in the absence of appropriate supported housing.

*“There is a safety in it, there is a sense of community, but if you don’t get people out you are creating that institutionalisation.”*

*“I don’t think closing the hostels will happen, some people need it, need the support, but I’d like for them to be smaller, or for them to get that support in an individual living space.”*

There are 3 options available to the Council in housing people. The Housing Assistance Payment is a contribution to renting in the private sector. But as noted by the Co-ordinator *‘private rental accommodation is pretty much wiped out’* due to shortages it is increasingly difficult to house people in this way. The Rental Accommodation Scheme is another form of rental support. There is little turnover in local authority housing, thus the council directs people to Focus Ireland, NOVAS, the Peter McVerry Trust, Sofia Housing all of which are NGOs in housing provision.

#### 1.1.4 The role of Housing First

The Housing First model which is provision of housing in communities with wraparound supports provided to tenants, is regarded as the gold standard in terms of success in ending homelessness. The Co-ordinator noted that:

*“NOVAS, Simon and Focus did housing first for a few years in Limerick, (24 hours wraparound service), with Focus Ireland now having the tender for this. The target is 30 units over a three year period. They have 13 clients in housing first, which are scattered in housing estates. There are no failed tenancies, no return to hostels, they are visited as many times as they need. Its client led and is viewed as a very successful model. If a tenancy is at risk of breaking down the tenant is moved to a temporary unit where they are given a chance and the support to maintain the accommodation.”*

The Co-ordinator of Homeless Service with the Council noted that helping those in recovery from addiction is very difficult *‘when they are with others who are in addiction in the hostel.*

*It's very difficult to give everything up, your peer group, etc.'* The team work with drug and alcohol services to access step down units for those who want to move on.

#### 1.1.5 Effect of COVID 19

There were some perhaps surprisingly beneficial effects of the COVID 19 lockdown on the sector. There was an immediate move to house families living in the family hubs around the time of the lockdown. 8 people were subsequently housed in the hub from a hostel.

*"They housed 8 from a hostel, now they don't want to leave it, the idea is you co share, with others, you don't move back to a hostel."*

The women who were interviewed who had been moved were very happy with the sudden move to housing. Similarly, the interviewees in the hostel which became a 24 hour service (as opposed to 12 hour) were very pleased with the day time provision of shelter. They reported improved interpersonal relationships, improved relationships with staff, feeling more safe than on the street and a reduction in addictions. The staff in the hostel also reported having much more meaningful relationships with service users due to spending time with them during the days.

#### 1.1.6 Human rights

While there is no right to housing in legislation it is the authority's responsibility to provide a housing service whether that is temporary/emergency accommodation, step down accommodation or more permanent housing. The Co-Ordinator said that *'the right to have a choice over where you live does not happen.'* A person cannot refuse the accommodation offered to them.

*"You can't really refuse, but if you have special circumstances that would be alright but a lot of the lads don't have a voice to be able to say that."*

Furthermore, being disempowered by being homeless or your personal circumstances may mean that the homeless people have not kept themselves on the housing list and that has an effect on where they come on the list over time.

#### 1.1.7 Need for wraparound supports

People who have lived in emergency accommodation for a period of time have a need for developing skills related to maintaining a tenancy as well as independent living skills. The Co-Ordinator stated that support needs to be offered to everyone and this support is offered through the mechanism of a key worker who plays a vital role.

*"When you build a relationship with a key worker, that is who will help you with that. Those are the relationships that are important. Most of them, give above and beyond because they want to help you, budgeting support is very important, estate management is very important too."*

The Co-Ordinator reported that a lot of time is spent on making sure that somebody is a right fit for a house, there are Garda checks, mental health and addiction supports as well as the aforementioned tenancy skills. The supports are available from drug and alcohol

services, and the NGO sector. The Co-Ordinator meets with these agencies regularly to maintain good communication about cases.

#### 1.1.8 Links with the community sector

The Co-Ordinator said that her staff would have some contact with some services provided in communities depending on the needs of individuals and families. However, it was noted that the Homeless Action Team is city centre based where there are few community organisations. She said that what occurs is that a mini community is created in the homeless population in the city centre that is not linked to any formal community organisation or infrastructure and as such is segregated. In the Housing First model the links with community organisations becomes more important as the housing is located in the centre of communities.

She was open to the idea of more community sector involvement in addressing homelessness citing that she has a working relationship with a home school community liaison officer in a school which she finds really helpful for flagging families who are at risk of becoming homeless.

*“There would be great value in having a stronger connection [to the community sector], at a strategic level there could be involvement but also at a small local individual level. I could facilitate meeting with those who are interested, that would be a very good use of my time.”*

*“It would good to have a forum, but you have to be strategic, it has to be action led, and you could have that but nothing replaces the personal relationships, if you want to take personalities out of it you have to have a formal structure. I think it’s important to have something but it needs to be ironed what that exactly is.”*

#### 1.1.9 Barriers to ending homelessness

The Co-Ordinator identified the following barriers to ending homelessness: appropriate housing – housing that is close to services, on a bus route, with sufficient wraparound supports to meet peoples’ needs. The early intervention to prevent homelessness she regards as the hardest piece to put in place. Structurally, the systems in place do not lend themselves to supporting a prevention piece.

*“All the charities are a business, they get less money for preventing homelessness, it’s a national problem. The hostels don’t focus on a move on plan, they manage the day to day needs, That’s a culture change that we need to look at as well.”*

#### 1.1.10 Summary

While it is the priority of the local authority to house people in a timely manner what happens in reality is that many live in emergency provision for longer than 6 months and often for years. This particularly affects single homeless people, especially men. There are few housing units to accommodate single people in Limerick city and county. The result is that those in emergency provision become dependent and institutionalised. Many would not have the skills to maintain a tenancy. Accommodation which provides co-ordinated supports is what is needed but is in short supply. Families with children are prioritised over

others. The saturation of the private rental sector means there is little move on to this. The housing assistance payments are not enough to cover rising costs of rents. There is strong communication between the NGO homelessness services in regular ongoing reviewing of cases. Such communication is not strong with the community sector. There is willingness from the Homeless Action Team in the local authority to create such communication with the sector.

## 2.0 Methodology

This piece of research was qualitative in nature, aimed at capturing the lived experiences of a cross section of homeless people in Limerick with a particular emphasis on the human rights perspective. A peer researcher model was used whereby two people who had previously experienced homelessness were recruited as volunteers and trained to carry out interviews<sup>4</sup>. The researchers were accompanied by the lead researcher on interviews who took the role of note taker and also as a safeguarding measure. Desk research included a treatment of the legal framework for housing rights in Ireland, carried out on behalf of the committee by the Community Law and Mediation Centre.

### 2.1 Ethical considerations

All due regard for ethical considerations was adhered to including the following:

- Ensuring voluntary and informed consent before participation
- Protecting the anonymity and confidentiality of participants (unless permission is granted to identify a participant)
- Informing respondents of their rights under data protection legislation

Originally, it was planned to hold face to face interviews with participants however due to Covid 19 restrictions the methodology shifted to accommodate these restrictions. In all 24 people took part in the research.

Phone interviews were carried out with 5 of 6 women (one woman was interviewed face to face) who had lived in emergency accommodation. As restrictions changed face to face interviews were held with 8 men who lived in a hostel. Zoom interviews were held with some stakeholders and further face to face interviews were held with others stakeholders. In all 8 stakeholders who represented service providers were held.

4 – Non-governmental organisation homeless services

3 - Community organisation managers/CEOs

1 – Head of Homelessness Services in Limerick City and County Council

1 – Manager and Solicitor of Community Law and Mediation Centre Limerick

1 – General Medical Practitioner working with homeless people

The rationale for the peer research led model that was used in this study was very important as it gave the research a unique authentic value. The volunteer researchers had lived experience of having been homeless and could add valuable knowledge and understanding to the piece of work. Having the researchers lead the interviews meant that many barriers were broken down between the research team and the participants who had experienced homelessness. Furthermore having people who had experienced the system during homelessness conduct stakeholder interviews meant that they had a unique perspective on what questions should be asked. The co-production of the research questions and of the recommendations provided a strong element to the study.

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<sup>4</sup> This involved attendance at 10 hours of training in qualitative research, interviewing skills, role play, and Privacy and GDPR, as well as ongoing support before and after interviews.

## 3.0 Summary of the Legal Framework for Housing Rights in Ireland

### 3.1 Introduction

Under international law, there is a right to housing in some cases. Ireland is a party to international treaties which provide for a right to housing (for example, the International Covenant on Social Economic and Cultural Rights and the Convention on the Rights of the Child). These treaties place an international law obligation on the Irish State to realise those rights. However, those treaties are not directly enforceable under Irish law in the Irish courts. There is also no express right to housing in the Irish constitution.<sup>i</sup> This means that, even though it is possible to speak of housing as a human right in Ireland, there is no current way of enforcing it as a constitutional or human right in the courts. What is possible is to enforce *statutory* rights relating to housing. This means that the legal rights a person can rely on have come from legislation (also called statutes) passed by the Oireachtas. The Housing Acts 1966 to 2019 are the main source of statutory housing rights in Ireland. There have been fifteen Housing Acts since 1966 which deal with various aspects of the public housing system along with aspects of other legislation which affect the public housing system.

### 3.2 The Housing Acts

The Housing Acts do not give a stand-alone right to be provided with housing. The Courts have been clear that they will not make directions about the allocation of resources in anything but the most extreme cases.<sup>ii</sup> They do give a person a right to apply for social housing support (the housing list) or to apply for homeless accommodation and to have their application considered based on specific factors. In certain very extreme cases, the courts have been prepared to find that a Council was obliged to do something to house someone; but where this has happened, there has usually been some very serious factor in addition to the lack of housing (for example a severe disability).<sup>iii</sup>

#### 3.2.1 The difference between the housing list and homeless accommodation

Social housing support and homeless accommodation are two separate and different legal systems and the council has different powers and they each operate in different ways.

#### 3.2.2 Social Housing Support

Social housing support is the power to provide a household that has a housing need with long-term accommodation to meet the household's housing need. Being accepted by a housing authority as having a housing need that can be met by social housing is often called 'going on the Council's housing list'. All of the Councils have lists of people waiting to be provided with long term housing.<sup>iv</sup> There are eligibility tests which have to be met to go on the housing list. Once a person is on the housing list, they are eligible to be offered housing by the housing authority. This is done through an allocation scheme.

#### 3.2.3 Homeless Accommodation

Homeless accommodation is different. The power is not designed for the provision of long-term accommodation. There are not as many eligibility tests, but also the accommodation is meant to be temporary in nature (although currently some households spend many months in such accommodation). A person does not have to be on the housing list to be entitled to homeless accommodation.

**Please see Appendix 1 for a complete discussion on the legal framework for housing rights in Ireland.**

## 4.0 Findings from Interviews

The purpose of the interviews with homeless people or those who had previously been homeless was to ask about their experiences of being homeless. The aim was to find out what their experiences of emergency accommodation was, their experiences of other services, their perspective on how their human rights were affected, how physical and mental health was affected and how children were affected.

### 4.1 Women who had lived in emergency accommodation

#### 4.1.1 Introduction

6 women were interviewed ranging in age from 24 to 46. All women had children, (between 2 and 7) In 5 of 6 cases the children had also lived in emergency accommodation, with one being born while in emergency accommodation.

*“When he was born he was brought home to a hotel, I just got on with it”.*

Typically women were in emergency accommodation from 7 months to 2 years and were homeless from periods of 7 months to 3.5 years. The accommodation offered had initially been hotels, followed by a move on to a family hub, (and in one case accommodation was addiction related). At the time of interview all women had been housed either in private rental accommodation with support from HAP or through housing provided by a Non-Governmental Organisation (NGO).

#### 4.1.2 Pathways to becoming homeless

5/6 of women interviewed found themselves homeless due to factors such as rising rent, family relationships breaking down, or overcrowded existing accommodation.

*“We were staying with partners mother, a two bedroom house, 9 people, it wasn’t fair on anyone, we were all sharing, we had no option, we had no heating, I couldn’t bring a new born to a house with no heating”*

In some cases housing that was not fit for purpose. One women had become homeless due to addiction. The women reported that they never would have thought that they could become homeless, they said they felt stressed and bewildered as the reality of their situations became apparent.

*“I thought ‘ I’ll find a place no problem’ but I didn’t realise that rents had gone up so much, I needed two bedrooms with two kids, all apartments were €1000 and I had been paying €600 a month, for years, it literally doubled in 4 years, I kept trying and trying and wondering what I was going to do.”*

They all reported that they had no idea where to go or who to go to in order to get help. This information was gleaned by word of mouth over a period of days.

*“I went to [local TD) to get advice, asked what my options were, he told me to present myself as homeless, and I was like ‘no way’, I had my money for rent and*

*everything, but I had no other choice, it killed me, degraded me to present myself as homeless.”*

5 of 6 presented themselves at the Limerick Homelessness Action Team (LHAT) where they did find out next steps in terms of being accommodated in emergency accommodation. 3 of 6 spent time sofa surfing, sleeping on mattresses on floors, and relying on being accommodated by family in overcrowded situations which eventually became untenable.

## 4.2 Experiences of services

### 4.2.1 LHAT

All of the women found their experiences of statutory housing services very stressful.

*“I got no support I felt like I was on my own . . . nobody cared, not one person cared that I was homeless.”*

The interactions were characterised by a lack of information about pathways out of homelessness, and too many service providers being involved in their case. While all were anxious about finding out when they could expect to get accommodated this information was not forthcoming and the evidence suggests it is information that is just not available to service providers. Time was spent having to repeatedly call to advocate for themselves either in person or by phone, most reported that they called for help to local representatives in the council or local TDs to try to get some further advocacy for their cases.

*“Everything is frantic, what do you do where do you go who do you talk to? Should you not be given a folder with information to help you? They assume that you can figure it all out.”*

*“The LHAT team gave me terrible hassle. I will never forget the experience as long as I live. They couldn’t help me, if I couldn’t get money from the community welfare, I’d go back to them but they would say ‘well if she couldn’t help you we can’t do anything’.”*

The first offer was always hotel accommodation then followed by move on to a family hub. Often families had to source their own hotel room. In cases where one or both partners were working a contribution was made toward the cost of the hotel room. Moving to a hotel room meant that a family of between 3 and in some cases 5 people were living in a room together with no cooking facilities and limited space.

Once accommodated and if entitled to the Housing Assistance Payment (HAP) the search for private rental accommodation began which in all cases proved very difficult due to inflated rental costs. One woman viewed 52 houses over a two year period. Another reported driving around the city photographing houses that appeared vacant (boarded up) so that she could inform staff in her local TDs office who would then advocate with the council on her behalf to get a house done up and made available for her.

When some of the women were offered council accommodation they found that the accommodation was not ready, for example an outstanding heating bill had to be cleared before one woman and her family could move in, or the standard of the accommodation was not fit for purpose.

*“The house was a building site when I moved in.”*

The women described the chaos of living week to week, sometimes day to day not knowing where they would be sleeping that night. This is due to a system whereby they had to present at the community welfare office to get money to cover hotel costs week to week. Sometimes women were told to come back in half an hour that there was nothing for them at that particular time. These women often had all their belongings with them as they would have had to check out of the hotel.

*“I can’t even describe to you, it made me feel so sick, I got paid on a Friday, I’d be getting sick on a Thursday night, not knowing if I’d have a roof over my head the next day . . . if I’d be looking for a couch to sleep on.”*

*“[I would] check out of the hotel sometimes twice a week, take all my stuff with me, out to the clinic, wait to see if I could get paid, I’d be walking all over Limerick with all my bags hanging off my buggy. Sometimes LHAT would give me money for two nights, so I’d be okay then until Friday.”*

#### 4.2.2 Community welfare

5 of 6 of the women interviewed reported very negative experiences to attending their local community welfare office. They reported feeling degraded by the experience, felt spoken down to by staff and felt anxious about whether they would receive money to cover accommodation for the next few days.

*“I had to go to [the local] clinic, I was so nervous I used to have anxiety in my stomach, I used to be sick going into her she was so ignorant to me.”*

*“. . . and that’s one place where they made shit of you, they made you feel like shit, I didn’t want to be out there collecting cheques, it’s embarrassing enough to be out there, I hated going out there. It was horrible. They were the only people who were hard to deal with but that is when I met other people who were homeless. We would be talking about our experiences and it was the same for everyone really.”*

There was evidence that there was peer support and information share amongst people using the service as indicated in the quotation above. Most of the interviewees reported sharing information with others either within emergency provision or subsequent to moving on to housing.

Attending the community welfare office regularly was also difficult in terms of having to pack up belongings and bring them sometimes quite a distance across the city.

*“The biggest struggle was not knowing where I’d be tomorrow. I’d be dragging the steriliser and baby’s bottles around on the buggy.”*

#### 4.2.3 Hotels and family hubs

The experiences of women who lived in emergency accommodation were mostly reported as being very negative. The following reasons were cited as being a source of stress:

- Lack of space
- Lack of privacy
- Difficulty sharing communal kitchen space with others
- Behavioural challenges in children being reared in confined and public space
- Sleeping difficulties in children
- Developmental difficulties in babies and smaller children
- Psychological trauma for older children

When they got accommodated the women initially reported feeling relieved even delighted but after a few weeks reality was different. It was challenging living in a small space, having to fill time, having to sign in and out, cope with disturbances from others, having no access to cooking facilities, having to prepare baby bottles in hotel room sinks. Children suffered with poor sleeping patterns, challenging behaviours, developmental issues (delayed crawling, walking), both adults and children had no privacy from each other and maintaining good adult relationships was difficult.

*“He was reared in one room, he had his breakfast and dinner in one room, I left him away with more, his sleep was the biggest thing of all, he wasn’t going to bed until 5 in the morning because in the hub during the night there were people arguing with each other, or other people kids up in the nights screaming.”*

*“Imagine having takeaway for breakfast, lunch and dinner, I didn’t know I was entitled to get vouchers from [the community café] You couldn’t do a food shop because it would go off.”*

Again, we see the lack of centralised information leading to further hardship like difficulty accessing healthy meals. While for some there was initial respite at being accommodated in a hotel the difficulties of the situation soon became apparent.

*“Living in the hotel was great for the first few weeks but as it went on I got badly depressed, I had to leave bottles in the sink to cool, had to wash clothes in the bath, could only make Weetabix or pot noodles, I had to go to my family’s house to make dinners, NOVAS said I could get a voucher, there’s a [community café] but to be honest I never did that, it was the thoughts of walking down there. . .”*

While the interviewees said that the hub was better than the hotel in that there were cooking facilities and a play area, the difficulties of small space and confinement remained.

The hotel was regarded a very unsuitable situation for taking care of babies.

*“I had nowhere to sterilise bottles, I had to boil the kettle to sterilize bottles in the sink, I had to do it one by one, no clean water, no fridge, nothing, nowhere to keep bottles when they were made.”*

Those who raised babies in emergency accommodation reported noticing developmental difficulties at key milestones.

*“The new born was affected the most, walking, there wasn’t room for a walker, even in the hub, there was no room for crawling.”*

The lack of privacy was a source of anxiety cited by most, with one woman reporting that her 12 year old boy refused to leave the bedroom all the time he was living there. The women expressed discomfort with the CCTV cameras.

*“I was never fully comfortable, as soon as you walk out your door you’re on a camera. You know there is someone watching you, you feel like a robot to be honest”.*

Again the psychological effect of not having a secure home was disturbing for children.

*“He was confused when we moved to the hub from the hotel. He thought that the hub was his house. He would climb into the wardrobe if he had a tantrum if he wanted to be on his own, if they were bold there was no naughty step.”*

*“I think there should have been counselling for kids, my son he went through so much, there should be after care.”*

The women reported that the environment of emergency accommodation was unstable for adults too with lack of privacy being a significant issue.

*“Obviously the hotel was bad, there was a fight next door, there was a knife involved, it was very disturbing for adults, not to mind children.”*

*“My partner worked, when he came home he was surrounded by chaos, lot of smoking going on, I didn’t want that around my children. We had to adapt, to the way it was, that was horrible to have to say to a 4 year old and 3 year old, ‘adapt to your surroundings’.”*

*“If you had to get dressed, you’d put yourself into the bathroom, you couldn’t use the internet, not with your children in the bedroom. It was hard on a relationship, you didn’t have privacy, you couldn’t walk away if you were having an argument.”*

#### 4.2.4 Non-governmental organisations/voluntary sector

The women had mixed experiences with key workers. Often they reported a delay of up to 6 months before getting assigned a key worker, one was assigned an addiction key worker which was inappropriate as she was not in addiction. They felt that key worker time tended to be a box ticking exercise when they lived in the hotel or hub. Again what they wanted

from key worker meetings was a plan on how to move forward out of homelessness. This was information that key workers were not able to provide. Typically they were told *'there is nothing for you'*.

*"Every now and again you'd be called in to give you an update but they would just say we are trying our best."*

*"I had a keyworker from NOVAS. It was constantly being changed. I had to link up with someone new each time I got back to the hotel. There was no one who actually got to know me."*

*"The key worker in the hub was lovely."*

Experiences of key workers once the women were housed were very positive.

*"I have a new key worker she is brilliant, she's so good to me, anytime I need to talk she is there for me. Things around the house, anything I needed fixed, she will bring a shopping bag every month with sugar or tea things like that."*

*"I have a housing liaison officer who calls every week now. She is really good to me."*

#### 4.2.5 Community organisations

In general, the women reported not having knowledge of community organisations or what they could provide. They said that their entire focus was on getting out of homelessness and engaging with adult education for example was not a priority. Some reported having a vague knowledge of community organisations, for example one woman knew there was a community café that she was offered meal vouchers for, but apart from this basic knowledge they did not see community organisations as being a source of help or support to them.

*"I don't really know because all I needed was not to be in the situation."*

*"There isn't anything to be honest, not in my area. We have nothing in Garryowen. The likes of Southill and Moyross they have community centres, youth groups, we just have a small little hall."*

*"People make use of what is there but where we are there is nothing. Its more for elderly people. For the likes of myself, with kids going to school. We haven't got anything like that. I'd make use of it if it was there. Maybe if I had had that support I may have gotten through it easier."*

#### 4.3 Human rights

The women all felt that their human rights had been breached by being homeless. They cited factors such as lack of respect shown to them by statutory organisations, the invasive nature of CCTV surveillance in the family hub and hotels with the associated lack of privacy.

#### 4.4 What helped in overcoming homelessness

The women reported that getting housed was the most important help that they got. They also cited help from local TDs, along with hope for a better future for their children, as factors which helped them. However, there was evidence of the significance of the long term legacy of having experienced homelessness and emergency accommodation.

*“Getting the house... having an address that was my own, I had security for my children, the idea of the house, I could lock my door, my kids are safe, that it was there for us. Their safety that was my priority.”*

*“I put a lot down to [local TD]. I think today if I didn’t do as much work as I did I would not be housed. He would ring up on my behalf, put in my name for them, I’d take pictures of houses that were boarded up and get the address and bring them into his office so he could see about opening them back up. His staff were very helpful too.”*

*“My child is what helped me the most, he pulled me through everything. I needed to do it for him, he was the main person I did it for. I have nothing good to say about them. (LHAT) They should treat people as individuals. My child is happy now and I’m happy. My best experience was getting the keys of my own front door and walking my child up the stairs. I’ve been on the council list for 14 years, they know I have anxiety and asthma.”*

There was evidence from both women and staff that there was a long term impact from homelessness.

*“I remember the guy who got me the house, we were having a real chat, it wasn’t an interview, and he said I just want you to know when you do get your house, it’s not going to be all rosy, it’s not going to be magic, this will stick with you, I’ll never forget those words. I remember sitting in the house still feeling that emptiness. It hasn’t left me, it’s really strange and weird.”*

#### 4.5 Physical and mental health

All interviewees reported a significant impact on their mental health. They also reported physical health symptoms being exacerbated by stress such as asthma, and back pain. The mental health effects were reported as being severe and long lasting and could be described in some cases as post-traumatic stress. In one case, a woman recounted eating out of bins when rough sleeping which she said is very difficult an experience to forget.

*“Mentally my head was wrecked, I was homeless thirty years ago, sleeping in bushes and gaps in walls, when it happened again I had a rough old head on me. When I was on the streets there was times I ate out of bins.”*

*“It has affected me so much, it’s never going to leave me ever, I don’t think I’ll ever feel right, it was out of my hands, there was nothing I could do, even if I had a job I still wouldn’t have been able to afford it.”*

*“I was moved into the hub for another year, shared with ten other families, under surveillance, it was very, very hard on my mental health and everything. I still haven’t adjusted to normality.”*

*“I’ll never, ever think I’ll be over homelessness, it still affects me, it’s never going to leave me, I thought ‘oh I’ll get a house and everything will be fine’, it’s so hard to adjust to being in a house by yourself, its completely different scenario, you have to adjust to a new way of living again.”*

#### 4.6 Summary

A lot of stress was reported by the women who had experienced emergency accommodation. The clumsy architecture of a system that requires you to pack your belongings once a week, leave a hotel and re-present yourself at a community welfare office, perhaps miles away from your emergency accommodation leads to high levels of anxiety and stress among those relying on community welfare funding. There were several reports of lack of respect being afforded to homeless women by service providers in the community welfare office. Living in a hotel with children resulted in poor diet, poor mental health for both adults and children and developmental issues for younger children. Experiences of key workers was mixed, with long delays being experienced in being assigned a key worker. As key workers had no information for women on how long they would be in emergency accommodation it was felt the meetings were of limited value. The women had little to no knowledge about the services of community organisations. They all felt their rights were negatively affected by being homeless. They felt a lack of dignity and respect shown to them by services. All reported signs of post-traumatic stress even after being housed.

Lack of centralised reliable information about how one tackles their homeless situation is apparent. The typical journey involved interaction with LHAT, Community Welfare, and NGOs. The silo effect clearly leaves homeless people floating between organisations with no clear pathway out of homelessness or indeed approximate timeframe so that expectations could be managed.

## 5.0 Findings from Interviews

### 5.1 Men living in hostel accommodation

#### 5.1.1 Introduction

8 men were interviewed in what was typically a night time hostel, known as the 9-9. Due to a lockdown to contain COVID 19 the hostel had remained open 24 hours a day for over two months. They ranged in age from 20 to 44. 5 of 8 had children. (between 7 and 2 children each) None had custody of their children and some maintained a relationship through visits. Most had emergency accommodation in the hostel from a minimum of a few weeks to a longest consecutive period of 8 months but there was a trend of long term homelessness with some reporting being homeless for over ten years on and off and having stayed in a variety of hostels/emergency accommodation.

#### 5.1.2 Pathways to homelessness

The majority reported that they had a history of being homeless for years. Some had spent time in prison, some had maintained tenancies for months to years at a time. The men interviewed reported that their accommodation situations had broken down due to job loss, breakdown in family relationships, inability to maintain rental payments due to disorderly behaviour and/or addiction related issues. Before getting a place in the hostel some had stayed with friends for periods of time. One young man had entered care when he was 16. Most of the men interviewed had experience of rough sleeping for periods of time due to the hostel being full, or prior to finding out about the hostel.

*"I was walking around the town for most of a month as this place was full."*

*"I was on the street for 1 and a half years. Every day at 7 I would get food from a charity on the street."*

When a person became newly homeless typically they did not know of any services that could help except for *'the people giving out the food.'*

All reported very negative experiences of rough sleeping with one man even resorting to getting himself arrested so that he would have a bed in prison rather than continue sleeping rough.

*"I had to go to jail to get off the streets, had to get my mother to report me because of a barring order, [she had against him] I felt I had no other option but to use the system to get a roof over my head."*

While others turn to begging.

*"Of course I want normal life, but every day is just tapping ."*

## 5.2 Experiences of services

### 5.2.1 Introduction

Services used by the men apart from Limerick Homelessness Action Team (LHAT) included the Simon Community, food banks and a soup run, Slainte and Ana Liffey (addiction services), NOVAS McGarry House, the Peter McVerry Trust, Focus Ireland, and St. Vincent de Paul. In line with the womens' experiences, all reported finding out about who to go to for help through word of mouth.

*“. . . through the grapevine, the lads in the train station, I never knew about this place, they told me about the 9 to 9.”*

The first point of engagement was usually the hostel or LHAT. Their experiences of LHAT was to present themselves as homeless and to fill out forms. This would result in them being processed to assess entitlement to the Housing Assistance Payment (HAP). Each morning the hostel would be cleared out and the procedure is that one must present oneself at the LHAT office in order to secure a bed again for that night.

*“You are not guaranteed a bed each night, you have to go straight down to LHAT each morning.”*

Some had experience of securing private rental accommodation with HAP but usually these tenancies broke down. Some had been informed that they were on the local housing list but that it could take years to secure housing. There was a general consensus that it was impossible to secure private rental accommodation due to the rising cost of accommodation.

*“I'm on HAP, but its hopeless, because everywhere is over €1000.”*

The men all said that they had never been given a timescale about when they could expect to get housed. Frustration was expressed at the lack of a centralised information and thus a obfuscation of potential pathways out of homelessness.

*“There is no one to report to, the HAT is a joke, they tell me go to the Council, they send me back to LHAT, back and forward and back and forward, then if you want to get referred to the Simon Community, you have to go the council about that, then they say ‘it's nothing to do with us go back to HAT’, I went back to Focus, they said ‘you have to go to LHAT’ so I went back there, and they told me to go back to the council.”*

Interestingly, most interviewed reported a significant improvement in their lives when the Covid 19 lockdown meant the hostel became a 24 hour service. Tenants were given access to the building during the day as well as a night time.

*“I'd prefer to be in jail rather than being back on the street. it kind of turned into a small little family, everyone has got your back, some fellas would smoke a bit of crack*

*but they'd never push it your way when you are inside. It just shows you the bond you can build with people."*

*"It is good that it is open all day, it is perfect, it is good not to be out in the rain. They help me, no problems, I'm happy."*

### 5.2.2 Non-governmental organisations

Those interviewed were very positive about their experiences with the staff in the hostel. They felt respected and treated with dignity, saying the staff could not be nicer. However the evidence was mixed about key worker experiences.

*". . . No experience of key worker, we are all getting assigned one, we heard the other day. I did meet a housing officer, but I couldn't follow it up every week because I kept getting locked."*

*"No one has ever sat down and say we'll do this, I had to ask who is my keyworker? They do nothing with you."*

In other emergency accommodations in the city some reported having had key workers who had helped them.

*"I had a keyworker in McGarry house, did courses, found it very good, did farming, counselling, all suggested through my keyworker."*

*"The Peter McVerry Trust are great people, if you prove to them you are not messing, then they will help you, if you go to all of your appointments, they will help you. If you show them you really want to get out of where you are."*

*"Had meetings every week, was working on a farm a few times a week, it was going very well."*

### 5.2.3 Community organisations

The men reported very limited knowledge of community organisations or of what they did.

*"I didn't know they could help, I didn't know that until now."*

Some expressed interest in pursuing adult education courses however there was an underlying theme that getting out of homelessness and addiction was a priority.

*"If I got off the heroin I might be interested. "*

Some said that they would feel shame going to a community organisation as they have a sense of embarrassment about being homeless and would fear being judged.

*"Over being homeless you feel like they're all looking down on you."*

*“Shame, 100% shame, your own look down on you when you are at your lowest point. When I walk down the town people just ignore me . . . your own community.”*

Others felt that such organisations could have a role in directing a homeless person on how to access services, specifically direction on pathways out of homelessness.

*“Guidance, where to go and what to do, who to speak to. I had to figure it out for myself.”*

There was a general feeling that the system is disparate and disorganised and thus it is very difficult to access clear information. Largely it seems that people find out about services through word of mouth rather than through an official process. The system seems to work on an ad hoc basis which adds to the chaos that these men are experiencing. Some said they would like to pass on the knowledge they have gained about the systems to others who are in difficulty and indeed there is evidence that this is happening on an informal basis in hostels.

*“I’d love to do something like that, addiction and homelessness is all I know, if I could help someone at all to get out of a spot that I used to be in.”*

### 5.3 Human rights

When asked if they thought their human rights were affected through being homeless the men spoke about lack of dignity, loss of freedom, feeling ashamed of their situation, being shunned by their community. Some said that you have a right to have a roof over your head. Others said they did not know what rights were being affected.

*“We are made feel that small.”*

*“Human rights? That’s all gone down the toilet bowl, gone.”*

*“I never thought it was going to come to my own doorstep, I was homeless within half an hour. In 1922, it was set out in first Dail Eireann that no man woman or child should be hungry, unhoused or cold.”*

*“You have a right to have a roof over your head.”*

*“Your liberty, your personality, the shame on your family, you can’t hold a conversation with people.”*

*“I wouldn’t know what rights are being affected. I wouldn’t have a clue.”*

### 5.4 Physical and mental health

3 of 8 of the men interviewed reported various physical ill health problems, (blood clots, respiratory disease). 2 of 8 reported mental illness and it was obvious in interview that all suffered despondence and despair due to their situations.

*“I have no feelings, no empathy, buried like stones in me.”*

The men are also vulnerable on the street, one reported having been stabbed and physically assaulted. Suicidal ideation was also a feature with some.

*“You feel like jumping off the bridge, I have felt like doing that.”*

One reported having experienced a sexual assault which made him feel suicidal.

*“I want to throw myself into the river over that.”*

Managing good diet and nutrition was also a difficulty.

*“I was not eating well when I started, I started eating when I got in here. If I was out on the street, I was under pressure.”*

## 5.5 Summary

The men interviewed were entrenched in a cycle of homelessness with most having been homeless for years. Rough sleeping had been a feature for most prior to hostel living. Tenancies which had been held broke down, many were in active addiction to drugs and/or alcohol. Family relationships tended to be fractured. The men had used many services – LHAT, those of NGOs, addiction services and food banks. Again no timescale was ever given to these men as to how long they could expect to be in emergency accommodation, there is little hope of move on. Many felt they would not be able to live independently. There was much evidence of poor physical and mental health. Some reported feeling suicidal at times. There was lack of key worker experiences reported by the men. As the hostel was usually night time provision this was not available. With regards to community organisation services the men said they would feel great shame in attending such services and felt that they were cut off from their communities. Most had little knowledge of what services were available. All felt that they had few human rights.

## 6.0 Findings: Services

### 6.1 The community sector

#### 6.1.1 Introduction

4 Managers/CEOs of community organisations were interviewed. The community organisations address social disadvantage and work towards inclusion in the community. The size and thus reach of the organisations varies, with one having over 90 employees and another having 8. The business of such organisations involves childcare, adult education, hairdressing, community gardens, youthwork, parenting support, homework support, advocacy services, creative therapies, meals on wheels, older persons services. 2 of 4 have a community café which provides low cost healthy meals. Some host other agencies such as housing services, traveller projects, charitable organisations.

*“We are offering something that they cannot access because of their location. Affordable hairdressing for example. It’s a social space, for members of community to come, lots don’t feel comfortable outside of the area, they find it hard to access services.”*

#### 6.1.2 First contact

Referrals come through a variety of sources, e.g. home school community liaison, social workers, public health nurses, speech and language services, GPs, through childcare provision, Gardaí, Local Employment Services, walk ups, word of mouth, through adult education advertisement, through children who may engage via youth clubs, through social media, open days, or via newsletter distribution.

### 6.2 Targeting homelessness

The organisations are limited by the funding structures that they abide by and as such the structures do not allow for targeting homelessness.

*“Every piece of funding that an organisation gets is prescribed before we get it. If it is ascribed to a target group, it’s hard to reach out to homeless people. There is no actual targeted funding for homeless people.”*

All who were interviewed said that they help homeless people if required. The help provided includes advocacy, food provision, childcare, and family support. In one case homeless people were working on a community employment scheme and as volunteers. One centre had set up a woodwork class targeted at homeless men.

There is an awareness of homelessness in communities and a willingness to address the difficulties faced by those people. In some cases the needs of children living in emergency accommodation are prioritised for services. The extent to which an organisation interfaces with homeless people depends largely on the facilities available (such as premises, staff, services) and the longevity of the organisation in the community.

Often those at risk of homelessness come to the attention of these organisations through provision of services. In some communities childcare is provided to families living in

emergency accommodation and thus adjunct services are offered to these children such as creative therapies or provision of hot meals. Childcare provides a mental health break for parents living in hotels or hubs.

*"If [you are in] emergency accommodation we find you adapt your play to that space, and that has an effect on mobility, when you can only play in a small space, or with limited materials, you are already at a disadvantage to your peers, so the childcare can give the children an opportunity to progress their gross and fine motor skills and it gives parents a respite to be able to clean up room, get on top of the day."*

One community manager noted that if basic needs are not being met in a family such as food and shelter then it is very difficult to move onto the next level of need such as psychological or other needs.

*"When we get a referral from social work and there is stress in the family how can I ask that parent to work on parenting."*

In instances where a homeless person participated in a class or group the benefits were tangible.

*"We do mental health and well-being classes, some there have had issues with homelessness. . . the socialisation they get from other people is very important."*

*"We have had somebody who was involved in a walking group, they got out of the hostel and that was a big thing."*

One centre provided meal vouchers for its café as access to healthy food is a difficulty for those who are homeless.

*"We work with NOVAS and provide meals for families living in hotels and B&Bs with no cooking facilities, it is subvented by NOVAS."*

It was noted that fast food tends to be a 'go to' for families living in emergency accommodation. This was corroborated by the interviews with women who had been homeless in this research. Apart from being constrained by funding allocation the managers of the centres also said that it is difficult to reach out to homeless people as there is a self-stigma associated with being homeless and people are living in crisis mode and as such connecting with community services is a low priority.

*"If people are worried about where they are sleeping tonight it's hard to engage with a community organisation. If you are living in a hotel and your accommodation is insecure, that pressure and stress must be enormous, why would you be worrying about doing creative writing for an hour... or a bit of painting."*

*"How can you get headspace for training and education. The immediate has to be a full on housing programme with people being given a realistic timeframe, the local authority*

*is charged with this, but their hands are tied too with lack of housing. The charity sector is just providing short term measures.”*

In two cases where a service was particularly targeted at homeless people there was mixed success. In one case some community workers engaged with children living in a local hotel in the hope that this outreach work would encourage the young people to join the local clubs in the community centre, however the young people did not subsequently attend the youth clubs in the centre as was hoped. Another case in point was where a woodwork group was established in a centre but attendance was so poor the funding could no longer be justified and the club was cancelled.

### 6.3 Human rights

Those interviewed felt that many human rights were being breached by being homeless such as the right to a home, safe and appropriate shelter, access to healthy food and psychological safety as well as equal access to healthcare and education. A manager noted that even though *‘Ireland hasn’t signed up to the European directive to the right to housing, it has opted out of the relevant clauses of this Europe wide legislation. I would still say even though it is not reflected in the laws of this country it is still a right.’*

Another noted:

*“The basic human right is the right to have a home and raise a family, when that is breached everything else gets broken along the way, everything is more challenging. You can’t apply the same way of working with homelessness because of the levels of stress, it affects your food poverty, it creates dependency, if you have dinners delivered to your door, that is so disempowering.”*

Another observed that children’s social development is affected:

*“For children, it’s their right to a full and active life. It is very difficult for their social life, they don’t have anywhere to engage in social activity, nowhere to bring a friend, especially for teenagers there is nowhere for them to turn on a bit of music that is not impinging on the whole family.”*

It was felt that a range of rights are deeply affected by being homeless.

*“Some things that get overlooked are the other rights, like the right to health, the physical threats to your right to health by being in unsuitable accommodation, the mental issues of being at risk of homelessness, the issue of living in a hub and being cheek by jowl with people you have no choice over. It is then that the mental health issues start to kick in and I don’t think that is fully appreciated. Not only is your health being put at risk and also access to services is limited because of your status.”*

Furthermore interviewees said that the embarrassment about being homeless is felt from a very young age.

*“Even at junior infant level there is a sense of shame about being homeless, that will have a detrimental effect on people growing up.”*

It was felt by the all of the community managers that accessing health care and education was also impinged by being homeless.

*“There is also an issue about accessing health care. Where do they get the head space to worry about speech and language therapy or developmental clinics etc. we don’t know what the long term problems are going to be, but I think there will be damage that will be very lasting.”*

*“I’m conscious of how difficult it is to ensure a child has the appropriate levels of support when that family is homeless or at risk of homelessness. The struggle a parent may have in getting the child to school, the inability to provide appropriate study areas, the space for physical activity. . .”*

The concern about the long term impacts was expressed by others.

*“It’s not just about during the homelessness, the repercussions go on and on for the rest of people’s lives. You can’t just skip over what happened in that period.”*

*“There is no help for the secondary problems. The barriers are psychological, the embarrassment, they have withdrawn, whether it is depression, shame, the day can be spent visiting relatives, walking around the town”*

#### 6.4 Links with Non-governmental organisations/charities

All of the community organisations interviewed had links with NGOs tasked with homelessness. The nature of these links varied. Some worked closely with NOVAS, the Simon Community, the food banks. Some had hosted a class for homeless men in conjunction with NOVAS, one centre hosts a housing organisation (Sophia Housing) within their building. While there is communication with the NGO sector it is informal and accessed only as needed. Some felt that the links could be stronger, that it would be beneficial if there was a formal relationship perhaps in the form of interagency meetings at intervals where communication could take place about how each sector could help. It was felt that there could be more take up of their services if there was such an interagency formal network that referred into community services.

*“We are not experts, but we could provide space, staff to a certain extent (supervised study) activities for young people, classes, we could provide a lot if we had expertise working with us, if one of their support workers could work with us in responding to needs. There is certainly room for synergy.”*

It was felt that there was room for community development work to work alongside the NGO sector in order to carry out work to address people’s needs using that synergy.

“Homelessness agencies don’t have community development workers, and that is a pity, it would be great if we had a connections whereby that piece of work could be done between us.”

### 6.5 Links with the statutory sector

The evidence shows that there are limited links with the local authority homelessness services. The general view was that there is a high turnover of staff and it is thus difficult to establish and foster relationships. It was unclear whether any advocacy with the council on behalf of people was of any help.

*“It’s quite difficult to find the right person is to talk to, that is quite difficult.”*

*“We do ring the council on behalf of people. Is it effective? I don’t know.”*

*“We wouldn’t have a meaningful relationship with council, they don’t know where we are. “*

*“You never know who you will be dealing with, there is a lack of continuity makes it difficult.”*

Another manager felt that there is a missed opportunity for community sector to work with the local authority both in terms of outreach, and earlier intervention.

*“It would be great if those who house them would come to us and tell us who is in need and we would be willing to go and do the outreach from here for a period of time, we need to however incorporate those people into the community.”*

*“Having a relationship LHAT would be useful. The silo effect of how the council works is very damaging for communities. This is a council building. We rent this building from the council. There is an opportunity for them to use us, they should see they we have an investment in that community.”*

*“We would be in a position to flag who is potentially coming down the line at risk of homelessness. We would often have conversations with people where we would kind of see where it was heading, we would make phone calls but its informal, if there was a formal connection, with the city council for example. But that connection does not exist.”*

There was evidence that there are good relationships with local elected representative, both TDs and the staff working for TDs offices.

*“Working with local councillors has been good, we would work with 3 or 4 in this area and we have found them to be very responsive and on 2 or 3 occasions and the councillor knew the specific case and it was nice to see that.”*

## 6.6 Challenges in helping homeless people

There was general acknowledgement that homelessness is a multi-layered problem that requires significant structural change, i.e. access to housing stock, as well as many interventions to address the damage that is being done by the condition of homelessness itself. As such the challenges are huge and community organisations are placed to play a more significant role in addressing some of the needs of homeless people. In general, the interviewee felt that more could be done at a community level but that this would require a step change in interagency working.

*“Our partnerships are based on personalities and there when good work is done. I think there needs to be a formalisation of the informal, sometimes we are running alongside each other and we are not talking to each other, I’d like to see more alignment.”*

*“In some ways whether your case officer is a social worker, or NOVAS worker, there should be more of a wraparound support, and I don’t see that, I don’t think it is there”*

There was a sense of frustration amongst the interviewees that resources are so limited.

*“We try to throw the sink at it. It doesn’t make a dent in the societal problem,, its only helping a handful but it’s not making a difference on a wider level.”*

Again the structures of funding streams are a barrier to addressing needs.

*“We try to get a funding stream to suit what our community needs. For example, if someone rings for childcare and we can offer a place but then how do they get here if they live in the Travel Lodge. If we had cash that wasn’t so specifically tied to funding streams we could just have a bus to bring people in. While I know the need is there sometimes we cannot meet that need.”*

It was felt that if homelessness could be named as a target area for community organisations it would more effectively address the needs. Community managers said that the community sector needs to be at the table in terms of any national discussion about responses to homelessness.

There was interest in having a community development worker who would work with homeless people in emergency accommodation, who would identify the needs of the person and stitch them into community services.

*“I’d like that type of worker who would go the accommodation who would be able to be there through the journey.”*

## 6.7 Summary

Community organisations have a wide suite of services and activities, with a particular expertise in a life-long developmental approach. Due to prescribed funding structures they do not have a targeted remit to address the needs of homelessness and what supports they provide tend to be ad hoc. There is more scope for community organisations to address the needs of homeless people such as identifying at risk families at early stage and advocating

for earlier intervention. There is a desire to work with both the statutory and NGO sector to help achieve this. There was acknowledgement that there is expertise in the NGO sector and that community development sector has expertise and resources especially aimed at children, youth and families which could be made more widely available to homeless people. Adult education was also viewed as an underutilised opportunity for forming connections and friendships or for respite. It was felt that the NGO sector could play a valuable role in connecting clients with community services. Community organisations have leisure facilities such as sporting facilities which could be offered to the NGO sector for use by their clients on an ongoing basis. There was deep concern among those interviewed about peoples' rights being affected by homelessness. While the right to housing and shelter is not enshrined in Irish law it was felt that nonetheless the rights to dignity, equality of access to healthcare and education, privacy, healthy food and lifestyle were affected. The legacy of having experienced homelessness has a long lasting effect. It was stated that a stronger link with the local authority would be beneficial in that the community sector has strong community trust and knowledge that would allow them to flag those who were at risk of becoming homeless. Having a community development worker who targets homelessness and liaises with the various sectors would be very beneficial for community organisations.

At a more macro level it was felt that policy on homelessness in general is lacking and that the advocacy done by community workers *'feels useless, until we have a policy on housing. When people are just holding it together that is not the time that we work on trauma, until they have the security they deserve we cannot work on that.'*

## 7.0 Findings: Services

### The Community Law and Mediation Centre (CLM)

#### 7.1 Introduction

An interview was held with the Manager/Solicitor at the community law and mediation centre. The centre was established in 2012 to provide access to free legal and mediation services to the regeneration communities in Limerick, and to residents of other socially and economically disadvantaged communities. Services provided are:

- Legal information & education
- Legal advice & representation
- Mediation & conflict coaching

Typical service users are those needing legal aid in areas that are exempt from free legal aid, namely housing, employment, social welfare, consumer, disability or education law.

CLM Limerick holds a monthly clinic with NOVAS referrals, and prior to Covid 19 restrictions held clinics in disadvantaged communities across the city. They also get referrals from organisations and have a walk in service in the city centre. They meet with stakeholder organisations several times a year to uncover how blockages can be resolved for clients.

#### 7.2 Needs and activities

CLM Limerick regularly deals with cases whereby people need legal advice that can help them to exit homelessness. The manager noted that as there is no legal right to housing or shelter in Irish law it is necessary to look at a case from other angles that are covered by law.

*“We advocate via other rights like children’s education, there is a huge barrier there at the moment, recent cases have found no legal remedy for compelling the council to provide emergency accommodation if council consider that the person is not homeless. Whatever is the opinion of the council the courts won’t disagree with it.”*

A person is given an Initial consultation that results in a plan of action as to how to go forward

*“We try to come up with a remedy and an action, register person as a client, and get authority to act if advocacy can help the situation.”*

At CLM children are prioritised as are those who are living in emergency accommodation. Representations are made to the council if a family/individual are refused accommodation. A case is set out using new evidence terms and the council are asked to review a case in light of this new evidence.

*“We resolved all refusals of emergency in the past, through solicitors and letters and appeals system, we provide new evidence terms and ask them to reconsider, we set out, we ask them to review especially when there is children involved.”*

### 7.3 Human rights

The solicitor interviewed stated that people who find themselves homeless in Ireland are disadvantaged in that there is no constitutional or statutory right to housing or shelter in Ireland. She noted that there are over 80 countries worldwide where there is a constitutional right to housing as well as several where there is a statutory right and the United Nations clearly defines right to adequate housing as a human right.

*“If you are in England at the moment, if council refused a person accommodation, they [the homeless person] could challenge that through a judicial review, it might be unwieldy, but it exists. You can compel the council to provide you with emergency accommodation.”*

*“In England you may get 6 weeks in B&B, but after that they had to provide you with more appropriate accommodation, I could challenge council to provide better. Here I could be with a family for two years with no way to compel.”*

The solicitor said that in Scotland a person can only be in B&B accommodation for one week before the council can be compelled to provide better accommodation, she compared this to having dealt with families living in ‘10 to a bedroom for two years.’

*“If the right to housing is in the constitution it sets tone across different bodies and thus would be more beneficial as policies would be guided by it but a statutory instrument would be fine too.”*

If the right to housing was enshrined in the Irish constitution this would be a stronger instrument as a cultural shift would occur, all departments would then have to be aligned to the ‘right to housing’ in the same way that all government policies now have to be equality proofed to reflect the equality act.

### 7.4 Challenges

Funding and capacity are the biggest challenges faced by CLM in providing services to people: ‘we can only run a certain amount of people, we have a list of priority list based on need, and on capacity. We prioritise anyone refused emergency accommodation, especially kids.’

The solicitor made the point that as homelessness is such a complicated condition there is a need for a multi-disciplinary approach to address all the harm caused to an individual and/or family by having had the experience of being homeless. Preventing homelessness in the first instance is clearly a better outcome and as such change in the law must be a priority for the sector.

In terms of the future, the solicitor would like to see a quarterly network of all stakeholders in the homelessness sector in Limerick. Such a network would look at how services could be more streamlined and at how efficiencies of scale could be achieved. She would also like to see such an alliance becoming an advocacy/lobbying group to work on achieving statutory and/or constitutional change in the area of housing and shelter.

*“Like the children’s rights alliance they have over 100 hundred organisations under their umbrella. We need to come under one body to put pressure on government for changes.”*

### 7.5 Summary

Community Law and Mediation, Limerick provides a valuable service to homeless people. It is however restricted in its case load due to lack of funding. It is further constrained in that the right to shelter and housing is not protected by Irish law, they thus have to advocate and represent on cases using other methods such as children’s rights. The fundamental change needed is a change to the law to reflect the right to shelter and housing. An cross sectoral alliance to lobby for such change would be greatly beneficial.

## 8.0 Findings: Services

### Non-governmental organisations/voluntary sector

#### 8.1 NOVAS

##### 8.1.1 Introduction

3 members of staff of NOVAS were interviewed. NOVAS is a non-governmental organisation that provides services to homeless people. A Team leader, a Manager and Family Support and Addiction Services worker in NOVAS services were interviewed.

NOVAS provides services to homeless people nationwide. The range of services includes provision of emergency accommodation (hostels) and other wraparound services such as addiction support, family support, key working, advice and advocacy.

##### 8.1.2 Effect of Covid 19

Previously the hostel where the interview took place was a 9 to 9. It opens for night shelter at 9pm and requires service users to leave at 9am. Due to Covid 19 restrictions the hostel opened on a 24 hour basis to keep the service users safe.

*“At moment we are 24 hours so we doing best to protect the clients, it’s very challenging but is better that we are open 24 hours, when it was 9 to 9 its chaotic at 9pm, people are coming in tired, wet cold upset. . “*

The 24 hour opening had significant benefits for service users and for staff. More staff were taken on to provide this 24 hour cover. Staff reported better relationships being developed with service users and more quality work being done, for example now that dual diagnosis workers can meet service users during the day at times that suit the users, this has the effect of better outcomes.

*“We are getting to know clients a lot better, we have established relationships, they have a lot more respect for us, for the building, for each other and for themselves. That’s not the case when we are 12 hour.”*

*“The 24 house opening was fabulous, there was a reduction of incidents at night, because of reduction in drug use. There was a huge increase in well-being . . .knitting closely to together.”*

*“It’s a lovely place to work now, we have gotten to know each other, we have time to have the cup of tea now.”*

##### 8.1.3 Typical service users

The staff explained that the hostel provides accommodation to both men and women, although there has been trend toward increased numbers of women in recent years, there is a higher number of men in their 30s and who are intravenous drug users, as well as other difficulties.

*“They tend to have addictions, or have mental health issues, or dual diagnoses.”*

*“Usually their tenancies have broken down due to these issues, and typically they have experience of rough sleeping prior to engaging.”*

#### 8.1.4 Needs and activities

The needs of the service users are primarily the need for shelter and food but also advice and advocacy on housing and welfare entitlements, as well as teaching about safe drug use, including safe sharps disposal, and signposting toward mental health supports.

*“We give a home, a safe place to come in the evening, hot food, and a safe bed to reduce the amount of rough sleepers.”*

*“When we look at Maslow’s hierarchy, we are at the basic - somewhere to sleep, a meal, since 24 hours [opening] we are providing three meals. We can support them with addiction issues, or mental health issues, around medical cards, checking if they are on the housing list.”*

*“We get the food from Tesco once a week, they get food that is going to be out of date that day, we tend to take the buns and sandwiches, McGarry would take the meats that they can cook.”*

One interviewee said that it was unlikely that a single person would be housed within the current system with evidence showing that single people tend to fall lower on prioritisation for housing lists.

*“I had a girl this morning who was 12 years on housing list, she won’t be able to afford private rental. The council needs more long term accommodation, they need wrap around supports.”*

#### 8.1.5 First contact

Typically people present to the Limerick Homelessness Action in person which then refers the person onto the NOVAS hostel. The hostel can take 30 people between two buildings. They can take someone who presents at the door if they have a bed. They are given an induction, a meal and a bed. There is a charge of €5 per night per bed.

*“If we are full, it is particularly difficult, if it is cold and freezing, we refer to McGarry and get mats and sleeping bags. You have people coming saying can I just sit on the chair for a night.”*

#### 8.1.6 Human rights

All those interviewed felt that human rights were being violated for those who are homeless. They said they have a right to housing and shelter, dignity and respect. They tend to lose these rights when they become homeless.

*“The right to shelter, a place to call home, it’s a basic need, they need stable accommodation in order to be able to address the other needs that are going on. You*

*need a base that you can go to. If you are sick you need a place to rest, if you are in addiction and using every day you need stability, it is so important.”*

*“There is a legal requirement on government to house people, that is a breach, a breach of human rights, legal rights. When they come here they can apply to social welfare, if they don’t have an address they can’t get social welfare. We don’t key work here. We have 30 at door looking for food and beds we don’t have time for key work.”*

#### 8.1.7 What would help end homelessness

All interviewees saw being housed as being the most important first step towards solving the problems of those who become homeless. Once housed wraparound supports are required in order to meet the needs. It is felt that the system is deeply flawed with over reliance on the private rental sector as a source of accommodation, which has become very scarce in recent years.

*“More accommodation, landlords get away with too much they are exceptionally greedy in this country, unfortunately they are the ones in power, they have the high end jobs, they can influence policy. The clients need tenancy sustainment.”*

*“I used to work in family support in St Mary’s Park and it does work very well when you provide wraparound supports.”*

#### 8.1.8 Challenges

The NOVAS workers all agreed that the lack of funding is the biggest challenge for the sector. There are gaps in the overall provision to homeless people which leads to people becoming entrenched in the cycle of homelessness. It is not uncommon for someone to spend months in a hostel, move on to a more permanent hostel place, lose that tenancy due to for instance challenging behaviour leading to break down of tenancy. They may then rough sleep or sofa surf for a while and end back at the emergency hostel. The system is somewhat chaotic in the absence of strong funding structures which would allow for services based on Housing First principles which have better success rates. Furthermore, night time only provision is a barrier to staff and service users making better use of day time services.

*“Funding is a big challenge, again the challenge is we don’t have the time to engage with services because they close when we open, we are fighting fires, just get them off the street. . . if they are not here by 11pm then the bed is given to the next person who comes along. This building was originally for 3 months. Four years later we are still here. We started with 16 beds, now we are 30.”*

Other challenges mentioned were the inadequacy of care that results through night time only provision.

*“Health care, many have mental health problems, they won’t admit they have them, if we had time we could get community mental health involved with them, if there was a 24 hour service, that could help massively.”*

### 8.1.9 Barriers to using community sector services

The biggest barrier to homeless people accessing services is the fact that they do not have stability that would be provided through having a home. The resultant trauma and stress experienced leads to incremental disempowerment.

*“Probably no fixed abode, being in stress 24 hours a day, they are not getting proper rest at night time, no one gets a proper night’s sleep even in a hostel, there is no place to call home, they are simple things but they are big barriers. If you have an addiction, you are trying to feed that first, that’s what’s on their mind. It would be hard to attend a meeting.”*

The staff reported that there is a stigma in the community against homeless people. Those in homes fear those who are not. Homeless people are seen as a threat and this leads to ostracization.

*“In the community there is a lot of fear, around a person who is homeless or a drug user. We see that around here with local residents, its fear, when you speak to people about homelessness and the trauma they have had as a child, then they understand. I think education is a key piece.”*

*“A lot of times we feel our clients wouldn’t be accepted, if they have challenging behaviour.”*

*“We have students living across the road so there is a lot of noise on street and that always comes back to us because the community has a perception that we have the problem.”*

As such the night time only provision does not lend itself to linking people in with community sector services. The nature of emergency provision is that only basic needs are met. Key working is not provided in night shelter provision though this had changed in light of the recent 24 hour opening.

*“We would never have got to do those pieces of work with clients, because we were 12 hours. We need key workers, absolutely that is a big part.”*

Even since the 24 hour provision small amounts of time invested by staff can lead to big achievements for a service user. One worker gave the example of a service user attending a job interview.

*“We had someone go for a job recently, he went for an interview. That was brilliant. A small amount of work can really raise their confidence.”*

It is clear from the interviews that key worker provision is a key piece that would improve outcomes for service users.

*“Having key worker, a support worker to link in with, having one point of contact is so important, continuity of care is very important. There are very physical basic issues they need support with, if they don’t have a medical card that is a massive barrier to having health care.”*

#### 8.1.10 Enablers to better use of community sector services

It came across in interviews that there is a lack of education about the trauma experienced by homeless people and how this trauma informs behaviours. This leads to a stigma being associated with homeless people. It was felt that there is a need for education for community leaders on trauma informed care which would go a way towards creating a better understanding in order to meet the needs of this group. There is also a need for more general education in communities to create a better understanding of the issues and thus create more community understanding.

*“We need education programmes for the community in general, there is a perception that if you are homeless you are bad. They look like they are because they don’t get help.”*

Further suggestions from the NGO sector were that the community sector is well placed to facilitate several education pieces that homeless people need like basic living skills.

*“There are a lot of pieces of work that could be done in the community, basic life skills, very important, they don’t know how to survive in a a new accommodation, a lot of our clients would have been in care, they have no cooking skills, how would they survive, basic cookery skills is very important, personal development courses would be very important.”*

#### 8.1.11 Outcomes

Staff said that there is some move on for some people. Some have gone onto Housing First, or the private rental sector. Such move on does not suit service users who have challenging behaviours and who would experience significant difficulty in maintaining a tenancy, and in some cases even moving to a 24 hour hostel such as McGarry House would be challenging.

A manager said that there is good communication with the Homelessness Action Team with bi monthly meetings taking place to figure out solutions. It was felt that if there were key workers they could liaise with the community sector and that would give a sense of trust and safety for service users and perhaps lead to opportunities for their clients.

#### 8.1.12 Summary

NOVAS provide a wide range of services to homeless people in Limerick.

There was a strong message in interviews that Housing First was the best option in order to create stability for those who are homeless and that this then creates the necessary conditions for services to work with service users using a model of wraparound supports to meet their needs. There was frustration expressed in interviews that there is not enough housing to meet the need in Limerick. The 24 hour opening of the hostel during Covid 19 restrictions resulted in a great improvement in the lives of those using the service with reductions in addictions, improved well-being and better relationships with staff being

reported. All interviewed felt that human rights were being breached by people not having a constitutional right to shelter or housing. The barriers to their service users becoming involved in community organisations were cited as (a) the stigma of being homeless leading to a reluctance to engage, (b) feeding an addiction being a priority over other needs and (c) people becoming estranged from their communities due to the experience of being homeless. An education piece for the community sector on trauma informed care would help to overcome many barriers. It was felt that the community sector could provide much needed access to life skills education for service users and that key workers could facilitate communication between the sectors.

## 8.2 Focus Ireland

### 8.2.1 Introduction

Focus Ireland is another leading non-governmental organisation working with homeless people in Ireland. An interview was held with an Assistant Project Leader in the Mid West. The role is to manage short term tenancy support services for single people and families, to manage mental health services – working with the HSE in the community day hospitals, supporting project workers, providing leadership, direction and case management to workers, hold team meetings, reviews with customers, links with the Focus housing association, participate in supervisions,. There is also an on call system that deals with customers on an out-of-hours basis, which primarily helps housing first customers.

### 8.2.2 Effect of Covid 19

The interviewee said that many changes had to be made to service provision in order to ensure safety of customers and staff. Risk assessments were carried out, some support services moved online or to telephone support. Personal protective equipment was also provided to staff.

### 8.2.3 Typical service users

As Focus Ireland provide such a range of services the type of customer varies accordingly. There is a youth housing service, a tenancy support service, a family hub. Tenancy support would be provided to families or to at risk people.

### 8.2.4 Needs and activities

The Assistant project leader stated that housing is the primary need, and accordance with housing first principles. Other needs include support in accessing mental health services, which involves bridging the gap between mental health services, and homelessness services. Staff would signpost customers to services they may need. They get support in accessing education, training, preparation for employment, addiction services. The organisation has dual diagnosis workers and they link in with addiction services such as NOVAS detox, Ana Liffey Drugs Project and Saoirse. They also key work cases together if that is appropriate.

### 8.2.5 First contact

Referrals primarily come from local authority, from HSE disability services, mental health services, other voluntary agencies like NOVAS, Ana Liffey Drugs Project, and the Education and Training Board. Some are self-referrals.

### 8.2.6 Human rights

The interviewee stated that everyone has a right to a place to call home

“Homelessness is wrong, it robs people of so many different things in their lives . . . security, having the dignity of having somewhere to go, to close your own front door, self-respect those things are really important.”

The Focus Ireland worker also said that it is evident that when people are provided with a home that they can then use that stable base to work on other issues in their lives. She pointed out that those who are in emergency accommodation tend to lose their independence and become reliant on services and in time lose the skills that they need for independent living.

#### 8.2.7 Challenges

The main challenge identified by the interviewee was the lack of access to good quality affordable housing. In particular she felt that housing for single people and lack of is a massive barrier. Similarly the rent allowance caps and caps on housing assistance are barriers due to the high rental costs in the private rental sector. Customer with higher support needs, more support is needed for dual diagnosis, a greater understanding from MH services with the nature of customers we are dealing with, the referral path to day hospitals and we work really hard to get ppl accepted, which they cannot access if they are in active.

#### 8.2.8 Interagency working

The interviewee said that while there is good interagency working she feels that there is room for improvement. She feels that an interagency case management approach, not unlike the Meitheal approach would be very beneficial. She said that the challenge to more interagency working is the confidentiality issues associated with sharing case information.

#### 8.2.9 Community sector

With regards to community sector involvement the interviewee said that connections with community organisations are made on a case by case basis. They have connected with services like meals on wheels and creches, child learning programmes and a youth programme. While these two programmes were run on a time limited basis in the hub the young people did not take up the places when they moved back to the local community centre. In her previous experience of working in a family hub she reported that when she first began she had local organisations come in for an information morning and there was little take up from families attending. She feels that this lack of take up points to various factors at influence in peoples' lives. As families are usually not connected to the geographical area that the hub is situated in it is difficult to create this connection to a new community.

*“We were hoping that people would access the more mainstream services, some of the families are not from that areas and are quite cautious about getting involved, I think only a few stayed linked in, they were hopeful that they would be moving on to other areas of the city.”*

It is evident that families are focused on one thing – moving on to housing and that other services are less important to them.

*“When we tried giving local information on individual basis, in key worker but they just want to know about where their name is on the allocations list.”*

She also made the point that some families don't have high level of support needs and are not used to linking in with services. Their presenting and primary difficulty is not having a home.

#### 8.2.10 Barriers to using community sector services

The project worker said that in Limerick people have strong connections to the communities they are from and that this is a barrier to becoming connected to services in another community.

#### 8.2.11 Enablers to better use of community sector services

The project worker said that in her experience if the services can come and introduce themselves to people there is a higher likelihood of taking up a service. She has found that when people do link in with parenting groups or community mothers' groups this has been successful and people are more likely to hear about other services if they engage in one. Provision of information packs would be useful for key workers to give to their clients. She felt there would be a role for a peer support network that would aid people and has observed this working very well in the mental health sector.

#### 8.2.12 Outcomes

The positive outcomes she has witnessed in her work are that people are supported in linking in with the services that they need depending on what stage they are at. Focus Ireland enables access to housing, links people in with the support services they need, has aided family reunification, enabled people to take an active role in society. The benefit of Focus Ireland services is that the support can follow the person across services, they can link people in with the services that best suit their needs and can work across services as well as ensure support on a step up step down basis.

#### 8.2.13 Summary

Focus Ireland provide a range of wraparound services to people who are homeless or at risk of becoming homeless. The emphasis is on meeting a customer's needs whether those needs are housing only, family support, linking with mental health services, education/ training or supporting tenancies. They provide support to single people and families of all ages. Housing first is viewed as the best solution for those who are homeless. The lack of affordable housing is a major difficulty in the sector. There was agreement that housing should be a basic human right. The project worker said there is good interagency working in the sector but thought there is room for more cross agency case management. Barriers to people using community services were identified as people being solely focused on attaining stable housing. She felt that more in reach to where homeless people are living would be beneficial. Peer support was an area she felt could have benefit. The outcomes Focus Ireland facilitates are access to housing, access to services, such as mental health, education and training. The worker said that when housing is achieved then accessing other supports is a lot easier once people have a stable base.

## 9.0 Findings: Services

### General Medical Practice

#### 9.1 Introduction

An interview was held with a General Practice doctor who works in two different clinics hosted by organisations in Limerick serving homeless people, and people with addictions. This is a service funded by the HSE under a social inclusion strand. The doctor has been working in this sector for almost six years. He noted that it is a barrier that medical people do not tend to take a person's housing status into account when taking a medical history. He thinks that where a person is accommodated has a significant role to play in one's overall health as these people need 'extra layers of support.' The doctor said that the challenges for homeless people are caused by trauma, either in the past or recent and/or ongoing trauma. The extent of this trauma is very damaging but he finds people to be very resilient nonetheless.

*"I say to patients I don't know how you are able to get up in the morning, given what you have been through . . . that is the strength and power that you meet in people."*

#### 9.2 Challenges in medical practice in helping homeless people

The doctor said that a challenge for medical professionals is to provide holistic treatment rather than just focusing on the addiction related issues.

*"When a medic sees someone is on methadone, they tend to just focus on that and forget the day to day care that is needed. . . they have the impression that there is nothing they can do about the homelessness, they feel disempowered or frustrated, as they can't help with accommodation."*

As a result of day to day care being overlooked a lot of chronic diseases and undiagnosed conditions can ensue. The doctor said that not having accommodation is the biggest health risk for his homeless patients.

*"I can treat someone with a chest infection but they may as well be eating the cardboard box, if they are sleeping under a bridge trying to get better."*

Time is also a barrier as a homeless person can find it challenging to attend the longer appointment that may be needed in order to determine what screenings are necessary. It also takes time to build up trust with a patient and this happens over a number of visits, thus the more immediate care is more important in those visits.

*"The struggles are frustrating obviously housing would be a treatment, the number one thing is a home, a home or housing is treatment, the frustrating thing for me is that I don't have a huge amount of control over that."*

The GP reported that the system is not user friendly to those who do not fit the norm. As homeless or addicted people are very disempowered it is unlikely that they are able to advocate for themselves within that medical system.

*“It’s like a battle sometimes in the system to get that person supported to go to the scan or appointment, the system is quite rigid... it thinks it’s so busy that it can’t look after people who are vulnerable, who have missed an appointment for example.”*

Furthermore, he noted that homeless people need a regular GP rather than the short term provision that he provides to homelessness and addiction services as this would ensure more holistic and long term care and also ensure that a relationship exists between the individual and the medical practitioner.

### 9.3 Challenges for homeless people

The doctor was adamant that housing is the first treatment for homeless people. He was critical that a hostel or a temporary accommodation often becomes a longer term stay and feel that is not acceptable. He also said that many homeless people have dual diagnoses and trying to access mental health services is very difficult for them, he stated that the most vulnerable people who need the services most are those who face the greatest barriers in accessing the services.

*“The sickest people are those who are most in need. The system helps those who read, write and keep appointments.”*

### 9.4 Human rights

The GP felt that everyone should have a right to housing while acknowledging that it is not so easy to get this into law. He felt that there needs to be more political action to change the laws and constitution but feels there is a disconnect between those in power and those on the ground.

*“We need policy makers to work harder at making that happen, the further these people move up, they move further away from what is happening on the ground. Housing or a home, is a medicine in and of itself.”*

### 9.5 Interagency working

The GP said that in his line of work it is essential to collaborate with other services into order to aim for best outcomes for patients.

*“I’ve learned that instead of going in all guns blazing its more effective to work collaboratively, we all have to work together, we want the same thing for the person in front of us.”*

He is in regular contact with the Homeless Action team, with the HSE, and with homelessness services in the NGO sector. He found that the Covid 19 restrictions focused minds more sharply on getting people into more suitable accommodation. He said there was a strong sense of agencies working together during that time which was very positive.

He finds that in Limerick there is a small community of services which make the inter agency piece work more effectively.

*“In Limerick, the beauty of it is there is usually only one service that is relevant, you can pick up the phone to the person, you don’t get that in Dublin because it is so big and complicated.”*

### 9.6 The community sector

The doctor reported having a deeper knowledge and working relationship with the NGO and statutory sector than with the community sector. The reason for this is that this sector is the first point of call for him when he is advocating for a patient to get shelter or be housed. He has on occasion referred to community projects for specific services.

*“If have a client who has no home today usually my referral will be to HAT or NOVAS or Simon, the housing first team, less so community development, I have referred to Our Lady of Lourdes to the Traveler health projects. Northstar are really good for addiction and supporting family members, I’d refer to Saoirse, GOSSH.. I’d deal most days with key workers who are in Homelessness services.”*

### 9.7 What would help to end homelessness

The GP felt that the only way to end homelessness is through the political will being there to support the provision of housing. He feels that politicians can be removed from what is happening on the ground. He also feels that public opinion needs to be swayed more towards understanding the problem of homelessness, most especially for single homeless people who tend to be the last to be housed. He also felt that there is a danger in treating temporary accommodation as a medium/long term solution, as it is not suitable for people to be living in such circumstances in the longer term.

*“It’s not an easy blanket solution, it’s down to individuals’ needs, but I like to be hopeful, having accommodation and having a high standard that we need to aim for, more work needs to be done at a policy and system level, I think the public sector duty may be a lever for that, in terms of making people aware that those who are vulnerable or excluded need extra supports and investment.”*

### 9.8 Summary

The GP felt that interagency working is key to helping homeless people and he finds that he has good relationships on the ground which is very effective. The physical and mental health problems that homeless people have are complex and multifactorial and it is very difficult to treat people holistically when they do not have a home. He feels that housing first is the main treatment that is required and that as such political will needs to be increased in order to ensure that there is housing available to meet people’s needs.

### 9.9 Comments on overall findings from services working in the sector

Although the right to shelter and housing is not protected legally in Ireland all service providers thought that it should be. As such it was noted that there is an overall need for lobbying to occur in order to bring forward the necessary changes to law in order to protect the rights of homeless people. There was general agreement that homeless people are disconnected from their communities and that there is significant stigma associated with

being homeless. There is a need for education for the broader public and for the community sector to look at how to better address the needs of homeless people. The community sector has many resources that could be directed towards homeless people and there is a need for a co-ordinated response to enable such a response. The need for housing as a first form of treatment for the problem of homelessness was a common theme expressed by interviewees in the services.

## 10.0 Recommendations

The recommendations set out a suite of activities that could improve the conditions that homeless people experience in Limerick. The activities described will involve granular level changes as well as broader recommendations for the stakeholders. How the recommendations are brought forward to action will be contingent on the first step of the facilitation of a meeting of community managers with both the statutory and NGO homelessness sector in order to agree a framework for changes going forward. The details of this confluence of cross stakeholder collaboration are set out in recommendations below.

- Improving the experience of homeless people
- Systemic changes
- Policy Changes

### 10.1 Improving the experiences of homeless people

#### 10.1.1 Publication of reliable information

The system a person has to navigate when they become homeless is complex and multi-pronged, as well as being difficult to navigate and understand. The level of uncertainty about an expected timeframe causes a lot of stress, anxiety and uncertainty for homeless people. It is recommended that a road map that outlines all the pathways a homeless person can take would be collated and published using sectoral knowledge. Such a publication could be made available at point of entry to homelessness whether that is at the Homeless Action Team, at a community service, or at an NGO. As such the publication would be an inter sectoral response to the need for more streamlined reliable information. What sector would be best placed to lead on this collating this publication could be discussed at the inter sectoral meeting.

#### 10.1.2 More compassionate structure to access community welfare payments

A person presenting as homeless should be facilitated in having an initial community welfare appointment but that the need to present weekly should be revisited. After initial assessment a weekly phone/video call to state that a person is still homeless and still in need of emergency accommodation by that person should ensure their accommodation payment for the next week. A keyworker visit at the accommodation would provide a safe guarding mechanism to replace the need to pack belongings, travel across town and the endurance of that significance level of stress. Another mechanism that could be employed here would be to keep community welfare visits in a health centre close to the accommodation if a phone/video call mechanism is not acceptable.

#### 10.1.3 Structures to strengthen physical and mental well being

It is clear from this research that people suffer long term effects from having experienced homelessness. These effects range from having poor diets due to lack of access to healthy, hot meals, to the psychological impacts of anxiety, depression, fear and uncertainty. The provision of daily hot meals for those living in hotels could be facilitated by linking in with meals on wheels services already in existence in various communities. Delivery to hotels

could be added onto these services with people still having the option to go to community cafes for a hot meal if desired.

Children and adults alike should have access to appropriate services such as creative therapies, and/or counselling support. Key worker appointments should map out how people can access these supports at times and locations that would enable people to take up on them. After care should be available to those who get housed in order to mitigate the lasting damaging effects people may experience. Some community organisations provide these services and as such could be well placed to link in with key workers in this regard.

#### 10.1.4 Life skills, home management and self-advocacy

It is recommended that courses in the above areas are needed by those who are most vulnerable in homelessness. Again the community sector would be in a relatively strong position to host and provide such training and could liaise with the necessary education bodies as well as the NGO sector in this regard. The peer researchers involved in this research also recommended that attendance at such courses should be a condition of living in hostel accommodation. They felt in general there should be more emphasis on recovery plans from addiction and that a more structured environment would help people onto a recovery pathway.

## 10.2 Systemic changes

#### 10.2.1 Initiation of cross sectoral communication with the community sector

It is recommended that the community sector, the NGOs tasked with homelessness and the local authority come together for a meeting to address the recommendations of this report and to discuss actions that could be brought forward that would further enhance strong communication and working practices, most particularly with the community sector. From such a seminar it is hoped that formal structures could be agreed that would enhance cross sectoral work. It is recommended that such a seminar be facilitated independently

#### 10.2.2 Creation of community development worker role to specialise in homelessness

It is recommended that such a role be created based on evidence of need. Such a worker would liaise closely between the sectors and be a key player across communities. The purpose of this role would be to meet with clients, identify needs and responses to these needs, to signpost and accompany if necessary. The role could perhaps be a shared across the community sector and piloted for a period of time.

#### 10.2.3 Creation of peer support worker roles

There is evidence in other sectors that peer support from those with lived experience provides a valuable source of help, for example it is a model used in the mental health sector. Such a model could be replicated at community level and could link with the various sectors in offering support, advocacy and information to those who require it. The workers could be responsive to cases identified by the community development worker outlined above and would work closely with said person.

### 10.2.3 Education and Training

There is a need for trauma informed care to be embedded in work practices for those working with homeless people. It is recommended that this piece would be rolled out across both the community and statutory sector and would involve those whose work involves working face to face with homeless people. Such training would enable sectors to respond in a more compassionate, informed way. It would also help the community sector to better tailor how it provides services to homeless people.

### 10.2.4 Maintenance of connection with community of origin

Once a person becomes homeless they tend to be severed from their communities. They become members of a new homeless community which tends to be city centre based. Community organisations for the large part tend to be embedded in communities that skirt the city centre. Building a relationship with community organisations would require some form of partnership or outreach in either direction from homelessness services to/from communities. An earlier intervention of community organisations being able to address the needs of those at risk of becoming homeless would result in this relationship being preserved and connection with community organisations maintained. A peer support worker could provide a valuable link with various communities and also work on finding meaningful activities a homeless person may engage in at community level.

### 10.2.5 Dedicated time for homeless people to use community centres

As many homeless people have many hours during the day to fill it would be helpful if there could be dedicated time in community centres where such people could use sporting or leisure facilities, most especially though not exclusively when the weather is poor. The trauma informed education piece above would train the community sector on methods of this being carried out in a safe and sustainable way for all concerned.

## 10.3 Policy changes

### 10.3.1 National governmental response

There is a clear need for a central government office for homelessness that would simplify the process for those who become homeless. If some of the unknowns were reduced for a homeless person then levels of stress and anxiety would be reduced with subsequent reduction on use of health services. Such a department would provide a holistic response to the homelessness crisis.

In line with other European jurisdictions the amount of time a person can be housed in emergency accommodation should be a defined and finite amount of time.

### 10.3.2 Need for more Housing First

There is a clear need for any government response to include the provision of more housing first in communities with associated wraparound supports for those most vulnerable.

### 10.3.3 Constitutional and statutory change

It is recommended that there is a change in the constitution or statutory change to ensure that citizens have the rights to housing and shelter in Ireland. All the evidence gathered in this research identified many rights that it was felt were damaged and breached by the condition of being homeless, rights over one's choices over who you live with, where you live, what you eat, how you raise children, rights to live a dignified life, and for children it is clear that their development is effected through living in confined spaces, and they do not have equality of access to education and health through being homeless.

### 10.3.4 Lobbying alliance

It is recommended that in order for the law change to be lobbied for that an alliance of agencies form together in order to formulate a strategy whereby legislative change is lobbied for.

## 10.4 Conclusions

The evidence presented in this study points to the need for changes to happen for homeless people. It is clear that there is much trauma experienced by those who become homeless. There is unanimous support for legislative change that would better protect the human rights of those who become homeless. There is also a significant lack of housing which is augmenting efforts to provide housing first and foremost. The connection to one's community is a very important influence on a person's journey. In the words of one peer researcher:

*"An unforeseen challenge of my experience with homelessness was how would I transition back to the community that I had grown up in. Having spent numerous years linking in with homeless services and living in hostels I had severed the connection I once had with my community while growing up. As most homeless services are based in the city centre I had found myself in a new community created out of necessity, and the city centre became our base of operations. We no longer needed access to the communities we were brought up in and failed at the time to see the value in keeping that connection strong. Finally overcoming homelessness and now living back in the community I had forgotten, I found it hard to readjust and fit back in. I now see the importance of keeping that link strong. Although most services are based in the city centre I believe there is a need for homeless services to facilitate an open connection with communities so their clients don't lose touch of the communities they come from."*

(Ger Lynch)

The community sector has resources to offer to homeless people and could be supported in this endeavour by the initiation of a local collaboration with key stakeholders including NGOs and the local authority.

## Appendix 1.

### ***The Legal Framework for Housing Rights in Ireland***

#### **1. Introduction**

1. Under international law, there is a right to housing in some cases. Ireland is a party to international treaties which provide for a right to housing (for example, the International Covenant on Social Economic and Cultural Rights and the Convention on the Rights of the Child). These treaties place an international law obligation on the Irish State to realise those rights. However, those treaties are not directly enforceable under Irish law in the Irish courts. There is also no express right to housing in the Irish constitution.<sup>v</sup> This means that, even though it is possible to speak of housing as a human right in Ireland, there is no current way of enforcing it as a constitutional or human right in the courts.
2. What is possible is to enforce *statutory* rights relating to housing. This means that the legal rights a person can rely on have come from legislation (also called statutes) passed by the Oireachtas. The Housing Acts 1966 to 2019 are the main source of statutory housing rights in Ireland. There have been fifteen Housing Acts since 1966 which deal with various aspects of the public housing system along with aspects of other legislation which affect the public housing system.
3. The Housing Acts do not give a stand-alone right to be provided with housing. The Courts have been clear that they will not make directions about the allocation of resources in anything but the most extreme cases.<sup>vi</sup> They do give a person a right to apply for social housing support (the housing list) or to apply for homeless accommodation and to have their application considered based on specific factors. In certain very extreme cases, the courts have been prepared to find that a Council was obliged to do something to house someone; but where this has happened, there has usually been some very serious factor in addition to the lack of housing (for example a severe disability).<sup>vii</sup>
4. Under the Housing Acts, local authorities (i.e. City and County Councils) are designated as 'housing authorities' and they have obligations, duties and powers under the Housing Acts.

#### ***1.1 The difference between the housing list and homeless accommodation***

5. For a person in need of housing, there are two separate statutory powers which are particularly relevant: social housing support and homeless accommodation. These are two separate and different legal powers for a Council and they operate in different ways.
6. Social housing support is the power to provide a household that has a housing need with long-term accommodation to meet the household's housing need. Being accepted by a housing authority as having a housing need that can be met by social

housing is often called 'going on the Council's housing list'. All of the Councils have lists of people waiting to be provided with long term housing.<sup>viii</sup> There are eligibility tests which have to be met to go on the housing list. Once a person is on the housing list, they are eligible to be offered housing by the housing authority. This is done through an allocation scheme.

7. Homeless accommodation is different. The power is not designed for the provision of long-term accommodation. There are not as many eligibility tests, but also the accommodation is meant to be temporary in nature (although currently some households spend many months in such accommodation). A person does not have to be on the housing list to be entitled to homeless accommodation.

## **2. Social housing support (the housing list)**

8. Housing Authorities have a dedicated power to provide people with social housing support.<sup>ix</sup> Social housing support is concerned with meeting the medium to long term housing need of individuals and households who cannot provide housing from their own resources. There are detailed eligibility criteria and a formal application processes involved in the social housing support system. These all must be complete before a person can go on the housing list.
9. Social housing support includes all of the following:
  - a. A tenancy in a dwelling provided by the housing authority (i.e. a council house or apartment)<sup>x</sup>
  - b. A tenancy in a dwelling provided by an 'approved body' (i.e. a housing association house or apartment)<sup>xi</sup>
  - c. A tenancy in a dwelling provided under Part V of the Planning and Development Act 2000 (which requires developers to include a minimum amount of social and affordable housing in their developments)<sup>xii</sup>
  - d. A bay on a halting site<sup>xiii</sup>
  - e. Housing Assistance Payment (HAP)<sup>xiv</sup>
10. An application for social housing support is made by a 'household'. A household can be either a person who lives on their own, a group of people who live together or a group of people who do not live together but have a reasonable expectation of living together.<sup>xv</sup> There is a statutory right to apply to go on the housing list and have your application considered. If the application is eligible and the household is assessed as having a housing need, the household will be put on the housing list. If the household is not eligible and/or does not have a housing need, the household will not be put on the housing list.
11. Once an application is accepted to go on the housing list by a housing authority, it is on the list on behalf of the household, not any one individual within the household. If a person has applied to go on the housing list and the number of people in their household changes, it is important to tell the housing authority straight away. Where a couple with children are separated, they may each make a separate application to go on the housing list. If they have shared care of their children, they are entitled to

both put the children on their housing application, if there is enough time being spent with each parent.<sup>xvi</sup>

12. If a household wishes to go on the housing list, the household must complete a special application form which has been designed for this purpose.<sup>xvii</sup> The Council must make a decision within 12 weeks or, if the Council has sought verifying information from the Household, within 6 weeks of receipt of that information.<sup>xviii</sup> If an application has been made and refused previously, a household may make a subsequent application<sup>xix</sup> although there is unlikely to be a different outcome if the household's circumstances have not changed. The Courts have expressly recognised that a household's housing need will evolve over time.<sup>xx</sup>
13. If the Council refuse an application and/or if they grant an application but refuse some form of priority, the Council is obliged to give a summary of the reasons for the refusal when requested.<sup>xxi</sup>
14. If a Council provides accommodation to a household on the Housing List, it must be fit for human habitation.<sup>xxii</sup>

## **2.1 Eligibility for the housing list**

15. When a household applies to go on the housing list, the Council will do a 'housing needs assessment'<sup>xxiii</sup> of the household. This involves looking at how many people are in the household, what the household's income is and other relevant matters. Before a household is eligible to be given social housing support the housing authority has to do a housing needs assessment. As well as the main Housing Acts provisions on eligibility,<sup>xxiv</sup> there are also regulations that govern this.<sup>xxv</sup>

16. The main factors in deciding eligibility are:

- a. Does the household meet the maximum income limits?

For Limerick City and County Council, the maximum household income is €30,000.<sup>xxvi</sup>

The income limits are calculated as 'net income', i.e. after income tax, USC and PRSI are deducted.<sup>xxvii</sup>

The maximum income can be increased by €1,500 per year each for the second and third adult living in the house up to a maximum of €3,000 (i.e. a maximum of three adults can be counted, including the person in whose name the application is made)

The maximum income can be increased by €750 per year for each child living in the house up to a maximum of €3,000 (i.e. a maximum of four children can be counted)

This means that the highest a household's after-tax income could be to qualify for the housing list in Limerick is €36,000 per year. This would be for a family with three adults and four children in the house.

- b. Does the household meet the 'local connection test'?

A household may only apply to go on one Council's housing list. That should be either the Council where the household lives or where the household has a local connection.<sup>xxviii</sup> The Council has a discretion to accept an application even if the local connection test is not met,<sup>xxix</sup> but this is not that common. A local connection includes:

- i. a member of the household has lived in that Council's area for a continuous 5 years at any time;<sup>xxx</sup>
- ii. a member of the household's place of work is within 15 kilometres of the Council's area;<sup>xxxi</sup>
- iii. a member of the household's place of full-time education is in the Council's area<sup>xxxii</sup>
- iv. a member of the household has a physical, intellectual or mental health disability and is attending medical or residential services for that disability in the Council's area;<sup>xxxiii</sup>
- v. a relative of a household member resides in the Council's area and has been there for at least 2 years.<sup>xxxiv</sup>

c. Does the household have outstanding rent arrears?

If *any member* of the household has rent arrears or any unpaid money on any other council housing or housing provided through the council *and*

If they have not entered into a payment plan *and*

If they have not kept up that payment plan (unless there is a reason outside their control why they did not)

then the *entire* household is not eligible to go on the housing list.<sup>xxxv</sup>

d. Has the household refused reasonable offers of housing?

The main legislation (the Housing (Miscellaneous Provisions) Act 2009) was amended in 2014 to allow the Minister for Housing to make regulations that would render a household ineligible for the housing list if the household refused a certain number of offers within a certain period.

In July 2019, the Minister stated his intention to set the limit as two reasonable offers in a one year period, which would result in a household being suspended from the housing list for five years. However, the Minister has not yet brought in the regulations to set the number of offers or the time period.

This means that this provision does not currently apply, but there are provisions in most allocation schemes (see below) which suspend an application for one year if there is a refusal of two reasonable offers in a one year period.

e. Does the household have 'alternative accommodation'?

A household is not eligible if it has alternative accommodation which the household could reasonably be expected to use to meet its housing need. This includes both living in the accommodation and selling the accommodation and using the money to get suitable accommodation for the household.<sup>xxxvi</sup>

This does not mean that a household must actually be out living on the streets to be allowed go on the housing list. A household might be in private rented accommodation or living with family. These will not count as 'alternative accommodation' for the purposes of housing list *eligibility* (which is different to housing *need*, discussed below). Even if a member of the household is currently a tenant of a different local authority, that will not prevent them from being eligible<sup>xxxvii</sup> (although, again, it may affect whether they actually have a housing need).

The accommodation will not count as 'alternative accommodation' if it is not actually *owned* by a member of the household. Even if it is owned by a member of the household, it will not count as 'alternative accommodation' *and* either be vacant, subject to a tenancy that can be terminated under the Residential Tenancies Act 2004 or else occupied by someone other than a separated or former spouse or civil partner of a member of the household.<sup>xxxviii</sup>

17. The eligibility test must be done by the Council before the needs test. If a household does not meet the eligibility test, then the Council is not allowed to assess whether it has a housing need.<sup>xxxix</sup> The Council cannot add extra eligibility criteria on top of those set out in the statutes and regulations.<sup>xl</sup>

## **2.2 Housing Need**

18. Once a household has been deemed eligible to go on the housing list, the Council then has to consider whether the household has a housing need. In deciding this, the Council has to look at aspects of the household's current accommodation, which include:
  - a. Whether the household is living in emergency accommodation<sup>xli</sup>
  - b. Whether the household is homeless<sup>xlii</sup>
  - c. Whether the household is living in overcrowded accommodation<sup>xliii</sup>
  - d. The current accommodation's fitness for human habitation<sup>xliv</sup>
  - e. Whether the current accommodation meets the needs of any household member with a disability<sup>xlv</sup>
  - f. Exceptional medical or compassionate grounds<sup>xlvi</sup>
  - g. If the current accommodation is shared with another household, whether it is reasonable for the households to have separate accommodation<sup>xlvii</sup>
  - h. Whether the current accommodation is subject to an unsustainable mortgage (within the meaning of the Code of Conduct for Mortgage Arrears 2013)<sup>xlviii</sup>

- i. If the household is getting rent supplement for the current accommodation the amount payable by the household for that accommodation<sup>xlix</sup>
  - j. Whether the accommodation is unsuitable for the household in any other material respect.<sup>l</sup>
19. The assessment by a Council of the eligibility and housing need of a household is separate from decisions about priority. If a household is considered to be ineligible or not to have a housing need, then the household cannot go on the housing list *at all*. Priority is only an issue once a household is actually on the housing list

### **2.3 Areas of Choice**

20. Each Council is divided up into at least two 'areas of choice' for its housing list.<sup>li</sup> Where a household goes on the housing list, it must specify at least one 'area of choice' within the Council's areas. The household can specify up to three areas of choice, but these must be within the Council's areas unless a specific exception applies.<sup>lii</sup> Since the merger of Limerick City and County Council all of the areas of choice for an application to Limerick City and County Council must be within that Council's area.

### **2.4 Allocation schemes**

21. After a person or household has been placed on the housing list, the issue of priority within that list can be addressed. The level of priority a household has will affect how long they have to wait to be provided with social housing support by the Council.
22. All Councils are required to have an 'allocation scheme' which is used to decide how housing is allocated by the Council to households on the housing list.<sup>liii</sup>
23. The Allocation Scheme is adopted by the elected members of the Council (i.e. the County Councillors elected by the people). Once adopted it is then administered by the Council's employed officials. A county councillor has no power to give someone a Council House; but an official has no power to ignore the allocation scheme adopted by the county councillors. If an official breaches the allocation scheme, that is unlawful. Even though the allocation scheme is not itself a statute, the housing statutes require the allocation scheme to be applied once it has been adopted.<sup>liv</sup> The Council is obliged to apply the allocation scheme and make a reasonable and reasoned decision on the household's application<sup>lv</sup>

#### **2.4.1 Priority**

24. Allocation schemes are required to set out the order of priority to be given to households on the housing list.<sup>lvi</sup>
25. Many allocation schemes operate on a 'time on list' system for allocations, whereby social housing support is provided to households according to how long they have been on the housing list. Sometimes there are separate categories of priority, with

some higher priority and others lower priority and then the 'time on list' system works within each of the categories. This means that if a household is in category 1 they will have to wait until the households that have been on the list in that category for longer to be housed first. Similarly, if a household is in category 3, they will have to wait for the households on the list in *that* category for longer to be housed first.

26. Limerick City and County Council's current allocation scheme was adopted in 2017. It has nine categories of priority:<sup>lvii</sup>
- a. First priority – households living in dangerous dwellings<sup>lviii</sup> or displaced by operations of the Council
  - b. Second Priority – homeless households<sup>lix</sup>
  - c. Third Priority – households in unfit dwellings<sup>lx</sup>
  - d. Fourth Priority – disability, medical and compassionate grounds
  - e. Fifth Priority – households in overcrowded dwellings<sup>lxi</sup>
  - f. Sixth Priority – households in unsuitable accommodation<sup>lxii</sup>
  - g. Seventh Priority – households sharing with others who have a reasonable requirement for separate accommodation
  - h. Eighth Priority – all other applicants (except unsustainable mortgage cases)
  - i. Ninth Priority – unsustainable mortgage cases
27. It is important to stress that the legal definition of homelessness (discussed further below) does not require the household to have taken up homeless accommodation. This is the definition used in the allocation scheme. This means that, while a household that is on the housing list must be homeless to get homeless priority, it is not necessary that the household actually be taking up homeless accommodation.

#### **2.4.2 Transfer applicants**

28. Allocation schemes are also required to set out the order of priority to be given to households that have already been given social housing support by the Council but who are applying to transfer to other Council Housing.<sup>lxiii</sup>
29. The Limerick City and County Council allocation scheme allows a household to apply for a transfer if:
- a. The household's current accommodation is overcrowded;
  - b. The household's current accommodation is too large and they wish to move somewhere smaller;
  - c. There are medical/compassionate grounds;
  - d. The household is suffering from anti-social behaviour and the Gardaí support the application for a transfer;
  - e. Other exceptional circumstances;
  - f. To facilitate incremental purchase if the Council has consented.<sup>lxiv</sup>

30. A household will only be eligible for a transfer if they:
- a. Have held their current tenancy for at least two years;
  - b. Have a clean rent account for six months with no arrears of longer than twelve weeks in the previous three years;
  - c. Have paid all service and other charges;
  - d. Have maintained the accommodation in satisfactory condition;
  - e. Have complied with all previous tenancy agreements;
  - f. Have no record of anti-social behaviour;
  - g. Have resources to purchase a Council house if the reason for their transfer is to facilitate a house purchase agreement.<sup>lxv</sup>
31. These eligibility requirements are specific to transfer applicants only. Transfer applicants have different eligibility applicants who are not currently in accommodation provided by the Council.

#### **2.4.2 Refusal of Reasonable Offers**

32. As was noted above, there is an eligibility factor concerning a household that has refused reasonable offers of housing by a Council but that factor has not yet come into operation because there are no Ministerial regulations yet.<sup>lxvi</sup> However, Councils are allowed to refuse to allocate to households that have refused reasonable offers in certain circumstances. Under the Limerick City and County Council Allocation Scheme, a household will have their application on the housing list suspended for a period of one year if, during a period of twelve months, the household refuses two reasonable offers of accommodation.<sup>lxvii</sup> In order to count as a reasonable offer, the accommodation offered must, in the opinion of the Council, meet the accommodation needs of the household and be in one of the household's areas of choice, unless the Council cannot offer accommodation in the area of choice due to displacement from fire, flooding, regeneration or exceptional compassionate grounds.<sup>lxviii</sup>

#### **2.5 Rent Supplement and the housing list**

33. Being placed on housing list is obviously important for getting social housing support. It is also one of the main ways of qualifying for rent supplement from the Department of Employment Affairs and Social Protection (DEASP)<sup>lxix</sup> Rent supplement is, however, gradually being replaced by the Housing Assistance Payment (HAP) (discussed below). If a household is on the housing list and receiving rent supplement, DEASP can require that household to apply for HAP instead.<sup>lxx</sup>

#### **2.6 HAP and the housing list**

34. The Housing Assistance Payment (HAP) allows a household on the housing list to take up a private rented tenancy with a private landlord. The landlord is paid the HAP rent rate by the Council<sup>lxxi</sup> and the household pays a lower rent directly to the Council, which is usually calculated as a percentage of their income in the same way as they

would pay rent if they were in a Council house.<sup>lxxii</sup> Under Limerick City and County Council's current scheme this is 14.5% of the principal earner's take home pay and 19% of every other earner's pay, with a minimum weekly rent of €30.<sup>lxxiii</sup>

35. The current monthly HAP rent limits for Limerick City and County Council are.<sup>lxxiv</sup>
- a. Single adult (shared accommodation): €270
  - b. Couple (shared accommodation): €300
  - c. Single Adult (living alone): €420
  - d. Couple (living alone): €450
  - e. Single adult or couple with one child: €650
  - f. Single adult or couple with two children: €700
  - g. Single adult or couple with three children: €750
36. Because a HAP tenancy is a private rented tenancy, but with modifications on how rent is paid, the landlord can bring the tenancy to an end in the same way as any other private rented tenancy. The tenant has security of tenure for blocks of four years at a time, but the landlord can give notice to quit in certain circumstances, for example the landlord wishes to sell or substantially renovate the home or the landlord or a member of her family needs to start living there.<sup>lxxv</sup>
37. The private landlord is bound by the same obligation to maintain the housing to certain standards that apply to all private landlords and are set out in regulations.<sup>lxxvi</sup> If the standards are not maintained then the Council is entitled to stop paying the landlord under the HAP scheme.<sup>lxxvii</sup>
38. If a person is applying for HAP to one of the four Dublin Local Authorities, it is open to the Council to increase the amount of HAP paid by 50% for up to 6 months at a time.<sup>lxxviii</sup> This does not currently apply to Limerick City and County Council. Each local authority has statutory discretion to agree to a HAP payment up to 20% above the prescribed maximum rent limit in circumstances where it is necessary, because of local rental market conditions, to secure appropriate accommodation for a household that requires it. It is a matter for the local authority to determine if the application of the flexibility is warranted on a case by case basis.<sup>lxxix</sup>
39. A landlord may not discriminate against a potential tenant on the basis that they would be paying the rent by way of HAP as opposed to from their own funds.<sup>lxxx</sup>
40. HAP is defined as a form of social housing assistance.<sup>lxxxii</sup> This means that once a household has been given HAP, then they have had their housing need met and so they come off of the housing list. However, it is open to a HAP tenant to apply to go on the Council's transfer list. Under Limerick City and County Council's allocation scheme a household that takes up HAP is entitled to be on the transfer list on no less favourable terms than if they had stayed on the main list.<sup>lxxxii</sup> This means that, even though taking up HAP is considered to meet a household's housing need, they may remain on a list waiting for another, more secure, form of housing from the Council.

## **2.6 Anti-Social Behaviour**

41. The Council can refuse to allocate council accommodation to a household if there is a concern about the possibility of anti-social behaviour from a household member.<sup>lxxxiii</sup> This includes accommodation owned by the Council, accommodation owned by a voluntary housing association and accommodation that is let under a contract or lease between the Council and the landlord. This includes RAS tenancies and probably includes HAP tenancies as well.<sup>lxxxiv</sup>
42. The definition of anti-social behaviour includes:
  - a. Having drugs beyond an amount that is for personal use<sup>lxxxv</sup>
  - b. Behaviour which causes significant or persistent alarm loss or fear, including violence, threats, property damage and behaviour which significantly impairs a person's ability to enjoy their own home.<sup>lxxxvi</sup>
43. The Council is obliged to afford fair procedures in deciding whether or not a person poses an anti-social behaviour risk.
44. Where a current Council tenant is being subjected to serious anti-social behaviour, the Council is required to investigate it and cannot simply rely on Garda reports, without considering the matter independently.<sup>lxxxvii</sup>
45. The Council can seek to have a person excluded and/or seek to terminate a tenancy if there is ongoing anti-social behaviour. This must be done in accordance with fair procedures and must be proportionate.<sup>lxxxviii</sup>

## **2.7 Succession**

46. Where the named tenant of a household that is in Council accommodation dies, and the Council is the responsible landlord, then the Council may decide to allow another family member, who has been living in the home, to succeed to the tenancy. The rules on succession must be set out in the allocation scheme.
47. Under Limerick City and County Council's succession scheme, immediate family members who are living in the home and named on the rent book for at least two years will be considered for succession. There will need to be a clear rent account for six months with no rent arrears of longer than twelve weeks in the previous 3 years.<sup>lxxxix</sup>
48. If allowing a succession would mean that the remaining family member(s) were in a home that is too big for their needs, the Council can seek to move them to somewhere smaller. Even though it is their home, an appropriate move will usually be proportionate.<sup>xc</sup>

## **3. Homeless accommodation**

49. Homeless accommodation is separate from the Housing List. Many people who are in homeless accommodation do go onto the housing list and many allocation schemes (including the Limerick City and County Council one) give high priority to homeless applicants. However, they are two different types of Council accommodation.

### 3.1 Eligibility

50. In order to be eligible for homeless accommodation, a person must meet the legal definition of homelessness, which has two parts. The first part is that *in the opinion of the Council* the person does not have any accommodation which they, with anyone they normally live with, could reasonably be expected to live; or that the person is living in a hospital, county home or night shelter because they do not have any such accommodation. The second part of the test is that *in the opinion of the Council*, the person does not have the money to pay for their own accommodation.<sup>xcv</sup>
51. The references to ‘in the opinion of the Council’ are very important. There are some limits on how the Council forms its opinion (such as fair procedures), but the Courts have interpreted this as giving the Council a very wide discretion as to who it thinks does not have accommodation they can reasonably live in.<sup>xcvii</sup>
52. The courts have held that if the Council offers a homeless person accommodation, (including accommodation from the housing list if they are also on that list) then the person is no longer homeless even if they do not take up the accommodation.<sup>xcviii</sup> The Courts have also held that in certain circumstances, a homeless person can be expected to go and live with family members, i.e. that the family members’ home constitutes ‘alternative accommodation’.<sup>xcix</sup>
53. It is not necessary for a person to be on the housing list to be eligible for homeless accommodation. Homeless accommodation has far fewer eligibility tests and the Council is not allowed to use the housing list eligibility tests for homeless accommodation (although where the eligibility tests are similar, such as with homeless accommodation, the courts have given them some leeway.<sup>xcv</sup>) It is also possible for a person to be given homeless accommodation while the Council assesses whether they meet the eligibility tests.<sup>xcvi</sup>
54. In the UK, there is a statutory test for ‘intentional homelessness’.<sup>xcvii</sup> The purpose of this test is to determine who gets higher priority for housing when they are homeless. *There is no intentional homelessness test in the Irish Housing Acts.* The only test for homelessness is whether there is alternative accommodation that in the Council’s opinion the person could use and whether in the Council’s opinion the person has their own money to pay for accommodation. If a person has chosen to give up alternative accommodation and it is still reasonably available to them, then they are not homeless. However, the reason they are not homeless is because they have alternative accommodation, not because they are intentionally homeless.

### 3.2 Provision of Homeless Accommodation

55. Once the Council is satisfied that a person has no accommodation and no money to get their own accommodation, it has the power to provide them with homeless accommodation.<sup>xcviii</sup> There is quite a lot of flexibility in the legislation about how the Council does this. The Council can rent accommodation for the homeless person, or arrange for accommodation to be rented for the homeless person or contribute to the cost of accommodation.<sup>xcix</sup> Alternatively the Council can provide direct financial assistance to the homeless person.<sup>c</sup>

56. Councils vary in exactly how they provide homeless accommodation and they have a lot of flexibility in how they apply the statutory power. Some have rented apartments or other similar accommodation for use on a short term basis as a 'family hub'. Some have a standing arrangement with certain hotels or B&Bs whereby the Council has block booked all of the rooms or a portion of the rooms indefinitely and then the Council allocates those rooms as needed to homeless people in the Council's area. Some use a charity or Non-Governmental Organisation (such as NOVAS) to help homeless people to find B&B accommodation and then the Council pays for it. Some require homeless people to find their own B&B accommodation and then the Council pays for it. Some Council's operate a combination of all of these systems.
57. Sometimes a homeless person will be describes as being on 'self-accommodation'. This is not a legal test in the Housing Acts. It is a phrase that Councils have started using to describe a person who is expected to find their own B&B accommodation but with the Council paying for it. As was noted above, a private landlord is not permitted to discriminate against a potential tenant because they are on rent supplement or HAP.<sup>ci</sup> However, there is no equality law against a hotel or a B&B refusing to give a room to a homeless person who is having their homeless accommodation paid for by the Council under its Housing Acts powers.
58. The Housing Acts do not put a time limit on how long a person can be in homeless accommodation. Although the scheme appears to have been designed to meet short-term needs, the homelessness crisis of recent years has seen many families living in homeless accommodation for months or even years.

#### **4. Applicable Human Rights Law**

59. Although there is no enforceable right to be provided with housing under Irish law, there are some constitutional rights and rights under the European Convention on Human Rights (ECHR) which are relevant. The European Convention on Human Rights was incorporated into Irish law by legislation in 2003.<sup>cii</sup> When deciding an application for accommodation, the Council is required to have regard to these rights.<sup>ciii</sup> In practical terms, this does not alter the application of Council housing powers that much, but if a Constitutional or ECHR rights issue was to arise in a case, the Council would need to consider that issue in dealing with the affected person.
60. In certain circumstances, the EU Charter of Fundamental Rights would also apply. The Rights guaranteed in the Charter that are relevant to Housing are broadly similar to those in the Constitution and the ECHR. The difference is that the EU Charter is superior to Irish law and so in a conflict with an Irish statute, or even the Constitution itself, the Charter would prevail. The Charter is only applicable when the Irish State is applying EU law, which arises relatively rarely in housing law.

#### **4.1 Constitutional Rights**

61. The Constitution protects a right to fair procedures in most public decisions affecting a person.<sup>civ</sup> This means that the decision-maker must be objective and impartial and

also that the person has a right to have their position considered by the decision-maker.

62. The Constitution protects the right to equality before the law.<sup>cv</sup>
63. The Constitution protects the rights of Children, but the courts have not given any clear decision on whether this includes a right to housing or shelter for children.<sup>cvi</sup>
64. The Constitution protects the right to privacy,<sup>cvi</sup> and to the inviolability of the dwelling.<sup>cvi</sup> Neither of these rights are absolute and both can be interfered with by the State as long as the interference is proportionate.
65. The Constitution protects the right to dignity,<sup>cix</sup> the right to bodily integrity<sup>cx</sup> and the right to be free from inhumane treatment.<sup>cx</sup> The level of interference with these rights that would be required to force a Council to provide someone with housing would need to be quite high. This is because these rights are usually understood as ‘negative’ rights (a right *not to* have something done *to* you by the State) and not ‘positive’ rights (a right *to* have something done *for* you by the State). However, in sufficiently extreme cases, the Courts have found that Councils were required to act to assist a person in an exceptional case.<sup>cxii</sup>

#### **4.2 ECHR Rights**

66. The ECHR protects the right to be free from inhuman or degrading treatment.<sup>cxiii</sup> In some very extreme cases, where a person was at risk of complete destitution, this has been interpreted as requiring State bodies to provide basic assistance, which would include shelter.<sup>cxiv</sup>
67. The ECHR protects the right to respect for home life.<sup>cxv</sup> This does not include a right to be provided with a home.<sup>cxvi</sup> However, it requires that the home a person actually lives in is to be respected, even if they do not currently have any legal rights to be there (for example if the tenancy has ended, or they were living there with the actual tenant and that person died).<sup>cxvii</sup> What is meant by ‘respected’ can include requiring a person to leave their home provided this is done proportionality, which may require that some other accommodation be made available to them.<sup>cxviii</sup>
68. The ECHR protects the right to respect for private and family life.<sup>cxix</sup> The ‘private life’ aspect of this guarantee has been interpreted as requiring, in certain very extreme cases, for assistance, including housing assistance, to be provided to persons with significant disabilities.<sup>cxx</sup>

#### **5. The public sector human rights and equality duty**

69. Under the s.42 Irish Human Rights and Equality Act 2014, public bodies have specific duties to account for human rights and equality in how they carry out their functions. Councils are public bodies for the purposes of this duty.
70. The duty has two parts – one concerns the carrying out of the Council’s functions; the other concerns the Council’s strategic planning.

71. The duty concerning the carrying out of the Council's functions is a duty to do three things:
- a. Eliminate discrimination
  - b. Promote equality of opportunity and treatment of staff and those receiving services from the Council
  - c. Protect the human rights of staff and those receiving services from the Council.
72. 'Human rights' for the purposes of this duty are limited to the Constitution, the ECHR and the EU Charter.
73. The first part of the duty requires the Council to do these three things '*in the performance of its functions*'. The Irish Courts have not yet decided whether this is a duty that applies to every official working at every level of a Council or if it is just something that applies to senior management. However, the case law from the UK dealing with a similar equality duty in that State suggests that these sorts of duties do go all the way down to an operation level.<sup>cxix</sup> If that interpretation is applied in Ireland, then each individual housing officer would be obliged to have regard to the three things listed above in doing their job day-to-day.
74. There is already a duty on decision-makers in Irish administrative law to 'have regard to relevant factors' when making a public decision.<sup>cxix</sup> It seems likely that as the public sector duty from the 2014 Act is developed that the three factors set out above will become part of that test.
75. The second part of the duty requires the Council to assess human rights and equality issues in strategic planning. The duty is to assess those issues, to set out the measures required to address those issues in its strategic plan and to then report in its annual report on its achievements.
76. The second part of the duty is useful as an overall requirement for the Council to be dealing with certain significant issues affecting homeless people and those at risk of homelessness. However, it seems likely that in individual cases, it will be the first part of the duty that is more useful to such people.

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- <sup>i</sup> It has been argued that the children’s rights provisions in Article 42A.1 of the Irish Constitution imply a right to shelter for children, but no court has decided this issue – see *PT and ATH Wicklow County Council* [2017] IEHC 194; *Fagan v Dublin City Council* [2019] IESC 96.
- <sup>ii</sup> *Ward v South Dublin County Council* [1996] 3 IR 195
- <sup>iii</sup> See *O’Donnell (A Minor) v South Dublin County Council* [2015] IESC 28; *O’Donnell (A Minor) v South Dublin County Council* [2007] IEHC 204, [2011] 3 IR 417.
- <sup>iv</sup> This is formally called the ‘record of qualified households’ in the Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>v</sup> It has been argued that the children’s rights provisions in Article 42A.1 of the Irish Constitution imply a right to shelter for children, but no court has decided this issue – see *PT and ATH Wicklow County Council* [2017] IEHC 194; *Fagan v Dublin City Council* [2019] IESC 96.
- <sup>vi</sup> *Ward v South Dublin County Council* [1996] 3 IR 195
- <sup>vii</sup> See *O’Donnell (A Minor) v South Dublin County Council* [2015] IESC 28; *O’Donnell (A Minor) v South Dublin County Council* [2007] IEHC 204, [2011] 3 IR 417.
- <sup>viii</sup> This is formally called the ‘record of qualified households’ in the Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>ix</sup> Part 2 Chapter 3 of the Housing (Miscellaneous Provisions) Act 2009.
- <sup>x</sup> S.19(2)(a) Housing (Miscellaneous Provisions) Act 2009.
- <sup>xi</sup> S.19(2)(b) Housing (Miscellaneous Provisions) Act 2009.
- <sup>xii</sup> S.19(2)(a) Housing (Miscellaneous Provisions) Act 2009.
- <sup>xiii</sup> S.19(2)(e) Housing (Miscellaneous Provisions) Act 2009.
- <sup>xiv</sup> S.19(2)(bb) Housing (Miscellaneous Provisions) Act 2009.
- <sup>xv</sup> S.20(1) Housing (Miscellaneous Provisions) Act 2009
- <sup>xvi</sup> *Fagan v Dublin City Council* [2019] IESC
- <sup>xvii</sup> Schedule to the Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xviii</sup> Art. 15 and 16 Social Housing Assessment Regulations 2011 (SI 84 of 2011).
- <sup>xix</sup> *VH and MH v South Dublin County Council* [2020] IEHC – CITATION TO FOLLOW – UNAPPROVED JUDGMENT DELIVERED 12 March 2020
- <sup>xx</sup> *Zabiello v South Dublin County Council* [2019] IEHC 863.
- <sup>xxi</sup> *Zatreanu v Dublin City Council* [2013] IEHC 556
- <sup>xxii</sup> *Siney v Dublin Corporation* [1980] IR 400; *Coleman v Dundalk UDC* (Unreported, Supreme Court, 17 July 1985, Henchy J)
- <sup>xxiii</sup> S.20(2) Housing (Miscellaneous Provisions) Act 2009
- <sup>xxiv</sup> S.20(5) Housing (Miscellaneous Provisions) Act 2009 as amended by ss.34 and 49 of the Housing (Miscellaneous Provisions) Act 2014
- <sup>xxv</sup> Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxvi</sup> Art.20 Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.3(c) of the Social Housing Assessment (Amendment) Regulations 2011 (SI 136 of 2011) and by art.5 of the Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>xxvii</sup> See Household Means Policy, 30 March 2011, Minister for Environment, Heritage and Local Government, issued pursuant to art.17 of the Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxviii</sup> Art. 5 Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxix</sup> Art. 5(c) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxx</sup> Art. 6(a) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxxi</sup> Art. 6(b) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxxii</sup> Art. 6(c) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxxiii</sup> Art. 6(d) Social Housing Assessment Regulations 2011 (SI 84 of 2011) The term used in the regulations is ‘enduring physical, sensory, mental health or intellectual impairment’.

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- <sup>xxxiv</sup> Art. 6(e) Social Housing Assessment Regulations 2011 (SI 84 of 2011). ‘Relative’ is defined in art.3 of the Social Housing Assessment Regulations 2011 (SI 84 of 2011) as ‘*a person who is not a member of the household applying for social housing support and means, as regards a member of such a household, a parent, adult child or sibling and may include another relative, such as a step-parent, grandparent, grandchild, aunt or uncle, who has close links with the household member in the form of commitment or dependence*’
- <sup>xxxv</sup> S.20(5) Housing (Miscellaneous Provisions) Act 2009 as amended by ss.34 and 49 of the Housing (Miscellaneous Provisions) Act 2014
- <sup>xxxvi</sup> Art. 22(1) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxxvii</sup> *Kinsella v Dun Laoghaire Rathdown County Council* [2012] IEHC 344
- <sup>xxxviii</sup> Art. 22(2) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xxxix</sup> Art. 14 Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xl</sup> *Kinsella v Dun Laoghaire Rathdown County Council* [2012] IEHC 344
- <sup>xli</sup> Art. 23(a) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xlii</sup> Art. 23(bb) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>xliiii</sup> Art. 23(b) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xliiv</sup> Art. 23(c) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xli v</sup> Art. 23(d) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xli vi</sup> Art. 23(dd) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>xli vii</sup> Art. 23(e) Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>xli viii</sup> Art. 23(ee) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.3(g) Social Housing Assessment (Amendment) (No.2) Regulations 2011 (SI 321 of 2011) and art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 2016)
- <sup>xli x</sup> Art. 23(eee) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>l</sup> Art. 23(f) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>li</sup> Art.7 Social Housing Assessment Regulations 2011 (SI 84 of 2011)
- <sup>lii</sup> Arts.8 and 9 Social Housing Assessment Regulations 2011 (SI 84 of 2011), as amended by art.3(b) and (c) of the Social Housing Assessment (Amendment) (No.2) Regulations 2011 (SI 321 of 2011)
- <sup>liii</sup> S.22 Housing (Miscellaneous Provisions) Act 2009
- <sup>li v</sup> S.22(2) Housing (Miscellaneous Provisions) Act 2009
- <sup>li v i</sup> *Mulhare v Cork County Council* [2017] IEHC 288
- <sup>li v ii</sup> S.22(3) Housing (Miscellaneous Provisions) Act 2009
- <sup>li v iii</sup> Limerick City and County Council *Allocation Scheme* 2017, section (C)
- <sup>li v iii i</sup> As defined by s.3 Sanitary Service Act 1964
- <sup>li x</sup> Within the meaning of s.2 Housing Act 1988
- <sup>li x</sup> S.66 Housing Act 1966
- <sup>li x i</sup> S.63 Housing Act 1966
- <sup>li x ii</sup> Art. 23(f) Social Housing Assessment Regulations 2011 (SI 84 of 2011) as amended by art.6 Social Housing Assessment (Amendment) Regulations 2016 (SI 288 of 2016)
- <sup>li x iii</sup> S.22(3)(b) Housing (Miscellaneous Provisions) Act 2009
- <sup>li x iv</sup> Limerick City and County Council *Allocation Scheme* 2017, section (H)
- <sup>li x v</sup> Limerick City and County Council *Allocation Scheme* 2017, section (H)
- <sup>li x vi</sup> S.20(5B) Housing (Miscellaneous Provisions) Act 2009
- <sup>li x vi i</sup> Limerick City and County Council *Allocation Scheme* 2017, section (G)(i)(a)
- <sup>li x vi ii</sup> Limerick City and County Council *Allocation Scheme* 2017, section (G)(i)(a)
- <sup>li x ix</sup> S.198(3F)(a) Social Welfare Consolidation Act 2005
- <sup>li x x</sup> S.198(3H) Social Welfare Consolidation Act 2005
- <sup>li x xi</sup> S.43 Housing (Miscellaneous Provisions) Act 2014
- <sup>li x x ii</sup> S.44 Housing (Miscellaneous Provisions) Act 2014 and s.31 Housing (Miscellaneous Provisions) Act 2009
- <sup>li x x iii</sup> See Limerick City and County Council *Differential Rent Scheme 2020*, section 3.
- <sup>li x x iv</sup> Art. 10 Housing Assistance Payment Regulations 2014 (SI 407 of 2014) as amended by Art.4(b) Housing Assistance Payment (Amendment) Regulations 2017 (SI 56 of 2017)
- <sup>li x x v</sup> Part 4 Residential Tenancies Act 2004, especially s.34.

lxxvi S.41 Housing (Miscellaneous Provisions) Act 2014 and Housing (Standards for Rented Houses) Regulations 2019 (SI 137 of 2019)

lxxvii *Feeney v Waterford City and County Council* [2020] IEHC 116

lxxviii Art. 10(2) Housing Assistance Payment Regulations 2014 (SI 407 of 2014) as amended by Art.3 Housing Assistance Payment (Amendment) (No 3) Regulations 2016 (SI 354 of 2016)

lxxix Art. 10(3) Housing Assistance Payment Regulations 2014 (SI 407 of 2014) as inserted by Art.4(1)(c) Housing Assistance Payment (Amendment) (No 4) Regulations 2015 (SI 474 of 2015) and amended by Art7(1) Housing Assistance Payment (Amendment) (No 2) Regulations 2016 (SI 338 of 2016)

lxxx S.3(3B) Equal Status Act 2002 as amended by s.13 Equality (Miscellaneous Provisions) Act 2015

lxxxi S.19(2)(bb) Housing (Miscellaneous Provisions) Act 2009 and s.37 Housing (Miscellaneous Provisions) Act 2014.

lxxxii Limerick City and County Council *Allocation Scheme* 2017, section (H)(2)

lxxxiii S.14 Housing (Miscellaneous Provisions) Act 1997

lxxxiv S.22(1) Housing (Miscellaneous Provisions) Act 2009

lxxxv S.1(a) Housing (Miscellaneous Provisions) Act 1997

lxxxvi S.1(b) Housing (Miscellaneous Provisions) Act 1997

lxxxvii *Agamah v South Dublin County Council* [2015] IEHC 424

lxxxviii *Donegan and Gallagher v Dublin City Council* [2012] 3 IR 600

lxxxix Limerick City and County Council *Allocation Scheme* 2017, section (I)

xc See Article 8 European Convention on Human Rights and *Lattimore v Dublin City Council* [2014] IEHC 233

xc1 S.2 Housing Act 1988

xc2 *PT and ATH v Wicklow County Council (No.2)* [2017] IEHC 194

xc3 *Doherty v South Dublin County Council (No.2)* [2007] 2 IR 696; *C v Galway County Council* [2017] IEHC 784

xc4 *Middleton v Carlow County Council* [2017] IEHC 528, *PT and AHT v Wicklow County Council (No.2)* [2017] IEHC 194

xc5 *Middleton v Carlow County Council* [2017] IEHC 528

xc6 S.10(10) Housing Act 1988

xc7 S.191 Housing Act 1996 (UK). See *Haile v Waltham Forest LBC* [2015] AC 1471

xc8 S.10 Housing Act 1988

xc9 S.10(1)(c) Housing Act 1988

c S.10(1)(b) Housing Act 1988

ci S.3(3B) Equal Status Act 2002 as amended by s.13 Equality (Miscellaneous Provisions) Act 2015

cii European Convention on Human Rights Act 2003

ciii *C v Galway County Council* [2017] IEHC 784

civ *East Donegal Co-Operative Livestock Mart Ltd v Attorney General* [1970] IR 317; *Re Haughey* [1971] IR 217

cv Art.40.1 Constitution of Ireland 1937

cvi *PT and AHT v Wicklow County Council (No.2)* [2017] IEHC 194

cvi *Kennedy and Arnold v Ireland* [1987] IR 587

cvi *Art.40.5 Constitution of Ireland 1937* *Wicklow County Council v Fortune (No. 2)* [2013] IEHC 255

cix *Re a Ward of Court (withholding medical treatment) (No. 2)* [1996] 2 IR 79

cx *Ryan v Attorney General* [1965] IR 294

cx1 *State (C) v Frawley* [1976] IR 365

cx2 *O'Donnell (A Minor) v South Dublin County Council* [2015] IESC 28

cx3 Art.3 ECHR

cx4 *R (Limbuela) v Secretary of State for the Home Department* [2006] 1 AC 396; *MSS v Belgium and Greece* (2011) 53 EHRR 2

cx5 Art.8 ECHR

cx6 *Donegan and Gallagher v Dublin City Council* [2012] 3 IR 600

cx7 *Lattimore v Dublin City Council* [2014] IEHC 233

cx8 *Lattimore v Dublin City Council* [2014] IEHC 233

cx9 Art.8 ECHR

cx10 *O'Donnell (A Minor) v South Dublin County Council* [2007] IEHC 204, [2011] 3 IR 417

cx11 *Hotak v Southwark LBC* [2016] AC 811 *Pieretti v London Borough of Enfield* [2010] EWCA Civ 1104; *R (West Berkshire DC) v Secretary of State for Communities and Local Government* [2016] 1 WLR 3923

cx12 *State (Lynch) v Cooney* [1982]; *P&F Sharpe Ltd v Dublin City and County Manager* [1989] IR 701