## **Policy Brief**

Addressing Health and Wellbeing Challenges for Homeless Children and Families Living in Temporary and Emergency Accommodation

Kate Frazer, Gillian Paul, Xuefang Alterman and Thilo Kroll





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## Introduction

Data from homeless charities and service organisations suggest that the number of homeless families with young children has been increasing in Ireland, and particularly in Dublin, in recent years. In October 2019 in Ireland, 1700 families including almost 1000 single parents and 3826 children were in this situation. In Dublin this accounted for 1270 families, 700 single parents and 2795 children.<sup>1,2</sup>

However, to date reliable national and internationally comparable data does not exist and the true extent of the problem remains unknown. This is further complicated by the fact that various definitions of 'homelessness' exist. These are used differently. The European Federation of National Organisations Working with the Homeless³ (FEANTSA) devised the European Typology of Homelessness and Housing Exclusion (ETHOS) which defines the forms of homelessness as follows:

- Rooflessness (without a shelter of any kind, sleeping rough)
- Houselessness (with a place to sleep but temporary in institutions or shelter)
- Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence)
- Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

The legal definition of homelessness in Ireland is set out in 1988 legislation:<sup>4</sup>

A person shall be regarded by a housing authority as being homeless for the purposes of this Act if

- (a) There is no accommodation available, which in the opinion of the authority, he together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of or,
- (b) He is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a) and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

It is clear from this definition, which curiously only uses male gender, that families were not considered. The focus of the 1988 legislation was on individuals, however, the current demography of homelessness is very different. The narrow legal characterisation differs considerably from the more comprehensive ETHOS typology.

The international literature suggests that living in homelessness is associated with a plethora of physical and mental health and wellbeing challenges. Particularly, young children may be at risk of developmental delays, exposure to health hazards, social exclusion and stigmatisation and malnutrition, to name a few.<sup>5</sup>

Thus far, there is limited understanding about the specific experiences of homeless families and children in Ireland. We convened a multi-stakeholder workshop, funded by UCD, to explore the impact on health of living in temporary and emergency accommodation in Dublin on children and their parents.

## Method/Approach

A workshop was held in October 2019 comprising 40 invited academics, teachers, researchers, practitioners, policy makers and charities all involved in the provision of care and services for children and families who are currently homeless. The event started with a number of scene-setting presentations from various perspectives, including public health nursing, academia, advocacy and policy.

Participants then reflected on key challenges faced by homeless children and families living in temporary and emergency accommodation. The challenges identified were reviewed, clustered and reduced to five areas: (1) Physical and Mental Health; (2) Emotional Wellbeing; (3) Relationships and Social Connections; (4) Environment and Routines, and (5) Service Coordination and Integration.

The group was then invited to generate ideas of how these challenges could be met and overcome. Specifically, they were asked about the process, mechanism or activities that would bring about change, what resources would be required and how they individually could contribute to the process.

After the event, ideas from the generating session were condensed into three principal areas:

- Safeguarding Physical and Mental Health
- Creating Supportive Environments, Routines and Social Connections
- Maximising Service Coordination and Integration

## **Findings**

#### 1. Safeguarding Physical and Mental Health

Participants agreed that it was paramount to safeguard the physical as well as the mental health of homeless families. This specifically included attention to children's developmental needs and prevention of developmental delays. Suggested ways to meet these needs included both the built environment as well as specific services. The latter would encompass access to primary, specialist and mental health services (e.g. counselling, trauma care) as well as to developmentally appropriate child-centred activities and supports. Specific examples for arrangements included:

- Clear communication and consistency of information
- One-stop shop/single provider model (right services, right time, right place)
  and adapting services to population including use of mobile health services
  located in family resource centres
- Quality approved accommodations (e.g. fire safety standards; child proof)

#### 2. Creating Supportive Environments, Routines and Social Connections

Losing a home is usually associated with a disconnect from family and peer connections and the move to an unfamiliar neighbourhood or environment. It is thus of crucial importance to have geographically appropriate accommodation (e.g. proximity to schools, creche, families) that facilitates and maintains social connections and communication or ensures they are swiftly restored. For both parents and children, environments have to match their needs. Children need safe and developmentally appropriate play and crawling areas and access to schools and homework clubs. Parents need transportation to work-places, access to basic household facilities to wash clothes or prepare food (laundry, cooking, cots/beds), and support for self-determined, independent lives. Families need access to leisure and family-orientated resource centres.

#### Specific examples included:

- Access to mobile phones, internet access and computer equipment
- · Accessible and affordable transport to families beyond Dublin
- Clean, safe, smoke-free facilities
- Purpose-built, family-centred accommodation approved and monitored by Health Information and Quality Authority (HIQA)
- · Garda vetting of all providers

#### 3. Maximising Service Coordination and Integration

Workshop participants highlighted the very fragmented health, social care and housing support landscape in Ireland with an absence of an evidence-based response. Many forms of support are arranged around service requirements rather than the needs of families- an absence of a needs-based system. Families find themselves often at the mercy of a system that lacks accountability and clear governance and oversight arrangements and suffers from duplicate efforts and absence of clarity on timelines (e.g. duration of living in emergency or temporary accommodation). At present service development, coordination and implementation is not data driven or empirically based, and there is an urgent need to create a robust and reliable data sharing infrastructure. This included specifically:

- Joined up person-centred thinking and planning by integrated, linked accountable and appropriately trained teams
- Appointment of a named case manager at outset
- Legislative time bound housing pathway
- Digitally available routinely and reliably collected data to enable long-term monitoring and planning
- Acknowledging positive work and models of practice

Several additional points, from the rich discussions, are summarised below:

#### Seeing the individual in context

Statistics hide the unique lives, biographies and circumstances of people who are homeless. A system that is context sensitive and based on individual needs is required.

#### Incorporate children and families in service design

The voice and presence of children and families who are homeless is largely absent from the planning processes around services and supports. This needs to change, and family preferences and choices must to be incorporated in the planning processes.

#### Housing as a human right

Several international human rights instruments recognise the right to housing. For example, Article 25 of the Universal Declaration of Human Rights<sup>6</sup> refers to the right to an adequate standard of living. Specifically, it states that:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

Similarly, Article 11(1) of the International Covenant on Economic, Social and Cultural Rights<sup>7</sup>(CESCR) guarantees the right to housing as being reflected in adequate living standards. At present, these human rights statutes are not reflected in Irish legislation.

# Support the physical and emotional wellbeing of staff and volunteers assisting homeless children and families

There are many excellent examples of staff and volunteers who support homeless families on a daily basis. This should be recognised and shared nationally as a model of best practice. However, there has been very little emphasis on the health and wellbeing as well as continuing professional development of these groups.

# **Policy Implications and Recommendations**

The current system is fragmented and largely ineffective in supporting homeless children and families who are currently living in temporary and emergency accommodation and this impacts on their health and wellbeing. We suggest the following recommendations require urgent attention addressing health impact for homeless children and their families:

Funding and investment in services and supports for families that ensures their voice is at the heart of all spending

An integrated coordinated system with clear pathways and accountable governance - reducing and preventing the current silos and affording joined up thinking

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Clear and consistent communication and information that is accessible

Investment in the training needs of all staff engaged with homeless families living in temporary and emergency accommodation

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Integrated reliable data systems, including a needs analysis and ongoing assessments that are regularly updated, for children and families

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Governance and quality oversight of temporary and emergency accommodation should be assigned to HIQA 05 immediately

Continuity in service provision led by a dedicated named key worker

Family involvement in care and support planning at the heart of all service engagement

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- <sup>6</sup> United Nations (1990) *The United Nations Convention on the Rights of the Child.* United Nations, Geneva. <a href="https://www.unicef.org.uk/what-we-do/unconvention-child-rights/">https://www.unicef.org.uk/what-we-do/unconvention-child-rights/</a> [accessed December 2019]
- <sup>7</sup> United Nations (1976) *International Covenant on Economic, Social and Cultural Rights*. United Nations Human Rights Office of the High Commissioner, Geneva. <a href="https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx">https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx</a> [accessed December 2019]

#### Key reports informing the workshop include:

Ombudsman for Children's Office (2019) *No Place Like Home: Children's views and experience of living in Family Hubs*. Ombudsman for Children's Office, Dublin. <a href="https://www.oco.ie/library/no-place-like-home-childrens-views-and-experiences-of-living-in-family-hubs/">https://www.oco.ie/library/no-place-like-home-childrens-views-and-experiences-of-living-in-family-hubs/</a>

Quinlan, M., Bolger, P. (2019) *Many Hearts, No Homes: Voices from the frontline of homelessness.* Childhood Development Initiative, Dublin. <a href="https://www.cdi.ie/wp-content/uploads/2019/08/MHNH-Report-lowres-28.3.pdf">https://www.cdi.ie/wp-content/uploads/2019/08/MHNH-Report-lowres-28.3.pdf</a>

#### Key reports published since October 2019 include:

The Faculties of Public Health Medicine and Paediatrics (2019) *The Impact of Homelessness and Inadequate Housing on Children*. Royal College of Physicians of Ireland, Dublin. <a href="https://www.rcpi.ie/news/publication/the-impact-of-homelessness-and-inadequate-housing-on-childrens-health/">https://www.rcpi.ie/news/publication/the-impact-of-homelessness-and-inadequate-housing-on-childrens-health/</a>

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UCD School of Nursing, Midwifery and Health Systems

