

**Focussing on B&Bs:
The Unacceptable Growth of
Emergency B&B Placement in Dublin**

Houghton, F.T. & Hickey, C.

Acknowledgements

Department of Health & Children who awarded a National Lottery Grant thereby facilitating the research

Declan Wallace, Assistant Principal Officer, Dublin Corporation

Frank Mills, General Manager Special Needs, Northern Area Health Board

Frank Goodwin, Senior Housing Welfare Officer, Dublin Corporation

All the Staff of the Homeless Persons Unit, Charles Street West

Martina Roche, Research Assistant

Caroline Bolger, Research Assistant

Caroline Corr, Research Assistant

Members of Focus Ireland's Research Advisory Group

Focus Ireland RD&E Support Staff

Orla Parkinson, Editor

Foreword

This report makes startling reading. As recently as 1984 the phenomenon of using B&Bs as accommodation for homeless people was unknown; in 1990 there were five such placements in the Dublin area; through the 1990s the numbers increased dramatically. In 1993 there were 474 households which included 605 adults and 714 children and by 1999 1202 households, which included 1518 adults and 1262 children, placed in B&Bs by the Northern Area Health Board on behalf of Dublin Corporation.

In the absence of hostel accommodation that caters for couples or two-parent families in Ireland, Bed and Breakfast's offer people shelter, privacy, protection from the stigma of homelessness and the opportunity to stay together. Although they can offer a very basic level of accommodation, this report highlights their shortcomings. Almost half the research population were without access to cooking facilities, and approximately 20 per cent had to vacate their accommodation during the day. Whole families often have to share one or two rooms in a B&B, with no facilities and no place where they can be together.

A random sample of the total research population shows that the average length of stay in a B&B in 1999 was 81 days - in sharp contrast with the situation in the early 1990s when the average length of stay in B&Bs was 3 weeks. To lack these basic facilities for a short time may be tolerable but the long-term uncertainty experienced by many people in this situation leads to feelings of crises and hopelessness.

What was meant to be a temporary solution to homelessness has become a way of life for many homeless people. These are Dublin's invisible homeless people. We don't see them on our streets; we don't find them in our hostels or dinner centres; they do not look any different from the rest of us as they walk around the streets.

Everybody wants change, but unless we provide the right kind of accommodation for families and single people who are out of home, this hidden but potentially very destructive situation is likely to continue and even worsen. It is our fervent hope that this research will create a new awareness of the situation and lead to positive changes within the coming year. What we urgently need in order to address this problem is, first of all, good-quality emergency housing with practical facilities in a supportive, caring environment. Secondly, we need appropriate affordable long-term housing for people to move on into, where they can find new hope and establish stability in their lives.

This research is the result of the collaborative and co-operative work of the NAHB, Dublin Corporation and Focus Ireland. It is a clear indication that the policy-makers, the service-providers, the statutory or the voluntary services, and the people availing of the service are unhappy with the current use of B&Bs in accommodating out-of-home households.

Sr Stanislaus Kennedy
President, Focus Ireland

Preface

This piece of research, the second such study conducted by Focus Ireland into the use of bed and breakfasts (B&Bs) as emergency accommodation in Dublin, is an example of the value of collaboration between statutory and voluntary agencies working with, and providing services for, the homeless. It would not have been possible without the commitment of Focus Ireland, Dublin Corporation and the Northern Area Health Board to establish the scale of the problem and identify appropriate recommendations. This is a timely and highly relevant publication given the recent strategy paper from the government *Homelessness — An Integrated Strategy*. The strategy described in that document recognises the inappropriateness of B&Bs and pledges to reduce the reliance of local authorities on them through the provision of emergency and move-on accommodation. Dublin Corporation is already making progress in relation to the use of B&Bs and more will be done after the implementation of local area action plans. Focus Ireland intends to use this research as a tool to monitor future measurements of B&B use and can ultimately be used for monitoring and evaluating the success of the government's recommendations and the forthcoming individual local authority action plans for eliminating the use of B&Bs as highlighted in the strategy.

The results of the study are both enlightening and disturbing: 1,202 households were placed in B&Bs in 1999 and the average length of stay for a sub-sample of approximately 200 households was 81 nights. The characteristics and circumstances of those forced to use B&Bs for lack of alternative accommodation shows that these families are often socially, economically and emotionally disadvantaged, with high levels of dependency on state financial support, breakdown in family relationships, drug and alcohol addiction issues, and/or facing the realities of leaving care, prison or other state institutional care. It is abundantly clear that the provision of accommodation alone is not sufficient to enable families and individuals to resettle into long-term housing within communities. The recommendations contained within this report, and based directly on the findings of this study, recognise the myriad and often complex issues surrounding homelessness and for that reason they encompass long-term housing needs, short-term accommodation needs, support service requirements and administrative measures needed to tackle the issues surrounding homelessness properly.

We are confident that the findings of this research will strengthen the resolve and commitment of all those working with, and on behalf of, homeless families and individuals.

Declan Jones
CEO
Focus Ireland

Declan Wallace
Assistant Principal Officer
Dublin Corporation

Frank Mills
General Manager Special Needs
Northern Area Health Board

Executive Summary

Accommodating the homeless in Bed & Breakfasts (B&Bs) is an unacceptable, unhealthy, and expensive short-term solution to housing shortage. Research reports amply demonstrate the ill-health effects of living in such accommodation. Unfortunately, our research shows that over the last decade there has been a substantial rise in the use of B&Bs in Dublin, and an increase in the time people spend there. There are a number of reasons for the increase in the use of B&Bs as emergency accommodation including the increase in the homeless population, the shortage of social housing, the shortage of affordable rental accommodation and the shortage of emergency accommodation.

This research was undertaken in response to concern by Focus Ireland and others that the use of B&B accommodation for emergency purposes was escalating, and that the time spent by those placed in B&Bs was lengthening. It has been proven that prolonged periods of using B&Bs as emergency accommodation has implications on the health of those using B&Bs, on the stability of their family life and on the sense of their isolation and dislocation from local communities and families (Taylor and Jones, 1990; Royal College of Physicians, 1994; Carter, 1997).

Although the majority of those using B&Bs (57 per cent) are lone-parent or two-parent families with children, a significant number are single adults (32 per cent) who cannot gain access to emergency hostels. Thirty-two per cent of homeless households cited the parental home as their last permanent residence, highlighting the dependence of many households on accommodation sharing. Approximately 41 per cent of homeless households cited local authority housing and privately rented accommodation as their last permanent residence. Family conflict (non-violent disputes with parents or siblings) was the main reason cited for people becoming homeless, accounting for over a fifth of households. This was closely followed by drug- and alcohol-addiction, indicating that a substantial proportion of people placed in B&Bs in Dublin also require some form of support to overcome addiction.

There were just five households placed in emergency B&B accommodation by the Eastern Health Board's (EHB)¹ Homeless Persons Unit (HPU) in 1990, at a cost of £520. By 1999, this figure had risen to 1,202 households, at a cost of £4.7 million. The length of placement rose from an average of 12 nights in 1992, and 16 nights in 1993, to 81 nights (a provisional estimate) in 1999. This is a grave concern given that 1,262 of the 2,780 people placed, were children.

Despite the difficulties in securing land for building purposes, long-term social housing is urgently required. It is for this reason that the full and speedy implementation of the Planning and Development Bill is recommended. Although the difficulties in building or securing emergency accommodation for homeless families and individuals are recognised, there is, nevertheless, an urgent need for more of this type of accommodation. However, a greater variety of accommodation than that provided in the past is needed. Accommodation is required that recognises the special

¹ [The Eastern Health Board became regionalized in March 2000 and is now called the Eastern Regional Health Authority \(ERHA\) with three regional offices: Northern Area Health Board \(with responsibility for homeless services\), South Western Area Health Board and The East Coast Area Health Board. At the time this study was being conducted the health board was known as the Eastern Health Board.](#)

needs of homeless households be they related to physical or mental health issues, drug- and/or alcohol-addiction issues, learning difficulties, or unresolved family conflict issues. There is a need for greater support services for homeless families and individuals including easier access to physical and psychiatric medical services, addiction services, family mediation services and general support services for those leaving institutional care. And finally, if the use of B&Bs as emergency accommodation is to be controlled, better information management systems and monitoring systems need to be put in place.

The use of B&B accommodation is unacceptable for a number of reasons including its inherent lack of stability, its inappropriateness in terms of privacy and social isolation, its impact on the physical and emotional health of users, and the lack of appropriate support structures associated with this type of accommodation. Emergency B&B accommodation is unable to meet the needs of many within the homeless population. Fortunately, central government and local authorities accept that the use of B&Bs for anything other than short-term emergency accommodation is not to continue in the long term. This is reflected in the recently-published report *Homelessness—An Integrated Strategy* where it is stated: ‘The Action Plan for the Dublin area will prioritise the elimination of the use of Bed and Breakfast accommodation for families other than for emergencies and only for a very short-term use of not more than one month’ (Department of the Environment and Local Government, 2000:35). Our report concludes with recommendations to help reach this goal. The commitment by the government to provide an additional £12 million current funding per annum and £20 million capital funding over a five-year period is welcome.

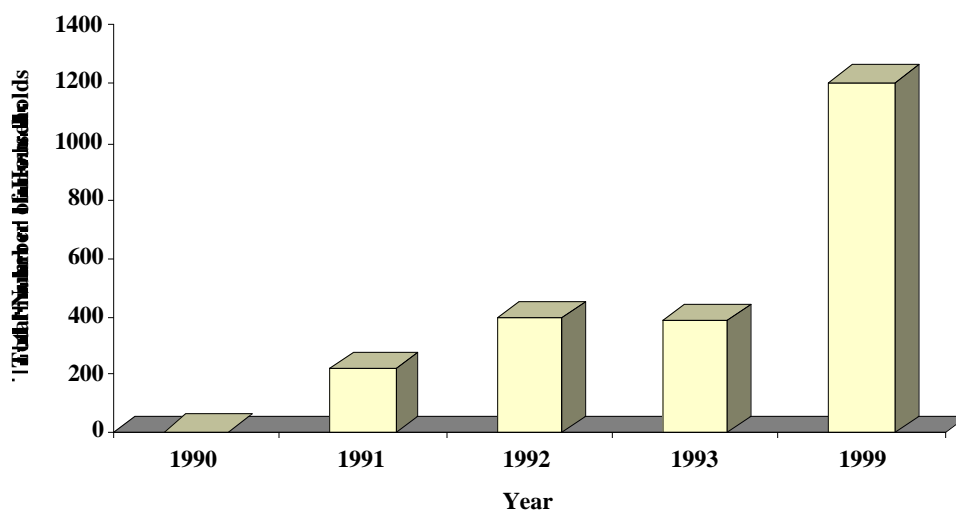
Evolution of B&B Accommodation

The use of Bed and Breakfast (B&B) accommodation as an alternative to emergency hostels in housing homeless people is a phenomenon of the 1990's. Bed and Breakfast accommodation began to be used as more and more households found themselves out of home with no viable alternative emergency accommodation available. The number of hostel beds for single men and women was, and continues to be, inadequate. The provision of emergency accommodation for families, lone parents and couples is poorer still.

It is the responsibility of local authorities to provide long-term accommodation to its constituents, and where this is not immediately available to provide alternative short-term emergency accommodation. The local authorities provide this short-term emergency accommodation through an arrangement with The Homeless Persons Unit (HPU). The HPU managed by the Northern Area Health Board on behalf of the Dublin local authorities, sources and places homeless households in emergency accommodation.

As can be seen from figure 1, there has been a significant increase in the number of households placed in B&B accommodation. In 1990 the HPU placed just five families in B&Bs; this contrasts sharply with the 1,202 households² placed in B&Bs in 1999.

Figure 1 Number of households placed in B&B accommodation, selected years 1990-1999³



² Household in this study refers to individuals, couples and families.

³ [The tables on which all figures in this document are based are listed in Appendix B.](#)

The cost of housing the homeless in Dublin in B&Bs has escalated over the last decade from £540 in 1990 to £4.7 million in 1999. Carter described B&Bs as a 'deeply unsatisfactory, unsuitable and expensive housing option' (Carter, 1997: 6). According to Focus Ireland's first research project, just five households were placed in B&B accommodation in 1990 at a cost of £520. By 1991 this had risen to 221 households (including travellers) at a cost of £67,329. This figure had more than doubled to 503 households by 1992, at a cost of £214,237. In 1993, the number of households placed in B&Bs fell slightly, although the cost, at £273,222, continued to rise. By 1998, the cost per month for households placed in B&B accommodation exceeded that for the entire year in 1993. In 1998, the monthly cost rose from £33,269 in January to £477,173 in December, bringing the total for the year to £2,257,174 (Department of the Environment and Local Government, 2000). The huge increase in cost is not just attributable to the growth in numbers of households being placed; the increase in the length of time people stayed in B&Bs also had an effect. In 1992, the average length of placement in the Dublin Corporation area was 12 nights (Moore, 1994); by 1993 this had risen by 33 per cent to 16 nights. As figure 2 illustrates the costs have been rising steadily over the last 3 years.

There are a number of reasons for the rise in the use of B&Bs as emergency accommodation including:

- n an increase in the number of homeless households
- n the shortage of social housing
- n the increase in the cost of renting
- n the shortage of emergency accommodation for all households and in particular single women and one and two-parent families.

Background to the Study

This research study is the second major project conducted by Focus Ireland examining emergency B&B placement in Ireland and has been conducted in consultation with both Dublin Corporation Housing Policy Unit and the Homeless Persons Unit of the Northern Area Health Board.

This research was undertaken in response to concern by Focus Ireland and others that the use of B&B accommodation for emergency purposes was escalating, and that the time spent by those placed in B&Bs was lengthening. It has been proven that prolonged periods of using B&Bs as emergency accommodation has implications on the health of those using B&Bs, on the stability of their family life and on the sense of their isolation and dislocation from local communities and families (Taylor and Jones, 1990; Royal College of Physicians, 1994; Carter, 1997).

The first research project conducted by Focus Ireland was carried out by Moore in 1994 and looked at the circumstances of homeless people using B&Bs in the city and their perceptions and attitudes towards B&Bs as emergency accommodation. This, our second study, focussed on what appeared to be the escalating use of B&Bs as emergency accommodation for the homeless in Dublin. Four specific objectives were to determine:

- 1) the number of households placed in emergency B&B accommodation
- 2) the reasons why people became homeless and were placed in emergency B&B accommodation
- 3) the length of time people stayed in emergency B&B accommodation
- 4) a set of appropriate responses to homelessness in Ireland, in the light of the study findings.

Dublin Corporation and the Northern Area Health Board facilitated these objectives by providing access to their records regarding accommodation placement for those people who presented as homeless at the Homeless Person's Unit (HPU) in Charles Street West from January 1999 to December 1999.

Homelessness and the Use of B&Bs

It is important to place the growth in the use of emergency B&B accommodation within the wider context. There has undoubtedly been a growth in the number of homeless people in Ireland in recent years. However, it is impossible to gauge this increase accurately, as for many years accurate figures on the number of homeless people were unavailable. There were two main reasons for the lack of comprehensive and inclusive figures:

- 1) a lack of consensus regarding the definition of homelessness
- 2) failure to reach consensus on a consistent and universal technique for assessment.

The annual Housing Statistics Bulletin Reports, published by the Department of the Environment and Local Government, clearly illustrate the growing public housing need from the early 1990's through to the end of the decade. The housing waiting list in the Dublin Corporation area grew by 26 per cent from 5,152 to 6,477 and the national waiting list grew by 43 per cent. While the public housing waiting lists reflect housing need, figures for homelessness cannot necessarily be extrapolated from them. One reason for this is that certain groups of people do not register with their local authority for public housing, for example single people, and it has been suggested that the long-term homeless do not register either. This view has been supported by the recent *Counted In* report which found that 1,090 people using homeless services (the majority of them men) were not registered for local authority housing (Williams and O' Connor, 1999).

Following the 1988 Housing Act, local authorities were legally obliged to carry out assessments of their homeless populations. However, the methodology used to carry out these assessments has been widely criticised by academics and those working with homeless people (O'Sullivan; 1994; Leonard; 1994). For example, the 1993 assessment identified only 2,667 homeless people nationally and this figure had dropped to 2,219 in 1996, as O'Sullivan states 'It [is] simply a very crude count of some homeless people over the age of 18, at one point in time in 1991 and 1993' (1996:45). The local authorities relied on their housing and homeless lists only to determine the number of homeless people in their areas; there was no consultation between local authorities and voluntary agencies working with homeless people to determine the total number. As such, local authority assessments did not take into account those people who were not on housing waiting lists and therefore, are of limited use in assessing the total homeless population.

A more methodologically sound assessment was conducted in the former Eastern Health Board (EHB) area by the Economic and Social Research Institute (ESRI) on behalf of the Homeless Initiative in March of 1999 (Williams and O' Connor, 1999).. This study included in its population those on local authority housing lists and those not on the lists but using or accessing organisations working with the homeless. The assessment found a total of 2,900 homeless people in the EHB region, 2,790 of whom were in the Dublin Corporation area. The study also found that 540 families (both lone-parent and two-parent) with 990 children were homeless in the region.

A significant factor in the increasing levels of homelessness is the inability of local authorities to provide social housing at pace with the increasing housing waiting lists. This growth in local authority housing waiting lists is due to a number of factors including the slowdown of the social housing building programme in the late 1980s and early 1990s, escalating house prices in the home ownership market and increased rents within the private rented sector. There were approximately 39,000 households on the national housing waiting list by the end of September 1999 (Department of the Environment and Local Government, 1999), the combined waiting lists of Dublin Corporation, Dun Laoghaire-Rathdown County Council, South Dublin County Council and Fingal County Council accounted for almost 30 per cent of this figure.

The buoyancy of the private rented sector has also priced low-income and single-income earners out of this market. The escalating house prices have tempted many landlords of cheap bed-sit accommodation to sell their properties. The net result of the housing boom has been a reduction in the availability of rented accommodation

while the demand has increased. Those who are economically and socially marginalized face added pressures in trying to penetrate this market. A recent study by Memery and Kerrins (2000) found that 32 per cent of registered landlords would prefer not to rent their properties to rent allowance claimants and the majority of landlords preferred tenants who were employed and came with references.

There is a clear and demonstrable lack of appropriate hostels in Dublin city for the homeless population. There are approximately 13 adult hostels with 900 beds available in the Dublin area. Of the 900 beds only 100 are available for women and there are no hostels suitable for two-parent families anywhere in the city. The lack of appropriate emergency accommodation is increasing the reliance on B&Bs.

Inadequacy of B&Bs as Emergency Accommodation

Most people associate B&Bs with holidays and luxury. However, the reality is far from luxurious. The quality of most B&Bs is mixed; indeed, B&Bs in the UK were described as the 'slum housing of the eighties' (Conway & Kemp, 1985). Living in temporary accommodation, including B&Bs, typically means (Standing Conference on Public Health 1994:18):

- frequent moves from one location to another and therefore disruption of the household's social and caring networks and access to services
- living in significantly more overcrowded conditions than all other tenure types
- lack of basic amenities
- being in poor condition housing
- being located in expensive areas
- a loss of control over many aspects of the environment inside and outside the 'home'.

An examination of what people placed in B&B disliked most about this form of accommodation (Moore, 1994) included the:

- policy operated by some B&B owners of forcing people to leave the B&B by day (one notable case included that of one woman who was eight months pregnant)
- difficulties associated with looking after children in non-ground-floor rooms
- lack of space and play areas
- difficulties meeting the nutritional needs of children.

The standard of accommodation in B&Bs in Dublin has improved since that described by Moore in 1994. Dublin Corporation has introduced a strict inspection regime for B&Bs, ensuring they adhere to standards set for fire safety, numbers in occupation, and so on. The type of accommodation described as B&B accommodation in this report is broader than that traditionally associated with B&Bs. For example, approximately 800 of the 975 beds available in B&Bs as emergency accommodation offer occupants 24-hour access. The balance requires residents to vacate the premises for an average of three hours in the middle of the day. In addition, 522 of the beds include either sole- or shared-access to cooking facilities.

The literature shows that certain groups of people tend to be placed, and remain, in B&B accommodation. These groups tend to be people with special needs. As Carter (1997: 16) states ‘Overall, there is a clear relationship between the use of B&B and the presence of additional needs or housing requirements. Those with drug, alcohol and/or mental health problems, ex-prisoners, care leavers, young people, and refugees, are all likely to be over-represented within the B&B population.’

The lack of adequate housing has a profound effect on people's physical and mental health. Such is the importance of adequate housing that Target 24 of the World Health Organisation stated that ‘By the year 2000 all people of the European region should have an opportunity of living in houses that provide a healthy and safe environment’ (quoted in Standing Conference on Public Health, 1994: 41). Obviously, this target has not been met.

The report *Shaping a Healthier Future* (Department of Health, 1994) identified equity as one of three key principles underpinning the Irish government’s health strategy. This commitment to equity involves ‘giving special attention to certain disadvantaged groups’ including the homeless (Department of Health, 1994: 10).

According to the research, hostel dwellers and homeless people, including those in B&Bs, face significant health problems and are also at increased risk of morbidity and mortality:

Finding	Source
London Borough's Association reported that since 1980 there had been at least 20 reports yielding evidence that living in B&Bs damages health.	Taylor and Jones, 1990
Homeless people face an increased risk of infectious diseases.	Hutchinson, 1999
Levels of mental illness and alcohol- and drug-misuse are much higher than the national average among the homeless population.	Standing Conference on Public Health, 1994
Mental illness, alcohol- and drug-misuse are both causes and effects of homelessness. There is now a considerable body of literature that details people’s need for privacy and time alone, as well as the link between mental ill health and increasing population density.	Halpern, 1995
Conditions such as gastro-enteritis, skin disorders and chest infections are more prevalent in children of homeless families placed in B&B accommodation than they are among the general population.	Royal College of Physicians, 1994
Homeless children raised in B&Bs are at increased risk of suffering unintentional and intentional injury.	HVA & GMSC, 1988
More and more literature is being produced on the mental health problems of homeless children. They are more likely to suffer developmental delay and emotional and behavioural problems.	Vostanis, 1999.

Methodology

Working in collaboration with Dublin Corporation and the HPU, Focus Ireland developed a recording form for every household placed in emergency B&B accommodation by the HPU in 1999. The characteristics and circumstances of every household placed in B&B accommodation were transcribed from the index cards held by the HPU to the recording form devised by Focus Ireland.

Data collection was carried out by Focus Ireland with assistance from HPU personnel. It began in July 1999 and information was collected for the preceding six months. This phase continued until September 1999. Data collection resumed again in early 2000 and information was collected for the second half of 1999. The information collected from files included:

- „ broad demographic details
- „ a limited housing history
- „ reasons for homelessness
- „ income source
- „ the total number of nights placed in B&B.

In addition, assessments were made of the total number of households residing in B&Bs on three specific dates during the year.

Following the model used by the ESRI (1999) in their recent assessment of homelessness in the EHB region, a unique identifier based on the date of birth and the initials of respondents was included to prevent duplication and thus over-counting. Checking the recording forms by hand in the course of data collection identified approximately 50 duplicates. These were then removed, and the use of the unique identifier led to a further 57 recording forms being removed from the study population following data entry and computer analysis.

Since this study focussed on emergency B&B placements made through the HPU the information presented excludes travellers and asylum seekers. Separate offices exist to deal with both of these groups. This estimate of emergency B&B placement is therefore, a gross underestimate of the total problem.

Main Findings

The HPU placed 1,202 households in emergency B&B accommodation in 1999. These households comprised 2,780 people 1,518 adults and 1,262 children. The vast majority of these adults (71 per cent) were women. The following table indicates the gender breakdown by age category of each of the households included in the survey.

Table 1 Age and gender of households placed in B&B

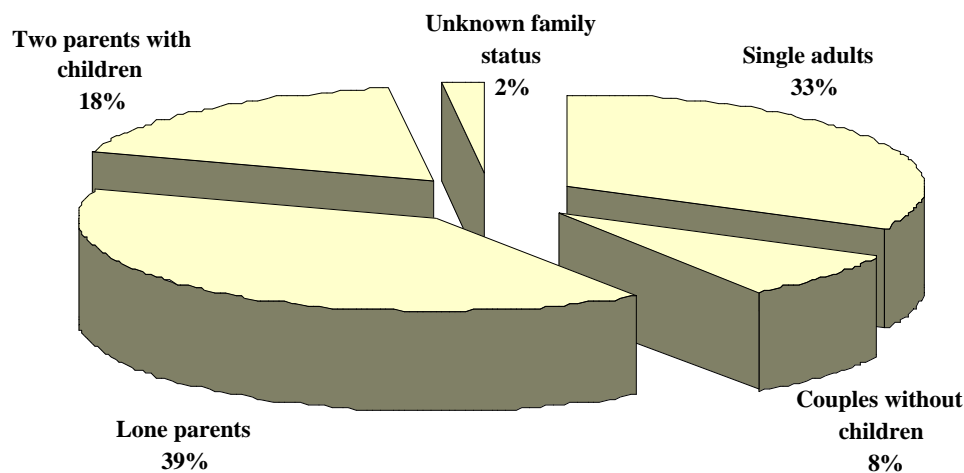
Age category	Male	Female
Under 18	3	24
18-25	68	360
26-40	134	348
41-65	51	100
65 and over	10	22
Total	266	854

Family Status and Age Groups of Households

The family status of the households is detailed in figure 3. The largest group are lone parents (39.6 per cent).

The pre-dominance of parents and children in B&B accommodation outlines quite clearly the lack of appropriate emergency hostel accommodation for these types of households. Similarly, the high percentage of single people accommodated in B&Bs reflects the inadequacy of the current hostel facilities for this group. As already stated there are approximately 900 emergency hostel beds, this study identified a further 391 single adults in need of emergency accommodation during 1999.

Figure 3 Family status of households placed in emergency B&B accommodation by the EHB HPU in 1999



The family status and age groups of the households is detailed in figure 4 and show that of these lone parents, almost half (45.4 per cent) are aged between 26 and 40 years, and a further 36 per cent aged between 18 and 25. Almost another third of households (32.5 per cent) are single adults, the majority being between the ages of 18 and 25. Two-parent families with children constitute almost a fifth of placements (17.8 per cent), while just under a tenth of placements are couples without children (7.9 per cent).

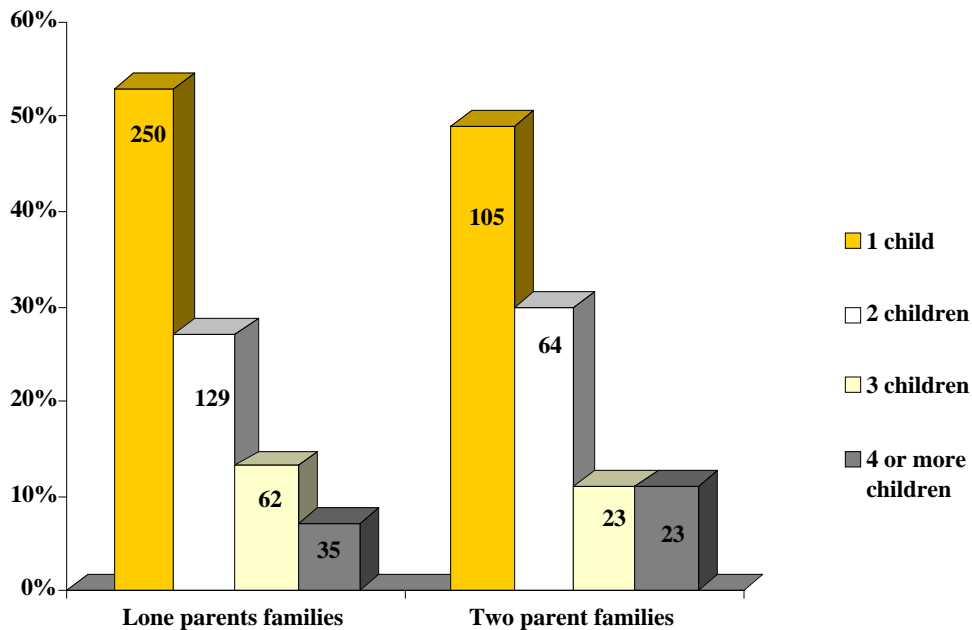
The age range of principal applicants ranges from 16 to 97. The mean average age of principal applicants is 31, while the median average age is 27. In 81 cases (6.7 per cent),

the age category is not known and in a further 25 cases (2.1 per cent) family status is not known. More than nine in ten (92 per cent) of the lone parents are women, while three-quarters (75 per cent) of single adults are women.

Family Size of Households

The family size of households placed in emergency B&B accommodation is detailed in figure 5. Approximately half of single- and two-parent families have just one child.

Figure 5 Family size of households placed in emergency B&B accommodation by the EHB HPU in 1999



Accommodation Status Prior to Becoming Homeless

Where people resided prior to being placed in emergency B&B accommodation is detailed in figure 6. The parental home was the normal place of residence for most people prior to becoming homeless. Those with children were most likely to have been living in local authority housing, while single adults were least likely to have been living in the private rented sector. Two per cent of households did not record their family status.

Primary Reason for Homelessness

Staff of the HPU were asked to identify the principal factor which led to each household becoming homeless and as many secondary contributory reasons as they thought relevant. This process involved gathering information from the homeless households index cards and discussion with HPU staff and case officers who, in many cases, knew the households.

Primary reasons or factors were identified by the household as the most significant reasons for their homelessness and often indicated a level of need beyond that of 'bricks and mortar'. The inclusion of secondary reasons/factors allowed the household to identify more than one factor for their homelessness thus recognising that in many cases there is no one factor or simple reason for homelessness.

However, it is important that these factors should not be interpreted as definitive 'causes' of homelessness for a number of reasons. Firstly, as Fahey and Watson have pointed out the personal experiences of out-of-home households contribute to homelessness in a more complex economic and housing need environment (1995). Secondly, people when asked about precipitating factors for their homelessness tend to consider the triggers of the homelessness rather than the underlying factor or cause. Despite these caveats the reasons or factors as identified by the households themselves are important in assessing the level of need and the type of interventions required to assist homeless families. The pathways into homelessness are complex and are often made up of many factors including housing need, personal issues, economic disadvantage and social isolation. This is detailed in figure 7.

The most commonly reported principal reason for becoming homeless was family conflict (including relationship breakdown with parents and other family members, non-violent family disputes and so on), accounting for over one-fifth of all households questioned (20.6 per cent).

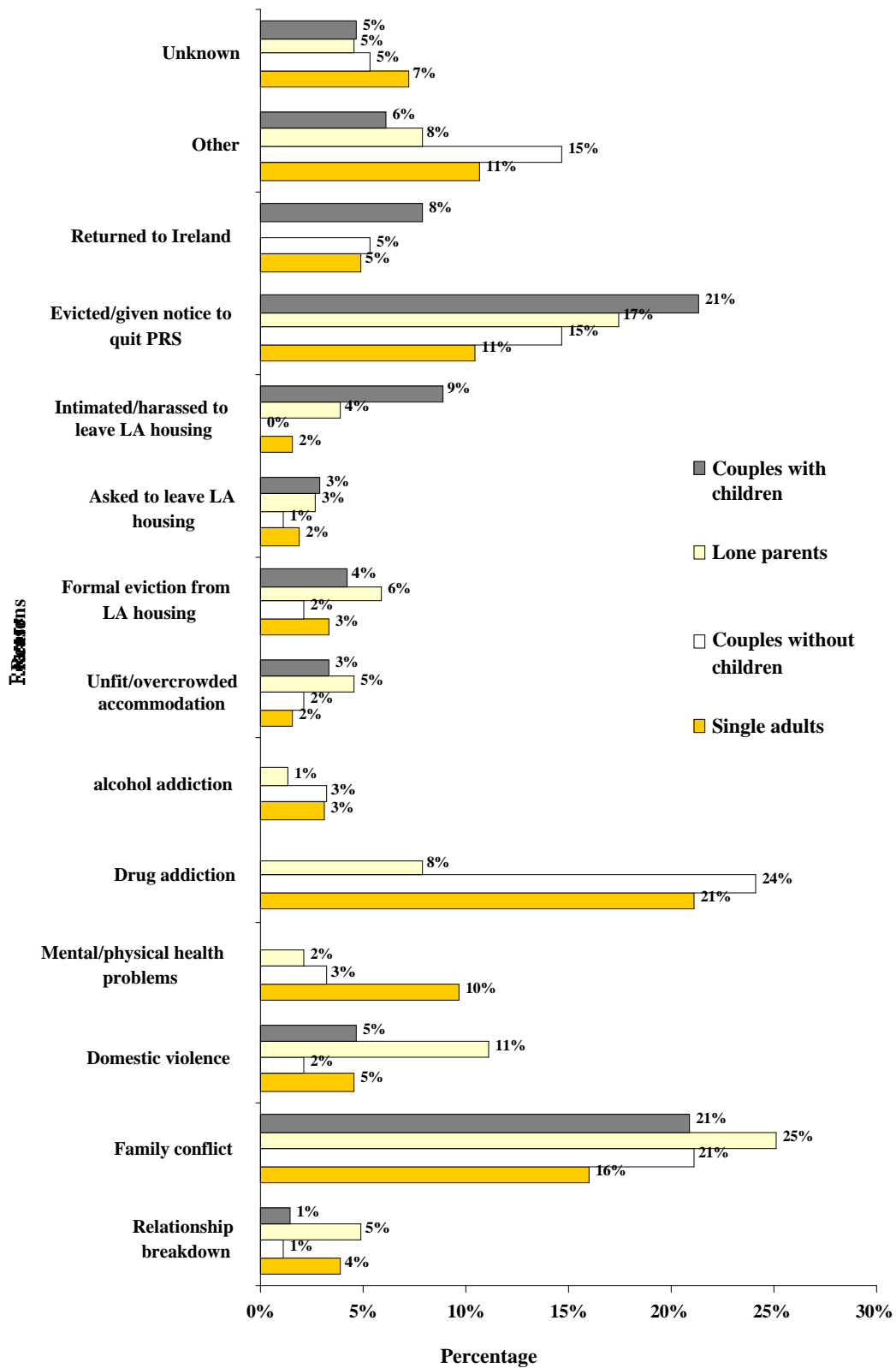
The next most commonly cited reason was drug addiction (14.4 per cent), particularly among single adults. Drug misuse was not a listed contributory factor to homelessness in the Moore study of 1994. Of these single adults, 38.1 per cent of 18 to 25 year olds and 26.4 per cent of 26 to 40 year olds cited drug addiction and drug-related problems as the primary reason for their homelessness. The high levels of drug and alcohol addiction indicate that more than 'bricks and mortar' is needed to assist this group of homeless households.

Domestic violence was cited in seven per cent of cases as the primary reason for homelessness and is most prevalent among lone parents, with 11.1 per cent of lone parents citing it as the primary cause of their homelessness; the age group most affected are 26 to 40 year olds. The prevalence of domestic violence in causing homelessness is significantly lower in this study than in the Moore study of 1994 where 22 per cent of households cited domestic violence as a primary reason. This may be due in part to the fact that the population from Moore's study was predominantly female (97 per cent) compared to a female population of 76.5 per cent in this study. It is recognised that domestic violence is primarily, although not exclusively, a female phenomena.

Eviction from privately rented accommodation was cited by 16 per cent as the primary cause of their homelessness; the family status group most affected by this type of eviction are lone parents, especially those in the age category 26 to 40 years (59 per cent). Memery and Kerrins (2000) study of the private rented sector found that landlords have a preference for tenants not claiming rent allowance, for those who are employed and those with references. Rent allowance claimants are perceived to be unwilling to care for the property they are renting and/or are more likely to anger or upset neighbours. Once evicted it may be difficult to re-enter this market given the high level of demand, the increase in rents, the need for references and the use of rent allowance.

The category listed as other includes among other reasons: release from prison, leaving care, sexual abuse, leaving psychiatric care and completion of a detoxification programme.

Figure 7 Primary reason for homelessness for those placed in emergency



B&B accommodation by the EHB HPU in 1999

Secondary Reasons for Homelessness

The importance of both family and drug/alcohol problems is reinforced by an analysis of the secondary reasons for households becoming homeless. Those responses that are quoted by five or more per cent of any household type are detailed in figure 8. Mental- and physical-health problems are frequently a factor among single adults and couples. The medical needs of families, if not addressed when housed, will be more difficult to address when homeless. Medical services, both physical and psychiatric, are based on a catchment area system that militates against homeless people seeking treatment. Homeless individuals and families tend to use A&E departments for the treatment of physical and psychiatric illnesses because they do not have access to GPs. The level of physical and psychiatric health needs illustrate once again that in some cases homeless households require more than a house.

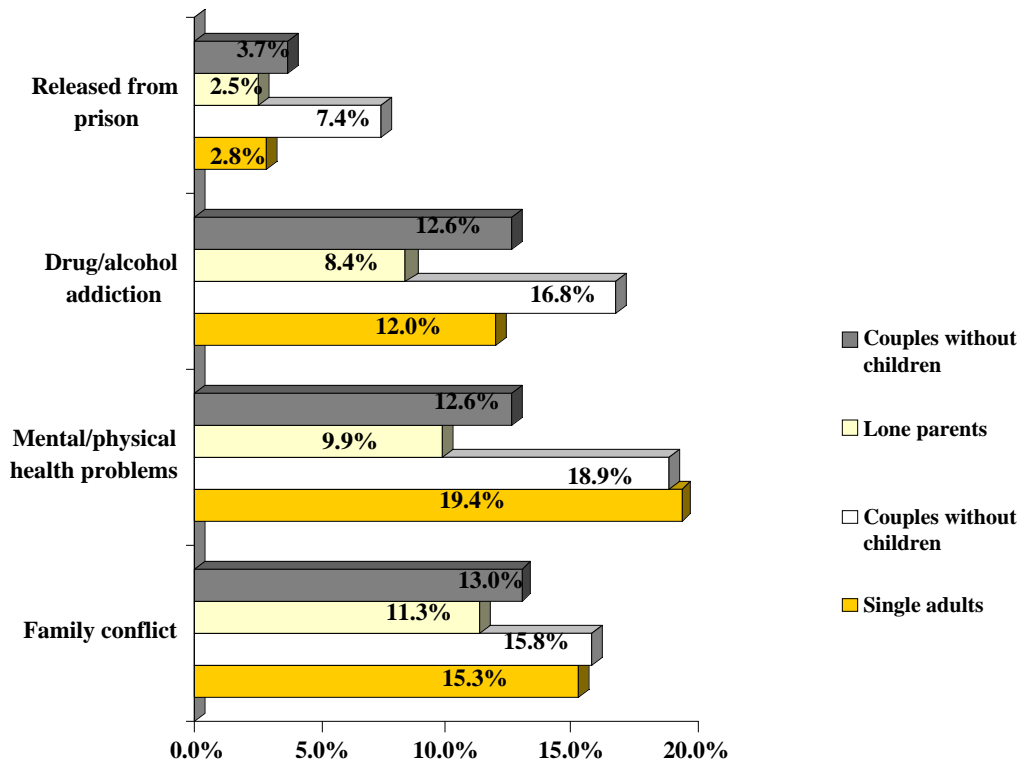


Figure 8 Secondary reasons for homelessness for those placed in emergency B&B accommodation by the EHB HPU in 1999

Duration of Homelessness

An examination of the length of time households were placed in B&B accommodation was to be conducted by EHB staff in the Charles Street HPU. They were also to examine B&B use on three specific dates in 1999 so they could examine trends. However, this element of the research proved to be more difficult than expected. Reasons for this included staff and administrative changes in Charles Street, as well as the introduction of a new open-billing system. Prior to the introduction of the open-billing system, households were booked into B&B accommodation for a fixed period of time. As a result, card indexes were updated regularly. However, the introduction of the open-billing system meant that until landlords submitted a bill, the paperwork and card indexes were not updated. Because of the open-billing system, senior staff in Charles Street felt that examining records for the year was unfeasible and would require too many resources at a time when staff was already stretched. It was also felt that where such information was relatively easily available, it would be hard to verify.

Instead, a population of approximately 200 households were chosen randomly and examined to determine how long, on average, households had been placed in B&Bs. The result was 81 nights. This figure relates purely to 1999 and ignores possible placement in 1998 or before. The duration of placement has increased by more than 500 per cent since 1993, when the average was just 16 nights.

The number of days each family group stayed in B&B accommodation is detailed in figure 9. The majority of single adults and lone parents spent between 1 and 14 days in B&Bs. However, 20 lone parents and their children spent at least six months in this type of accommodation.

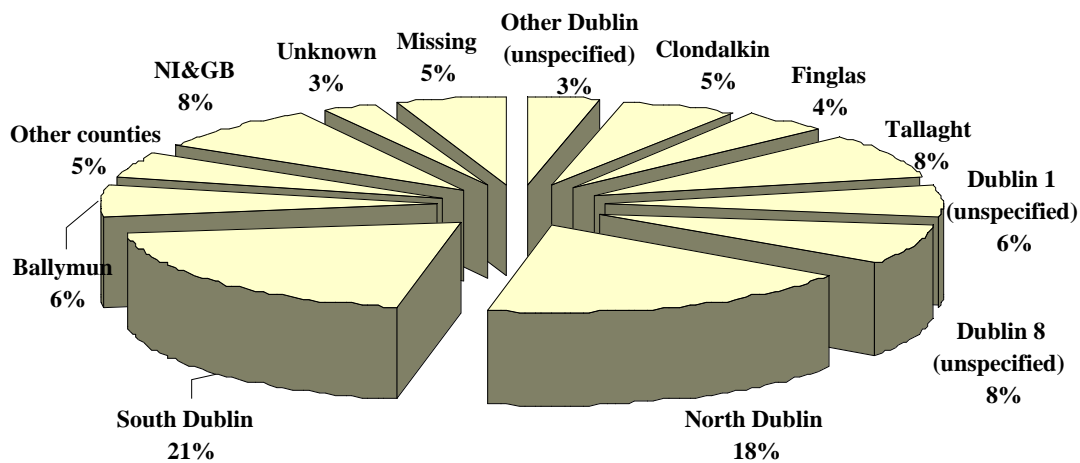
The increase in the number of nights spent in B&Bs by homeless households reflects the lack of move-on accommodation for both hostel and B&B users. Homeless households are remaining in hostels for longer thereby tying up emergency beds in the medium and long-term. Movement through the cycle of homelessness is made slower, as people spend longer in emergency accommodation.

Place of Origin

Users of the Charles Street HPU come from all over the city and outlying areas. The single community with the highest number of households accessing Charles Street is Tallaght (8.1 per cent) while a significant number come from Ballymun (6.1 per cent). A further six per cent come from unspecified areas of Dublin 1 and 7.8 per cent of participants come from unspecified areas of Dublin 8. Figure 10 indicates the geographical spread of the households surveyed.

Approximately 44 per cent of those from the Tallaght area, 36 per cent from Ballymun and 21 per cent from the Dublin 1 area had listed their parent's house as their last permanent accommodation. The highest percentage of those listing their last permanent accommodation as local authority housing came from the Ballymun area of the city (44 per cent) and 31 per cent of those from Dublin 8 listed local authority housing as their last permanent accommodation type. The private rented sector was also listed by a significant percentage of homeless people from Tallaght (21 per cent), Dublin 8 (23 per cent) and Dublin 1 (42 per cent) as their last permanent accommodation type.

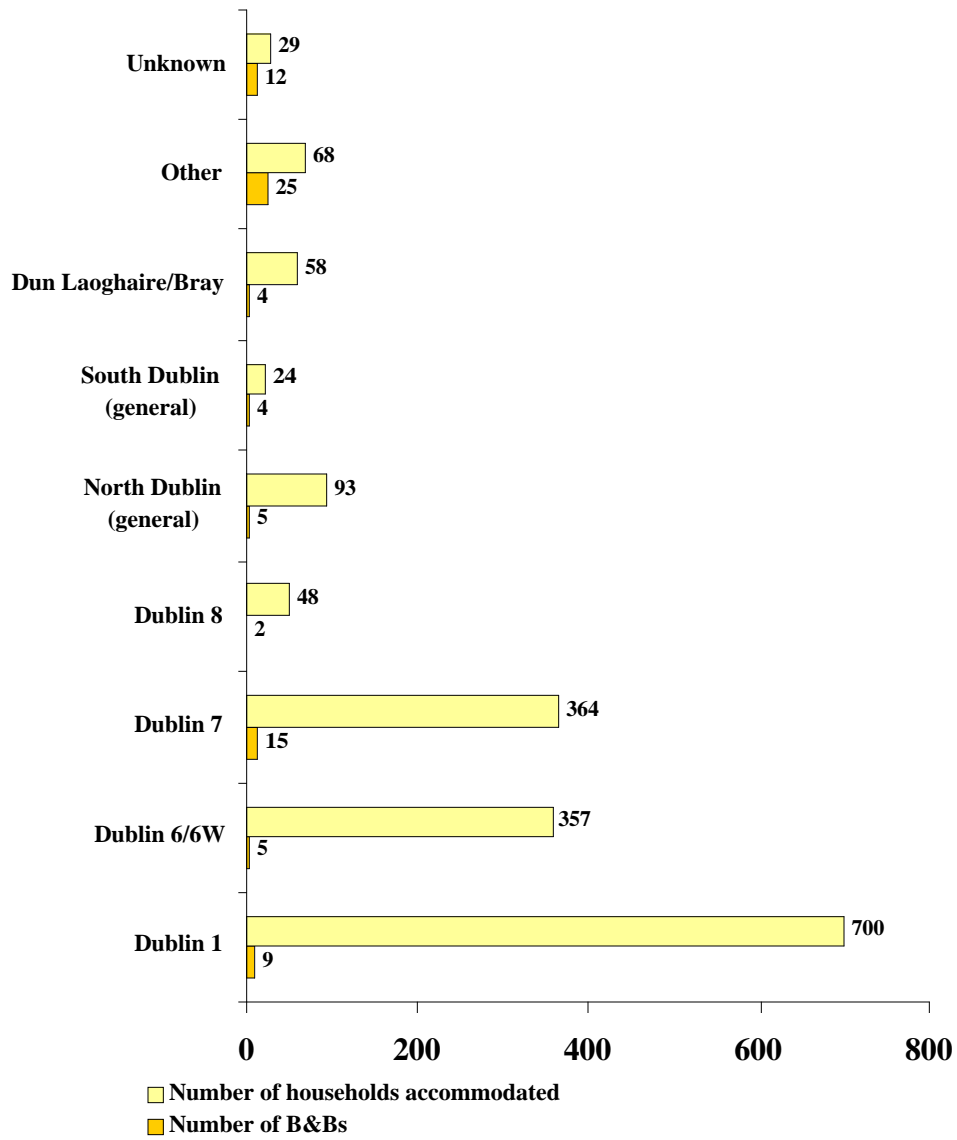
Figure 10 Place of origin of those placed in emergency B&B accommodation by the EHB HPU in 1999



Location of B&Bs

Given the centralisation of service provision, not just by the HPU in sourcing and placing households in emergency accommodation but also by voluntary organisations working with the homeless, it is not surprising to find that the majority of B&Bs used for emergency accommodation are located in-and-around the city centre. During the period of the study, the most widely used B&Bs were in the Dublin 1 and Dublin 7 areas, with other B&Bs located in Dublin 6 and 6W, and Dublin 8. An additional three and five B&Bs were located in South and North Dublin respectively, and a further four were located in the Dun Laoghaire/Bray area. The geographical spread of the B&Bs used as emergency accommodation in 1999 is shown in figure 11. More than 1,000 households were accommodated in the north inner city. The other category illustrated in the graph below refers to B&Bs where less than 3 households were accommodated. The locations of approximately 12 B&Bs accommodating 29 households were unknown.

Figure 11 Location of B&Bs used as emergency accommodation by the EHB HPU in 1999



Conclusions

The rise in the use of B&Bs as emergency accommodation, and the increase in the time people spend there, is unprecedented, expensive and unacceptable. The spiralling costs of B&B accommodation means action must be taken to reduce the current reliance on B&Bs for emergency placement of the homeless.

Health issues are a major concern for those who live in B&Bs for prolonged periods (Taylor & Jones, 1990; Hutchinson, 1999; Royal College of Physicians, 1994). Although the average length of stay is a provisional estimate, the figure of 81 nights is alarming. A prompt and decisive response is required, especially as 1,262 of the 2,780 people placed in emergency B&B accommodation in 1999 are children. The longer the duration of the B&B stay the longer the homeless cycle for the household. This prolonged period of uncertainty and instability is unsettling for all households, especially those with drug/alcohol-addiction issues, families with school-going children, and those with psychiatric or other special needs.

The importance of family conflict as a reason for homelessness is not a new phenomenon. In 1992, 34 per cent of households placed in emergency B&B accommodation by the HPU were homeless as a result of being thrown out by family or friends (Moore, 1994). In 1995, a more general examination of homeless households also found that the principal reason for homelessness was some form of relationship breakdown, including family conflict (family disputes) (Fahey & Watson, 1995). This represents a striking change from earlier research that found that domestic violence precipitated homelessness in a majority of cases (Kennedy, 1984). However, the most dramatic change has been in relation to drug and alcohol addiction. Not even mentioned in Moore's report, it accounted for only 12 per cent of homelessness in the Fahey & Watson study. Our research shows that it was the principal reason for 16.4 per cent of households becoming homeless, and a secondary reason for 11.6 per cent of households. Thus, it was a contributory factor in 28 per cent of households becoming homeless.

It seems obvious that substantial government investment in social housing and the provision of emergency and move-on accommodation is needed immediately. While building programmes for social housing and emergency accommodation are underway, homeless households remain to be housed. Two potential alternatives to B&B accommodation, while awaiting the completion of social housing and emergency accommodation building programmes are listed below. They are based on the UK experience:

- *private sector leasing* as has been adopted by a number of councils, including Eastbourne, as an alternative. In these instances, the council leases the privately owned property directly from the owner and then lets it to a homeless household on a non-secure tenancy, thereby assuming the role of landlord. A limited version of this system is in operation within Dublin Corporation whereby accommodation standards are set, cost per bed per night is determined and fire safety is monitored by Dublin Corporation. However, this does not strictly constitute private sector leasing as Dublin Corporation does not assume direct landlord responsibilities.
- *housing associations leased housing (HAL)* In the UK housing association leasing has largely replaced council and private sector leasing. The housing association takes out a lease with a private landlord for a defined period and fixed rent, and then lets to

households in need of emergency temporary accommodation. This arrangement ensures that a household that would have previously been excluded from this market now has access.

The results of our research indicate that a substantial proportion of homeless households also require some form of support to overcome addiction, physical-health, and mental-health problems. The problems of drug- and alcohol-addiction, and mental- and physical-health difficulties among the homeless B&B population are also highlighted in the research conducted by Power, *et al.* They found that health-promotion initiatives for the homeless population are infrequent and poorly co-ordinated (Power, *et al.*, 1999). An expansion of properly financed, supported accommodation is essential, as are improved health-intervention and health-promotion programmes for this vulnerable group. Evidence-based interventions, that is interventions based on recognised needs and the use of recognised and tested interventions based on best practice models, are essential to improve health and social conditions among this disadvantaged group.

As described above, family conflict was a significant factor in 21 per cent of households becoming homeless. An improvement in family mediation and local preventative- and support-services is essential. This should help prevent family conflict situations that lead to homelessness for one or more family members. A potential option to prevent homelessness for a family or individual as a result of family conflict could be based on an example from the UK where some councils have developed and operate the 'Homeless at Home' programme. In instances of family conflict and relationship breakdown, some councils have housing officers who visit people's home within 24 hours of imminent homelessness being reported to try and secure agreement that the members of the household can stay where they are until a priority transfer is agreed. However, it is important to note that this system has been most successful when the council can clearly state when such housing will be available.

As stated previously, significant assistance was provided by HPU staff in collecting the household information. However, the data collection team ran into difficulties in accessing and evaluating the information from the index cards held on each household. Difficulties such as these could be significantly reduced with the introduction of a more efficient information management system. The current use of handwritten card indexes is clearly inappropriate for recording and tracking the number of homeless households currently placed in B&Bs. The absence of good information systems allows the use of B&Bs to spiral out of control.

Local authorities, central government, statutory agencies and voluntary organisations all recognise that B&B placement for homeless households is inadequate and inappropriate. Monitoring and control mechanisms must be put in place to check their use. The use of targeted allocations systems could be introduced. Some UK councils have introduced a quota system for allocations; for example, Middlesborough Borough Council allocates 54 per cent of new letting to homeless people. These councils have found this system effective in checking the use of B&B accommodation.

Recommendations

Long-term Social Housing Developments

1. Long-term investment in social housing is essential. The government has pledged to build or acquire some 22,000 housing units between 2000 and 2003. However, high levels of acquisitions of private dwellings is not feasible in the long term for the following reasons:
 - a) Local authorities are seriously hampered in acquiring private dwellings for social housing by the current boom in the housing market. Local authorities are no longer able to afford to purchase houses from the private market.
 - b) The rate of acquisition falls far below what is needed. For example, Dublin Corporation purchases approximately 350 dwellings per year and builds 250 houses; at this rate the housing list will take ten years to clear.
 - c) The type of housing purchased calls into question commitment to the integration and dispersal of homeless families throughout the region. For example, the Corporation has purchased a number of privately developed apartments in the city. The creation of ghettos for disadvantage households must be avoided at all costs and integration and dispersal the long-term goal.

However, if this policy is to be pursued, which is likely given the current shortage of serviced land, small numbers of housing units in different developments throughout the city for use as social housing should be purchased to avoid ghettoising low-income and disadvantaged families and individuals. The recently proven constitutionality of the Planning and Development Bill 1999 paves the way for the Corporation to be ensured 20 per cent of housing allocations in each new development.

- 2) The Planning and Development Bill 1999, which proposes that 20 per cent of all building land be reserved for social housing, should be implemented immediately and fully supported.
- 3) There should be greater collaboration between housing associations and government in providing good-quality social housing. Based on current building trends by local authorities, it is clear that they alone cannot meet the needs of the current demand for social housing. While it is recognised that housing associations and statutory agencies face the same difficulties in securing land, the development of housing associations should be encouraged, and greater latitude for the type of housing unit and tenant should be allowed. For example, housing associations building under the Rental Subsidy Scheme mainly build housing for families rather than for single adults and couples without children; yet this research indicates that 40 per cent of those placed in B&Bs were single adults or couples with no dependants.
- 4) A shift in mindset away from the model of low-density to higher-density housing developments should be encouraged because Dublin city is land-poor. If a changeover to higher-density housing developments is to be successful, planners and developers must put suitable infrastructure and facilities in place to support this type of housing, for example green spaces, safe play areas, and other leisure facilities.

Temporary Housing

- 1) While acknowledging the scarcity of usable land, additional emergency accommodation is urgently needed. There are approximately 900 emergency beds in the ERHA while this study has identified 1,202 homeless households. The money currently used to temporarily house people in B&Bs, should be used instead to provide good-quality emergency/temporary accommodation, purpose-built to meet the needs of the heterogeneous homeless population. In particular, there is a need for additional emergency accommodation for single women. There are approximately 100 beds for women in the city and this research indicates that a total of 293 single women utilised B&B accommodation during 1999.
- 2) Private sector leasing where Dublin Corporation is the landlord should be considered. At present private sector leasing where the private landlord does not relinquish his duties is in operation. By assuming landlord responsibility Dublin Corporation can have greater influence on the management and operation of the accommodation.
- 3) Housing associations should act as managing agents and/or lease housing. In this situation housing associations act on behalf of the landlord. It relieves the landlord of managing the property and the tenants and provides greater control for the housing association in terms of management, operation and customer access. There is evidence that this kind of leasing was successful in the UK.
- 4) Given that the homeless population is not an homogenous one, a greater variety of emergency and/or temporary accommodation should be provided. The level of low, medium-, and, high-support housing units must be increased to meet the needs of the different sub-populations within the homeless population.
- 5) Voluntary agencies and government should continue to work together under the Capital Assistance Scheme to provide purpose-built, good-quality transition accommodation for families and individuals, particularly women, with low- and medium-level support needs.

Support Services

- 1) An increased commitment to improving health interventions and health-promotion programmes for families and individuals at all stages of the homeless cycle is essential. Interventions based on individual needs assessment and the use of best practice models are essential to improve health and social conditions among this disadvantaged group.
- 2) Addiction services for homeless individuals and families that are not based on catchment area or permanent address are urgently needed. The method of current provision is not suitable for those without a permanent address and hinders the ability of drug users to successfully break the habit.
- 3) Improved access to psychiatric medical services is needed. The current system of referral is address and catchment-area based, a system wholly inappropriate for homeless households. At present homeless individuals or families with psychiatric needs are attending A&E departments in order to be referred to specialist psychiatric units for diagnosis and medication. Improved access to GPs and general medical services is necessary to simplify the referral process and ensure prompt diagnosis.

Medical staff must also be made aware of the difficulties facing homeless households with psychiatric needs such as access to, storage of and taking of medication, use of illegal substances which may react with prescribed medical drugs and the transient nature of homeless life.

- 4) Given the high level of homelessness as a result of family conflict the introduction of a housing officer(s) who could visit a home where family conflict means imminent homelessness to secure agreement between family members that the individual or family can stay until priority housing is secured. This system will only work if there are priority-housing units available.
- 5) Again given the importance of family conflict in precipitating homelessness access to family mediation services for families in conflict is essential.

Administrative Measures

- 1) Good housing advice to help prevent homelessness in the first place should be given. Advice regarding payment of rent, rental arrears, the legal obligations of the tenant, the legal obligations of the landlord or local authority, general housing legal advice, advice on statutory legislation such as the Housing Act 1988 and anti-social behaviour legislation and so on is needed for tenants to be more familiar with their rights and obligations.

This information should be available from more than just local authority housing departments. Local authority housing department staff should have the knowledge and training to deliver this information to clients, but this information/advice should also be available from local and community groups, for example Citizen Information Bureaus and youth-advisory services.

- 1) Better management information and monitoring systems should be put in place by local authorities and the HPU to check the use of B&B type accommodation. The current system is an index-card based filing system that makes the retrieval of information time-consuming and difficult. In the absence of adequate information management systems, trends and patterns in the use of B&B type accommodation are difficult to ascertain, information regarding the numbers of families and individuals using the service and the circumstances of their becoming homeless becomes difficult to assess and vital information which could be used for planning and policy purposes cannot be accessed either quickly or easily.
- 2) Councils should establish performance targets and set goals to minimise the use of B&Bs as emergency accommodation, prior to phasing out its use altogether. For example councils in the UK target a percentage of vacant housing for homeless families.
- 3) Tenants should be provided with extra support to access the private rented sector, for example rent deposit and guarantee schemes, and help with paying advance rent. Evidence from the UK indicates that helping the homeless to pay advance rent allowed them access the private rented sector. Proper structures must be put in place to ensure fair treatment for all those who need assistance in accessing the private rented sector.

References

- Burns L. and Smith A. (1994) *The End of Bed and Breakfast? Homelessness in the 1990's Shelter*, London.
- Carter M. (1997) *The Last Resort. Living in Bed and Breakfast in the 1990's Shelter*, London.
- Conway J. and Kemp P.A. (1985) *Bed and Breakfast: Slum housing of the Eighties* SHAC, London.
- Department of the Environment and Local Government (2000) *Homelessness—An Integrated Strategy* Department of the Environment and Local Government, Dublin.
- Department of the Environment and Local Government (Various Years) *Annual Housing Statistics Bulletin* Department of the Environment and Local Government, Dublin.
- Department of Health (1994) *Shaping a Healthier Future* Department of Health, Dublin.
- Fahey T. and Watson D. (1995) *An Analysis of Social Housing Need* General Research Series, Paper No. 168. ESRI, Dublin.
- Grenier P. (1996) *Still Dying for a Home* Crisis, London.
- Health Visitors' Association and the General Medical Services Committee (1988) *Homeless Families and their Health* HVA and GMSC, London.
- Halpern D. (1995) *Mental Health and the Built Environment. More than Bricks and Mortar?* Taylor & Francis Ltd., London.
- Hutchinson K. (1999) 'Health Problems of Homeless Children' in P. Vostanis and Cumella S. (eds) *Homeless Children—Problems and Needs* Jessica Kingsley Publishers, London.
- Kennedy S. (1984) *But Where Can I Go?* Arlen House, Dublin.
- Leonard L. (1992) 'Official Homelessness Figures Show only Tip of Iceberg' *Simon Community Newsletter* No. 180. Simon Community National Office, Dublin.
- Leonard L. (1994) 'Official Homelessness Results Published - Simon Questions New Assessments' *Simon Community Newsletter* No. 198 Simon Community National Office, Dublin.
- Memery C. and Kerrins C. (2000) *Investors in the Private Rented Residential Sector: A profile of Landlords in Dublin City* Threshold, Dublin.
- O'Sullivan E. (1994) *Homelessness and Housing Policy in the Republic of Ireland, National Report to the European Observatory on Homelessness* FEANTSA, Brussels.
- O'Sullivan, E. (1996) 'Homelessness and Social Policy in the Republic of Ireland' *Department of Social Studies Occasional Paper No.5* TCD, Dublin.
- Pleace N. and Quilgars D. (1996) *Health & Homelessness in London - A Review* King's Fund, London.
- Power R., French R., Connelly J., George S., Hawes D., Hinton T., Klee H., Robinson D., Senior J., Timms P., and Warner D. (1999) 'Health, Health Promotion, and Homelessness' *British Medical Journal* 318 (7183): 590.
- Royal College of Physicians (1994) *Homelessness and Ill Health: Report of a Working Party of the Royal College of Physicians* The Royal College of Physicians, London.
- Standing Conference on Public Health (1994) *Housing, Homelessness and Public Health* The Nuffield Provincial Hospitals Trust, London.

Taylor G. and Jones S. (1990) *A Crying Shame: The Child Victims of Homelessness* The London Boroughs' Association, London.

Vostanis P. (1999) 'Child Mental Health Problems' in Vostanis P. and Cumella S. (eds) *Homeless Children—Problems and Needs* Jessica Kingsley Publishers, London.

Williams J. and O'Connor M. (1999) *Counted In: The Report of the 1999 Assessment of Homelessness in Dublin, Kildare and Wicklow* ESRI/Homeless Initiative, Dublin.

Appendix A: Recording Form

The Survey Instrument

Focus Ireland

CONFIDENTIAL

B&B

Recording Form

CARD INDEX INDICATES DUPLICATE Yes
FILE INDICATES DUPLICATE Yes
IDNO OF PRIOR QUESTIONNAIRE _____
Card Index Complete _____
File Complete _____
Staff Complete _____
Completed _____

Card Index Completed by (initials) _____
File Completed by (initials) _____

A	Name NOT TO BE INPUT ON COMPUTER	
----------	---	--

1	IDNO	
----------	-------------	--

2	Reference Number	
----------	-------------------------	--

3	Unique Identifier (DOB + initials) YearMonthDayInitials	
----------	---	--

4	DOB of principal	Year:	Month:	Day:
----------	-------------------------	-------	--------	------

5	Gender of principal	Male	Female
----------	----------------------------	------	--------

6	Family Status	Single
		Married / Cohabiting
		Separated / Divorced
		Widowed
		Child
	Other	Please specify:

Unknown

7	Accompanying adult?	Yes	No
---	---------------------	-----	----

If there is no accompanying adult please go to question 11

8	DOB of Accompanying adult	Year:	Month:	Day:
---	---------------------------	-------	--------	------

9	Unique Identifier of accompanying adult:(DOB + initials) (YrMthDayInit)	
---	--	--

10	Gender of accompanying adult	Male	Female
----	------------------------------	------	--------

11	Accompanying children?	Yes	No
----	------------------------	-----	----

12	Family set-up	No. adults:	No. children:
----	---------------	-------------	---------------

If there are no accompanying children please go to question 15

13	Number of accompanying children?	
----	----------------------------------	--

14	Age of oldest child		Gender	Male	Female
	Age of 2nd oldest child		Gender	Male	Female

Age of 3rd oldest child		Gender	Male	Female
Age of 4th oldest child		Gender	Male	Female
Age of 5th oldest child		Gender	Male	Female
Age of 6th oldest child		Gender	Male	Female
Age of 7th oldest child		Gender	Male	Female
Age of 8th oldest child		Gender	Male	Female

15	Date of commencement of homelessness?	
-----------	--	--

16	Date of placement in B&B accommodation?	
-----------	--	--

17	Is the individual/family still in B&B accommodation?	Yes	No
-----------	---	-----	----

18	Is there a pattern of intermittent B&B placement	Yes	No
-----------	---	-----	----

If the individual/ family is still in B&B accommodation please go to question 20

19	Date of end of placement in B&B accommodation?	
-----------	---	--

20	Why was the person / family placed in a B&B, rather than another form of accommodation?	No available hostels
		Hostels unsuitable

Rejected by hostels	
Other	Please specify:

21	Previous accommodation type?	Local Authority housing	
		Private Rented Sector	
		Owner Occupier	
		Shared Ownership	
		Hostel	
	Other	Please specify:	

22 What is the main reason the person / family became homeless? (tick one only)

23 What are the secondary reasons the person / family became homeless? (tick each that applies)

	MAIN REASON (tick <u>one</u> only)	SECONDARY REASONS (tick <u>each</u> that applies)
Relationship breakdown		
Family conflict		
Domestic violence/ physical abuse		
Physical health problems		
Mental health problems		
Sexual abuse		

Drug related problems			
Alcohol related problems			
Unfit Accommodation			
Overcrowded Accommodation			
Formal eviction from Local Authority housing			
Asked to leave Local Authority housing			
Intimidated/ harassed into leaving LA housing			
Evicted / given notice to quit from private rented accommodation			
Barring order			
Financial reasons			
Released from prison			
Left residential care			
Returned to Ireland			
Tenure insecure			
Other (please specify)			

24	Does the person / family have any special needs?	
-----------	---	--

25	Any other comments?	
-----------	----------------------------	--

26	Where has the individual/ family been placed?			
	B&B Name	No.		
	Abbey Street	1	Lisburn House	30
	Alternative	2	Leitrim Lodge	31
	Ancona	3	Maryland's	32
	Ardfert	4	Mount Carmel	33
	Avondale	5	Nephin Road	34
	Ardevin	6	New International	35
	Atkinson House	7	91 North Circular Road	36
	Beddington	8	238 North Circular Road	37
	Bray Head	9	243 North Circular Road	38
	Bayside	10	258 North Circular Road	39
	Berkeley	11	North King Street	40
	St. Catherine's	12	Pillar Restland	41
	Caulfields	13	R&B	42
	Cromwell Lodge	14	Ron's	43
	Carrick Hall	15	Regina Caeli	44
	Cois Farrage	16	St. Laurences	45
	Delma House	15	Sanctuary Cove	46
	Dawn View	17	Sevel Place	47
	Fern House	18	Villa Park Springs	48
	Fitzpatricks B&B	19		
	Frankies	20		
	Hazlebrook	21		
	Hollybank	22		
	Hillcrest	23		
	Hill Street	24		
	House of Reany	25		
	Hollyhead	26		
	Iona	27		

	Laurels	28		
	Lindore/Lindore Buildings	29		

CHARLES STREET

A. Income source (please circle)?

1. L.P.A	2. S.W.A.	3. L.P.A.+ PET	4. D.B.	5. U.A.	6. Sep U.A.	7. FAS/ CE Sch.	8. D.A.	9. U.B.
10. PTE.	11. DSS.	12. Inv. Pension	13. Maternity Benefit.	14. Widow's Pension.	15.No info. (night service)	16. FTE.	17. Other	

B. Where did the individual/household live before becoming homeless (please circle or write in answer)

1. Artane	2. Balbriggan	3. Ballinteer	4. Ballybough	5. Ballybrack
6. Ballyfermot	7. Ballymun	8. Beaumont	9. Blanchardstown/ Mullhuddard	10. Cabra
11. Cabinteely	12. Clondalkin	13. Coolock	14. Crumlin	15. Darndale
16. Dundrum	17. Dun Laoghaire	18. East Wall	19. Fairview	20. Finglas
21. Inchicore/ Rialto	22. Kilbarrick	23. Larkhill	24. Louhlinstown	25. Monkstown
26. Raheny	27. Ranelagh/ Rathmines	28. Rathfarnham	29. Ringsend	30. Sallynoggin
31. Sandycove	32. Sandyford	33. Santry	34. Shankill	35. Stillorgan

36. Swords	37. Tallaght	38. Walkinstown/ Drimnagh	39. Dublin Postal Area (please fill in area)	40. Other counties (outside Dublin)
41. Northern Ireland	42. Great Britain	43. Other	44. No information (night service)	

C. Total number of bed nights in 1999:	
--	--

D. Was the person in B&B previous to 1999?	Yes	No
--	-----	----

E. What was the longest cumulative stay in 1999?	
--	--

F. Was the person evicted for anti social activities?	Yes	No
---	-----	----

G. Was this person homeless on the night of 30/06/1999?	Yes	No
---	-----	----

H. Was this person homeless on the night of 30/11/1999?	Yes	No
---	-----	----

I. Was this person homeless on the night of 31/12/1999?	Yes	No
---	-----	----

Appendix B: Tables on which Figures Based

Table A1 Number of households placed in B&B accommodation, selected years 1990-1999 (figure 1)

Year	1990	1991	1992	1993	1999
No. of households	5	221	391	386	1202

Table A2 Cost of using B&Bs 1997-1999 (figure 2)

Year	1997	1998	1999
Cost £ million	.06	2.2	4.7

Table A3: Family status and age of households placed in emergency B&B accommodation by the EHB HPU in 1999 (figures 3 &4)

Age Category	Family Status						
	Single adults	Couples children	without	Lone parents	Two children	parents	with
Under 18	2.6%	1.1%		1.3%	-----		
	(10)	(1)		(6)			
18-25	38%	32.6%		35.9%	33.9 %		
	(148)	(31)		(171)	(73)		
26-40	32.7%	33.7%		45.4%	46.5%		
	(128)	(32)		(216)	(100)		
41-60	15.6%	18.9%		10.3%	8.4%		
	(61)	(18)		(49)	(18)		
60+	4.9%	6.4%		1.5%	0.09 %		
	(19)	(6)		(7)	(2)		
Unknown Age	6.4%	7.4%		5.7%	10.2%		
	(25)	(7)		(27)	(22)		
Total*	391	95		476	215		

* Family status was not known in 25 cases

Table A4: Family size of households placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 5)

Number of children	Single-parent families	Two-parent families	Total
1	250 (53%)	105 (49%)	
2	129 (27%)	64 (30%)	
3	62 (13%)	23 (11%)	
4 or more	35 (7%)	23 (11%)	
Total	476	215	691

Table A5: Accommodation status prior to being placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 6)

Type	Total	Single adults	Couples without children	Lone parents	Couples with children
Local authority housing	15.8 % (186)	10.2% (40)	8.4% (8)	20.2% (96)	19.5% (42)
Private rented sector	25.2% (299)	18.6% (73)	30.5% (29)	27.9% (133)	29.7% (64)
Owner occupier	1.0% (12)	0.07% (3)	2.1 % (2)	1.1% (5)	0.09% (2)
Hostel	5.0% (59)	9.4% (37)	2.1 % (2)	2.9% (14)	2.8% (6)
Parents	31.9% (381)	31.9% (125)	30.5% (29)	32.9% (157)	32.6% (70)
Other	15.9% (188)	23.5% (92)	23.1% (22)	11.3% (54)	9.3% (20)
Unknown housing type	4% (52)	5.3% (21)	3.1 % (3)	3.6% (17)	5.1% (11)
Total*	1177	391	95	476	215

* Family status was not known in 25 cases

Table A6: Primary reasons for homelessness for those placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 7)

Principal reason for becoming homeless	Single adults	Couples without children	Lone parents	Couples with children
Relationship breakdown	3.8 % (15)	1.1 % (1)	4.8 % (23)	1.4 % (3)
Family conflict	16 % (63)	21.1 % (20)	25.2 % (120)	20.9 % (45)
Domestic violence	4.6 % (18)	2.1 % (2)	11.1 % (53)	4.7 % (10)
Mental/physical health problems	9.7 % (38)	3.2 % (3)	2.1 % (10)	0.09 % (2)
Drug addiction	21.2 % (83)	24.2 % (23)	7.8 % (37)	12.6 % (27)
Alcohol addiction	3.1 % (12)	3.2 % (3)	1.3 % (6)	0.04 % (1)
Unfit/overcrowded accommodation	1.5 % (6)	2.1 % (2)	4.6 % (22)	3.3 % (7)
Formal eviction from local authority housing	3.3 % (13)	2.1 % (2)	5.9 % (28)	4.2 % (9)
Asked to leave local authority housing	1.8 % (7)	1.1 % (1)	2.7 % (13)	2.8 % (6)
Intimidated/harassed to leave local authority housing	1.5 % (6)	-----	3.8 % (18)	8.8 % (19)
Evicted/given notice to quit private rented sector	10.5 % (41)	14.7 % (14)	17.4 % (83)	21.4 % (46)
Returned to Ireland	4.8 % (19)	5.3 % (5)	0.08 % (4)	7.9 % (17)
Other	10.8 % (42)	14.7 % (14)	7.8 % (37)	6.1 % (13)

Unknown	7.2 % (28)	5.3 % (5)	4.6 % (22)	4.7 % (10)
Total	391	95	476	215

Table A7 Secondary reasons for homelessness for those placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 8)

Secondary reason for becoming homeless	Single adults	Couples without children	Lone parents	Couples with children
Family conflict	15.3 % (60)	15.8 % (15)	11.3% (54)	13.0% (28)
Mental/physical health problems	19.4% (76)	18.9% (18)	9.9% (47)	12.6% (27)
Drug addiction/ alcohol addiction	12.0% (47)	16.8% (16)	8.4% (40)	12.6% (27)
Released from prison	2.8% (11)	7.4% (7)	2.5% (12)	3.7% (8)
Total	391	95	476	215

Table A8 Duration of placement (based on a sample of 200 households) for those placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 9)

Duration of placement	Single adults	Two adults no children	Lone parents	Two parents with children
1 – 14 days	31	1	19	7
15 – 28 days	4	2	7	6
4 – 6 weeks	4	2	10	1
6 – 8 weeks	1	2	3	1
8 – 10 weeks	2	1	3	1
10 –12 weeks	1		1	4
4 – 5 months	3	1	10	3
5 – 6 months	1	1	6	1

6 – 8 months	3		4	4
8 – 10 months			5	3
10 – 12 months	1	1	5	3
Total	51	11	73	34
Mean number of days	43	87	104	108

Total=169, 2 households did not report their family status

Table A9: Place of origin of those placed in emergency B&B accommodation by the EHB HPU in 1999 (figure 10)

Place of origin	Percentage of households
Ballymun	6.1
Clondalkin	5.5
Finglas	4.2
Tallaght	8.2
Dublin 1 (unspecified)	5.9
Dublin 8 (unspecified)	7.8
North Dublin	18.5
South Dublin	20.1
Other Dublin (unspecified)	3.5
Other counties	4.7
NI & GB	8.5
Unknown	2.9
Missing	5.2
Total	1202

Table A10 Location of B&Bs used as emergency by the EHB HPU in 1999 (figure 11)

Location	Number of B&Bs	Number of households accommodated
Dublin 1	9	700
Dublin 6/6W	5	357
Dublin 7	15	364
Dublin 8	2	48
North Dublin (general)	5	93
South Dublin (general)	4	24
Dun Laoghaire/Bray	4	58
Other B&B (< 3 households)	25	68
Unknown location	12	29

Total> 1202 because some households stayed in more than one B&B during their period of homelessness.

