

Homeless Preventative Strategy

A strategy to prevent homelessness among:
Patients leaving hospital and mental health care
Adult prisoners and young offenders leaving custody
Young people leaving care

February, 2002

Homeless Preventative Strategy

A strategy to prevent homelessness among:
Patients leaving hospital and mental health care
Adult prisoners and young offenders leaving custody
Young people leaving care

DEPARTMENT
OF HEALTH & CHILDREN
AN ROINN SLÁINTE
AGUS LEANAÍ

AN ROINN
OIDEACHAIS
AGUS EOLAÍOCHTA
DEPARTMENT OF
EDUCATION
AND SCIENCE

AN ROINN COMHSHAOIL AGUS RIALTAIS ÁITIÚIL
DEPARTMENT OF THE ENVIRONMENT
AND LOCAL GOVERNMENT

© Government of Ireland
ISBN 0 7557 1206 4

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,
nó tríd an bpost ó
FOILSEACHÁIN RIALTAIS, AN RANNÓG POST-TRÁCHTA,
4-5 BÓTHAR FHEARCHAIR, BAILE ÁTHA CLIATH 2,
(Teil: 01 - 6476834/35/36/37; Fax: 01 - 4752760)
nó trí aon díoltóir leabhar.

DUBLIN
PUBLISHED BY THE STATIONERY OFFICE
To be purchased directly from the
GOVERNMENT PUBLICATIONS SALE OFFICE
SUN ALLIANCE HOUSE, MOLESWORTH STREET, DUBLIN 2,
or by mail order from
GOVERNMENT PUBLICATIONS, POSTAL TRADE SECTION,
4-5 HARCOURT ROAD, DUBLIN 2.
(Tel: 01 - 6476834/35/36/37; Fax: 01 - 4752760)
or through any bookseller.

€4

February, 2002

Content

FOREWORD		3
CHAPTER 1	**INTRODUCTION**	5
	Homelessness – an Integrated Strategy	5
	Youth Homelessness	6
	Preparation of the Preventative Strategy	7
	Causes of Homelessness	8
CHAPTER 2	**ADULT OFFENDERS**	10
	Male Offenders	10
	Female Offenders	11
	Ex-offenders	12
	Community Supervision	13
	Education and Training	13
	Actions Required	14
CHAPTER 3	**YOUNG OFFENDERS**	15
	Centres for Young Offenders	15
	Action Required	16
CHAPTER 4	**PEOPLE LEAVING MENTAL HEALTH RESIDENTIAL FACILITIES**	17
	Actions Required	18
CHAPTER 5	**PEOPLE LEAVING ACUTE HOSPITALS**	20
	Actions Required	20
CHAPTER 6	**YOUNG PEOPLE LEAVING CARE**	22
	Youth Homelessness Strategy	22
	Aftercare Support and Protocol	24
	Actions Required	26
CHAPTER 7	**PREVENTATIVE MEASURES IN THE EDUCATION SYSTEM**	27
	Supports at First and Second Level	27
	The National Educational Psychological Agency	28
	Legislative underpinning to support school attendance	29
	Education and Homeless Adults	29
	Action Required	30

CHAPTER 8	MONITORING AND IMPLEMENTATION OF THE STRATEGY	31
	Actions Required	32
APPENDIX 1	MINIMUM STANDARD FOR DISCHARGE POLICY FOR PSYCHIATRIC HOSPITALS	33
APPENDIX 2	SUMMARY OF MAIN PROPOSALS	34

Foreword

Homelessness is one of the major problems facing our society and the Government is committed to addressing it in a comprehensive and co-ordinated manner.

Substantial progress is being made under the Government's strategy on adult homelessness, *Homelessness – an Integrated Strategy* (May 2000), in addressing the needs of people who are homeless and in assisting them to move to accommodation that is more suitable to their needs. This has been done through the recognition that homelessness is not just about accommodation, but that health, care and welfare, education and training, and prevention needs be addressed if homelessness is to be tackled effectively.

This Homeless Preventative Strategy focuses on people leaving institutional care, whether custodial or health related, and young people leaving care. It is an important element of the Government's overall strategy on tackling homelessness. The Departments of Justice, Equality and Law Reform; Health and Children; and Education and Science have each participated in the preparation of this strategy under the aegis of the Cross Department Team on Homelessness with the objective of ensuring that people leaving institutions under their auspices do not become homeless.

The main theme throughout is the need to ensure that no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live with the necessary supports, if needed.

Each of the Government Departments involved is committed to ensuring that the measures in the strategy are implemented and that they work effectively to prevent homelessness.

Micheal Martin, TD
Minister for Health and Children

John O'Donoghue, TD
Minister for Justice, Equality and Law Reform

Michael Woods, TD
Minister for Education and Science

Robert Molloy, TD
Minister for Housing and Urban Renewal

Chapter 1 Introduction

Homelessness – an Integrated Strategy

The past decade has seen an increased awareness of homelessness as a major social problem and a general realisation that there is a need for a new approach to this issue. The dynamics of homelessness involve a complex interrelationship of social and economic factors. In recognition of this, the Government's policy document, *Homelessness - An Integrated Strategy*, which was published in May 2000, sets out an inter-agency approach to tackling the problems of homelessness in a co-ordinated manner. The strategy recognises that a solution to homelessness is not just about the provision of housing or shelter and that there is a need for a comprehensive approach involving health, care and welfare, education, training and support, as well as accommodation, to enable homeless persons to re-integrate into society and to prevent others from becoming homeless.

The main elements of the Strategy are: -

- A homeless forum to be established in each county for the delivery of services to the homeless, made up of representatives from the local authorities, the health board and the relevant voluntary bodies operating in the county.
- Joint three-year action plans to be drawn up by local authorities and health boards, in co-operation with the voluntary bodies, to assist in the formulation of a coherent, comprehensive and effective response to homelessness in their area.
- More accommodation of a suitable type and of greater variety to be provided.
- Settlement and outreach programmes to be provided to assist homeless persons return to independent living.
- Capital spending by local authorities on accommodation for homeless persons over the five years 2001-2005 to be doubled from €25.4 million to €50.8 million
- Additional current funding of €7.6 million per annum to be available from 2001 from the Department of the Environment and Local Government to fund the provision of accommodation by local authorities and to establish settlement and outreach services.
- Additional current funding of €7.6 million a year to be available from 2001 from the Department of Health and Children to fund the provision of in-house care in accommodation for homeless persons.

- Each health board to carry out an assessment of the needs of homeless adults in its area.
- Preventative strategies are to be developed and implemented

The Strategy also clarifies the responsibilities of local authorities and of health boards. It recognises that both local authorities and health boards have key central roles in meeting the needs of homeless persons. Local authorities have responsibility for the provision of accommodation for homeless adults as part of their overall housing responsibility and health boards are responsible for the health and care needs of homeless adults. Under the Childcare Act 1991, health boards are responsible for meeting the accommodation and other needs of homeless children, i.e., persons under the age of 18. The Department of the Environment and Local Government, through the local authorities fund the non-care elements of the cost of providing accommodation for homeless adults such as the salaries of non-care staff, heating, lighting, maintenance and upkeep, fixtures and fittings etc, as well as settlement and outreach staff. The Department of Health and Children, through the health boards, fund the salaries of care and welfare staff involved in providing in-house care, while also meeting the health and welfare needs of homeless adults.

Youth Homelessness

The health boards, under the aegis of the Department of Health and Children, have statutory responsibility for youth homelessness. The Government has shown significant commitment to tackling youth homelessness by targeting resources at the youth homeless service in the context of the development of the broader child welfare services. The Minister for Children, Mary Hanafin, T.D., launched the Youth Homelessness Strategy in October 2001. This complements the Government's strategy on adult homelessness, *Homelessness – an Integrated Strategy.*

The Youth Homelessness Strategy provides a strategic framework within which youth homelessness is to be tackled on a national basis. The aim of the Strategy is to *"reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at reintegrating him/her into his/her community as quickly as possible".*

Each health board is currently in the process of drawing up a two-year youth homelessness implementation plan in consultation with relevant statutory and voluntary providers.

At national level, given the number of agencies and sectors involved in dealing with youth homelessness, the National Children's Office has lead responsibility for driving and co-ordinating the actions necessary to ensure the successful implementation of the Strategy.

Preparation of the Preventative Strategy

The prevention of homelessness is a key element of the Government's strategy. Strategies and services must be put in place to target groups most at risk of homelessness and to help to prevent people becoming homeless in the first place. Without effective preventative strategies it will not be possible to break the cycle of homelessness and the fear is that the number of homeless persons will continue to rise.

It was agreed that preventative strategies would be drawn up to target groups at risk of homelessness, particularly among those leaving custodial or health-related care. The Departments of Justice, Equality and Law Reform; Health and Children; and Education and Science have each prepared strategies in relation to their areas of responsibility and these have been brought together into one overall strategy by the Cross Department Team on Homelessness. The strategy is designed to ensure early intervention before people at risk actually become homeless.

Each Department will have responsibility to ensure that the measures in the strategy relevant to them are implemented.

The focus of this Strategy, except where otherwise indicated, is on the prevention of adult homelessness.

Causes of Homelessness

There are many reasons why people become homeless, including behavioural or other problems or social phobias which inhibit them making proper use of existing services. Homeless persons may have mental health, alcohol, drug-related problems or multiple needs, which are not met effectively either by homeless or mainstream services.

There are a number of key groups at potential risk of homelessness – those leaving institutional care, whether custodial or health-related, and young people leaving care. This type of profile is similar to international experience where the problems of mental illness, alcohol and drug dependence, unemployment, poverty, poor health, loss of contact with family and friends, history of institutional living and criminal or anti-social activity are among the causes of homelessness.

A study by Focus Ireland found that 42 per cent of the young people out of home in the Dublin area in 1993 had grown up or had spent some time in care, while reports from the UK indicate that between a quarter and a third of rough sleepers have been in care as children.

There is also evidence of prisoners and hospital patients being discharged directly into services for homeless persons and of a continuous link between homelessness, prisons and psychiatric hospitals.

A study by the Simon Community in Dublin in 1991 showed that 33 per cent of homeless persons cited leaving institutional care as a contributory cause to their homelessness. While the study did not identify the type of institutional care, it can be assumed that the majority had formerly been resident in psychiatric hospitals. Accordingly, leaving institutional care, and specifically psychiatric care, would appear to be a key contributory factor to homelessness. Studies in the US have found that 20-25 per cent of the single adult homeless population suffer from some form of severe and persistent mental illness.

Studies undertaken in the UK indicate that about half of rough sleepers have been in prison or a remand centre at some point in their lives. Research in prisons showed that 40 per cent of prisoners were homeless on release. Another study found that less

than half of prisoners were able to return to the address at which they had lived before they were in custody.

Time in prison at any point in a person's life can increase his or her chances of homelessness, while being discharged from prison can be one of the triggers that leads directly to homelessness. People who are homeless or insecurely housed before prison, people who lack personal and family support and people with substance misuse problems are at the greatest risk.

Chapter 2 Adult Offenders

It is acknowledged that some offenders leaving prison present themselves on the day of release to the homeless referral agencies or to the voluntary bodies for emergency accommodation. This is due to a tendency among prisoners not to declare themselves homeless as they feel that it would reduce their chances of an early or temporary release.

Probation and Welfare staff generally become involved with homeless persons through their work in the courts and prisons. Under the 1907 Probation of Offenders Act, conditions of supervision may require the offender to reside at a specific address, i.e., a hostel or other kind of residence can be included in the Order made by the court.

The present policy of the Probation and Welfare Service is centred around co-operation with and utilising the services provided by the local authorities and the health boards. In keeping with that policy, the Service is represented on the Board of Management of the Homeless Agency in Dublin and also on the Provider Forum on Youth Homelessness under the Eastern Regional Health Authority.

It is recognised that the most effective way of helping offenders leaving prison is through an integrated approach with other agencies. However, attempts to set up residential facilities for both male and female groups in association with voluntary groups have not been successful. This has been due mainly to the reluctance of local communities to have such facilities located in their area. These difficulties will need to be overcome if more facilities for ex-offenders are to be provided.

Male Offenders

At present, offenders serving prison sentences who indicate that they are homeless, are dealt with, on request, by the prison Probation and Welfare staff and as more staff become available they will increase their input into the resettlement of homeless prisoners. Offenders serving short sentences often do not declare their homelessness because they feel it may block their chances of temporary release. Those who do seek assistance on release from custody in Dublin are referred to the Homeless Unit of the Eastern Regional Health Authority in Dublin city centre and to hostels managed by the local authorities or voluntary organisations. The only facility with accommodation currently available for the resettlement of long-term offenders is Priorswood House in Dublin, which currently provides accommodation for up to 14

male ex-offenders. It is being extended to provide accommodation for up to 22 men in 14 high support units and 8 transitional units. There are no designated facilities outside Dublin for adult male offenders leaving prison.

Prisoners serving long sentences will usually be involved in a pre-release process where Probation and Welfare Staff and other services will offer assistance in developing a support programme in preparation for release.

Prisoners serving a sentence for a serious sexual offence often find that their family ties are shattered. Assisting these offenders to find accommodation on release presents serious difficulties. While staff liase with other statutory agencies in dealing with such cases, it can be difficult to find agencies receptive to facilitating this category of prisoner on release.

Female Offenders

The Probation and Welfare Service is finding that the number of women offenders who reveal that they are homeless is increasing. In some instances, women offenders may find themselves "out of home" for temporary periods. There is significant scope for networking and co-ordination of services. Probation and welfare staff who work in prisons endeavour to maintain links with the range of service providers.

The current policy for dealing with women who are homeless leaving prison is similar to that for male offenders. However, it is more difficult to find accommodation for them due to the overall lack of suitable accommodation for homeless women. Probation and Welfare staff refer offenders on release/in custody in Dublin who are homeless to the Homeless Unit in Dublin city centre and to hostels managed by the local authorities or voluntary organisations. PACE is currently developing a resettlement project in Dublin for homeless female ex-offenders. It is expected that one premises will open shortly and a second by the end of 2002. When fully operational, these facilities will provide accommodation for up to 18 women and a number of children and will offer both high support and transitional accommodation. There are no designated facilities outside Dublin for women offenders leaving prison.

Ex-offenders

"Homelessness – an Integrated Strategy", contained the recommendation that

> *Prison management and the probation and welfare service should, through sentence management and a pre-release review process, ensure that prisoners are released with appropriate accommodation being available for them. Where a situation does arise where a prisoner is being released but is without accommodation, prior arrangements should be made to ensure that appropriate emergency accommodation is available.*
>
> *As there is some evidence that ex-offenders present themselves for emergency accommodation on their release from prison, the Probation and Welfare Service should examine the need for half-way and other sheltered accommodation for ex-offenders to ensure their re-integration into society.*

At present, the Probation and Welfare Service provides voluntary aftercare to ex-offenders who seek the assistance of their local community based probation service. The voluntary nature of this service limits the effectiveness of aftercare work with prisoners. The development of a Linkages Programme resourced by staff dedicated to supporting ex-prisoners and persons on supervision to the Probation and Welfare Service is proving an effective tool in the rehabilitation of offenders.

The Prison Service, as part of a Government approved plan, intend building a number of transitional housing units in keeping with the first part of the above recommendation. The Probation and Welfare Service is assisting the Prison Service in the development of the plan.

A specialist unit is being established in the Probation and Welfare Service to deal with the needs in the community of pre-custody and post-release persons on statutory supervision. The Department of Justice, Equality and Law Reform intend to appoint a Director and small support team to enable projects to be advanced in a coherent and consistent way throughout the Probation Service to ensure an effective programme is put in place. It is expected that this unit will be established in the coming months.

Community Supervision

Homeless offenders who come before the courts are referred to the Probation and Welfare service in the community and are dealt with in the same way as those leaving prison on community supervision.

Offenders described as N.F.A. (no fixed abode) can be referred to the Probation and Welfare Service by the courts in order to facilitate the preparation of a background report and the establishment of the circumstances that led to the offence being committed. While the volume of referrals of N.F.A. cases to the Probation and Welfare Service varies, it can represent a significant workload in some areas. Following the presentation of these background reports, the cases can be disposed of in a variety of ways by the court – some are placed on Probation Orders to the service, others may be given custodial sentences or dealt with by other means.

Education and Training

For those interested in continuing their studies and who are due for release, the education service in the prison liases with employment services and education and training providers to secure a suitable placement. In Dublin, a pre-release programme is operated under a Pathways initiative, with links on-line to a post-release Pathways centre, which provides education, personal development and vocational training for ex-prisoners. Pathways is supported by a guidance service, the Probation and Welfare Service and City of Dublin VEC and is mainstreamed under the Youthreach Programme.

For those whose release is properly planned, and who wish to pursue education options, appropriate arrangements can usually be put in place. However, problems continue to arise in regard to unplanned releases. In such cases, difficulties arise both in terms of accommodation and continuing education. In addition, those who study continually in prison because of a lack of other alternatives, often find it difficult to sustain this pattern on release. In that context, problems can arise where prisoners who have studied continually for a Junior Cert or Leaving Cert programme are released in April or May and do not sit their exams.

In the academic year 2000/2001, approximately 200 whole-time equivalent teacher posts have been provided by the Department of Education and Science to the prisons through 10 VECs. This is an increase from 179 whole-time equivalent teacher posts in 1999/2000. The estimated cost for this service is €6.35 million annually.

Under the NDP, over €89 million is being invested in the provision of work experience, vocational training and personal supports to custodial prisoners and offenders and their families in order to help them successfully re-integrate into the social and economic life in their communities. The key priority for the education sector in this context will be to enhance the relevance and diversity of courses within the prison education service and to strengthen the linkages with other relevant agencies. The Bridge Project which is provided through a collaboration of FAS, VEC and the Probation Service and the Dillon's Cross Project in Cork City working with prisoners' families will provide important models for future action in this area.

Actions Required

- A specialist unit will be established by the Probation and Welfare Service to assist with offenders who are homeless on release from custody.
- The Prison Service, together with the Probation and Welfare Service, will build and operate transitional housing units as part of their overall strategy of preparing offenders for release. Approval has been given for facilities in Limerick and Cork.
- Additional Probation and Welfare staff will be provided to assist homeless offenders and to help them with resettlement.
- A programme will be put in place by the Probation and Welfare Service and the VECs to ensure that all prisoners who are pursuing educational ourses will be able to continue them following their release.

Chapter 3 Young Offenders

As there are no unplanned releases from centres for young offenders, the situation with regard to young offenders being at risk of homelessness is better than for adult offenders.

The Probation and Welfare Service funds a number of hostels for young offenders where they can reside for the duration of their supervision, which can range from six months to three years. These units are generally managed by voluntary management committees in association with the service. In some units, a Probation and Welfare Officer is assigned to liase with the hostel management and facilitate their re-settlement in longer-stay accommodation, while at the same time monitoring and addressing their behaviour. While the position for young offenders is more comprehensive than that provided for adults, there is still not an adequate service nationwide.

Centres for Young Offenders

The centres for young offenders in Finglas, Oberstown and Trinity House in Dublin operate on a multi-disciplinary basis and no child or young person is released without: -

- Follow up from a key worker, social worker or probation worker
- Arrangements being made with schools or Youthreach or other centres if students want to pursue further study
- Pre-release programmes with the family, and
- Placement in a hostel if there is trouble in accommodating the young person at home.

The Probation and Welfare Service, who work in partnership with the centres for young offenders, often continue to support children when they are discharged from residential care. A Probation Officer is being appointed to Trinity House.

The Finglas centre has a Grove programme, which has been in operation since mid-1999 and provides a pre-release/stepdown facility. This helps prepare children towards re-integration into family life and independent living. It also provides hostel accommodation for the continued voluntary placement for those who want to

continue their studies in the centre, or to live in the hostel and avail of supported work placement.

At the Oberstown Campus, two pre-release/stepdown units were established during the final quarter of 2001 for Trinity House and Oberstown Girls Centre respectively. Recruitment of staff for staff for both units is currently underway and it is expected that these units will be operational, subject to satisfactory staff recruitment, during the first quarter of 2002. These units are specifically designed to cater for children who are being re-introduced to the community. The units will reflect, as far as possible, normal domestic living, where young people will prepare to live independently, as part of a family, and of a community.

Actions Required

- To support satisfactory staff recruitment by Trinity House and Oberstown Girls Centre with a view towards the pre-release/stepdown units becoming operational as a matter of priority.

Chapter 4 People leaving Mental Health Residential Facilities

At the end of 1999, there were 4,768 patients in psychiatric hospitals (public and private) and acute units. This compares with a figure of approximately 9,500 in 1989. This represents a drop of 50 per cent in the number of patients in psychiatric hospitals in the period 1989 to 1999. Some of this decline is due to death of older long-stay patients, however, much of it is due to the replacement of long-stay wards in older mental hospitals by modern community-based residences. This reflects the current policy of developing community-based services for people with mental illness.

The policy of developing community-based services for mental health patients is based on the recommendations contained in *Planning for the Future,* which was published by the Department of Health in 1984. The report recommended that psychiatric care should be primarily based in the community. Successive governments have pursued this policy and the move from an institutional to a community-based setting has resulted in many improvements in mental health services. It is the intention to continue to develop community-based services encompassing the provision of specialised services for at risk groups, including homeless persons with mental health problems, and those at risk of homelessness.

In implementing *Planning for the Future* many patients were given rehabilitation and social skills training to enable them to live independently in the community and health boards provided hostels or community residences to facilitate people moving out of psychiatric hospitals. For example, the number of residences has increased by over 300 per cent since 1983.

Hostels for the Mentally Ill		
Year	**Number of Hostels**	**Number of Places available**
1983	**11**	**942**
1990	**306**	**2,233**
1999	**398**	**2,923**

One of the cornerstones of *Planning for the Future* was the establishment of acute psychiatric units in general hospitals and there are now 18 such units in place across the country. Apart from the improvements that such units offer in terms of décor, furnishings and general acceptability to patients, the close proximity to and availability of general medical and surgical services to those with mental illness is also a major advantage. Furthermore, the availability of psychiatric teams to the

general hospital through liaison and consultation services is an important input to the general hospital services.

While it is acknowledged that those leaving residential care may be at risk of becoming homeless, research undertaken on former long-stay patients of St. Brendan's Hospital in Dublin shows that virtually no former long-stay patients have become homeless (*'We have no beds'*, Health Research Board, Dublin 1999). On the contrary, it is appears to be more likely that the problem lies with newer patients presenting to smaller psychiatric units based in general hospitals for whom psychiatric disorder is but one component of substantial social disorganisation. This is often complicated further by alcohol and drug abuse. The following areas need to be addressed by health boards in order to reduce the risk of homelessness among this high-risk group:

- Continuity of care should be provided for people with mental health problems leaving residential care.
- Greater awareness of the needs of homeless persons with mental health problems should be encouraged and training and support provided for staff in hostels dealing with homeless persons with a history of mental health problems.
- The limited accommodation options available to homeless persons with mental health problems should be addressed through the development of appropriate community residential facilities and day care services.
- It is essential to ensure that homeless patients, or those at risk of homelessness, are not discharged from psychiatric facilities without alternative accommodation being available to them.

Actions Required

- All psychiatric hospitals/units will have a formal and written Discharge Policy, which should conform with the Inspectorate of Mental Hospitals Hospital & Service Checklist as a minimum standard. This policy will be communicated to all staff involved in the discharge of patients. A minimum standard for such discharge policies has been incorporated from the Inspector of Mental Hospitals Report, 1999 and is attached at Appendix 1.

- All patients and their next-of-kin will be provided with a copy of the facility's discharge policy.

- Every psychiatric team will have a nominated professional to act as Discharge Officer. The Discharge Officer will be an existing member of the team whose role will be to ensure that the discharge policy is followed.

- The Discharge Officer will refer the patient being discharged onto the appropriate multi-disciplinary team, who will then ensure the continuity of all services and not just appropriate accommodation. The multi-disciplinary team will liase closely with the Health Board and local authority in this regard.

- The multi-disciplinary team will draw up a post-discharge care plan for the individual well in advance of discharge, in consultation with the Discharge Officer.

- Records will be kept of the number of patients being discharged and the type of accommodation to which they are being discharged.

- A copy of the details required by the Minimum Standards for Discharge will be maintained on the patient's file.

- All necessary arrangements, to ensure that the actions required can be carried out, will be in place as soon as possible and in any event not later than six months after the publication of this strategy.

Chapter 5 People leaving Acute Hospitals

Homeless persons are entitled to receive the same standard of care and treatment as any other members of the general population. However, it needs to be acknowledged that homeless lifestyles may give rise to more acute medical problems than would occur in the general population. There are situations where homeless persons are hospitalised for short-term treatment and then inappropriately discharged again into homelessness. This is often due to a lack of information regarding the living conditions of homeless persons, which may result in hospital staff discharging them without making contact with the providers of services for the homeless.

It has also been noted that homeless persons often make inappropriate use of Accident & Emergency Services in order to avail of warm and safe shelter for the night. This also results from the fact that many homeless persons do not have adequate access to General Practitioner (GP) services. In these circumstances, hospitalisation of a homeless person may present an opportunity to deal with underlying medical, social and psychiatric problems in a structured manner.

However certain procedures, particularly with regard to the discharge of patients, need to be addressed in order to reduce the risk of homelessness.

Actions Required

- All hospitals will have formal admission and discharge policies in place to:
  - identify homeless persons on attendance at the Accident & Emergency Department or on admission to Hospital;
  - have patients' homeless status recorded and made known to the relevant staff in the hospital, particularly to the Social Work Department and other services that may be appropriate;
  - notify the multi-disciplinary team in the relevant area of the discharge/attendance;
  - where possible, and particularly in the case of persons treated as inpatients, to give notice to the appropriate Director of Public Health or other appropriate person, where the homeless person has no accommodation to be discharged or returned to, in order that arrangements for accommodation can be made;

- notify the director of the hostel in advance of expected discharge date, following admission and treatment, where the homeless person is already residing in hostel accommodation.

- These policies will be communicated to all staff involved in the admission and discharge of patients and to other relevant staff, such as the head of the Accident and Emergency Department.

Chapter 6 Young People Leaving Care

It is not only adults who find themselves homeless. Increasingly, young people are at risk of becoming homeless and this is especially so with young people leaving care. It is estimated that 12 per cent of homeless persons in Dublin are under 21 years of age (*'Counted In'*, ESRI 1999) and recent research has indicated that 32 per cent of children leaving health board care after six months have experienced some form of homelessness (*Left out on their own*). It is therefore important to consider the issues of aftercare services for those leaving care at 18 and who are no longer legally the responsibility of the health boards. Under Section 45 of the Child Care Act 1991, a health board may assist a person leaving its care up to the age of 21 or until he or she has completed their education.

The Annual Report of the Social Services Inspectorate 2001, reported a small number of examples of dedicated aftercare services set up in health board areas to support young people in their transition from care, and commended these. However, the majority of inspections showed that although many young people preparing to leave care and in aftercare had good informal contact with care workers and the centres in which they lived, there had been little development by boards of formal support services to assist young people leaving care, either to return home or to live independently. Research has highlighted the extent of difficulties young people leaving care frequently experience. The Social Services Inspectorate recommended that health boards should develop appropriate support services to assist young people on their transition to adulthood.

Youth Homelessness Strategy

Additional resources are being made available to the Eastern Regional Health Authority and the health boards to tackle youth homelessness. The Youth Homelessness Strategy, launched by the Minister for Children, Ms Mary Hanafin in October 2001, provides for youth homelessness to be tackled on a national level. It provides for a strategic and planned approach to youth homelessness. It places particular emphasis on preventing youth homelessness and on supporting schools, communities and young people themselves and their families to achieve this. Where youth homelessness occurs, the strategy stresses the need for a prompt, responsive, child focused service.

It provides a framework for youth homelessness to be tackled on a national level. Its goal is to reduce and, if possible, eliminate youth homelessness through preventative strategies and, where a child does become homeless, to ensure that he/she benefits from a comprehensive range of services aimed at re-integrating him/her into his/her community as quickly as possible.

Within three months of the publication of the strategy, health boards, after consultation with relevant statutory and voluntary providers, are required to draw up 2 year strategic plans to address youth homelessness in line with specific actions required under 12 objectives in three broad categories: preventative measures, responsive services, and planning and administrative supports. The Strategy also requires that a range of other bodies in the public sector, including schools, the National Education Welfare Board, local authorities, the City and County Development Boards, either support the actions of the health boards or take specific steps themselves.

Four of the objectives in the Youth Homelessness Strategy specifically relate to the prevention of youth homelessness: -

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

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

- Local communities will be supported to assist children who are at risk of becoming homeless and their families.

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

Aftercare Support and Protocol

Aftercare support is important to ensure that young people leaving care do not become homeless. The Youth Homelessness Strategy sets out an aftercare protocol (see below) and requires each health board, in collaboration with the local authorities and other relevant statutory and voluntary agencies,, as part of its two year plan to address youth homelessness to devise a comprehensive strategy for effective aftercare, having regard to the Protocol. This will involve identifying the range of measures in relation to accommodation, education, training and other supports which are needed for effective aftercare and the resources required by the agencies involved. An underlying objective of this approach is to ensure that the young person does not go on to become homeless as an adult.

The strategy also states: "The National Children's Office will initiate a cross sectoral examination of aftercare in conjunction with the Department of Health and Children, other Departments and relevant agencies in order to review progress. This review will be completed by the end of the two years covered by this strategy."

Aftercare Protocol

- Aftercare is an integral part of the care process, it is not an optional extra.
- Each health board must ensure that a written policy in relation to aftercare is prepared and communicated to all its staff including those working in residential centres. This statement outlines all aspects of support and entitlement for the young person concerned.
- Staff will be familiarised with this policy and will be supported to ensure that it is implemented.
- A specific budget will be set aside for aftercare support.
- A designated person will be appointed to provide aftercare support for each young person leaving care, including those leaving foster care or availing of other services provided by or on behalf of a health board such as supported lodgings.

- In residential care the key worker appointed for each child has specific responsibility to support the transition of the young person leaving the centre.

- Every residential centre will appoint an aftercare support officer so that policy on aftercare is adhered to and to ensure that an aftercare support plan is in place for each young person leaving care.

- An aftercare support plan will be drawn up as part of the overall care plan for each young person. It must be drawn up well in advance of the young person leaving care and must set out a clear and costed aftercare support programme. The National Standards for Children's Residential Centres states in relation to preparation for leaving care that 'two years prior to a young person reaching the legal age of leaving care the care plan will outline the preparation and support in place for the young person. Included will be the named person who will maintain contact with the young person after they leave the centre, the financial support available to the young person, the living arrangements and support available in times of illness, crisis or seasonal celebration'.

- The aftercare support plan will cover the various issues which are necessary to effect a successful transition to independent living, return to their family or other appropriate arrangement such as: -

  - role of keyworker/carers in aftercare, including support in times of crisis etc
  - accommodation
  - education /training
  - employment
  - financial support and financial management,
  - peer group support
  - other supports e.g. counselling

- The plan may need to be reviewed to take account of specific issues which arise.

- Support will continue until the young person has settled independently or is in some other appropriate arrangement.

- The young person and his/her parents or carers as appropriate will be involved in developing the plan.

- Each health board will monitor and evaluate the outcomes of its aftercare provision and report on this in the context of its annual Section 8 Report (Section 8 Child Care Act 1991).

Actions Required

- **Health boards will develop and implement aftercare protocols for all young people leaving care.**

- **All necessary arrangements to ensure that the actions required are carried out will be in place as soon as possible and not later than six months from the publication of the Strategy.**

Chapter 7 Preventative Measures in the Education System

There are strong links between poor educational achievement and leaving school without certification, on the one hand, and subsequent unemployment, under-employment and potential drift into homelessness on the other. Targeting supports at young people who are at risk of educational disadvantage and early school leaving is therefore a priority issue. Such targeting begins in a limited way at pre-school level through the Early Start pre-school intervention programme for pupils aged three years who are most at risk in areas of social disadvantage.

A Centre for Early Childhood Development is being established to promote the provision of quality early childhood education, in line with the proposals in the White Paper on Early Childhood Education. A key function of the centre will be to examine and develop appropriate forms of early intervention and support for children from disadvantaged backgrounds, building on the experience of existing programmes.

Supports at First and Second Level

At primary level, existing supports under the Disadvantaged Area Scheme, the Home School Community Liaison scheme (HSCL), Breaking the Cycle, the Support Teacher project and Learning Support teacher provision, together with the New Primary Programme, *Giving Children an Even Break,* will give additional support to primary schools helping children and young people who are most at risk of not reaching their potential in the education system.

At second level, the Disadvantaged Area Scheme and Stay in School Retention Initiative (SSRI) support pupils at risk of leaving school early. The SSRI seeks to improve young people's overall retention levels. At the core of the initiative is a multi-annual plan for the provision of integrated services to targeted young people at risk of early school leaving.

A key requirement of the plans will be that the school, in collaboration with the local representatives of a range of agencies, will operate on a multi-agency basis and establish appropriate collaborative working links.

The Department of Education and Science will shortly be in a position to announce the School Completion Programme which will incorporate both the Early School Leavers Initiative and the Stay in School Retention Initiative.

Projects for participation have been selected on the basis of a detailed analysis of retention rates at second level using the Department's post-primary pupils database. This analysis also identified the main feeder primary schools. The selection of schools to participate has been based on overall enrolment figures and the number of pupils failing to remain in school up to the completion of the senior cycle, with particular emphasis on schools which lose pupils before completion of the junior cycle.

The expansion of the initiative will significantly increase the number of projects/schools involved in the initiative.

The National Educational Psychological Agency

The National Educational Psychological Agency (NEPS) is also a key support service through the development and provision of an educational psychological service to all students who need it. There are now 88 psychologists serving with NEPS. This is enabling NEPS to expand its service gradually to additional primary schools and to improve the level of service provided to post-primary schools. Currently NEPS provide an educational psychological service to all second-level schools and to approximately 1,345 primary schools. Arrangements are currently underway for the recruitment of additional psychologists during 2002. Pending the expansion of the NEPS service to all schools, and in view of the very high demand for individual psychological assessments for children suspected of having special educational needs, NEPS introduced and is administering a scheme to enable schools to commission psychological assessments from private practitioners in urgent cases.

City Dublin VEC has had its own psychological service for a considerable time, and its schools and Youthreach Centres each have a psychologist who is scheduled to visit on a weekly or fortnightly basis. Special care teams have been established in schools where, for example, the Principal, Home School Community Liaison Co-ordinator, Learning Support and Resource teachers and class teachers meet with the psychologist for case conferences about emerging problems. An individual care plan would then be implemented for the pupil concerned.

In some cases, children (or adults attending other programmes) are already homeless or temporarily out of home, and a social worker or other source of help, such as the Society of St. Vincent de Paul, is contacted. In Youthreach, where homeless youths are

also attending, the co-ordinators act as advocates on behalf of the trainees in getting appropriate help from statutory or other agencies. A guidance, counselling and psychological service was introduced in Youthreach with effect from 1998.

Legislative underpinning to support school attendance

Under the Education (Welfare) Act 2000, the minimum school leaving age is to be raised from 15 to 16, or the completion of three years of post-primary education, whichever is the later, and measures will be put in place to implement a school attendance policy to encourage regular school attendance and develop strategies to reduce absenteeism and early school leaving.

The National Educational Welfare Board will have the leading role in implementing the provisions of the Act. The educational welfare officers appointed by the Board will focus in particular on children at risk and those who are experiencing difficulties in school in order to resolve any impediments to their regular attendance at school.

Education and Homeless Adults

Arising from the Homeless Strategy, the City of Dublin VEC has appointed a co-ordinator, who has experience of working with homeless persons, to work exclusively with the homeless services. This co-ordinator is attached to the Homeless Agency, which was established to oversee the implementation of the action plan for the Dublin area and to co-ordinate the delivery of all services to homeless persons.

The co-ordinator is working in co-operation with the Salvation Army and Focus Ireland. Needs based programmes operated in 2001 for 200 people in six locations, including hostels and VEC centres. 50 per cent of participants attended regularly and the remainder intermittently. Family programmes aimed at mothers and their children in bed and breakfast accommodation were also provided.

Educational programmes currently being accessed by those experiencing homelessness include the Pathways project (VEC), Failtiu; the Oasis programme, Merchants Quay; the Gateway programme, Merchants Quay; Crosscare Men's Group; Focus Ireland's Adult Programmes; and Simon Community Settlement and Training Unit.

Actions Required

- Education services for homeless adults will be extended across the country, building on the experience of the City of Dublin VEC initiative. The 6,000 extra places coming on stream under the Back to Education Initiative in 2002 will provide an important opportunity to cater for this priority group.

Chapter 8 Monitoring & Implementation of the Strategy

This strategy has been prepared under the auspices of the Cross Department Team on Homelessness, which is under the aegis of the Department of the Environment and Local Government. This team was established by the Cabinet Committee on Social Inclusion in 1998 to develop an integrated response to the many issues which affect homeless persons. The Cabinet Committee receives regular updates from the Departments of the Environment and Local Government, and Health and Children on the implementation of the overall Homeless Strategy.

The Cross Department Team on Homelessness will monitor the implementation of the Preventative Strategy and will report regularly to the Cabinet Committee on Social Inclusion on its implementation. The other Departments principally involved in this strategy, namely the Departments of Health and Children; Justice, Equality and Law Reform (including the Probation and Welfare Service); and Education and Science are represented on the Cross Department Team. The Departments of Finance; Social, Community and Family Affairs; Tourism, Sport and Recreation; and FAS are also represented on the Team.

The relevant Government Departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness.

With regard to the monitoring of the measures relating to persons leaving residential mental health services, acute hospitals and young persons leaving care, the health boards are being asked to make regular six monthly reports to the Department of Health and Children on the implementation of the measures and evaluating their effectiveness.

The Probation and Welfare Service and the Prisons Service are being asked to make similar reports to the Department of Justice, Equality and Law Reform on the measures relating to offenders.

It is vital that the measures in this strategy relating to young people leaving care correspond with the measures in the National Strategy on Youth Homelessness.

Actions Required

- The relevant Government Departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness and will report regularly, through the Cross Department Team on Homelessness, to the Cabinet Committee on Social Inclusion.

Apendix 1 Minimum Standard for Discharge Policy for Hospitals

- Before discharge, the service should check that the patient's housing conditions are satisfactory and that the patient's family is aware of the patient's pending discharge.

- Where necessary, the hospital should liaise with the manager of the relevant homeless service to obtain suitable hostel or alternative accommodation for the patient.

- Where necessary, the hospital should ensure that the patient holds a current medical card.

- Following discharge, a discharge summary should be sent to the general practitioner and/or the community-based psychiatric service responsible for follow-up services.

- The discharge summary should set out the principal details of the patient's management and treatment while in hospital including medication on discharge.

- The discharge summary should detail follow-up plans, including the role of the general practitioner, and give details of diagnosis, treatment and medication in hospital and the results of any tests or investigations carried out.

- Patients on discharge should be supplied with a standard form giving them information on drugs prescribed for them.

- The name of their general practitioner should be supplied to the patient.

- The patient should be supplied with the telephone number of the mental health centre where staff can be contacted and a domiciliary visit or other arrangements made in the case of emergencies.

Appendix 2 Summary of Main Proposals

Adult Offenders

- A specialist unit will be established by the Probation and Welfare Service to deal with offenders who are homeless and additional staff will be provided to assist offenders who are homeless.

- The Prison Service will build and operate transitional housing units as part of their overall strategy of preparing offenders for release.

- The Probation and Welfare Service and the VECs will ensure that all prisoners who are pursuing educational courses will be able to continue them following their release.

Young Offenders

- The satisfactory recruitment of staff by Trinity House and Oberstown Girls Centres to enable the pre-release/step down units becoming operational as a matter of priority will be supported.

People leaving Mental Health Residential Facilities

- All psychiatric hospitals will have a formal and written Discharge Policy, which will be communicated to all staff involved in the discharge of patients and will be provided to patients and next-of-kin.

- Psychiatric teams will have a nominated professional to act as Discharge Officer and ensure that discharge policy is followed.

- Records will be kept of the number of patients being discharged and the type of accommodation into which they are being discharged.

People leaving Acute Hospitals

- All hospitals will have formal admission and discharge policies in place to identify homeless persons on their admission to hospital and to ensure that

arrangements are made to ensure that accommodation is provided for the homeless person after their discharge.

- These policies will be communicated to all staff involved in the admission and discharge of patients and all patients and next-of-kin will be provided with a copy of the policies.

- Every hospital will have a nominated officer to act as Discharge Officer and ensure that the discharge policy is followed.

Young people leaving care

- Health boards will develop and implement aftercare protocols for all young persons leaving care

- All necessary arrangements to ensure that the actions required are carried out will be in place as soon as possible and not later than six months from the publication of the Strategy.

Role of schools in the prevention of homelessness

- Education services for homeless adults will be extended across the country, building on the experience of the City of Dublin VEC initiative. The 6,000 extra places coming on stream under the Back to Education Initiative in 2002 will provide an important opportunity to cater for this priority group.

Monitoring the implementation of the strategy

- The relevant Government Departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness and will report regularly, through the Cross Department Team on Homelessness, to the Cabinet Committee on Social Inclusion.

220/02 Gr. 30-01 5,000 2/02 Brunswick Press Ltd. (6207)