
Report on the Lived Experiences of Homeless Families

Mercy Law Resource Centre





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Designed by Danielle Curtis

PART I: ABOUT MERCY LAW RESOURCE CENTRE

Mercy Law Resource Centre (MLRC) is an independent law centre, registered charity and company limited by guarantee. MLRC provides free legal advice and representation for people who are homeless or at risk of becoming homeless. It also seeks to advocate for change in laws, policies and attitudes which unduly and adversely impact people who are at the margins of our society.

MLRC has built strong working relationships with organisations active in the field of homelessness and housing. MLRC provides formal training and legal support to organisations and frontline workers and professionals. Partnership and working in collaboration with others is at the heart of MLRC's approach.

OUR 5 KEY SERVICES

- 1 Free legal advice clinics
- 2 Legal representation in the areas of homelessness, housing and related social welfare law
- 3 Legal support and training to organisations working in the field of homelessness
- 4 Policy work
- 5 Befriending Service

MLRC's clients are local authority tenants, people who are homeless or at risk of becoming homeless and people in receipt of social housing support. They include people trying to exit homelessness who may be struggling with issues often linked to homelessness including for example, addiction, leaving prison, mental illness, relationship breakdown and domestic violence.

OUR VISION

Mercy Law Resource Centre's vision is of a society where each individual lives in dignity and enjoys equal rights, in particular the right to a home, which is fundamental to each human being. MLRC's vision is also of a society where every individual enjoys equal access to justice and legal recourse in order to vindicate those rights.

OUR ETHOS

MLRC's ethos recognises the dignity of each person. MLRC seeks to ensure that all people are treated with respect and compassion and are enabled to achieve their full potential as human beings. MLRC is committed to the principles of human rights, social justice and equality.



PART II: PURPOSE AND CONTEXT OF THIS REPORT

This report comes at a time of desperate crisis in homelessness. This crisis has been growing every month since at least early 2014 and shows no signs of abating.

In October 2019, the number of people homeless in Ireland reached 10,514, which constitutes the highest number since the Department started recording these figures.¹ This figure does not include individuals who were removed from the homeless statistics following a reclassification undertaken in 2018, despite those individuals accessing 'Section 10 funded' accommodation. The figure also excludes people sleeping rough, people couch surfing, homeless people in hospitals and prisons, those in direct provision centres or emergency reception centres/hotels, and homeless households in domestic violence refuges. MLRC has consistently expressed concern about the inadequacy and inconsistencies in the data on homeless individuals, including families.

As of October 2019, of those recorded in the official statistics as homeless 1,733 were families and 3,826 were children.² More than one in three of those in emergency accommodation are children.³ As of September 2019, 752 of the 1,294 homeless families in the Dublin region are residing in commercial hotels and B&Bs.⁴ Families also appear to be spending longer periods in emergency homeless accommodation and there are increasing numbers of families who are homeless for 24 months or more.

The Dublin Region Homeless Executive (DRHE) recently reported that 102 families entered emergency accommodation in September 2019.⁶ The number of families entering homeless accommodation in 2019 appears to be steady if not rising: in January 2019, 92 families became homeless and the figures peaked in July 2019 with

“There has been an almost four-fold increase in family homelessness in the last five years, with an increase of **437%** in the number of homeless dependent children over that time period.”⁵

116 families entering homeless accommodation in the Dublin region.

These figures are impactful, but it is all too easy to forget the human dimension to these cases; these statistics represent the lived experiences of families in Ireland who are living at the margins of society. Working with many of these families has afforded MLRC a valuable perspective. It is the purpose of this report to highlight the experiences of these families on an individual level and to lay bare the painful experiences that have been caused by the failures in the housing and homeless system as it currently operates.

MLRC believes the experiences included in this report are not individual or isolated cases, but instead represent overall systemic issues in relation to family and child homelessness. MLRC continues to call for an urgent shift in policy response and focus in relation to family homelessness. MLRC believes that the insights of families who have experienced homelessness must be at the core of any refreshed response. MLRC proposes recommendations at the end of this report, which have been informed by these lived experiences of homeless families. We believe these recommendations are greatly strengthened by that perspective.



PART III: MLRC ENGAGEMENT WITH FAMILY AND CHILD HOMELESSNESS

Since 2015, MLRC has had an increasing number of vulnerable families accessing its service, presenting with a range of issues and difficulties including access to emergency homeless accommodation, provision of chronically unstable emergency accommodation, placement in highly unsuitable emergency accommodation, and placement in unsuitable emergency homeless accommodation for excessive and unduly prolonged periods.

In 2017, MLRC engaged with 221 families experiencing homelessness. In 2018, MLRC engaged with 452 families experiencing homelessness. As of November 2019, 52% of MLRC's current clients are families with minor children who are homeless or at risk of homelessness. MLRC also acts for a disproportionate number of families of ethnic minority, including Traveller and Roma ethnicities. From these engagements it is evident that ethnic minorities face particular barriers to accessing housing and homeless services.

MLRC engages with families who are homeless or who are at risk of becoming homeless in a number of different ways. MLRC operates legal outreach clinics in Dublin where we meet with individual families to provide legal advice. These clinics are ordinarily a starting point for engaging with that family.

MLRC then provides ongoing legal representation if the matter requires legal intervention and continues to work with the individual family to ensure they secure any housing entitlement or overcome any obstacles to such access. MLRC in some instances also matches clients with a volunteer befriender to provide practical and emotional non-legal support.

MLRC also provides legal support and training to frontline workers who are frequently supporting homeless families with their housing difficulties. In 2018, MLRC engaged with over 100 organisations including several who provide key worker or support services to homeless families such as Focus Ireland, Respond, the Simon Communities, and Exchange House Ireland National Traveller Service. In addition, MLRC is engaged in policy work in order to advocate on behalf of homeless families.

In June 2017, MLRC made a short submission to the Minister for Housing, Planning, Community and Local Government raising very urgent issues relating to the provision of emergency accommodation by local authorities to families and vulnerable people who are homeless, and presented recommended actions to address these issues.⁷

In November 2017, MLRC made a submission in respect of 'Ireland 2040: Our Plan National Planning Framework', in which it again highlighted serious concerns about the manner in which homeless accommodation is provided to vulnerable families, and re-stated a number of proposed actions to address issues arising around family homelessness.⁸

In September 2018, MLRC published a report titled "Children and Homelessness: A Gap in Legal Protection". The report highlighted the failure of the State to provide adequate statutory or constitutional protection for minor children of families experiencing homelessness, and set out potential domestic legal reforms to fill the gap in legal protection.



In June 2019, MLRC was invited to make a submission to the Joint Oireachtas Committee on Housing, Planning and Local Government and presented a number of concerns and related recommendations to the Committee.⁹ The vast majority of these recommendations were included in the subsequent report “Family and Child Homelessness” published by the Committee on 14 November 2019.¹⁰

In summary, since 2015, through its extensive engagement with homeless families in the course of our core legal advice and representation service, MLRC has identified a number of urgent concerns in relation to family homelessness. These concerns and related recommendations are set out below.



PART IV: SPECIFIC ISSUES ARISING IN FAMILY HOMELESSNESS

Refusals of emergency homeless accommodation

Since 2015, MLRC has frequently engaged with families who have been refused emergency accommodation and who are therefore roofless, with their only options to sleep in parks, cars and uninhabitable caravans, chronically overcrowded or unsafe conditions, or Garda stations. These include families with infants and with children who have special needs.¹¹ MLRC has seen first-hand the devastating impact of improper refusals of emergency accommodation on parents and their children.

There is currently no statutory right to shelter or housing in Irish law for homeless children who reside with their families. Section 2 of the Housing Act 1988 sets out the circumstances in which a family will be regarded as homeless and Section 10 of the Housing Act 1988 gives the housing authority discretionary power to provide for the accommodation needs of families who are homeless.

There is no strict legal obligation on housing authorities to provide emergency accommodation: there is a discretion, but no strict duty to provide such accommodation.¹² Furthermore, a series of decisions of the High Court concerning local authorities and their statutory responsibilities towards homeless individuals, including families, confirm that the local authorities enjoy broad discretion with respect to the homeless assessment.

The Courts will be extremely reluctant to interfere with the statutory discretion enjoyed by local authorities, unless a decision is manifestly unreasonable or taken in bad faith.¹³

It is the experience of MLRC that the wide margin of discretion afforded to the local authority within the current legal framework pertaining to provision of emergency accommodation does not adequately protect families with minor children who are facing homelessness.

One client of MLRC and her family were refused emergency accommodation by the local authority on the basis that they were intentionally homeless. The family was also barred from accessing the night by night provision of emergency accommodation, which is ordinarily available to families in crisis who are at risk of rough sleeping. The family experienced very precarious living conditions during this period and spent several nights where all five family members slept on the living room floor in an already overcrowded tenancy. One of the children had a diagnosis of epilepsy and a medical consultant documented the elevated risk of seizures caused by these living conditions. Legal representations and subsequent legal proceedings were issued to challenge the lawfulness of the refusal. After approximately six weeks, the case was settled and the family was placed in emergency accommodation provision.



One MLRC client described her experience when she was refused emergency accommodation:

"I was extremely distressed and frustrated when my family was refused emergency homeless accommodation. It was a very negative and stressful experience, particularly because of my son's medical condition. I remember going into the Garda station and asking if we could sleep there, but they would not let us stay. I had to rely on friends of friends for support. For several nights we slept on the floor of someone's living room. I remember laying out our clothes to sleep on them as we had no mattresses, duvets or blankets. It was freezing and uncomfortable. We were not able to stay in the house during the day, we could not even use the shower, so we were on the streets for long periods. I even went to the hospital one morning when we were exhausted to see if we could sleep there with the children but we were not allowed to stay. The children needed me so I had to be strong and present myself as happy. I worked with Mercy Law and was ready to go to court because of the desperateness of my situation. It was a really tough time. We would not have got through it without Mercy Law's help."

Another client, a single mother with a 7-year-old child, was refused emergency accommodation on the basis that she could stay with family and friends. MLRC's client presented as homeless to the local authority when her relationship with her family broke down. The local authority refused to accommodate the family on the basis that they could stay with family or friends. With no emergency accommodation and unable to stay with her family, the client stayed in a tent outside the local authority for approximately two months. Judicial review proceedings were issued on behalf of the client by MLRC. However, in its decision the High Court

deigned not to order the local authority to provide accommodation, citing the wide discretion afforded to local authority by the Housing Act 1988.

One family were refused emergency accommodation as they were deemed by the local authority to have made themselves intentionally homeless. They became homeless from their privately rented property when their landlord increased their rent and refused to carry out necessary repairs, which rendered the house unsafe and medically unsuitable for one of the children of the family, who was diagnosed with a severe genetic condition and required specific living conditions to manage the condition. The family were only given emergency accommodation following the intervention of MLRC. This serves as an example of the discretion enjoyed by local authorities in respect of emergency accommodation allowing that authority to disregard the exigencies of a particular situation; in this instance, serious concerns in relation to a child's health.

A family MLRC recently represented was refused emergency accommodation by the local authority on the basis that the family could meet their immediate housing need by sourcing a private rented tenancy funded by the Housing Assistance Payment. The family had made extensive but unsuccessful efforts to source such a tenancy. In that case, the family involved a lone parent who was a victim of domestic violence.

The family had overstayed its temporary placement in a women's refuge. One of the children in the family suffered from a disability. The refuge and a social worker had consistently engaged with the local authority over a five month period to assert the family's urgent need for emergency homeless



accommodation and to support the family in their efforts to source alternative accommodation. At the time of publication, MLRC was advising the family in relation to potential legal proceedings in order to compel the local authority to complete another homeless assessment and determine the family's immediate need for homeless accommodation.

In that case, an accredited play therapist who had worked with one of the children provided a letter in relation to the impact of the housing situation on that child with a disability and stated:

"His current living situation is a major contributing element to his ability to cope and express self appropriately. Continued therapeutic intervention (play therapy) will help [the child] in his ability to cope yet overriding this is the family's basic need to have a home of their own."

It is clear that the current system governing the provision of emergency accommodation imposes little to no accountability on local authorities when making decisions regarding the provision of such accommodation to homeless families.

Homeless families and their advocates must rely on potential breaches of fair procedures and human rights and constitutional protections to challenge decisions to refuse emergency accommodation. It is contended that the current legal framework is insufficiently robust given the precariousness of these families' situations and their vulnerability.



Provision of emergency accommodation on night by night basis only

One of the most precarious situations in which homeless families find themselves is placement in night by night (known as 'one night only' or 'ONO') emergency homeless accommodation rather than a rolling placement in emergency accommodation. These include families with very young children. On several occasions new mothers and their new born babies who are discharged from maternity hospitals have been placed in night to night emergency accommodation, in disregard of recommendations for secure and stable emergency accommodation made by medical social workers engaged in their care.

“MLRC notes with concern that the use of one night only emergency accommodation provision for families appears to be on the increase. In May 2019, 46 families were on one night only accommodation, however by October 2019 this had increased to 72 families.”¹⁴

Families placed on night by night emergency accommodation must move each day with all their belongings. They cannot access the accommodation ordinarily until 8pm in the evening and must leave by 9.30am; this is despite the booking or arrangements for their accommodation being made much earlier in the day. The families ordinarily have no secure place to go during the day, and spend prolonged periods in shopping centres, in parks, on buses, and walking the streets.

They have no access to cooking or laundry facilities. As will be seen below, such families are often unable to register their children for school or access primary healthcare due to the chronic instability of their emergency accommodation.

MLRC has experienced first-hand on numerous occasions the deep distress and chaos experienced by families placed in this chronically unstable form of emergency accommodation.

There does not appear to exist any published policy that confirms in what circumstances a particular family will be placed on night by night emergency accommodation. MLRC has acted on behalf of families who are on the social housing list and families who are not yet on the social housing list who have been afforded this provision; there appears to be no discernible pattern of why this provision is made for some families and not others.

MLRC notes from its own casework that a disproportionate number of families of ethnic minority background are impacted and placed on one night only provision. This apparent differential treatment is of serious concern. MLRC has raised this concern with both the DRHE and individual local authorities. MLRC has also repeatedly highlighted to local authorities their positive public sector and equality duty with respect of equal access to services, under Section 42 of the Irish Human Rights and Equality Commission Act 2014.¹⁵

The service of booking night by night emergency homeless accommodation each day was previously provided by Focus Ireland, on behalf of the DRHE. Since October 2018, the service has been provided by the DRHE. Particular issues have arisen on account of this change. In the course of its casework, MLRC has observed three failings in the service as operated by DRHE since October 2018.



Failure to provide pathway and supports to more stable accommodation

When the night by night booking service was provided by Focus Ireland, families put on this provision were in a position to access Focus Ireland support services in order to transition out of one night only provision to more stable forms of emergency homeless accommodation.

In the experience of MLRC, this led to a meaningful engagement with the local authority and often a resolution of any barrier to accessing more stable emergency accommodation, reducing the time period spent on night to night provision. Since DRHE took over operating the service, MLRC has observed that families on night to night emergency accommodation do not appear to be referred to appropriate supports and do not have keyworkers or support workers allocated, therefore inhibiting their ability to resolve their housing difficulties and compounding the stress on the family. A family MLRC met in November 2019 had been on night by night emergency accommodation in excess of nine months and had no support worker.

Failure of the DRHE and local authorities to communicate effectively with each other

MLRC has observed a lack of communication between the DRHE and the local authorities, which leads to distress and confusion for the families who are stuck between the two entities.

MLRC notes that the DRHE incorrectly assert that a family is failing to engage with the local authority and threaten to cease the provision altogether, putting the family at risk of rough sleeping.

In cases MLRC has been engaged in, such an assertion is misplaced: MLRC has observed families engaging or attempting to engage with the local authority without the timely response or proper engagement of that local authority and without the knowledge sharing system, Pathway Accommodation and Support System (PASS), being updated by the local authority to reflect these engagements for the benefit of DRHE.

Failure to appreciate the adverse impact of accommodation on a night by night basis only

MLRC has noted a failure of local authorities and the DRHE to identify and act on vulnerabilities of particular families. From review of housing files received on such one night only cases, MLRC has observed a failure by the DRHE and housing authorities to recognise or identify the vulnerability of families put on night to nights, including circumstances where there is a new born infant and/or acute medical issues affecting minor children.

Provision of emergency accommodation on a night by night basis causes deep distress and suffering. It hugely undermines the ability of the the family to address their long-term housing issues and to meet the broader yet urgent needs of the family, compounding the chaos and distress of homelessness. The precarious nature of accommodation being provided on a night by night basis adversely impacts many aspects of family life.

In a recent case taken by MLRC, a client was unable to register her four children for school due to the chronic instability of the night to night accommodation in which she was living.



This was particularly troubling given the positive role which school can play for children experiencing homelessness in maintaining a sense of normalcy, as noted recently by the Children's Rights Alliance.¹⁶

Similar difficulties were faced in accessing primary health care. MLRC sought to refer the family to a primary care team but the team were unable to take the referral due to the family moving to a different area the next day.

The situation of another MLRC client shows the general unsuitability of the night to night provision, in particular for families and children. In this case, the client was discharged from a maternity hospital into night to night provision, with her new born baby who was born four weeks premature, and her sixteen month old baby.

She was obliged to move every night for several weeks. She had no safe, secure place to go during the day and spent long periods on the streets exposing her very young children to the winter weather. The client was unable to breastfeed her baby in comfort or to sterilise bottles in safety; she had no space to care for herself properly following discharge from the maternity hospital after giving birth.¹⁷ The client was not told by the local authority or the DRHE why she was on night by night provision, a lesser provision to other families; she was also not told how to resolve any issue in order to access a more stable booking. The provision was only changed following legal intervention.



One current MLRC client described her recent experience of one night only accommodation as follows:

"I was until very recently on one night only emergency accommodation. I had to move every day for nearly three months with my four children, including my two month old infant. We had to leave the accommodation each morning by 10am and could not get in until 7.30pm. I was on the streets all day with my baby while the other children were at school – I could not sterilize bottles or feed him in comfort. I had to go to shopping centres to keep him warm, to prepare bottles and to change him. The conditions in the accommodation were awful. The toilet on our floor was leaking and we had to queue upstairs to use the bathroom or use a bottle at night time. I asked the local authority for help but they did not listen and they did not take on board my children's needs. Without the help of MLRC, I cannot see how I would have got off the one night only. I would still be there. My situation is better now. We are in a hotel. The five of us are sleeping in one room and have no cooking facilities. It is challenging but I don't want to complain. I'm scared of losing this place and being back on the one night only, which the local authority has told me might happen in December. I hope it doesn't. I can't go back to that."

MLRC intervened in a similar case in November 2019. In this case, the family had been on one night only emergency accommodation with five children for eight months, when the mother gave birth to a sixth child. The mother and her new born baby were discharged from the maternity hospital back into



one night only emergency accommodation with the family. A doctor who provides care specifically for homeless people provided a letter in relation to the family's situation stating simply:

"It is obviously completely unacceptable that she is living in accommodation that she cannot access during the day – it is impossible to adequately care for 6 children including a baby in such circumstances."

A public health nurse and a medical social worker from a maternity hospital each wrote to the local authority to highlight the unsuitability of one night only emergency accommodation and negative impact on the new born baby, but no action was taken by the local authority to change the provision. The family were non-Irish nationals and did not have sufficient English to address their housing issues, yet were not allocated a support worker.

More specifically, the uncertainty surrounding the nature of accommodation provided on a night by night basis also has serious implications for families with children who have medical conditions. These health concerns often necessitate consistent and certain living conditions, as evidenced by the experiences of several clients of MLRC.

The child of one MLRC client had a life-threatening illness. A medical report set out the specific living conditions that were required to effectively manage the child's illness. The family were placed on one night only emergency accommodation when they presented as homeless to the local authority. The family were due to administer daily medication to the child that required refrigeration.

The family did not have access to a fridge and could not store the medication, meaning their child went untreated for six weeks. A medical report provided to the local authority confirmed that the living

conditions elevated the risks of infection and need for hospital admission for the child. It was only following legal intervention that the family were moved out of one night only emergency accommodation to a self-contained unit.

Another family MLRC acts for presented as homeless to the local authority with a number of vulnerabilities and medical issues. Despite this family's particular need being evidenced to the local authority, the family was placed on chronically unstable night by night emergency accommodation for five weeks. Following MLRC's intervention, the provision was changed to 'self-accommodation'. The youngest child in the family suffered from severe autism and presented with very challenging behaviour. The child's needs made night by night emergency accommodation extremely unsuitable as the family had no place to go during the day and due to the child's needs, the family was not able to spend time during the day with friends or in contained spaces. The housing instability led to a deterioration in the child's health and made his behaviour extremely challenging for the family to manage.

Evidence provided to the local authority confirmed that the parent was a victim of serious domestic abuse but no account was taken of this in the determination of the immediate housing needs.

Medical professionals commenting on individual cases have confirmed that such provision is damaging to the health and well-being of parents and their children. This included the clinical opinion of a senior psychologist who assessed one family who was engaged with MLRC.

The senior clinical psychologist made the following conclusions when assessing the impact of one night only emergency accommodation on a family MLRC was assisting:

“It is my opinion that this is a family very close to breaking down as a result of the uncertainty and instability brought about by their current living situation. This is a family that, until becoming homeless and placed on night-by-night emergency accommodation provision, have functioned extremely well. Each of the family reports very concerning changes in somatic, cognitive and behavioural functioning. Of particular concern to me, based on self-report and my clinical experience and observation, is the welfare of the children in this family. I consider them at serious risk given the uncertainty and fundamental disruption of family functioning as a result of, in the first instance, being placed in night-to-night accommodation.”

In certain cases, one night only provision of emergency accommodation may expose the families to inhuman and degrading treatment, of such severity as to engage Article 3 of the European Convention on Human Rights. Such provision frequently interferes with the protection of family and private life under Article 8 of the Convention and with the constitutional right to bodily integrity. It is also observed that there may be a discriminatory practise such that ethnic minorities are disproportionately affected in contravention with the guarantee of equality as enshrined in Article 40.1 of the Constitution.

MLRC has consistently highlighted with concern the increasing reliance on the one night only emergency accommodation provision as an unpublished and informal administrative practice. MLRC has brought complaints to the DRHE and the Ombudsman for Children in relation to this provision, highlighting the

very negative impact such provision has on children and families.

MLRC welcomed recent scrutiny of the practice by Committees of the Oireachtas. The Joint Committee on Housing, Planning and Local Government in its report “Family and Child Homelessness”, published November 2019, recommended: “*The provision of one-night-only emergency accommodation be ceased.*” In a report of the Joint Committee on Children and Youth Affairs, “Report on the Impact of Homelessness on Children”, published November 2019, the Committee recommended that the Government should instruct local authorities to restrict the practice of one night only accommodation for families with children so that it cannot be used on more than two consecutive nights. MLRC welcomed the recent call by Minister Katherine Zappone for the provision of one night only accommodation to families with young children to cease.¹⁸

Notwithstanding these recommendations, the use of one night only emergency accommodation provision continues, and as yet, there has been no direction issued by the Minister for Housing, Planning and Local Government to restrict or cease the reliance on this provision.



Failure of self-accommodation homeless provision to meet the needs of homeless families

MLRC has extensive experience working with families who are provided with emergency homeless accommodation by local authorities through the 'self-accommodation option'.

The 'self-accommodation option' of emergency accommodation provision operates such that the local authority accepts an individual family as homeless but, rather than taking responsibility for sourcing and placing that family in emergency accommodation, the family are obliged to source their own commercial hotel or B&B booking. The housing authority then covers the cost of such accommodation. This method of provision is permissible under Section 10 of the Housing Act 1988;¹⁹ the Act gives wide flexibility in the manner in which homeless accommodation is to be provided.

MLRC has acted for many families residing in hotels and B&Bs and has experienced first-hand the distressing and harmful impacts of such provision on vulnerable families in particular. MLRC's casework experience indicates that it is entirely inappropriate to place the obligation of sourcing emergency accommodation on individual families, particularly at a time when the housing supply and hotel bed space is critically limited. Indeed, a statement of the Minister for Housing, Planning and Local Government made on 30 January 2019 acknowledged the damage being done to people living in emergency accommodation and that *"it is completely unacceptable that people still have to go to hotels for emergency accommodation."*²⁰

Recent submissions to the Joint Committee on Children and Youth Affairs provide further evidence of the negative impacts of 'self-accommodation option' of emergency accommodation on families.

Barnardos noted in its submission to the Committee that parents were observed to be physically and emotionally exhausted by frequent moves from

hotel to hotel; the Society of St Vincent De Paul reported that families were unable to access vital supports such as a case worker when they were on 'self accommodation'.²¹

One family MLRC assisted was unable to find stable accommodation for seven months for their family of nine. When the family finally did source a hotel booking with the assistance of a social worker, the hotel was a 90 kilometre round trip from their younger children's primary school through two tolls that made the trip unaffordable for the family.

In that case, the school principal commented on the direct interference of the accommodation provision on the primary school children's education:

"in this school year, the children's attendance rate is 20%. They have been absent 80% of the time ... the cause of the missed days is directly attributable to the uncertainty and the unstable situation around the family's accommodation ... the accommodation sourced is a huge distance from the school. This places a further burden on the family as there are road toll costs incurred in trying to get the children to school, and it means the children arrive very late on the days when they are present."

The principal, having consulted with the class teachers, confirmed a marked regression in the educational ability of one of the children, social withdrawal of another child, and unsettled and disruptive behaviour of the third child attending the school attributed to unfamiliarity with class routines arising from excessive absences.

Legal proceedings brought by MLRC on behalf of the family challenging the failure of the 'self-accommodation option' of emergency accommodation were settled by the local authority



on the basis that the family was provided with more suitable and stable emergency homeless accommodation.

Another family MLRC supported were placed on 'self-accommodation' and were only able to secure unsuitable B&B accommodation. The location was problematic: the B&B was a long distance from the children's school. The school was particularly important for one of the children who had a diagnosis of an intellectual disability and a learning difficulty, and had access to special needs supports at the school. One of the parents had a diagnosis of serious epilepsy and the strain of the B&B placement and related homelessness was stated to have induced increased frequency of the fits. The other parent was pregnant and was experiencing dizziness, fatigue and low blood pressure, requiring frequent admissions to the maternity hospital. A medical social worker advocated to the local authority and commented on the B&B accommodation as follows:

"This is having a direct impact on the children's school attendance, and remains a very stressful and difficult situation for the family."

These cases are representative of many that MLRC has been engaged in. They serve to illustrate the ways in which the 'self-accommodation option' of emergency accommodation is unsuitable for homeless families.

Further, if suitable accommodation is found, there is a risk at peak tourist season or busy weekends, when there is a high profile concert or sporting event, that families will have to vacate their hotel or B&B, leaving them with no continuity or stability and often with no alternative accommodation to avail of.

The negative impacts caused by the 'self-accommodation option' are most acute when families are simply unable to source accommodation.

MLRC has experience of families with young children being unable to source their own accommodation and having to resort to rough sleeping in parks in urban areas or sleeping in Garda stations, in the absence of any alternative accommodation.

MLRC met with a family with nine minor children who had been placed on the 'self-accommodation option', but were unable to source any accommodation for their large family. The family had to rely on the night to night crisis service and moved their accommodation every day for four weeks, during which period the minor children were unable to attend school and one parent was unable to engage in urgent diagnostic medical assessment, due to the chronic instability in the accommodation. It is noteworthy that families on the 'self-accommodation option' are generally not allocated key workers and are therefore without necessary supports to address their urgent housing crisis.

It is contended that 'self-accommodation' provision fails the most vulnerable families. Furthermore, as the above cases highlight, there is no evidence of any assessment of the suitability of the 'self-accommodation option' for individual families by local authorities but rather a blanket use of the provision, irrespective of its suitability.

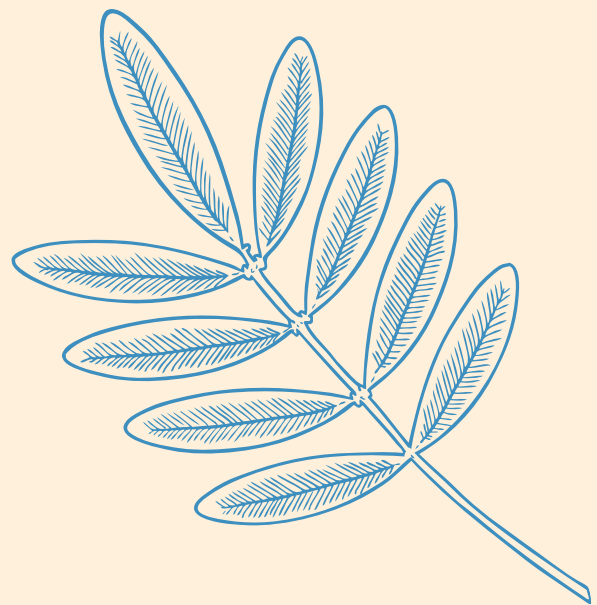
At present, there is no obligation on local authorities to assess the suitability of any form of emergency accommodation provision. The indiscriminate and ongoing reliance of the 'self-accommodation option' to meet the housing needs of homeless families is of serious concern to MLRC.

Given the level of distress experienced by homeless families and the evidenced negative impacts on families including minor children of this form of emergency accommodation, MLRC has long contended that families should not have to source their own emergency accommodation.



Such a position concurs with the view of the Irish Human Rights and Equality Commission which has similarly recommended an end to this form of provision.²² Further, of relevance is the recommendation of the Ombudsman for Children in the recent report 'No Place Like Home' that 'self-accommodation' provision for families needs to be brought to an end.²³

Such recommendations were recently heeded by the Joint Oireachtas Committees. In November 2019, the Joint Committee on Children and Youth Affairs recommended that the Government instruct local authorities to end 'self-accommodation' by families.²⁴ The Joint Committee on Housing, Planning and Local Government similarly recommended that the use of 'self-accommodation' as a mechanism for sourcing emergency accommodation be ceased.²⁵



Placement for excessive time periods in B&B and hotel accommodation

MLRC regularly engages with families who are in inappropriate emergency accommodation in the form of commercial hotels and B&Bs for excessive periods. MLRC has observed vulnerable families being 'stuck' in emergency accommodation for prolonged periods, as they face particular challenges accessing private rented accommodation, and allocations of social housing are extremely slow to materialise. MLRC has worked with families who have come back into homelessness, after initially exiting homelessness into an unsecure tenancy in the private rented market supported by the Housing Assistance Payment.

“As of June 2019, 181 families had spent in excess of 24 months in emergency accommodation.”

156 families had been in emergency accommodation provision for 18 to 24 months and a further 204 had been in emergency accommodation for 12 to 18 months.²⁶ According to the DRHE, the majority of homeless families remain in hotel and B&B emergency accommodation rather than in 'family hub' or transitional accommodation placements.

A wide range of detrimental impacts on the health and well-being of children and their parents have been observed, stated to be caused by excessive time spent hotels and B&B accommodation. MLRC has also been in receipt of medical reports and school reports in individual cases, confirming such negative impacts.

Of particular note is recent research commissioned by Dublin City Council where the experiences of homeless families in Dublin hotels were assessed and documented. The report described the experience of homeless families living in hotels as *"intensively disruptive"* to their day-to-day routine.

It noted the challenging consequences of not being able to cook in terms of high costs, health implications and reduced family social time. Of particular concern were the findings in relation to

the impact on the children who were in hotels including their stunted development, developmental delay and long-term traumatic implications for young children. The report noted that there was little or no motivation for hoteliers to alter their facilities or regulations to better incorporate homeless families.²⁷

A report, "The Impact of Homelessness and Inadequate Housing on Children's Health", published in November 2019 by the Faculties of Public Health Medicine, the Faculty of Paediatrics and the Royal College of Physicians in Ireland expressed very serious concerns about the impacts both short and long term on children's physical and mental health. The report cited research that found that an experience of homelessness or poor housing has been shown to increase the risk of severe physical and mental ill-health and disability during childhood and early adulthood by up to 25%.²⁸ Several other reports further confirm these negative impacts.²⁹

As far back as 2015, research undertaken by the Housing Agency confirmed a range of negative impacts on physical and mental health caused by excessive stays in hotel and B&B accommodation.³⁰ The findings of a recent report from Temple Street Children's University Hospital highlighted that 842 children who attended the hospital's Emergency Department in 2018 were discharged with no fixed address - an increase of 29% on the 2017 figure. According to this report, although the children's presentations are varied and complex, the majority of them *"stem from the fact that these children are living in completely unsuitable, cramped and temporary accommodation."*³¹

The findings of the report 'No Place Like Home' issued by the Office of the Ombudsman for Children are notable insofar as they recognise the negative effects of protracted stays in emergency accommodation on children and families.³²

MLRC's extensive experience working with homeless families in emergency accommodation is consistent with the many reports documenting and detailing the negative effects of lengthy stays in such unsuitable accommodation.

MLRC has met with substantial number of families who are in commercial hotel or B&B emergency accommodation for periods well in excess of six months, with large families frequently sharing one room. There is currently no time limit on the period homeless families may spend in unsuitable emergency homeless accommodation.

MLRC supported a family of five who were in a hotel for nearly three years, with the family sharing one room. In that case, a medical consultant had written a medical report for the benefit of the local authority that noted the direct and negative impact of the inappropriate emergency accommodation on the mental and physical health of the mother, which had severely compromised her parenting capacity, thus having a detrimental impact on the children.

Another parent of three children, all housed in B&B accommodation, used crutches and was required to climb 58 steps in order to reach the accommodation. This highlights once again the failure of a local authority to take into consideration in any meaningful way the specific medical needs of those who are homeless.

MLRC is currently assisting a family of seven who have been living in two rooms of a B&B for over two years. The family have no access to cooking or laundry facilities. The prolonged inadequate and inappropriate living conditions are having a detrimental impact on the mental well-being of the parent and she in turn reports the grave challenges of supporting her adolescent children in such confined conditions.

The younger children wake at 6am each morning to travel to their school and do not return until late in the evening. There are no facilities to do homework. The living conditions and location of the B&B are having a negative impact on their educational performance and development. In the absence of cooking facilities, the family frequently eat out, which is nutritionally detrimental and unaffordable for the family.

In the words of the MLRC client:

"the children are finding it very difficult living in these conditions for so long. They have nowhere to play because they have to stay in the rooms."

MLRC advocated for a family of six, including four young children. The family's medical needs had been recognised by the local authority in an award of medical priority. The family were placed in an isolated B&B, a substantial distance from educational and health supports. A medical report provided to the local authority stated in relation to the school-going children:

"They have spent the last 6 months getting up at 5am to get to school, failing asleep at their desks and are becoming nutritionally deficient due to lack of cooking facilities."

One child was engaged with the Child and Adolescent Mental Health Service (CAMHS) which provided a letter confirming the negative impact of the homeless accommodation on the child's mental health. Another family member had extensive medical issues and medical reports were provided to substantiate the seriously adverse effects of the emergency accommodation on the family member's health. It was only after extensive legal intervention that the family were provided with long-term suitable accommodation.

Families frequently report difficulties accessing healthcare and primary care services due to insufficient services in areas where there is a high incoming number of homeless families and due to challenges linking in with services, given the temporary nature of their accommodation.

The recent report of the Royal College of Physicians in Ireland noted that families in temporary accommodation have less access to preventative and primary health care, and medical assistance is often sought on an acute needs basis.



It also found that children experiencing homelessness have twice as many emergency hospitalisations compared to non-homeless families.³³ MLRC's experience with homeless families is consistent with the findings in that report in that our clients frequently report presenting to hospital with their sick children in the absence of proper and consistent access to primary health care.

MLRC has noted with concern the imposition of house rules in commercial hotels and B&Bs that regulate the movement of homeless families and place restrictions on their activities and use of the hotel or B&B. Common concerns expressed to MLRC include restrictions on the ability of young children to play in common areas and outside their bedroom, restrictions or bans on visitors, and the absence of a suitable and quiet space to complete homework. MLRC is aware of some cases where alleged infringements of such house rules have been used as a basis for 'evicting' families from hotels and B&Bs and exposing them to extremely precarious housing situations and a further period of instability.

MLRC frequently hears the despair and hopelessness of families who are languishing in totally inappropriate emergency accommodation, with no indication of when an allocation of housing may be made and having made exhaustive yet unsuccessful attempts to source alternative private rented accommodation. In some instances, it is only following representation by MLRC on behalf of families that they are given any indication that inappropriate emergency accommodation is not indefinite.

MLRC welcomed the recognition in the Government's Action Plan *Rebuilding Ireland* that family units in hotel arrangements are inappropriate for anything other than a short period of time;³⁴

MLRC also welcomed the Government's acknowledgement in *Rebuilding Ireland* that any medium to long-term period living in a hotel seriously impacts on normal family life and is particularly detrimental to children.³⁵

MLRC noted the statement of the Minister for Housing, Planning and Local Government made on 30 January 2019 where he again acknowledged that such provision is "*completely unacceptable*".³⁶

The Minister made further comments on the impact of commercial hotel and B&B emergency accommodation on homeless families, including children, when he appeared before the Oireachtas Committee on Housing, Planning and Local Government on 18 September 2019, where he stated: "*I absolutely understand the damage that is being done to families, children and individuals because of the housing crisis. I do not need any more data to understand that. I have met families in hotels and hubs.*"

He went on to say:

*"I am very well aware of the negative impact on children. One of the first things brought to my attention was the presentation of children suffering from motor skill development issues because of the cramped places which they were being brought up ... I have also spoken to teachers about the impact of homelessness and living on emergency accommodation on children."*³⁷

MLRC believes that the Government's policy response to date is inadequate and has failed to meaningfully address evidence-based concerns in relation to homeless families languishing in unsuitable hotel and B&B accommodation for prolonged periods.

Rebuilding Ireland stated that by mid-2017 hotels would be used for emergency accommodation in very limited circumstances.³⁸ In mid-2018, MLRC highlighted the failure to meet this deadline and the lack of any substantive progress in reducing reliance on commercial hotels and B&Bs for emergency homeless provision is gravely concerning. Before the Joint Oireachtas Committee on Housing, Planning and Local Government in June 2019, MLRC again highlighted the ongoing, indiscriminate and extensive reliance by local authorities on commercial hotels and B&Bs for its



emergency accommodation provision to families, noting that nearly two thirds of homeless families in the Dublin region remain in commercial hotel and B&B placements.

MLRC notes the startling cost of the prevailing forms of emergency accommodation:

“*In 2018, in 2018, €118 million was spent on homeless accommodation with just under €50 million going to private operators.*”³⁹

MLRC recently welcomed the recommendation of the Joint Oireachtas Committee on Children and Youth Affairs in its report on child and family homelessness published in November 2019 to end the practice of accommodating homeless families in hotels and B&Bs recognising *“that living in cramped living conditions has a destructive impact on the health of children.”*⁴⁰



Accessibility and suitability of ‘family hub’ or own door emergency homeless accommodation

Rebuilding Ireland articulated the policy priority of reconfiguring emergency homeless accommodation to provide ‘supported temporary accommodation arrangements such as family hubs’.⁴¹ This priority is reflected in the funding allocated to the family hub programme—the Children’s Rights Alliance have been informed that €14.8 million was spent on the programme in the first nine months of 2018.⁴²

‘Family hubs’ have now been rolled out as an alternative to commercial hotels and B&Bs for homeless families. The stated aim of ‘family hubs’ has been to provide a form of emergency accommodation that offers greater stability for homeless families, facilitates more coordinated needs assessment and support planning including on-site access to required services such as welfare, health, and housing services, and provides appropriate family supports and surroundings.⁴³

‘Family hub’ accommodation was proposed to be a ‘short-term’ measure with wraparound supports to assist families in accessing long-term housing, often in the private rented market assisted by the Housing Assistance Payment, and it was envisaged that placement in such hubs would be for a six month period.

“As of November 2019, of the 1,294 families in homeless accommodation in the Dublin region, 396 are placed in ‘family hub’ accommodation.”⁴⁴

It is acknowledged that the introduction of ‘family hubs’ is a step up and improvement from a room in a commercial hotel or B&B, or, at worst, rough sleeping. In MLRC’s view however they present a least worst option rather than an evidenced-based response to the needs of homeless families.

MLRC is concerned about the risk of institutionalisation and normalisation of family homelessness caused by ‘family hubs’. Of particular relevance are the findings of the recent report on the experience and views of children residing in ‘family hubs’ produced by the Office of the Ombudsman for Children.⁴⁵ This report was based on the experiences of 80 children living in family hubs across the country. Homeless children accommodated in hubs expressed feelings of sadness, confusion and anger in relation to their housing situation.

Of further concern is the absence of research and consultation preceding the policy shift towards provision of ‘family hubs’. Such concerns are articulated by Dr Hearne and Dr Murphy in their report “Investing in the Right to a Home”, in which they state: “We find no international research or evidence base to justify the emerging family hubs model and note there have been no pilots to demonstrate how they might work. The danger with ‘hubs’ is that they both institutionalise and reduce the functioning capacity of families.”⁴⁶

The Irish Human Rights and Equality Commission also raised concerns in relation to the provision of emergency accommodation, focused particularly on the development of ‘family hubs’ and their use.⁴⁷

MLRC notes and welcomes the recommendations made by both Joint Oireachtas Committees, which recently considered the suitability of hubs, that the government should commission an independent evaluation into the suitability of all family emergency accommodation including hubs.⁴⁸



MLRC has acted for families who are currently placed in 'family hub' accommodation, and also for a number of homeless families placed in unsuitable hotel and B&B accommodation who seek placement in 'family hubs'. From its casework experience, MLRC has identified three specific concerns with respect to hubs.

Firstly, MLRC has been informed by two housing authorities that there is no published criteria for accessing 'family hubs'. In the words of one housing officer, identification of a family for placement in a hub will depend on that family 'being in the mind of the housing officer'.

MLRC's experience is that families in the chaos and distress of homelessness, particularly when compounded by language or literacy issues, are very rarely in a position to articulate and advocate for their placement in a 'family hub' or in own door transitional homeless accommodation. Homeless families that engage MLRC often have no awareness that alternative provision may be available to them and certainly have little or no understanding of how they may access such provision. These families have rarely been allocated a support or key worker. The lack of transparency in relation to access and availability of 'family hubs', in the experience of MLRC, creates concerns in relation to unequal treatment and fosters mistrust of and frustration with housing authority staff. Of greater concern, perhaps, is the apparent absence of any mechanism to identify vulnerable homeless families in particular need of the stability of a 'family hub' placement and the related failure of local authorities to ensure such families have equality of access to such placements.

Secondly, MLRC has frequently advocated for families who are in dire need of more suitable emergency homeless accommodation. While local

authorities in several cases recognise the need for placement in a 'family hub' or in transitional homeless accommodation, the lack of places or supply creates substantial delays in any placement. Furthermore, units in 'family hubs' are not generally configured to accommodate larger families and these families are often precluded from moving into this more suitable form of emergency accommodation.

Thirdly, MLRC shares the concern of the Irish Human Rights and Equality Commission expressed in June 2017 in relation to the variation in standard of 'family hubs' and the singular policy focus on hub provision for homeless families in the absence of any evaluation or evidence base of the suitability of such provision.

MLRC has observed several former commercial hotels and B&Bs being essentially re-branded as 'family hubs', with the same staff and the same core facilities in place. It is the experience of MLRC clients that such 'hubs' fall short of providing the appropriate facilities and standards articulated in Government policy and certainly do not provide an appropriate setting for homeless families to settle and live in safety and dignity. The Office of the Ombudsman for Children also recently confirmed the wide variation in standards of 'family hubs'.⁴⁹

Of particular concern are the facilities, standards, and appropriate policies and processes in place in 'family hubs' that are operated in former commercial hotels, where staff have no experience or expertise in working and supporting vulnerable homeless families.



Several families with whom MLRC has engaged have expressed similar concerns that applied to standard hotel or B&B provision: restrictions on family life, invasions into family life and privacy, absence of facilities and space, and poor attitude and expertise of staff. Such concerns are exacerbated when families spend excessive periods in such hubs, well outside the six months envisaged in *Rebuilding Ireland*, and have been in several forms of other emergency accommodation prior to placement in any hub. One family MLRC acts for has been in a 'family hub' for over two years. The family are currently contemplating a fifth Christmas in homelessness. The family were placed in the hub after their first year of homelessness and only secured such a placement following legal intervention.

The 'family hub' in question is a former commercial hotel and while additional facilities have been put in place since its re-branding, the family contend that the congregated living situation is highly unsuitable and placement in the hub is negatively impacting all members of the family.

A social worker specifically assessed the impact of the living conditions on the family members including the children, and reported on extensive adverse impacts on their health and well-being. The report notes the serious encroachments on the family's privacy and dignity. Camera surveillance throughout the hub left the family feeling constantly monitored, and they had no one room big enough to allow them to eat together alone as a family.

Along with this, strict rules resulted in the children being limited in their ability to interact or socialise with others: the report notes that each child independently reported being shouted at to go back to their rooms by hotel/hub staff,

and the family's eldest child expressed frustration over not being allowed to bring friends into the hotel/hub to play games.

The report also drew attention to a near-unanimous adverse impact, caused by the family's living situation, on the educational development of the children. Several of the children expressed embarrassment at their homelessness, choosing to hide it from their peers. In its conclusion, the report recommended as a matter of urgency that the family be rehoused in long-term, non-emergency accommodation.

The social worker who assessed the impact on the 'family hub' accommodation on the family with young children commented:

"The sense of stigma and hopelessness that the children feel is corrosive and damaging to their self-esteem. It makes it hard for them to make friends with other children in school, as they fear being judged or excluded. Effectively the rules set by the Hub serve to discourage the children from playing with others in the Hub and discourage the use of the other communal areas."



MLRC noted a sharp deterioration in the health of a client in the course of her homelessness and lengthy stay in a hub/hotel. A report by a medical social worker from a treating hospital reported that it was abundantly clear that the social stressor of living in a hotel/hub for a prolonged period was the biggest compounding factor in the mental health issues.



The social worker went on to comment on the impact of the hub/hotel on the family more generally:

“She reports significant feels of guilt and distress at the impact growing up in a hotel is having on her children. She reports that some of her children are victims of bullying from the stigma of the situation, and she believes that the shared facilities with other residents has led to an increased prevalence in illness amongst her children.”

Another family which engaged MLRC has been residing in a ‘family hub’ for over nine months. The ‘family hub’ is run by an Approved Housing Body and the family report that the living conditions are an improvement on the hotel accommodation in which they were previously placed.

The family are however deeply disturbed at the interference of the congregated setting on their family life and privacy. One child suffers from a disability and the ‘family hub’ setting has been assessed as unsuitable. The family has evidenced to the local authority their extensive yet unsuccessful efforts to source private rented accommodation as an exit to their homelessness. The family have been advised by the local authority that the medical needs of the child do not qualify them for any priority in relation to a local authority housing allocation.

The parent of the family spoke of the stigma and shame that her children feel on account of being homeless:

“We cannot have a normal family life in the hub. The children do not cook or clean and lack the routine and structure that they would have if we were in our own home. The lack of space for the family creates tension and arguments.”

I have seen my children’s behaviour change and deteriorate and it is very difficult to manage in this communal setting, sharing cooking and living spaces with other families under similar pressures. My children speak all the time about being homeless and ask me when we will have our own home. The younger children say they are ashamed of being homeless and will not have any of their friends to play. We do not have a proper place or set up for these visits and we generally do not go to other people’s houses as it reminds us on what we are missing out on.”

Clients of MLRC have expressed hesitation and in some instances fear over complaining about their ‘family hub’ accommodation, concerned that their placement may be jeopardised. MLRC has observed that clients placed in such ‘family hubs’ are not aware of the complaints mechanism and that it presents as inaccessible and ineffectual.⁵⁰

One child living in a ‘family hub’ for a prolonged period reported to a social worker:

“If I had a house I wouldn’t have to lie to people that we live in a house. I am too ashamed to tell anyone I’m living in a hotel in case people make a laugh out of me.”

MLRC has seen first-hand the debilitating effects of long-term placement in ‘family hubs’, exacerbated by the lack of transparency regarding transition to long-term, non-emergency accommodation. In conclusion, the ‘family hub’ programme, while an improvement on commercial hotel and B&B placements, is not sufficient to meet the long-term needs of homeless families and children.



Failure to identify particular needs and vulnerabilities of homeless families

A common theme in the experiences outlined above is the failure of local authorities to recognise and meet the particular needs and vulnerabilities of families presenting and accessing emergency homeless accommodation. Particular vulnerabilities include, for example, families presenting with health issues, with children who have special needs, victims of domestic violence, ethnic minority applicants, individuals with literacy difficulty, and non-Irish nationals with poor language skills.

MLRC welcomed proposals in *Rebuilding Ireland* to enhance supports for homeless families with children⁵¹ and the recognition that families with children presenting as homeless require a response that is “*separate and distinct*” from presentations by adults and couples.⁵² MLRC welcomed the proposed additional measures to support homeless families as set out in *Rebuilding Ireland*.⁵³ However, the experience of MLRC raises concerns that many of the recommendations have not been fully implemented and/or that supports are not accessible to the vulnerable families MLRC is engaged with, thus depriving them of their intended utility.

In prior direct engagements, MLRC has received assurances from the DRHE that mechanisms are in place to recognise and provide supports to vulnerable families. It is the experience of MLRC that these mechanisms are failing vulnerable families.

The cases outlined above of families assisted by MLRC in securing stable emergency accommodation in place of night by night emergency accommodation highlight clear failings on the part of the local authorities to identify and act on the vulnerability or particular needs of those families. Vulnerabilities included circumstances of a child with a life-threatening medical condition,

victims of domestic violence, children with special needs and non-Irish nationals with no English language or literacy skills.

No regard was had to these specific needs in the course of the homeless assessment until legal intervention and representations were made on behalf of the family. This was despite medical and relevant reports and records being furnished to the local authority; consideration of the contents of these reports did not feature in the homeless assessment. In two recent cases, MLRC has had to bring to the local authority’s attention specific guidelines issued under *Rebuilding Ireland* with respect to the treatment of victims of domestic violence.

On a weekly basis, MLRC engages with distressed vulnerable families who are not in receipt of suitable supports from the local authority or related services. It has been noted that families on one night only emergency accommodation and families in ‘self accommodation’ provision generally do not have a keyworker allocated; rather, families in ‘family hubs’ or transitional accommodation receive intense supports. Such supports are greatly needed from the point of homeless presentation and it is argued that this would secure more positive outcomes for homeless families and support them during this most serious crisis.



Notably, the Joint Committee on Children and Youth Affairs in its recent report devoted a considerable portion of that report to an analysis of the current supports in place for homeless families and made a number of welcome recommendations.



The Committee stated: *“The Joint Committee believes that all families should have the support of a qualified support worker to assist them to exit homelessness as quickly as possible and to overcome the problems that occur while they are homeless.”*

The Committee recommended additional funding to wrap-around services including qualified child support workers, additional family support workers, extra school supports, medical care and financial support for travel and recommended a ‘whole family’ approach from the moment any family become homeless to tackle the long-term trauma of homelessness.

Similar recommendations were recently made by the Royal College of Physicians in Ireland in relation to early assignment of family support workers, child support workers, community health service supports and hospital liaison workers.⁵⁴ MLRC is acutely aware of the impact of the absence of such family supports to date and welcomes a re-focusing on the needs of children experiencing homelessness.

“ In 2017, MLRC engaged with 221 families experiencing homelessness. In 2018, MLRC engaged with 452 families experiencing homelessness. As of November 2019, 52% of MLRC’s current clients are families with minor children who are homeless or at risk of homelessness. ”



PART V: CONCLUSIONS AND RECOMMENDATIONS

MLRC makes the following recommendations on the basis of MLRC's extensive engagement with homeless families and sees these as pivotal for the effective development and implementation of homelessness policies in Ireland to alleviate the current suffering of families and children experiencing homelessness.

Recommendations – refusals of emergency homeless accommodation

1. Protection of the right to housing in the Constitution to create a firm foundation for an enduring protection of the human right to adequate housing;⁵⁵
2. The adoption of a legal rights-based approach to housing provision, including homeless provision, such that housing authorities have a duty to provide interim accommodation for homeless persons. As part of that legal rights-based approach, a tightening of the statutory provisions contained in the Housing Act 1988 to eliminate the statutory discretion afforded to housing authorities with respect of the housing assessment and to impose a duty on the housing authority to provide such homeless accommodation.

Recommendations – provision of emergency accommodation on a night by night basis only

1. Immediate cessation of provision of one night only emergency accommodation;
2. Publication of the criteria that determines in what emergency homeless accommodation type a family is placed and for what time period, including one night only provision if that form is retained;
3. Conducting of equality review by the DRHE and the local authorities to include an assessment of the numbers of families accessing night to night emergency homeless accommodation and the proportion of ethnic minority families placed on that provision, so as to identify and address any potentially discriminatory practices. Such data is currently not collated by the DRHE;
4. Provision of clear and transparent pathways and referral mechanisms so homeless families on night to night provision are directed and facilitated to access appropriate supports and advocacy services as a vital stepping stone to accessing secure housing;
5. Improved communication and partnership between the DRHE, local authorities and support workers in respect of individual cases of homeless families placed on chronically unstable night by night emergency accommodation.



Recommendations - Failure of 'self-accommodation' homeless provision to meet the needs of homeless families

1. Cessation of the 'self-accommodation option' to families and vulnerable individuals and provision of alternative and appropriate emergency accommodation by way of secure and adequate transitional accommodation for a set and time-limited period;
2. Issuing of Regulations by the Minister of Housing, Planning and Local Government, under Section 10(11)(a) of the Housing Act 1988, specifying and restricting the type of emergency accommodation that families may be accommodated in, ensuring therefore its suitability and adequacy.

Recommendations – Placement for excessive time periods in B&B and hotel accommodation

1. Local authorities to cease reliance on commercial hotels and B&Bs as a form of emergency homeless provision to homeless families and to provide for own door 'transitional accommodation' in its place;
2. Amendment to Section 10 of the Housing Act 1988 to place a limit on the time that families and vulnerable individuals may spend in emergency homeless accommodation, including in particular in unsuitable commercial hotels and B&Bs;
3. Issuing of Regulations by the Minister of Housing, Planning and Local Government, under Section 10(11)(a) of the Housing Act 1988, specifying and restricting the type of emergency accommodation that families may be accommodated in, ensuring therefore its suitability and adequacy.

Recommendations - Accessibility of 'family hub' or own door emergency homeless accommodation

1. Local authorities to shift their provision of placements for homeless families in 'family hubs' to placement in secure and own door 'transitional accommodation';
2. Establishment of a published criteria setting out how homeless families can access 'family hubs' and 'transitional accommodation' placements and for local authorities to ensure vulnerable families are identified for such placements without any obligation on them to make a formal application or fulfil a set procedure;



3. Accelerated and monitored roll out of the National Quality Standards Framework for Homeless Services in Ireland (NQSFI) and an accompanying information campaign to ensure that homeless families are aware of the standards and the related complaints mechanism;
4. Introduction of an independent inspections body in place to conduct regular inspections of homeless services.

Recommendations - Failure to identify particular needs and vulnerabilities of homeless families

1. Amendment to the Housing Act 1988 to place a statutory obligation on housing authorities to regard the best interest of the children as a paramount consideration, to have regard to the needs of the family unit and to make provision of suitable accommodation to that family unit to ensure its effective functioning;
2. Provision of supports at point of homeless presentation and allocation of a keyworker at the earliest opportunity to provide holistic support and advocacy for homeless families;
3. Specific consideration in relation to the needs and correlating provision of housing and related supports, for family members with a disability and/or specific medical condition or needs, including adequate forms of emergency accommodation and long-term housing.

Conclusion

It has been the purpose of this report to highlight that, despite promising commitments from the Irish state in respect of dealing with the crisis of family and child homelessness, there exist numerous deficiencies regarding the systems in place to deal with this issue. The experience of MLRC, and the many families which it seeks to help, highlight that even when a homelessness policy may be satisfactory in theory, substandard implementation can render it wholly unsuitable and incapable of sufficiently vindicating the rights of children and families.

MLRC welcomes the timely publication of the reports of the Joint Committee on Housing, Planning and Local government and the Joint Committee on Children and Youth Affairs on child and family homelessness. The Committees reached cross-party consensus in relation to the recommendations contained in those detailed reports and they broadly reflect the recommendations made to the Joint Committee on Housing, Planning and Local government by MLRC in June 2019. It is now an imperative that action is taken on foot of those recommendations.



ENDNOTES

- 1 <https://rebuildingireland.ie/wp-content/uploads/2019/12/homeless-report-October-2019.pdf>
- 2 *ibid.*
- 3 *ibid.*
- 4 Dublin Region Homeless Executive, 'Report to Housing SPC', 13 November 2019.
- 5 Faculties of Public Health Medicine and Paediatrics, Royal College of Physicians of Ireland, 'The Impact of Homelessness and Inadequate Housing on Children's Health' (RCPI, November 2019), 15. <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/11/Impact-of-Homelessness-full-position-paper-final.pdf> accessed 25 November 2019.
- 6 Dublin Region Homeless Executive, 'Report to Housing SPC' (DRHE, November 2019), section 2.2.
- 7 Mercy Law Resource Centre, 'Submission to the Minister for Housing, Planning, Community and Local Government regarding issues relating to the provision of emergency accommodation' <<https://mercyllaw.files.wordpress.com/2017/09/mlrc-submission-on-emergency-accommodation-30-june-2017.pdf>> accessed 6 June 2019.
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- 9 Mercy Law Resource Centre, 'Statement to the Joint Committee on Housing, Planning and Local Government' (MLRC, June 2019) https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/submissions/2019/2019-06-12_opening-statement-rebecca-keating-managing-solicitor-mercy-law-resource-centre_en.pdf accessed 25 November 2019.
- 10 Joint Committee on Housing, Planning and Local Government, 'Family and Child Homelessness' (November 2019) https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/reports/2019/2019-11-14_report-on-family-and-child-homelessness_en.pdf accessed 25 November 2019.
- 11 MLRC, 'Vulnerable families still being placed in completely unsuitable night by night Emergency Accommodation' <<https://mercyllaw.wordpress.com/2018/10/18/vulnerable-families-still-being-placed-in-completely-unsuitable-night-by-night-emergency-accommodation/>> accessed 6 June 2019.
- 12 Mercy Law Resource Centre, 'MLRC's Third Right to Housing: Children and Homelessness – A Gap in Legal Protection' (MLRC, May 2019) <https://mercyllaw.ie/wp-content/uploads/2018/09/Children-and-Homelessness.-A-Gap-in-Legal-Protection.pdf> accessed 25 November 2019.
- 13 *ibid.*: Three relevant High Court cases are explored in that report on pages 9 to 12; each case involved homeless families with minor children and in two of the cases, there was undisputed evidence before the Court that one family had been sleeping in a tent and another family had repeatedly presented to Garda stations in the absence of any alternative.
- 14 Information provided to MLRC and received from Dublin Region Homeless Executive.
- 15 IHREC Act 2014, s 42, available at <<http://www.irishstatutebook.ie/eli/2014/act/25/section/42/enacted/en/html>> accessed 6 June 2019.
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