
Sustainable Solutions to Homelessness : The Irish Case.

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› **Abstract_** *This article aims to critically review recent policy initiatives that have sought to prevent and eliminate homelessness in the Republic of Ireland. It aims to explain the processes that resulted in the dramatic shift that occurred in relation to homeless services between the mid-1980s and 2008. It is largely descriptive and provides a chronology of the key events that led to the publication in August 2008 of an ambitious strategy to eliminate long-term homelessness and the need to sleep rough in Ireland. In doing so, it will not only highlight the specifics of the Irish case, but also draw out implications for other member states.*

› **Key words_** *Ireland; homeless strategies; social partnership.*

Introduction

The aim of this article is to examine the evolution, determinants and outcomes of a series of interlinked developments that commenced in the late 1980s and accelerated from the late 1990s, which have attempted to address homelessness in the Republic of Ireland. In contrast to Scotland, whose approach to addressing homelessness was reviewed in volume one of this journal (Anderson, 2007a; see also Anderson, 2007b; Pawson and Davidson, 2008 for further details on the Scottish case), the approach adopted in Ireland is not rooted in a legalistic approach, but rather on a consensual or negotiated problem-solving approach. This reflects the broader environment in which public policy-making has evolved since 1987, whereby macro-economic and social policy is broadly agreed every three years by the ‘social partners’ (Government, employers, trade unions and NGOs), in a process known as ‘social partnership’ (O’Donnell, 2008). The paper does not attempt to test

the efficacy of the Irish approach *vis-à-vis* the Scottish approach or indeed other countries, but rather describes the Irish case, outlines the process of policy development and describes the outcomes to-date. It concludes with the lessons that may be learned from the Irish case and the sustainability of the process. The article is descriptive in approach rather than causal, and as such cannot scientifically evaluate the relationship between strategies and outcomes; nonetheless it may provide important pointers for policy makers. Learning from as many jurisdictions as possible is crucial in devising appropriate responses to homelessness and in a recent review it was argued that “[i]n Europe there are very few strategic approaches to homelessness. In fact, homelessness is often not considered as worthy of a policy response in its own right and may be relegated to the periphery of both housing and social policy arenas” (Minnery and Greenhalgh, 2007 : 650). This may be a somewhat over-pessimistic interpretation of recent developments in Europe (see for example Anderson *et al.*, (2008) who provide a review of policy responses in Scotland, Ireland and Norway; also Busch-Geertsema and Fitzpatrick, (2008) on Germany and England), but certainly in the case of the Republic of Ireland this paper highlights that a strategic approach was developed and as a consequence homelessness, while perhaps not placed centre-stage in housing and social policy arenas, is certainly not relegated to the periphery.

Background

At a seminar on *Homelessness in the European Community* that was held in Ireland in September 1985¹, one of the keynote speakers commented that he was unable to give precise figure for the number of homeless persons in Ireland, as the most recent count was taken as far back as 1925². At the same conference it was argued that in Ireland “[h]omeless people are catered for mainly by voluntary groups, agencies and charities... Voluntary agencies face chronic problems of lack of money and are dependent on goodwill... Most housing authorities will, at worst, refuse to house homeless persons, or at best will only consider the elderly homeless. They feel that

¹ It is of note that one of the recommendations of the seminar was that “the European Commission fund an association of organisations working with homeless people in the member states so that they may consult regularly on issues affecting homeless people, on methods that will secure improvements in the conditions of homeless people and advise the Commission on policy that will improve the conditions of homeless people”. This recommendation led to the establishment of the Federation Europeenne d’Associations Nationales Travaillant avec les Sans Abris (FEANTSA) in 1989 and in 1991 the European Observatory on Homelessness.

² This was a reference to the report of the *Commission on the Relief of the Sick and Destitute Poor, Including the Insane Poor*, which requested the Garda Síochána (police force) to carry out “a census of homeless persons observed wandering on the public highways in a single night in November, 1925” (1928 : 27). They arrived at a figure of 3,257 homeless persons.

homeless people are too mentally ill for housing and they are often referred to health boards. They in turn believe the homeless should be a housing matter” (Harvey, 1986: 26). The pessimism of the previous statement is to be contrasted with the optimism of the recent strategy statement by the Department of Environment, Heritage and Local Government, which opens with the declaration that:

“From 2010, long term homelessness (i.e. the occupation of emergency accommodation for longer than 6 months) and the need for people to sleep rough will be eliminated throughout Ireland. The risk of a person becoming homeless will be minimised through effective preventative policies and services. When it does occur, homelessness will be short term, and people who are homeless will be assisted into appropriate long-term housing” (Department of Environment, Heritage and Local Government, 2008: 7).

Clearly substantial changes have taken place that allow for such contrasting viewpoints in relation to both the provision of services for the homeless and the understanding of homelessness over the twenty three years between 1985 and 2008. In 1985, to be homeless was an offence under the Vagrancy Acts; the primary legislation was the *Children Act, 1908* for the young homeless and the *Health Act, 1953* for adults³; the private rented housing sector, on which many single persons vulnerable to homelessness depended, appeared to be in terminal decline and for those who had gained access, had no security of tenure; social housing, which consisted primarily of local authority houses and flats, was increasingly residualised and construction was rapidly declining. Non-profit housing providers played only a minor role in the provision of social housing. The rate of unemployment was 17.3% and net migration was -28,000, the highest since the late 1950s. The growth in GNP between 1984 and 1985 was 0.2%⁴.

In contrast, in 2008 a legislative framework for the provision of services to the homeless are in place, primarily via the *Housing Act, 1988* for adults and the *Child Care Act, 1991* for those under 18; a range of strategy statements to prevent homelessness and to provide co-ordinated services for the homeless have been published and implemented, at least in part; the supply of private rented accommodation has soared and under the *Residential Tenancies Act, 2004*, the rights of tenants have

³ Section 54 of the Health Act, 1953 provided that ‘a person who is unable to provide shelter and maintenance for himself or his dependent shall be eligible for such institutional assistance as appears to them to be necessary or proper in each particular cases’.

⁴ The unemployment rate was 4.6% at the beginning of 2008 compared to over 17% in the mid-1980s. Net migration was 67,300 for the twelve months to April 2007 compared to -23,000 for the twelve months to April 1987. The growth in GNP between 2005 and 2006 was 6.5% compared to 0.1% between 1985 and 1986. Of course, over this period house prices have soared, as have rents, and an increasing number of those in the private rented sector are in receipt of a rent supplement (a *quasi* housing benefit).

improved significantly; the provision of social and affordable housing is ongoing with no sign of any retrenchment (an average of just over 5,100 units of new public social housing units per annum between 2001 and 2007); and the non-profit sector is providing an average of just over 1,400 units per annum between 2001 and 2007 compared to somewhere in the region of 100 in 1985. Significantly, funding for homeless services also increased dramatically. In 2007, just over €90m was expended on homeless services (€52.9m from the Department of Environment, Heritage and Local Government, €5.3m from Local Authorities and €32.6m from the Department of Health and Children / Health Service Executive). Between 2000 and 2007, €540 million of statutory funding was expended on homeless services, an average of over €67 million per annum, in comparison to just over €12 million in 1999⁵. It can, of course, be argued that not all of this funding is necessarily well spent. For example, the average cost of maintaining a person in temporary accommodation is about €20,000 per year (Homeless Agency, 2005: 5) and the cost, of utilising private sector providers of emergency and temporary accommodation, albeit of declining importance, remains a concern. However, early 2008 also saw signs of an economic downturn which materialised into a full-blown recession mid-way through the year, and with Government revenue significantly below what was projected in 2008, the likelihood of any increase in funding or expansion in services is slight.

This paper aims to explain the processes that resulted in the dramatic shift occurring in relation to homeless services between the mid-1980s and 2008. It is largely descriptive and provides a chronology of the key events that led to the publication in August 2008 of the ambitious strategy referred to above, intended to eliminate long-term homelessness and the need to sleep rough in Ireland. In doing so, the paper will not only highlight the specifics of the Irish case, but also draw out implications for other members states.

The Process

The Context of Social Partnership – Negotiated Governance

‘Social partnership’ is the short-hand term for the institutional arrangements that have, every three years since 1987, brought together Government, Employers, Unions and NGOs (since 1996) to negotiate a strategic consensus on economic and

⁵ Not only did the level of funding rise, but the number of services also increased. In the mid-1980s, just over fifty homeless projects existed nationally, the bulk in the form of temporary emergency accommodation, and staffed primarily by volunteers (The Housing Centre, 1986) By 2004, 140 homeless projects were identified operated by fifty-seven organisations with a staff of 800. Only a quarter was emergency-based, with nearly 50% transitional or permanent supported housing projects (Brooke, 2005).

social policy. These negotiations are underpinned by a review of economic and social policy by the National Economic and Social Council (NESC)⁶, which incorporates all the key social partners. A voluminous literature now exists on conceptualising Social Partnership in Ireland, but as described by one of its key architects:

“ [p]artnership involves the players in a process of deliberation that has the potential to shape and reshape their understanding, identity and preferences. This idea, that identity can be shaped in interaction, is important. It is implicit in NESC’s description of the process as ‘dependent on a shared understanding’, and ‘characterised by a problem-solving approach designed to produce consensus’ ” (O’Donnell, 1998: 20).

Recognising that the policies pursued over the past two decades have brought profound economic and social change, such as effective full employment and sharp decreases in the rate of consistent poverty, critics of the ‘Celtic Tiger’ economy have nonetheless argued that social policies have been subordinate to economic policies and deepening inequalities have characterised Irish society over the past decade. The declining proportion of GNP spent on social protection, which was the lowest in the EU in 2001 (Timonen, 2005) and the growth in relative poverty in recent years are often cited as evidence for this apparent lack of social solidarity that emerged side by side with economic prosperity. A review of these debates can be found in O’Riain (2008), but the important point for this paper is that, starting at a national level, new forms of governance which gradually filtered down to local areas and to diffuse areas of concern emerged from the late 1980s. As a consequence, a focus on shared understanding and problem-solving permeated the majority of policy areas; homelessness was no exception.

The Housing Act, 1988

As noted above, the *Housing Act, 1988* specified the local housing authority as the statutory agency with responsibility for the homeless, partly ending earlier confusion over which statutory body had responsibility for providing for the needs of the homeless. However, the Act only permits local housing authorities to assist the homeless, but do not place an obligation on them to house homeless people. In other words, a right to housing does not exist (see Harvey (2008) on the debates leading up to the passing of the Act). The Act also provides a (broad) definition of homelessness and empowers local housing authorities to provide assistance to voluntary organisations who are approved by the Department of the Environment

⁶ Established in the early 1970s, the functions of the National Economic and Social Council are to analyse and report to the Taoiseach (Prime Minister) on strategic issues relating to the efficient development of the economy, the achievement of social justice, and the development of a strategic framework for the conduct of relations and the negotiation of agreements between the Government and the social partners.

for the provision or management of housing. It further obliges local housing authorities to conduct periodic assessments of housing need and homelessness; provides for the type of assistance that homeless people may be provided with from a local housing authority; and requires them to develop a scheme of letting priority.

Within a short number of years of the implementation of the Act, a number of reviews were conducted to ascertain the extent to which homeless persons were being accommodated, which in the main concluded that minimal changes had taken place, which were of a direct benefit to the homeless. The pessimistic tone of these initial reviews of the impact of the *Housing Act, 1988* on homelessness was not altogether surprising in light of the dramatic changes in local authority housing in the late 1980s and early 1990s and the perilous state of public finances. Local authority social housing output fell by two thirds in the late 1980s compared with the construction levels during the preceding decade. Additionally, the level of sales to tenants rose dramatically as a result of further increases in the subsidies to purchasers introduced in 1988. As a result, the stock of local authority housing declined by 15% from 116,270 to 98,395 units between 1988 and 1996. These developments, coupled with the impact of the surrender grant scheme, which enabled 9,000 mainly employed households to move out of local authority housing, contributed to the residualising and stigmatising of the remaining local authority housing estates, particularly in urban areas (Nolan *et al.*, 1998).

Local authorities were thus faced with a declining stock of housing units, a massively reduced social housing budget, largely welfare-dependent tenants, estates that were increasingly difficult to manage and virtually no form of estate management (except selling the stock). Given the scheme of letting priorities, which prioritised families and the elderly, single homeless persons were unlikely to be offered local authority accommodation. Thus, despite the aspirations of the 1988 Act, the structural constraints faced by local authorities in the period immediately after its enactment made prioritising the single homeless problematic. If the single homeless were offered accommodation, it generally tended to be in hard-to-let flats complexes, many of which had been ravaged by the opiate epidemic that had emerged, particularly in Dublin, from the early 1980s.

Strategic Focus

By the mid 1990s, it was increasingly recognised that homelessness was more than a question of housing supply; rather, other services were required for people to successfully exit homelessness on a long-term basis. In addition, in a review of service provision for the homeless in Dublin, it was noted “that there are certain deficiencies both in the range of services provided and in the planning and co-ordination of service delivery” (Bardas Atha Cliath / Eastern Health Board, 1995: 1). To remedy the situation, the report recommended a new administrative structure to

deliver homeless services. Called the Homeless Initiative⁷, it was established in October 1996, with the objective of ensuring that services for homeless people were more effective, particularly by improving their planning, co-ordination and delivery as well as by ensuring the development of responses which enabled homeless people to settle, moving out of the cycle of homelessness. This was to be achieved through analysis, planning and the development of a strong partnership between all the agencies involved. The Initiative was funded jointly by two central Government Departments (the Departments of Health and Environment), operating under the direction of a Management Group comprising two senior officials each from Dublin Corporation (the local authority agency for Dublin) and the Eastern Health Board (the regional health authority). In addition, a consultative forum was convened, consisting of representatives from the Health Board, all local authorities in the greater Dublin region and from voluntary organisations providing services to homeless people. In an evaluation of the operation of the Initiative over its first five years, it was argued that :

“The Homeless Initiative made a significant contribution to improving the planned co- ordination of services for the homeless in the Dublin region. As an innovative approach to addressing problems of co-operation and co-ordination which apply across many areas of the public sector, the Initiative represented an important new way of working” (Boyle *et al.*, 2001 : 34).

The establishment of the Homeless Initiative was a crucial catalyst in devising new ways of responding to homelessness, particularly in developing a partnership-based approach, which in turn provided the stimulus for the development of a national strategic approach to homelessness. The Government began this national strategic approach to homelessness with the establishment on the 19th of August 1998, of a Cross-Departmental Team on Homelessness under the auspices of the Cabinet Sub-Committee on Social Inclusion (Brownlee, 2008). With the publication of their deliberations in 2000, *Homelessness – An Integrated Strategy* (Department of the Environment and Local Government), the beginnings of a coherent national policy approach to the needs of homeless households became apparent⁸. The terms of reference for the cross-departmental team preparing this strategy were to “develop an integrated response to the many issues which affect homeless people including emergency, transitional and long-term responses as well as issues relating

⁷ The Homeless Initiative was replaced by the Homeless Agency in 2000.

⁸ It should be noted that in 1983, an *Ad-Hoc Committee on the Homeless* was established under the aegis of the Department of Health ‘to examine and issue guidelines on the respective responsibilities as between health boards and local authorities for providing accommodation for homeless people’ (1984 : 1). The Report recommended that the provision of accommodation for the homeless should be the responsibility of the local authorities and that improved liaison arrangements should occur between the local authorities and the health authorities.

to the health, education, employment and home-making” (2000: 3). As Higgins (2001) argues, prior to the development of this strategy and related developments, homelessness was:

“regarded as something apart – much like homeless people themselves – and responses have tended to be ‘special’ and ‘separate’, rather than mainstream, with little focus on developing an understanding of the problem or how to prevent it. Within this policy context local authorities have had difficulty in developing responses which will address the needs of homeless people effectively and the implementation of the 1988 Housing Act and subsequent policies have had only limited impact” (Higgins, 2001: 5).

The broad principles enunciated by the strategy document were that: a continuum of care from the time someone becomes homeless, with sheltered and supported accommodation, and where appropriate, assistance back into independent living in the community; emergency accommodation should be short-term; settlement in the community to be an overriding priority through independent or supported housing; long-term supported accommodation should be available for those who need it; support services should be provided on an outreach basis as needed and preventative strategies for at-risk groups should be developed. To achieve these broad objectives, Homeless Forums were to be established in every county and three-year action plans prepared. Both the homeless forums and the action plans were to include input from both the statutory and non-profit sectors.

In addition, under the *Planning and Development Act, 2000*, local authorities were required to prepare housing strategies. The objective of the strategies was to ensure that: sufficient land is zoned to meet the housing requirements in the region; there is a mixture of house types and sizes to meet the needs of various households; that housing is available for people on different income levels and provides for the needs for both social and affordable housing.

In early, 2002, a *Homeless Preventative Strategy* was published with the key objective of ensuring 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” (Department of Environment and Local Government *et al.*, 2002: 3). Specific proposals included: the establishment by the Probation and Welfare Service of a specialist unit to deal with offenders who are homeless; the provision of transitional housing units by the Prison Service as part of their overall strategy of preparing offenders for release; and ensuring that all psychiatric hospitals have a formal and written discharge policy. In addition, the vexed question of *which statutory agency has responsibility for the homeless?* was apparently clarified, with the strategy stating, “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” (2002: 6)⁹. The implementation of these three strategy documents was monitored by the Cross-Departmental Team on Homelessness, which in turn reports to the Cabinet Sub-Committee on Social Inclusion, which is chaired by the Taoiseach (Prime Minister).

As noted above, a key objective of *Homelessness – an Integrated Strategy* was that local authorities would produce homeless action plans. Unlike the Housing Strategies, local authorities were not under any statutory obligation to produce these plans. In a review of these plans (Hickey *et al.*, 2002), data deficiencies in relation to the extent of homelessness in local authority functional areas emerged as a fundamental problem in devising the plans. Consequently, quite diverse methodologies were utilised to estimate the extent of homelessness in local authorities’ functional areas. In addition, the authors noted that “the content, both general and specific, in the analysed action plans varies significantly from county to county” and that in terms of strategically addressing homelessness, “the outcomes of the Plans are in general disappointing” (2002: 107). A crucial finding of the analysis was that outside of the major urban areas, there was “little sense from the... plans on the process for diminishing the incidence of homelessness in source areas outside

⁹ In addition, although not discussed in this article, a *Youth Homelessness Strategy* was published in 2001. With the passing of the *Child Care Act, 1991* a specific statutory provision for homeless children in Ireland was legislated for. Before the enactment of this legislation, Health Boards had responsibility for children *only* up to the age of sixteen (under the provisions of the *Children Act, 1908*) while other statutory bodies had responsibility once the young person became eighteen. There was therefore a gap in services for sixteen- and seventeen-year-olds. The Act remedied this situation by defining a child as someone up to the age of eighteen and placed a clear obligation on the health boards, *via* Section 5 of the Act, to provide accommodation for homeless children. However, considerable differences quickly emerged between the Health Boards, in particular the EHB and voluntary agencies, over the interpretation and implementation of the section, culminating in a series of High Court actions designed to obtain clarification. The key issue was by what criteria the provision in the Act stipulating that Health Boards “take such steps as are reasonable” be evaluated and what constituted “suitable accommodation” for homeless children (see Whyte, 2002 for further details). In a series of further High Court actions, the Courts clearly identified a gap in Irish child care legislation in that, unlike many other EU states, health boards were adjudged not to have powers of civil detainment. The judgments resulting from these actions led to the establishment of a small number of euphemistically entitled *High Support* and *Special Care Units* for children, by the Department of Health, in conjunction with the health boards. By 2005, three special care units were established with an approved bed capacity of thirty, in addition to thirteen high support units with an approved bed capacity of ninety-three. In 2006, forty-five children were placed in Special Care Units. A pessimistic interpretation of these events suggests that attempting to vindicate the rights of homeless children by ensuring that legislative provision was rights based led to the civil incarceration of these children.

of major urban areas” and that “(w)ithout appropriate strategies non-metropolitan local authorities will continue to ‘export’ their homeless constituents to large cities” (2002: 91).

Reviewing the Strategy

In January 2005, The Department of Environment, Heritage and Local Government announced the undertaking of an independent review of the Government’s Homeless Strategy(s). The terms of reference for this review were: “(a) evaluate the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans; (b) make recommendations to promote further progress in addressing the issue of homelessness, taking into account the levels of funding available, and with particular reference to evaluating the continued relevance of the Strategies and Action Plans in addressing the issue of homelessness; identifying issues which may be affecting the achievement of the objectives and targets of the Strategies and Plans and evaluating the effectiveness of the overall service provision arrangements and funding mechanisms currently in place in addressing the short, medium and long-term needs of homeless persons” (Fitzpatrick Associates, 2006: 12).

This report was published in February 2006. The report systematically reviewed the forty-three specific policy proposals identified in the two strategies and put forward twenty-one recommendations to aid the implementation of the strategies; these were all accepted by Government. The substance of the report, in addition to the recommendations, was accepted almost universally by those voluntary agencies working with the homeless. As detailed in table 1, in relation to the *integrated strategy*, the consultants suggested that over 60% of the objectives outlined were either fully or significantly progressed. In relation to the *preventative strategy*, just under 30% were fully or significantly progressed.

In the case of the *integrated strategy*, twenty-one of the objectives were deemed by the consultants still to be relevant, while some adjustment was required in terms of organisational ownership of the objective. In fifteen cases, the objective required some refocus. In the case of the *preventative strategy*, twelve of the objectives were deemed by the consultants still to be relevant. In all cases the correct agency was responsible for the objective and nine of the objectives required some refocusing

Table 1: Review of Homeless Strategies

	Homelessness – an Integrated Strategy		Homelessness – a Preventative Strategy	
Fully Progressed	4	16.6	2	14.2
Significantly progressed	11	45.8	2	14.2
Partly Progressed	8	33.3	6	42.8
Little Progress	1	4.1	4	28.5
No Progress	0	0.0	0	0.0
Total	24	100.0	14	100.0

Source: Fitzpatrick Associates (2006) *Review of Implementation of Homeless Strategies*. (Dublin: Department of the Environment, Heritage and Local Government).

While these outcomes were broadly positive, the review noted that a dominant feature of homeless services was the inconsistency of approach and organisation throughout the country. This was particularly the case outside of urban areas and this inconsistency resulted in a “lack of equality in the treatment of homeless persons in different areas” (2006: 28). To deal with these inconsistencies, the review recommended that the production of locally-based homeless action plans should be put on a statutory basis. The report argued that while the provision of emergency accommodation in Ireland was now sufficient, the key challenge for the future was to refocus attention on the provision of long-term housing options and to “develop appropriate short and long term care mechanisms that prevent institutionalisation in ‘emergency’ accommodation and limit the recycling of homelessness” (2006: 32).

As noted above, the review outlined twenty-one recommendations based both on their review of the objectives outlined in both strategies and other issues that arose in the course of the review. The report argues that in moving the homeless strategies forward, each agency working in this area, needed to refocus its energies to make “itself largely obsolete, which should, after all, be its overarching goal” (2006: 128). To aid achievement of this objective, the report recommended that that the

two existing strategies should be revised and amalgamated, a national homeless consultative committee be established and all Government policy should be proofed for any impact it might have on homelessness¹⁰.

Revising the Strategy

In 2006, the Social Partners launched the current negotiated agreement, *Towards 2016*, which contained the promise that:

“it is proposed to amalgamate and update the Government’s Integrated and Preventative Homeless Strategies taking on board the recommendations of the recent independent review of the strategies. The situation of homeless persons who are currently in long-term emergency accommodation is of particular concern. The revised strategies will have as an underlying objective the elimination of such homelessness by 2010 (recognising that this involves addressing the needs of up to 500 households). Particular emphasis will also be placed on improved co-ordination of service provision through the extension of joint agency approaches at local level to facilitate the development of a holistic response to the needs of homeless person. This will be achieved through the further development of a case management approach, based on individual needs assessment with provision for access to multiple services by all the statutory agencies involved. The involvement of the voluntary and cooperative housing sector will be strengthened through the establishment of a National Homelessness Consultative Committee including representatives of the social partnership C&V (Community and Voluntary) Pillar under the aegis of the Housing Forum.” (Government of Ireland, 2006: 55)

In 2006, a National Homeless Consultative Committee (NHCC) was established to provide input into the development of the revised Homeless Strategy and ongoing Government policy on addressing homelessness. In addition, a data sub-group of this body was formed to facilitate data collection and management¹¹. A health

¹⁰ Of particular interest to the Observatory is recommendation 18 which states “[t]he definition of homelessness should be revisited in order to produce a clearer, unambiguous understanding of what homelessness means for measurement and funding purposes. This should be used as the basis for a common information gathering system establishing the causes, extent and nature of homelessness and rolled out to all areas of the country” (2006: 135). In particular, the report debated the utility of the ETHOS definition of homelessness and concluded that the “adoption of this type of working definition would prove beneficial” (2006: 135). The revised strategy argued that the definition of homelessness under the Housing Act, 1988 was adequate and did not require revision, but that a review of the definition of homelessness for operational purposes would be carried out. This review “will be undertaken by the Cross Department Team on Homelessness in consultation with the National Homeless Consultative Committee with reference to the ETHOS typology” (2008: 54).

¹¹ Of which the author is a member.

impact assessment and a poverty impact assessment of the revised Homeless Strategy were commissioned and consultation events hosted, with relevant parties being invited to view and discuss draft versions of both assessments.

While the statutory agencies committed to the preparation of a revised strategy with the target of eliminating long-term homelessness by 2010, voluntary agencies formed an alliance (MakeRoom.ie) to campaign for an end to homelessness by 2010. Their agenda was somewhat more ambitious than that proposed by the statutory sector, as they boldly stated “By *an end to homelessness* we mean nobody sleeping rough, nobody living in emergency accommodation for longer than is an emergency and nobody becoming homeless because of a lack of appropriate services.” The MakeRoom campaign was successful in getting every political party to publicly commit to ending homelessness by 2010. Thus, by the end of 2006, an unprecedented consensus had emerged between the State, voluntary agencies and political parties that homelessness should and could be ended by 2010.

In reviewing the period leading up to the publication of the independent review of the homeless strategies Brownlee (2008) observed a near universal consensus amongst voluntary and statutory bodies on tackling homelessness. However, he argued that since 2006 much of the optimism that homelessness could be ended had dissipated in a relatively short period. Some of this he attributed to the gradual downturn in Government finances due to global economic conditions; a change in key personnel in voluntary and statutory agencies; and the creation in 2006 of a new statutory agency, the Health Service Executive, that experienced considerable bureaucratic difficulties in financing homeless services. These are undoubtedly contributory factors, but a key insight may be that some voluntary agencies are reluctant to realise the ambition of the strategy as it may result in the diminution of their services. As Brownlee (2008: 39) argues:

“although there will always be a need for a core level of services to ensure that people are homeless for only as long as it is an emergency, the realisation of this goal will require a major process of reprioritisation and change management. Yet it is immensely difficult for any organisation, be it private, public or voluntary, to seek to make any of its services obsolete, particularly when there still seems to be demand for such provision. There also appears (to be) disagreement on the level of resources required to address homelessness in Ireland, with statutory sources generally appearing to share a belief that funding is adequate if deployed in the correct areas, while voluntary sector providers push for additional investment.”

The Way Home – The Revised National Homeless Strategy

In August 2008, after some delay, the revised National Homeless Strategy entitled *The Way Home: A Strategy to Address Adult Homelessness in Ireland, 2008-2013* was launched, accepting the broad thrust of the recommendations in the review of the earlier strategies. The strategy sets out the broad objectives, while a separate detailed implementation plan is due to be published before the end of the year. The strategy set out six strategic aims: (1) prevent homelessness; (2) eliminate the need to sleep rough; (3) eliminate long term homelessness; (4) meet long term housing needs; (5) ensure effective services for homeless people; and (6) better co-ordinate funding arrangements. The ninety-page document sets out a range of targets and priorities, but perhaps the crucial section relates to funding. The Strategy states that:

“Funding will be related to meeting known and emerging needs of homeless people. Where services no longer service a need, they will be reconstituted or funding may be terminated, as appropriate. Of course, if such services are provided by a voluntary body, it may choose to continue providing its services in the absence of funding from a statutory agency being available.” (2008: 60)

The Strategy outlines the projects which will be funded in the future, which include:

- Projects / services that address any gaps in the provision of emergency, transitional and long term accommodation. The need for long term accommodation for formerly homeless persons will be an ongoing overarching priority in the context of this strategy;
- Projects / services which reduce the number of people sleeping rough;
- Projects / services which reduce the length of time homeless people spend in emergency accommodation;
- Projects / services which will enable homeless people to settle successfully in their own long term accommodation and to optimise their independence;
- Projects / services to prevent people from becoming homeless in the first place and / or intervene early in relation to people at risk of homelessness;
- Projects / services to improve the health and well-being of homeless people or people at risk of homelessness;

- Projects / services that link homeless people or people at risk of homelessness with educational / training activities that enhance their skills, qualifications and employment potential (2008: 61)¹².

More significantly, the strategy does not envisage funding projects that “do not contribute significantly to achieving the above priorities, or do not meet the needs of homeless people or people who are at serious risk of becoming homeless” (2008: 62). In addition, the strategy states that funding will not be provided where there is: “unnecessary duplication of services”; “services which are not cost-effective”; or where there are “poor quality services” with no plan to improve these services. To facilitate achieving these objectives, the strategy envisages the Cross Departmental Team on Homelessness taking a “stronger and more proactive role in leading and monitoring the implementation of [the] strategy, in supporting local authorities and homeless for a in its local implementation” (2008: 68). Thus, while the strategy sees local authorities and the homeless fora as the means of achieving the objectives of the strategy, central Government will play a more active role than hitherto. A key criticism of earlier attempts by local homeless fora to devise homeless action plans was the absence of a statutory basis for their preparation. The strategy remedies this by placing them on a statutory basis and provides that the purposes of the plans are: “to ensure that responses to the needs of households who are homeless or at risk of homelessness are comprehensive, coherent and effective” and must contain measures that:

- prevent homelessness from occurring or recurring;
- ensure adequate and appropriate emergency responses;
- develop where necessary specialist services to achieve an increase in the responsiveness of mainstream services to prevent homelessness;
- provide for the elimination of long-term homelessness;
- provide for long-term housing needs, with support needs as necessary;
- develop high quality, effective and holistic responses to the needs of people who are homeless;
- address the use of bed and breakfast accommodation, where necessary and ensure that administrative and other systems are efficient, effective and accountable.

¹² This funding criteria was originally devised by the Homeless Initiative (2000) and applied in the greater Dublin region.

Over the eight years from when the first strategic overview of homeless services was published, a sea change has occurred in how homelessness is conceptualised and how best to address it. Despite a relatively gloomy economic prognosis over the next few years, albeit after a period of unprecedented economic growth, there is no indication that services for the homeless will be cut; however, better use of the historically high levels of funding will be demanded, alongside the enhancement of standards and quality of service delivery.

Outcomes – The Extent of Homelessness in Ireland.

One measure, albeit a crude one, of assessing the outcome of the strategies is to look at the extent of homelessness in Ireland. As noted earlier, following the *Housing Act, 1988*, local housing authorities are legally obliged to carry out assessments of their homeless populations. Under Section 9 of the Act, each local housing authority is required to carry out, at periods not exceeding three years, assessments of the need for the provision by them of adequate and suitable accommodation for people (a) whom the Authority has reason to believe require, or are likely to require, accommodation from the Authority (or voluntary body); and (b) who, in the opinion of the Authority, are in need of such long term accommodation and are unable to provide it from their own resources. The first assessment took place at the end of March 1989 and, to date, seven assessments have taken place. The three initial assessments provided relatively little detail on the characteristics of those households deemed by the local authorities to require accommodation from statutory or voluntary housing bodies but, in each successive assessment since 1996, more detailed information has been published, with the 2005 assessment providing the most detailed set of data so far¹³. The most recent assessment took place in March 2008; no detailed estimates have yet been published, but early indications are that the number of rough sleepers has declined since the 2005 assessment, while the overall number of homeless households has declined marginally.

¹³ Since the late 1990s, data collated by the Department of Health and Children from the regional health boards provide information on the number of children (of whom they are aware) who have left home as well as the reasons for their homelessness. The most recent data available suggest that, nationally, 364 children were identified as homeless (with 43% in the greater Dublin region) in 2005. A total of 774 children were identified as homeless in 1999 and 588 in 2000, suggesting that, notwithstanding the slight increase in 2004, the medium-term trend is towards a decline in the number of children presenting as homeless. Of those recorded as homeless in 2005, the majority (87%) were aged between fifteen and eighteen years and in gender terms, almost equally split.

Households, Housing and Homelessness

The number of households deemed by local authorities to have a housing need has increased from 19,376 in the initial assessment in 1989 to 43,684 in the most recent assessment of 2005. A particularly sharp increase was recorded between 1996 and 2002 at the height of the “Celtic Tiger” boom, but a 9.8% decrease was recorded between 2002 and 2005¹⁴. The 43,684 households recorded in 2005 comprised 87,635 individuals, of whom 41% were child dependants, down from 45% in 2002 and 46% in 1999. The last decade saw a substantial increase in the Irish population and this should be taken into account when measuring housing need. The number of households included in the assessment declined over the same period from thirty-six per 1,000 households in 2002 to thirty in 2005, while the number of individuals included in the assessment declined from twenty-eight per 1,000 population to 21.2. While nationally the number of households assessed and recorded as having a housing need increased by some 60% between 1996 and 2005, considerable variations are evident. For example, twenty-one authorities recorded a decrease in the number of such households over this period. In some cases, the decrease was relatively slight but, in others, it was significant¹⁵.

Assessment of Homelessness

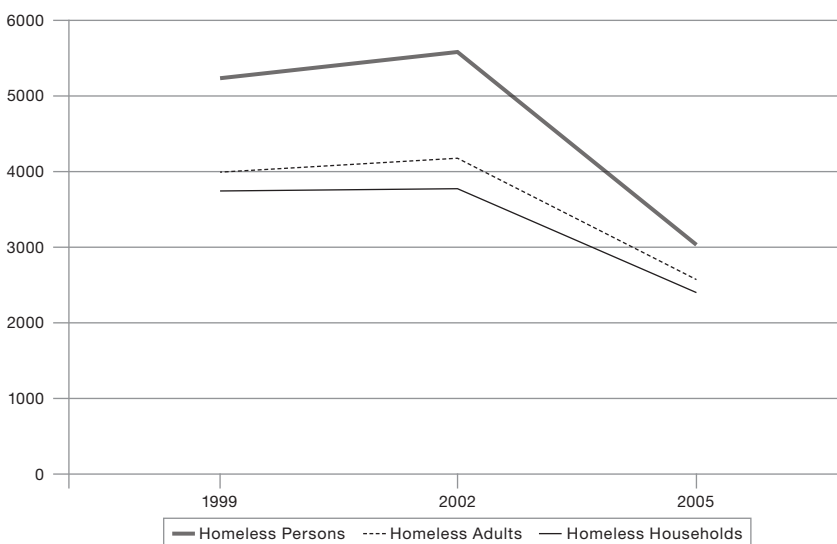
Commencing with the 1991 *Assessment of Housing Need*, a separate, but parallel *Assessment of Homelessness* was conducted by local authorities. A key rationale for this was to ensure that homeless households not registered for Local Authority housing would be recorded for the purposes of enumerating the homeless population in Ireland. A total of 2,399 households were categorised as homeless in the 2005 assessment, a figure that is down marginally from 2002, but is considerably higher than the figures during the 1990s. Of these households, 2,078 were one-person households, with the remaining 321 incorporating more than one person. This trans-

¹⁴ One part of the explanation for the decrease between 2002 and 2005 is the more rigorous elimination of multiple registered households, i.e. households registered with more than one Local Authority. There were 3,833 multiple registrations in 2005 compared with 3,288 in 2002.

¹⁵ Section 9 (2) of the Housing Act, 1988 stipulates that a housing authority in making an assessment of housing need shall have regard to the need for housing of persons who—(a) are homeless, (b) are persons to whom *section 13* applies i.e. persons belonging to the class of persons who traditionally pursue or have pursued a nomadic way of life, (c) are living in accommodation that is unfit for human habitation or is materially unsuitable for their adequate housing, (d) are living in overcrowded accommodation, (e) are sharing accommodation with another person or persons and who, in the opinion of the housing authority, have a reasonable requirement for separate accommodation, (f) are young persons leaving institutional care or without family accommodation, (g) are in need of accommodation for medical or compassionate reasons, (h) are elderly, (i) are disabled or handicapped, or (j) are, in the opinion of the housing authority, not reasonably able to meet the cost of the accommodation which they are occupying or to obtain suitable alternative accommodation.

lated into 2,571 adults and 460 child dependants, or a total of 3,031 individuals. It would appear that for the 2005 Assessment all households deemed to be homeless were registered for local authority housing. Thus, the figure of 2,399 households listed above is comparable with the assessments of homelessness between 1999 and 2002. The most common manner in which these data are presented, particularly by NGOs, is to identify the number of homeless persons recorded. However, this figure includes child dependants and should be distinguished from the number of homeless adults. On all units of measurement, a substantial decline can be observed between 1999 and 2005 as shown in figure 1.

Homelessness in Ireland, 1999-2005



Source: Department of the Environment, Heritage and Local Government. Various Years

As is the case with the *Assessments of Housing Need*, considerable variation is evident between the local authorities in respect of the recording of homeless households in their functional areas. Between forty and fifty per cent of local authorities at each assessment recorded no homeless households, with 20% recording, on average, less than ten homeless households. More significantly, no less than ten local authorities have never recorded a homeless household or individual in any of the assessments of homelessness to date and 45% of all local authorities in 2005 did not record a homeless household. A striking feature of the data recorded during both the assessments of housing need and homelessness is the inconsistent recording, either from assessment to assessment or between the local authorities. This is likely to reflect different priorities, but also very different interpretative practices.

Homelessness in Dublin

More robust data are available in the greater Dublin region where, since 1999, a tri-annual assessment of the extent of homelessness is conducted by the Homeless Agency. The survey, conducted by the Homeless Agency on behalf of the four local authorities in the Greater Dublin region, is part of their obligations under the *Housing Act, 1988*. Consequently, it only seeks information on those households for which the Local Authorities have statutory responsibility. In 1999, the Economic and Social Research Institute (ESRI) conducted an assessment of the extent of homelessness on behalf of the Homeless Initiative using a significantly improved approach to enumeration than was used in previous local authority assessments¹⁶. This study found a total of 3,890 homeless persons in the Dublin, Kildare and Wicklow area, of whom 2,900 were adults (1,850 male and 1,050 female), with a total of 990 dependent children (Williams and O'Connor, 1999). The assessment also found that there were 275 people sleeping rough in the Dublin, Kildare and Wicklow areas in March 1999.

A second assessment in 2002 (again conducted by the ESRI on behalf of the Homeless Agency) showed virtually no increase in the number of homeless individuals between 1999 and 2002 (when 2,920 homeless individuals were recorded), but a marginal decrease in the number of homeless households was recorded (Williams and Gorby, 2002). Both the 1999 and 2002 assessments found that single person households were the dominant homeless type in Dublin, with seven out of ten households falling into this category. In 2005, a third assessment was conducted by the Homeless Agency (Wafer, 2006). However, because it utilised a somewhat different methodology to that employed in 1999 and 2002, a comparison across all categories is not strictly possible. The single most significant change was the removal of a substantial number of households who, in previous assessments, were described as being on the local authority waiting list only; in other words they were not recorded as utilising homeless services. 1,550 households were recorded in this category in 1999, 1,090 in 2002 and only 44 in 2005. In effect, 707 households were de-activated in the 2005 assessment when, as a consequence of validating their homeless status on the housing waiting list, it was determined that these were no longer active cases. Examining only service users, the number of households declined only marginally between 1999 and 2005, from 1,350 to 1,317.

¹⁶ This and the two subsequent assessments were carried out during one selected week of the year and are based on: (a) those individuals who use homeless services during that week and; (b) those who are accepted as homeless by a local authority but who do not have contact with any service during the week of the count. In addition, a count of rough sleepers is carried out. It is more accurate to say that there are three groups, the third one being those using services and on a local authority list.

Significantly, the numbers recorded as sleeping rough declined from 312 in 2002 to 185 in 2005, to 104 in 2007 (when a rough sleepers count was conducted by the Homeless Agency, a decrease of 41% (see table 2). Of those sleeping rough in 2005, 70% were male, 50% were aged between twenty-one and thirty-nine and nearly half had been sleeping rough for more than two years.

Table 2: Numbers Sleeping Rough in Dublin, 1999-2008

1999	2002	2005	2008
275	312	185	111

In addition, data from the statutory Homeless Persons Unit show a decline in referrals to their service as shown in table 3. The number of new referrals in 2005 is largely attributable to a large number of citizens of new member states making contact with the service (Bergin, 2006). It is the dramatic decline in repeat referrals that is of particular note, suggesting a decline in the 'churning' or 'recycling' of homeless households between different agencies as well as better systems for administering social welfare payments.

Table 3: Number of Cases Referred to the Homeless Persons Unit, 2002-2006

	2002	2003	2004	2005	2006
New	–	–	1,878	1,902	1,615
Repeat	–	–	764	475	280
Total	3,049	2,988	2,642	2,377	1,895

Although considerable disagreements exist in relation to interpreting the data on the extent of homelessness in Ireland (O'Connor, 2008), on balance, the evidence suggests a decline. Nonetheless, as Pawson (2007) highlights, in relation to England, we need to ensure that any decline is not simply attributable to greater gate-keeping by local authorities.

Interpreting Homelessness in Ireland

The argument presented in this paper is that factors highlighted above have contributed to the decrease in homelessness in Ireland, not necessarily in some mechanistic manner, but rather it is their complex interaction that has contributed to the decline. Furthermore, for some sub-groups of the homeless population, such as those with an opiate addiction, the increased use of methadone may be a factor in stabilising in their lives and thus reduce their vulnerability to homelessness¹⁷. More generally, the gradual decline in the use of institutions to manage social problems from the 1970s onwards has also contributed to decreasing the flow of households into homelessness (O'Sullivan and O'Donnell, 2007). A striking feature of many of those over the age of fifty in homeless services is their history of institutionalisation as children and / or as adults.

The broadly positive analysis of recent developments in the governance of homelessness presented in this paper is not shared, however, by all. Drawing on broader critiques of the changing governance of welfare in Ireland, Phelan and Norris (2008) characterise the structure of the delivery of homeless services in Dublin, under the ambit of the Homeless Agency, as neo-corporatist and driven, albeit not entirely, by the dictates of neo-liberalism. These developments have resulted, according to the authors, in an

“over-emphasis of the individual causes of homelessness and consequently on controlling the behaviour of clients, coupled with the failure to put in place all of the supports necessary to enable homeless people to access relevant services, has excluded a minority of ‘challenging’ clients from access to homeless services in Dublin or stymied their progress along the continuum of care from emergency to transitional and ultimately to long-term housing” (2008: 68-69).

It is not clear how the authors square the neo-liberal intent of the Homeless Agency with the substantial increase in funding for homeless services. More particularly, the exclusion of individuals with ‘challenging’ behaviour is not novel, nor is it a consequence of neo-liberalism; if anything, with the development of a specialist services such as ‘wet hostels’, and the requirement that explicit reasons need to be given before an individual is excluded from homeless services, fewer individuals are excluded than was the case in the recent past. Before the establishment of the Homeless Agency, active drug users, heavy drinkers, couples and others with challenging behaviour were largely excluded from homeless services. The fact that a substantial decline in rough sleepers is evident is particularly incompatible with this view, as we would expect to see a substantial increase in their numbers if individuals

¹⁷ Estimates of the prevalence of opiate use in Ireland suggest stability since the late 1990s, but with a substantial increase in the numbers officially in receipt of methadone (Saris, 2008).

were being excluded from services. Neither does the view expressed by the authors that the Homeless Agency 'over-emphasised' the individualistic causes of homelessness stand up to objective scrutiny when the various publications, and in particular its strategic plans, are examined.

The Housing Context

A key aspect of recent strategic focus is the provision of sustainable accommodation options, allied to appropriate care planning. Access to housing is therefore crucial in meeting the needs of the homeless and the alleged absence of appropriate housing for the homeless was a criticism levelled at the revised national homeless strategy by a number of voluntary agencies (Loughnan, 2008). As noted in the introduction, the private rented sector had been declining both in real terms and as a proportion of the housing stock since the foundation of the State until very recently. Due to the introduction of a range of financial incentives for landlords, particularly in the 1990s, the sector grew and continues to grow, accounting for somewhere in the region of 13-15% of the housing stock in 2008 compared to 8% in 1991. In addition, the implementation of the *Private Residential Tenancies Act, 2004* provides a reasonably comprehensive set of mutual rights and obligations for both landlords and tenants. As this sector of the housing market expanded it became progressively easier for low-income households, particularly single male households to access this sector. Rents also decreased significantly from 2001 onwards, but stabilised in 2005. Rents increased during 2007, but have declined significantly in recent months. On a long term basis, rent levels, while volatile, are at much the same level today as they were seven years ago. The private rented housing sector is now a key provider of low-cost accommodation for households unable either to purchase housing on the open market or to access the various social and affordable housing programs. The number of households in receipt of a rent supplement grew to a peak of nearly 60,000 by 2004 and has stabilised at that figure for the past number of years.

Although the expansion of the rent supplement system has been criticised by many, it does provide an increasingly accessible route into housing for households, particularly single person households, for whom market provision housing is not an option and who do not receive priority for the various social and affordable housing schemes. Nonetheless, in light of the fact that the rent allowance scheme was never intended to provide a long-term housing solution for households unable to provide housing from their own means, in 2005 a new scheme called the Rental Accommodation Scheme (RAS) was devised by central Government. RAS aimed to meet the housing needs of households that had been in receipt of a rent allowance for over eighteen months or, if homeless, immediately. To-date, over 14,000 households have transferred to the scheme.

In 2007, the Irish Government launched its new Housing Strategy entitled *Delivering Homes, Sustaining Communities*. The strategy draws heavily on two NESC reports, one on housing policy (2004) the other on the future of the Irish welfare state (2005). In relation to welfare, NESC advocated a life-cycle approach to meeting the needs of citizens; in housing, it advocated the substantial expansion of social housing output. A core element of the strategy is the provision of a

“planned and concerted increase in investment in existing social housing over the coming years. This provides an opportunity to tackle some long-standing problems in communities that have experienced multiple disadvantages. The focus will be on ensuring that this investment results in the development of strong communities rather than over-reliance on refurbishment of dwellings” (2007: 11).

Furthermore, even prior to the launch of the strategy, despite a certain degree of pessimism regarding social and affordable housing output in recent years, just over 180,000 new social and affordable housing lettings (109,673 direct provision and 70,766 indirect provision) were created between 2000 and 2007. Most commentators have focused on the declining share of social housing in recent years, as private housing providers recorded unprecedented output (Finnerty, 2002). Thus, despite maintaining a steady output, social housing agencies' share of total housing output has been less than 10% in recent years. However, it should be noted that the percentage share of social housing has been in steady decline since the 1950s. More significantly, one can argue that the relative share of total output is not the core issue; rather it is the number of new lettings created, and on this measure a high level of output is to be observed. Thus, a high number of households have and will continue to be provided with good quality housing at a below-market rent by social housing authorities. However, not all households have equal access to social housing and single person households, which account for somewhere in the region of 80% of homeless households, have particular difficulties accessing social housing. However, not all single person homeless households seek local authority / NGO social housing (see Bergin *et al.*, 2005 for further details) and the RAS scheme mentioned above has the potential to offer secure tenancies to such households.

Conclusion

In broad terms, it would appear from the existing, albeit inadequate, data sources that the number of households experiencing homelessness, and in particular those households sleeping rough, have declined over the past number of years. A number of factors, including an enhanced strategic focus on providing a co-ordinated response to homelessness, particularly in Dublin, and a substantial increase in the funding of homeless services are contributory factors to this apparent decrease. In the last year, some difficulties have emerged in relation to the funding of the care needs of homeless individuals. As noted earlier, a crucial element in the strategic development of services was that local authorities would have responsibility for the provision of accommodation, with health authorities having responsibility for the provision of care. The establishment of Health Service Executive (HSE) in 2005¹⁸, while rational in theory, has generated considerable implementation difficulties and overspend; in the case of homeless services, some new services have experienced delays in opening because of the reluctance of the HSE to fund the care element. In addition, strains on the public finances generated largely but not exclusively by the decline in the property market, have resulted in Ireland entering recession for the first time in nearly a quarter of a century. Demands for greater efficiencies in public services are now articulated daily as a response to the reduction in tax revenues and homeless service providers will not be immune to these new realities.

One interesting issue that has also arisen is the question of how homeless service providers will adapt to the changing nature and extent of homelessness. All available evidence suggests that homelessness has not increased in recent years, and amongst certain categories such as rough sleepers, a considerable decline is evident. In this environment, the nature of services for those who are homeless have to adjust to new realities, but in many cases there appears to be a denial of the significant progress made in recent years and a defensive response which demands additional funding, but without an acknowledgement of the need for such agencies to restructure their operations. Indeed, a declining homeless population may pose more challenges for service providers than an increase. In some cases, a particularly pessimistic analysis has been presented. In September 2008, a number of voluntary agencies in Dublin claimed that homelessness was on the increase and that additional funding was required by them to provide services to the homeless. Sr. Stanislaus Kennedy, founder and currently life president of Focus Ireland (formerly known as Focus Point), a leading non-profit service provider for the homeless, argued that that the extent of homelessness is worse in 2008 than when

¹⁸ The Health Service Executive replaced a complex structure of ten regional Health Boards, the Eastern Regional Health Authority and a number of other different agencies and organisations.

she established Focus Ireland in 1985. She stated that “in 1985, it was estimated that up to 1,000 people were homeless. There are now up to 5,000 people who are homeless at any one time” (Kennedy, 2008). It is difficult to know what the evidence is for a stock figure of 5,000 homeless people. As noted above, the assessment of homelessness in 2005 showed only just over 3,000 homeless persons (including child dependents) and there is nothing to suggest that homelessness has increased so dramatically in the intervening three years; equally puzzling is the figure of 1,000 homeless persons in 1985. Kennedy herself had suggested in her book on homeless women in Dublin that there were 384 women staying in hostels for the homeless in Dublin alone and a staggering 9,000 ‘hidden’ homeless women (1985: 172). In 1986, the organisation founded by Sr. Kennedy found that there were approximately 1,000 residents of homeless hostels in Dublin alone (Murphy and Kennedy, 1988). The most cited figure in the mid-1980s by the majority of voluntary agencies was that there were in excess of 3,000 homeless people in Ireland. Indeed, this was the figure cited by Harvey at the conference on *Homelessness in the European Union* held in Cork in September 1985 and mentioned at the beginning of this paper. Therefore, it is perplexing that a claim could be made that the number of homeless people increased from 1,000 in 1985 to 5,000 in 2008. It would seem that apprehensions amongst service providers that their historically high levels of funding may either not be increased or suffer a cut has generated a response to recent initiatives that denies the substance of positive changes in recent years.

Perhaps the final observation is that an approach which is based on shared understanding and a problem-solving methodology may be ultimately more successful in tackling homelessness in a low key, incremental manner, than an aggressive legalistic approach which utilises the Courts in an adversarial manner, in an attempt to generate a desired outcome. Legalistic approaches or rights-based approaches have an intuitive appeal in that they appear to offer radical and relatively immediate solutions to righting social wrongs. However, an alternative approach to solving social problems such as homelessness, has been sketched out in this paper and in the long run, may provide more robust and intended outcomes than those offered by the legalistic route.

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