From *Rebuilding Ireland* to *Housing for All:*

international and Irish lessons for tackling homelessness

Isabel Baptista
Dennis P. Culhane
Nicholas Pleace
Eoin O'Sullivan

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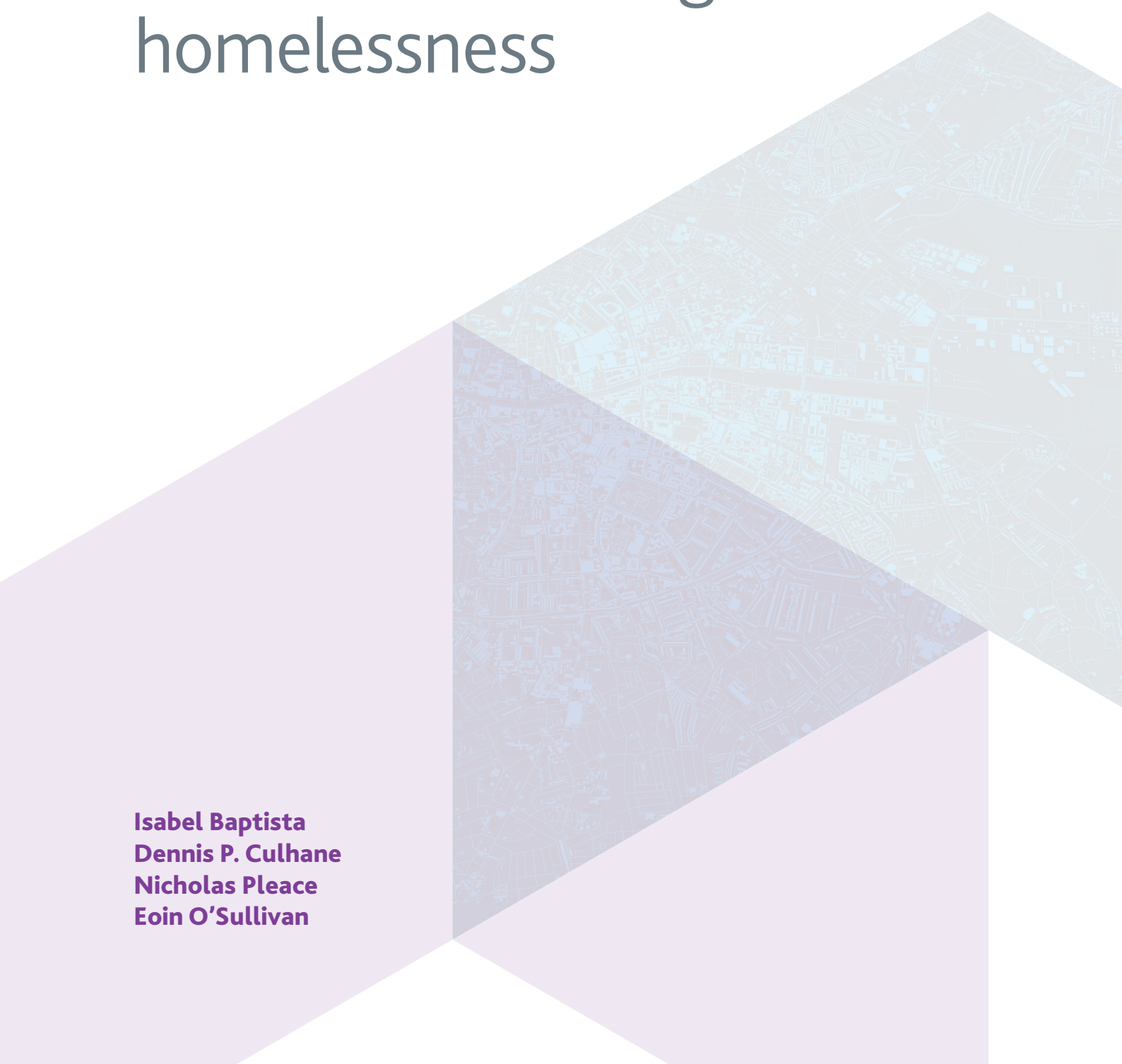
Contents

About the Authors

Isabel Baptista is an independent researcher with over twenty years' poverty and social exclusion research experience, with particular expertise in homelessness and gender-based violence. She is the social inclusion leader of the Network Core Team of the European Social Policy Network (ESPN) and a member of the European Observatory on Homelessness (EOH) under the auspices of FEANTSA. She has authored and co-authored several publications on homelessness, including the 2019 European Social Policy Network (ESPN) study on *National Policies to Fight Homelessness and Housing Exclusion*, covering all EU Member States and seven non-EU European countries.

Dennis P. Culhane is a social science researcher with primary expertise in the area of homelessness and assisted housing policy. His work has contributed to efforts to address the housing and support needs of people experiencing housing emergencies and long-term homelessness. Most recently, Culhane's research has focused on using linked administrative data to gain a better understanding about the service utilization patterns of vulnerable populations, including youth exiting foster care and/or juvenile justice, as well as the individuals aged 55 and older who are experiencing homelessness. He also co-directs Actionable Intelligence for Social Policy (AISP), an initiative that promotes the development, use, and innovation of integrated data systems by states and localities for policy analysis and systems reform.

Nicholas Pleace is Director of the Centre for Housing Policy, an interdisciplinary research team within the School for Business and Society at the University of York. He has worked in homelessness research for over 25 years and been a member of the European Observatory on Homelessness for over a decade. Nicholas has a Chair in Social Policy at York and is currently the University Research Theme Champion for Justice and Equalities Research.

Eoin O'Sullivan is a Fellow of Trinity College Dublin and Professor in Social Policy in the School of Social Work and Social Policy. He is a member of the European Observatory on Homelessness since 1992, and editor of the European Journal of Homelessness since 2009. Recent books include *Ending Homelessness? Policy and Progress in Denmark, Finland, and Ireland* (2020) and *Reimagining Homelessness?* (2020).

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Our sincere thanks to everyone who has helped with this research. There were many unusual challenges in attempting to undertake a comparative study of national policy in Ireland from a European, UK and US standpoint which three of the co-authors had to attempt without physically leaving their own countries and nothing would have been possible without all the people working in homelessness and with lived experience of homelessness who gave up their time to – remotely – participate in this research.

Isabel Baptista
Dennis P. Culhane
Nicholas Pleace
Eoin O'Sullivan

Disclaimer

The views and interpretations expressed in this report are not necessarily those of the organisations that supported this research, nor those of Trinity College Dublin, the University of Pennsylvania or the University of York. Responsibility for any errors lies with the authors.

Preface

Since 2014, Ireland has gone through one of the most rapid increases in homelessness recorded anywhere, except in cases of natural disaster or war. The number of adults in emergency homeless accommodation almost tripled from 2,509 in April 2014 to 7,105 in April 2022. The number of homeless children quadrupled from 749 to 2,944 over the same eight year period.

Rebuilding Ireland, the Government housing and homelessness strategy, was central to Ireland's response to this escalating crisis from when it was published in 2016 until it is was replaced by the subsequent Government's *Housing for All* in 2021. Ireland has had several homeless strategies and more housing strategies before, but *Rebuilding Ireland* was the first strategy to attempt to combine a response to homelessness and housing supply in one integrated document. In this it was a positive reflection of the growing understanding that homelessness is at its core a failure of the housing system. While some people who are homeless need mental health, addiction or other supports, *everyone* who is homeless needs a secure and affordable place to live.

Rebuilding Ireland was unique in a negative way too. Its chapters on homelessness were the first Irish Government strategy not to assert that homelessness could be ended or, indeed, set any targets to reduce the extent of it. When *Rebuilding Ireland* was published in July 2016 there were 6,525 people in emergency homeless accommodation and the situation was described as a 'crisis.' Three years later (in October 2019) this had soared by over 60% to over 10,000. By the time *Rebuilding Ireland* was replaced by *Housing for All* in September 2021, the various protections brought in during the Covid pandemic had brought the total down to 8,475, still 30% up on the starting 'crisis' figure.

While the then Government correctly pointed out that *Rebuilding Ireland* met most of the targets it contained, given its shocking record on homelessness, there might be good reasons for just forgetting that dark period and moving on. However, a number of organisations who are committed to ending homelessness believed that there is much in the experience of those years which is worth reflecting on, and many lessons – of things that worked, as well as things that didn't work – that are worth capturing for the future.

There is a valuable tradition of voluntary organisations making a critical but constructive contribution to Government policy on homelessness. The strategies to tackle homelessness published at the start of the century did not just spring from no-where. The political commitment that they reflected arose from years of campaigning by homeless organisations which shared international research findings and evidence-based practices.

The commissioning of independent expert reviews has also played an important role. Back in 2001 as Irish homeless strategy was first evolving, leading NGOs concerned with homelessness had commissioned experts to review Government strategy[1]. This review *Housing Access for All?* analysed 33 housing strategies and 20 homeless action plans from local and regional authorities across Ireland. It was widely credited with giving new momentum and direction to the strategies that followed, culminating in the reduced levels of homelessness achieved ten years later.

Voluntary organisations also contributed extensively to the independent Fitzpatrick Review in 2006[2] which re-focused Government strategy as the first wave of reforms and actions had been delivered. Similarly, NGOs had come together to make an important contribution to understanding and tackling youth homelessness with *Living in Limbo: Homeless Young People's Paths to Housing*[3].

In 2020, with the new Government keen to move on with its new *Housing for All* strategy, organisations working with people who are homeless on a daily basis decided it was time to make another such contribution to debate. On this occasion, the commissioning group decided to seek the insights of international experts. While Ireland was struggling with its rising homelessness, many other countries had published homeless strategies. While homelessness was rising in most countries, there were a few examples of success, and there were some international experts, familiar with Ireland, who had chronicled these efforts. Two of the international experts were involved in the landmark evaluation of the Finnish strategy and had engaged with it in a critical and informed way. One of the experts had shaped the overarching, state-by-state, analysis of homelessness commissioned by the Council of Ministers. One had helped launch the Lisbon Declaration itself with ten clear research-based lessons.

The field work for the report was significantly constrained by the impact of the Covid pandemic and the waves of restrictions and lock-downs we all experienced. In particular, the consultation with people with lived experience of homelessness was limited by these factors. The commissioning organisations are grateful not only to the experts themselves but also to our direct colleagues and those in local and national Government for their willingness to work within these limitations and contribute their experience to the review.

1 Claire Hickey, C., Bergin, E, Punch, M. and Buchanan, L. *'Housing Access for All? Analysis of Housing Strategies and Homeless Action Plans'* 2001, Focus Ireland, Simon Communities, Threshold and St Vincent de Paul https://www.focusireland.ie/wp-content/uploads/2021/09/Fi-Simon-SVP-Thresohld-2001-An-Analysis-of-Housing-Strategies-and-Homeless-Action-Plans-FULL-REPORT.pdf

2 Fitzpatrick Associates Economic Consultants 'Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies 2006' Executive Summary (www.drugsandalcohol.ie/6151/1/3244-3414.pdf)

3 Maycock, P. and Parker, S. (2017) 'Living in Limbo: Homeless Young People's Paths to Housing' Focus Ireland, Simon Communities of Ireland, Threshold, Peter McVerry Trust and Society of St Vincent De Paul https://www.focusireland.ie/wp-content/uploads/2017/01/Mayock-and-Parker-2017-Living-in-Limbo-Homeless-Young-Peoples-Paths-to-Housing-BOOK-2.pdf

In commissioning this report, the voluntary organisations were driven by three core concerns:

First, the eight years of rising homelessness had seen not only suffering and hardship, but reform, resilience and innovation. We did not want the hard won lessons from that period to be lost. We wanted them to be recorded and placed in the wider context of international practice and reflected in future practice that will be delivered under *Housing for All*.

Second, we did not want the shadow of the years since 2014 to block out what had been achieved in Ireland before that time. At the start of the century, Ireland was among the first counties in the world to publish a Government strategy which argued that homelessness could be ended and that there was a pathway to achieving this. That series of strategies, as a milestone on the way to ending all homelessness, set a goal of ending long-term homelessness and the need to sleep rough by 2010. As we know, by the time 2010 came around, the Irish economy had been crushed under the Global Financial Crisis, but it is important to remember that the momentum of *A Way Home* and its 2010 commitment gave us the lowest level of homelessness we had seen for many years. We do not want the higher levels of homelessness experienced in recent years to be seen as either inevitable or normal.

Finally, we wanted to use our experience to plot a path towards the *Housing for All* goal of working towards ending homelessness by 2030. While all the organisations involved called for and welcomed the Lisbon Declaration and Ireland's endorsement of it, they all recognised that there is little in *Housing for All* to mark out the steps from where we are to where we desire to be.

Much of the political and media debate about our housing and homeless strategies have taken the form of: 'it's an utter failure', 'no it's a total success'. Organisations on the front line know that real life is more complex than that, and there are lessons to be taken from both success and failure. As such we did not commission a critique of work over the last six years but rather a considered analysis of our experiences in the mirror of international experience.

The role of voluntary organisations is not just to do the work, but also to help shape the work. Through commissioning this report and by contributing our own experiences to be reflected back to us within the context of international experience, we have a document that can make a major contribution to shaping the strategies and practices needed to confront our current crisis and bring us towards our goal of bringing an end to homelessness.

Mike Allen
Director of Advocacy
Focus Ireland

David Byrne
Advocacy and Policy Worker
COPE Galway

Tricia Keilthy
Head of Social Justice and Policy
The Society of Saint Vincent de Paul

Aoife Kelly-Desmond
Managing Solicitor
Mercy Law Resource Centre

Martina Madden
Communications and Social Policy Advocate
Jesuit Centre for Faith and Justice

Wayne Stanley
Head of Policy and Communications
Simon Communities of Ireland

Summary

› A group of international researchers with experience of strategic analysis of homelessness policy, practice and service programmes were asked to review the effects of the *Rebuilding Ireland* strategy on the level and nature of Irish homelessness. The review took the stance of a critical friend, drawing on possible lessons from practice elsewhere in Europe and in North America.

› The review included discussions and consultations with stakeholders in the design and delivery of homelessness policy and services and with people with lived experience of homelessness, who were asked about the issues they thought were most important in reducing homelessness in Ireland.

› Irish views on strengths and limitations were identified through these discussions, which were then used to structure the wider analysis in this review, drawing on possibly beneficial practice from other countries and avoiding some of the problems other countries had encountered. The review did not consider the specific questions arising around migrant groups who are ineligible to join housing lists.

› Homelessness was seen as being defined in a relatively narrow way, i.e. focusing on people sleeping rough and the number and duration of stays in emergency accommodation. This was seen as neglecting hidden homelessness and by extension, not fully recognising and not fully responding to the true nature of homelessness in Ireland. While some measures had fallen, experience of homelessness remained more common than had been the case. Existing measures were also thought to highlight urban homelessness.

› Women's experience of homelessness tends to be significantly underestimated when enumeration does not include an attempt to count hidden homelessness. The most effective, integrated strategies, including practice in Scotland and Finland, use a wide definition of homelessness which facilitates a more comprehensive array of prevention, rapid rehousing and housing-led, Housing First and supported housing services and cross referral of a broadly defined 'at risk' population across wider health, criminal justice and social protection systems.

› Affordable and social housing supply were thought to be at the core of homelessness causation and the limitations of existing policy in preventing and ending homelessness. Services like Housing First were hampered, as was any service within a housing-led framework as soon as adequate, affordable housing with reasonable security of tenure was in short supply. Progress was noted in addressing these issues, but more social and affordable housing was needed. People with lived experience of homelessness reported that only social housing offered the affordability, standards and security of tenure that enabled a sustained exit from homelessness.

› Internationally, no level of coordination, evidence-led practice or comprehensiveness of response has been found that counteracts the effects of insufficient affordable, adequate homes with security of tenure. Prevention, housing-led and Housing First services, alongside the integration of health, mental health, addiction, criminal justice and welfare systems in a homelessness strategy will either be limited, or fail, if there are not enough suitable homes with which to prevent and end homelessness.

› Progress has been made in homelessness prevention in Ireland, although with the caveat that the ongoing issues with inadequate housing supply limit overall effectiveness. There are lessons from comprehensive preventative systems used in other countries, such as that developed in Wales, which define and respond to homelessness on a broad basis and appear to reach much of the population who are at risk of homelessness.

› Housing First has become a significant part of the policy response to homelessness. Systems are at their most developed in Dublin and other urban areas, with reports of more uneven coverage in some more rural areas. Internationally, the key lesson appears to be that Housing First delivered through a coherent, comprehensive and well-resourced strategy achieves both better coverage and more consistent results. Something to avoid is the rather haphazard development of many small scale projects, which while they may show success, are not part of a coherent, properly resourced national plan, leading to inconsistencies in coverage and results, as seen in England, Italy and Sweden.

› The needs of women, which are distinct, in the sense that their homelessness is much more closely associated with domestic abuse (much 'family' homelessness is women lone parents and dependent children at risk of domestic abuse) and they are more likely to avoid (often male dominated) services and use informal arrangements with family, friends or acquaintances (hidden homelessness). With some exceptions in terms of women-only, housing-led and Housing First services, much service provision is still built on an assumption that homelessness is mainly experienced by lone men. This is not specific to Ireland, greater recognition of women's needs and experiences and the extent of their homelessness is a pan-EU issue.

› North West European and North American countries tend to recognise young people, including care leavers (young adults who have been in care of social work/child protection services) as having specific needs when they experience homelessness, centring on their youth, adverse childhood experiences and associated vulnerability. This is an area that could be the subject of more detailed policy consideration in Ireland.

> Coordination of services and information about those services were reported as inconsistent and as in need of improvement by people with lived experience of homelessness. The standardisation of responses seen in strategies like that of Finland or the (distinct) legislative frameworks of Scotland and Wales may be useful in addressing this issue.

> The review has drawn together key lessons from international experience that may be of use as the new strategy *Housing for All* is implemented, these include:

> > Recognising that a broader definition of homelessness can be the gateway to building a more comprehensive, effective strategic response.

> > Prevention, housing-led and Housing First services are most effective when part of an integrated, interagency homelessness strategy because they depend on cross referral to an array of other services.

> > Implementation must be comprehensive if a strategy is to work and this means that governance must be clear, focused and stable, ensuring that coherent strategy steadily builds in effectiveness over time.

Chapter 1
Introduction

About the research

A group of homelessness researchers from Ireland, Portugal, the UK and the US were asked to review the 2016 *Action Plan for Housing and Homelessness: Rebuilding Ireland* from an international perspective. The goal of the review being to draw out potential lessons for the implementation of the 2021 housing strategy *Housing for All: A new Housing Plan for Ireland*, with specific regard to homelessness prevention and reduction.

The review was not a formal peer review in the usual European sense, as it did not involve senior leaders from policy and practice in homelessness strategy from comparable countries. The work instead assembled a small international group of independent and university researchers with track records of homelessness policy evaluation across Europe and within the USA. The goal was not to provide a comprehensive review of homelessness strategy, which has already been done elsewhere (O'Sullivan, 2020), but to look at the current state of homelessness strategy and policy from the perspective of a critical friend. The research was commissioned by a group of voluntary organisations working in homelessness across Ireland, with a group of representatives of those organisations also acting as an advisory committee for the research team.

The review was structured on the following basis:

> The research team held discussions with key stakeholders from government, local government and the homelessness sector, alongside talking to and surveying people with lived experience of homelessness.

> The key issues identified in these discussions provided the framework for a comparative discussion and analysis, exploring the strengths and limitations of homelessness policy and practice to 2021 from an international perspective.

> The review also looked at policy and practice to date according to three broader questions, again from the stance of a critical friend, which were:

  > how effective strategy has been in meetings the goals that were set for it;

  > where the achievements of policy and practice sit in relation to the European Platform on Combatting homelessness and, finally,

  > where Ireland stands in comparison with the evidence base on successful, integrated national homelessness strategies in other European countries.

Methods

The Review took place under the unusual conditions of the COVID-19 pandemic, the main result of which was that three of the research team could not physically travel to Ireland. Reviewing the written evidence was not affected by the international effects of lockdowns, but what would have been face-to-face meetings with representatives of stakeholder organisations and people with lived experience of homelessness had to take place through a mix of video communications applications.

The review was also limited in the sense that the international members of the research team did not have the usual experience of seeing the physical results of the policies, systems and services they were asked to critically assess. There is a distinction between reading about or hearing about a supported housing service for people experiencing homelessness and actually seeing that service, alongside meeting the people living and working in it. Working remotely meant that the international members of the team were not as connected with their subject as they would have been, had the Review happened prior to the pandemic.

Alongside reviewing policy documents and research reports, the team undertook (remote) interviews and focus groups with people representing local government (rural and urban councils, including Dublin), central government and relevant elements of the Health Services Executive. In all representatives of 18 agencies, ranging from central government, local government, the HSE and the homelessness sector, were interviewed. The largest groups were those from local government and the homelessness sector. The individuals and agencies were promised broad anonymity in the sense of not identifying them or the specific organisations they worked for, an approach intended to enable them to speak freely. Participation was entirely voluntary and it was explained to everyone that there were no consequences whatsoever from either participating, or choosing not to participate in the review.

Alongside these interviews, a limited amount of work was done with people with lived experience of homelessness. Again, the work with people with lived experience was limited in a way that it would not have been had the work been conducted in-person, rather than remotely, but it was possible to survey 34 people with lived experience and to conduct one small in-depth focus group via a video communications application. Again, participation was entirely voluntary and people with lived experience were not offered any sort of incentive for making time to share their views.

About the review

The next chapter looks at the development of homelessness strategy and provides a brief overview of recent policy and practice, alongside describing the current state of homelessness by drawing on available statistical sources. Chapter 3 brings together the consultations undertaken with key stakeholders, including people with lived experience, and draws together the findings from that work to highlight a number of key questions. Chapter four looks at these questions in turn, drawing on national and international evidence to explore the strengths, limits and possible futures for national homelessness strategy. Chapter five considers the next directions for strategy and Chapter six brings together some key recommendations for achieving homelessness zero by 2030.

Chapter 2
Homelessness in Ireland

The development of strategy

Housing for All – A New Housing Plan for Ireland, published in 2021 by the Department of Housing, Local Government and Heritage, contains the most recent iteration of homelessness policy in Ireland, and unambiguously states that the 'Government is committed to a housing-led approach as the primary response to all forms of homelessness.' It re-states the commitment to the objectives of the Lisbon Declaration, which the Irish Government signed up to on 21 June 2021, to eradicate homelessness by 2030. It contained a commitment to extend and expand the national Housing First Implementation Plan (2018–2021) and a new National Housing First National Implementation Plan covering the period 2022–2026 was published in December 2021, and aims to provide just over 1,300 HF tenancies over this 5 year period. In addition to the provision of HF tenancies, *Housing for All* also identified the need for further emergency accommodation provided by not-for-profit bodies or local authorities in order to reduce the use of private-for-profit hotels and B&Bs for emergency accommodation, and €10m of capital funding was provided for this purpose in Budget 2022. The Plan also contains a number of measures to provide health supports to those experiencing homelessness, increase the supply for one-bedroom social housing units, and expand street outreach services to centres outside of Dublin.

Table 1 provides a list of previous national strategies, and further detail on the various strategies/statements from 2000–2016 can be found in O'Sullivan (2008, 2016). Immediately prior to *Housing for All*, the direction of homelessness policy was guided by *Rebuilding Ireland* published in 2016. In contrast to earlier strategies that had aimed to end homelessness by a particular date, no specific commitment to ending homelessness was given in *Rebuilding Ireland*. Rather, it contained a series of actions primarily designed to enhance the coordination of services for households at risk of or experiencing

homelessness, particularly across statutory bodies; to provide over 650 tenancies in a first ever national Housing First Programme and to deliver 1,000 rapid-build units. *Rebuilding Ireland* contained five pillars or policy domains (addressing homelessness, accelerating social housing, building more homes, improving the rental sector and utilising existing housing), with each pillar focusing on specific aspects of the housing crisis with a series of actions and specific timelines. The Homelessness Pillar contained 38 actions, 31 of which were deemed to have been completed at the end of Q1 2019, in the last published quarterly progress report on *Rebuilding Ireland*.

Housing for All also established a *National Homeless Action Committee* in December 2021 which aims to 'ensure the continued coherence and co-ordination of homeless related services, policies and action.' Membership is composed of various government departments, health services, local authorities and NGO service providers, and the committee will meet on a quarterly basis. Over the past 30 years or so, a number of governance/oversight bodies have been established by the Department of Housing as set out in table 2. The initial body, the *Cross-Departmental Team on Homelessness (CDTH)* was composed of representatives from relevant government departments, and in 2007 a *National Homelessness Consultative Committee* (NHCC) with a broader range of sector representatives, including NGO representation was established.

Table 1: National homelessness strategies and reports, 2000–2021

Homelessness: An Integrated Strategy	2000
Homelessness: A Preventative Strategy	2002
The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008–2013	2008
Homeless Strategy – National Implementation Plan	2009
Homelessness Policy Statement	2013
Homelessness Oversight Group Report	2013
Implementation Plan on the State's Response to Homelessness	2014
Progress Reports on the Implementation Plan on the State's Response to Homelessness	2014
Action Plan to Address Homelessness	2014
Rebuilding Ireland: Action Plan for Housing and Homelessness	2016
Rebuilding Ireland: Homelessness Pillar	2016
Report of the Homelessness Inter-Agency Group	2018
Housing First National Implementation Plan 2018–2021	2018
Housing for All – A New Housing Plan for Ireland	2021
Housing First' National Implementation Plan 2022–2026	2021

From 2009 until it ceased meeting in 2017, both the CDTH and the NHCC met jointly. A *Homelessness Oversight Group* was established by the Minister with responsibility for homelessness at that time, Jan O'Sullivan, in early 2013. Made up of three independent external individuals, the Group published their first and only report at the end of December 2013, and following a change in Minister, were not called on to meet again. A further Group, the *Homelessness Inter-Agency Group* was established in September 2017, with representatives from a range of statutory bodies, by the then Minister for Housing, Eoghan Murphy. In a similar fashion to the fate of the *Homelessness Oversight Group,* they submitted a report to the Minister in June 2018 and ceased to meet after that date. A *High Level Homelessness Task Force* was established in 2020, composed of the Minister for Housing, officials from his Department and a number of NGO representative's. The Task Force was amalgamated with the *National Homeless Action Committee* in December 2021.

Table 2: Governance oversight structures, 1998–2021

Cross Departmental Team on Homelessness (CDT)	1998
National Homelessness Consultative Committee (NHCC)	2007
Homelessness Oversight Group	2013
Homelessness Inter-Agency Group	2017
High Level Homelessness Task Force	2020
National Homeless Action Committee	2021

Overview of policy and practice

Rebuilding Ireland contained specific objectives in relation to homelessness. Looking at the strengths and limitations of policy to date and considering future directions also requires looking at the extent to which these objectives have been achieved. *Rebuilding Ireland* identified five strategic 'pillars', identifying homelessness as the first priority within a wider housing strategy:

1 Address homelessness
2 Accelerate social housing
3 Build more homes
4 Improve the rental sector
5 Utilise existing housing

The key objective for *Rebuilding Ireland* in relation to homelessness was summarised as follows:

> Provide early solutions to address the unacceptable levels of families in emergency accommodation; deliver inter-agency supports for people who are currently homeless, with a particular emphasis on minimising the incidence of rough sleeping; and enhance State supports to keep people in their own homes. (Government of Ireland, 2016, p.33).

In practical terms this meant reducing use of emergency/temporary accommodation, implementing specific interventions to reduce family homelessness and enhancing prevention, while also moving further in the adoption of housing-led and Housing First services. These goals were framed within a broader objective of increasing affordable housing supply, including in relation to tackling homelessness.

Social housing output 2016–2021

Over the period 2016–21, there were just over 148,000 social housing 'deliverables' (Department of Housing, Local Government and Heritage, 2022). Over two-thirds were 'social housing supports' (RAS and HAP – see below), with 'new build' accounting for 19 per cent, acquisitions 8 per cent and leasing 5 per cent. The category 'new build' includes new social housing constructions by local authorities and approved housing bodies (AHBs), properties acquired from private developers as part of their legal obligations, and returning local authority units that were void for various reasons to use.

Social housing tenancies and social housing supports

The decline in local authority social housing output, while exacerbated by the Great Recession, following the 2008 crash, was a long-term trend whereby the provision of social housing was moving from a bricks-and-mortar approach to a rent subsidy-based approach. The most significant change in the provision of subsidised housing in Ireland was the introduction of housing benefit or demand-side subsidies by local authorities. Two different schemes were introduced: initially, the Rental Accommodation Scheme (RAS) in 2004; then, and more significantly, the Housing Assistance Payment (HAP) in 2014. The HAP allows qualified applicants to rent from the private market through the local authority paying the full market rent to the private landlord, while the tenants pay an income-related rent to the local authority. A third scheme operated by the Department of Social Protection since 1977, known as Rent Supplement (RS), where the gap between the market rent and the tenant's income was provided to the tenant, is being phased out; both RS and RAS will be fully replaced by HAP over the next few years.

The introduction of both RAS and HAP, in which households are accommodated in private rented accommodation with the majority of their rent being paid by the local authority, has resulted in a drift from providing social housing directly via construction by local authorities and AHBs to discharging their obligations with what has been

termed 'social housing supports' provided by private providers. As these schemes are conceptualised as 'long-term social housing supports', the recipients of these payments are deemed to have their housing needs met.[4]

By the end of 2021, just under 93,000 households (approximately one-third of all households living in the private rented sector) were collectively in receipt of one of the three housing benefits to support their private rented tenancy, at a cost of just under €800 million.

Providers and services

In 2021, just over 50 different non-governmental agencies were funded by central and local government to the tune of approximately €100 million to provide just under 300 discrete services for people experiencing homelessness, the majority of which are congregate residential services.

There is further expenditure on a range of private for-profit bodies operating hotels and B&Bs (spending was €87 million in 2021) to provide temporary and emergency accommodation, largely for families. In addition, local authorities provide a range of administrative services, including Place Finders staff (who assist households to locate accommodation) and other allied non-residential services.

Until recently, temporary and emergency accommodation for people experiencing homelessness was provided almost exclusively by not-for-profit bodies, with only Dublin City Council providing any direct emergency accommodation, and hotels and B&B-type accommodation utilised relatively rarely. In addition to long-term supported accommodation services, temporary and emergency accommodation services are now almost exclusively provided by either not-for-profit agencies or commercial for-profit entities, with no local authority providing any direct temporary or emergency accommodation provision.

In the absence of any statutory body providing emergency accommodation services, the provision of emergency accommodation for the increasing number of households experiencing homelessness is dependent on the activities of a relatively small number of not-for-profit bodies increasingly dominated by a small number of providers, as well as an array of commercial accommodation providers, whose primary objective is commercial and not the provision of services for those experiencing homelessness.

The use of hotels and B&B-type accommodation increased nationally, with just over 3,500 adults in such accommodation in at the end of 2021, compared to just over 800 in mid-2014. In an effort to reduce the use of these forms of emergency accommodation, congregate transitional accommodation units were established, known as Family Hubs, managed primarily by not-for-profit bodies but with some private sector providers. The

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4 Tenants in receipt of HAP are considered to have their social housing needs met, but may opt to be included on a transfer list operated by the local authority. Similarly, with tenants in receipt of RAS, who signed their tenancy agreement before April 2011, are entitled to remain on a transfer list operated by the local authority, while RAS tenants who signed their tenancy agreement after April 2011 are considered to have their social housing needs met.

first Family Hub opened in Dublin in late 2016, and by the end of 2021, there were 29 such facilities across the country, the majority of them (21) in Dublin. By mid-2019, they had a capacity for 659 families

In addition to the provision of congregate transitional facilities for families from 2016 onwards, there was also a substantial increase in the number of congregate emergency and transitional facilities for lone adults. Just over 100 shelters were in operation in 2021, with over half of them in Dublin.

Housing First

In September 2018, a National Housing First Implementation Plan 2018–2020, covering the period 2018 to 2021, was launched following the reasonably successful operation of a Housing First scheme in Dublin. The plan targeted rough sleepers and those in emergency accommodation on a long-term basis with high support needs, with 737 such adults identified nationally and 543 (74 per cent) in the Dublin region. Seven hundred and fifty-six tenancies were created between 2018–2021, with just under 600 in tenancy at the end of 2021. As noted above, a revised plan was published at the end of 2021 covering the period 2022–2026 which aims to create a further 1,300 tenancies.

Preventing homelessness

A Tenancy Protection Service was established by Threshold, a not-for-profit body, initially in Dublin and later expanded to adjoining and other urban areas. It was funded by the exchequer in mid-2014 to assist households living in the private rented sector at risk of homelessness due to rent increases or the termination of tenancies by providing them with an enhanced rent supplement, advocating for the tenant to maintain the dwelling and/or obtaining an alternative tenancy. Between 2014 and 2021, just over 46,000 contacts were made with the Tenancy Protection Service in Dublin, of whom one-third were deemed to be at risk of homelessness. Just over half of those deemed at risk of homelessness had their tenancy protected, initially through an increase in their rent supplement, but by 2021, almost exclusively through advocating for the tenant(s).

Under the aforementioned HAP, since early 2015, discretion is given to increase the basic payment by up to 20 per cent nationally, and by up to 50 per cent for those at risk of homelessness in Dublin. Between 2017 -2021 (data is not available for 2016) just over 7,000 households (2,686 adult only households and 4,395 families) were prevented from entering emergency accommodation via the provision of the Homeless HAP in Dublin only. An offer of a social housing tenancy in order to prevent them from entering emergency accommodation can also be made. Between 2017 and 2021, just under 1,000 prevention tenancies were made (677 adult only households, primarily older adults, and 314 families).

The level and nature of homelessness

Ireland is comparatively unusual in having a national integrated bed and case management system since 2013. The PASS (Pathway Accommodation & Support System), established in Dublin in 2011, was rolled out nationally in 2013, and this development allowed calculation of the number of adult individuals with accompanying child dependents experiencing homelessness and residing in *designated emergency accommodation funded by Section 10 and Local Authority contributions* during the third week of every month in each county to be generated on a monthly basis. The publication of these Monthly Reports commenced in April 2014 on a trial basis, and from June 2014, with some modifications, has been produced on a continuous monthly basis (see appendix 1 for information on these modifications).

Data are generated from PASS on the profile of households in the designated services by household composition, the gender, age and nature of accommodation provided for adults and the number of accompanying child dependents. While not a comprehensive figure of the extent of homelessness in Ireland, in that it only captures those households in designated emergency and temporary accommodation funded under Section 10 of the *Housing Act, 1988*, it nonetheless provides timely, detailed, reliable and consistent data on a monthly basis.

In addition, from 2014 onwards, at the end of each quarter, Local Authorities, were required by the Department of Housing to produce *Performance Reports* providing data on a range of indicators, included the number of new and repeat adult presentations to homelessness services per quarter; the number of adults in emergency accommodation for more than six months, the number of adult individuals exiting homeless services, and the number of rough sleepers. Quarterly Financial Reports are also published outlining expenditure across a number of categories including expenditure on emergency accommodation. The production of the Monthly Reports and the Quarterly Performance and Financial Reports followed on from the publication in 2013 of a *Homelessness Policy Statement* by the Department of Housing. A number of indicators were identified to measure progress in ending homelessness in Ireland, which was the overarching ambition of the Policy Statement, and the purpose of these indicators was to 'give a clearer picture of homelessness in Ireland: the rate of entry, duration and exits, together with the type and nature of accommodation' (Department of Environment, Community and Local Government, 2013, p.4).

There is no statutory right to shelter or housing in Irish law for those experiencing homelessness. Section 2 of the *Housing Act 1988* sets out the circumstances in which an individual or 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 individuals and families who are homeless. There is no strict legal obligation on housing authorities to provide emergency accommodation: there is a discretion, but no duty to provide such accommodation. Although the legislation enables local authorities to provide services, rather than imposing a statutory duty, in practice as Lewis (2019, pp.112–113) argues 'public expectations, government policy and the weight of international convention

have combined to put an obligation on housing authorities to act and provide assistance for homeless persons.'

Furthermore, a serious of decisions of the High Court concerning housing authorities and their statutory responsibilities towards homeless individuals, including families, confirm that the housing authorities enjoy broad discretion with respect of the homeless assessment. The Courts will be extremely reluctant to interfere with the statutory discretion enjoyed by housing authorities, unless a decision is manifestly unreasonable or taken in bad faith. The Minister for Housing has the power under Section 10(11)(a) to make regulations governing how housing authorities exercise their powers in relation to providing for the accommodation needs of individuals and families who are homeless but to date, no such regulations have been issued.

Point-in-time monthly counts

As shown in figure 1, the number of adults in emergency accommodation during a week in each month rose rapidly from mid-2014, reaching a peak of nearly 6,700 in late 2019/early 2020 despite the narrow definition of homelessness used. At the time of the launch of *Rebuilding Ireland* in July 2016, there were 4,177 adults in emergency accommodation The numbers in emergency accommodation continued to increase until late 2019/early 2020, when the number declined and plateaued to just under 6,000 adults until mid-2021, before increasing again in the second half of 2021. On average 3,280 adults were in emergency accommodation nationally in 2015 rising to an average of 6,510 in 2019 before declining to 6,208 in 2020 and to 6,077 in 2021.

The decline in the point-in-time figure from early 2020 to mid-2021 is largely attributable to a decrease in the number of new entries into emergency accommodation (see Figure 10) following various restrictions on terminating tenancies in the private rented housing sector following the emergency measures introduced in March 2020 in response to the Covid pandemic, and an increase in the number of exits to both social housing tenancies and social housing supports. In relation to family homelessness, a decrease in the point-in-time figure was evident pre-covid measures, but the decline accelerated as a result of the covid related measures.

The number of adult females in emergency accommodation reached a peak of 2,743 in September 2019, but decreased to just under 2,000 between March and June 2021, before rising to just under 2,200 by year end. The number of female adults in emergency accommodation at a point in time largely mirrors the number of families, as single parent families comprise between 50–70 percent of all families in emergency accommodation over the period 2014–2021, and over 90 percent of single parent families are female headed households.

Those aged between 25–44 was at approx. 60 percent of all adults in emergency accommodation over the period. In terms of household composition, on average, 75 percent were adult-only households, that is single person households and couples without accompanying child dependents. Families, that is couples and singles with accompanying

child dependents, made up the balance. The number of families increased each month between 2014 and mid-2018, but has declined significantly since that point, particularly in Dublin where the number of families in emergency accommodation declined from nearly 1,400 in mid-2018 to just under 700 in early 2021, before slowly increasing to just over 800 by the end of 2021.

Figure 1: Number of adults in Section 10 funded emergency and temporary accommodation, April 2014 – December 2021
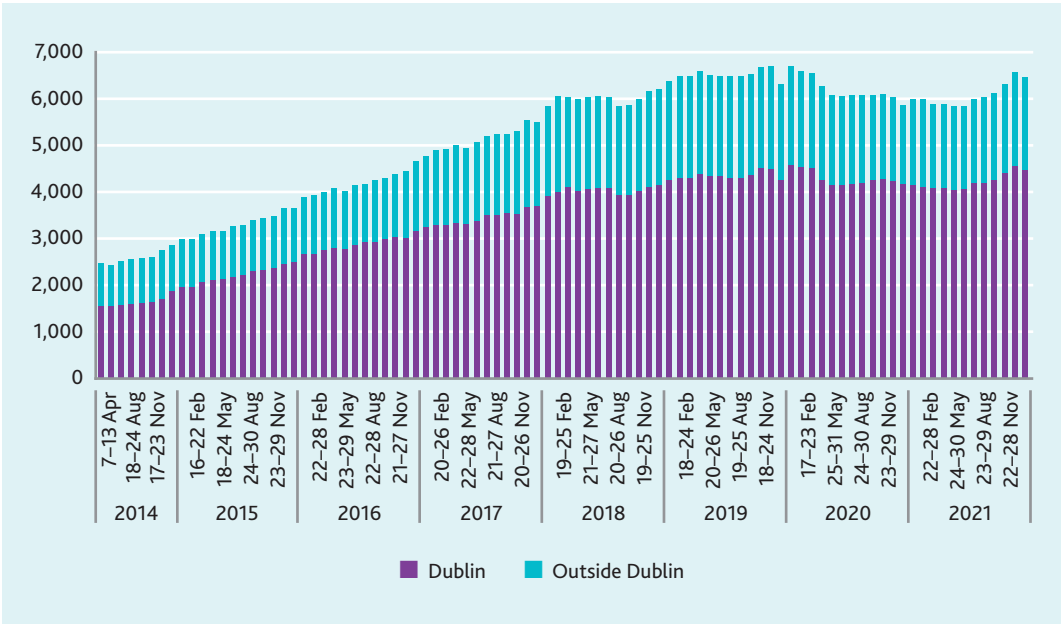
Source: Department of Housing, Local Government and Heritage, 2021a.

However, there is significant geographical variation. The number in emergency accommodation in the Dublin region has fluctuated between 65 and 70 percent of the total number of adults in emergency accommodation nationally over this period, and more detailed information will be provided on trends in Dublin later in the report, given the extent to which adults in emergency accommodation are concentrated in Dublin. The four other urban centres (Cork, Galway, Limerick and Waterford) have typically accounted for between 15–17 percent of all adults in emergency accommodation (see O'Sullivan et al., 2021 for further details).

The number of adults in emergency accommodation *outside* of Dublin reached a peak of just under 2,200 in April 2019, whereas in Dublin, the number of adults in emergency accommodation peaked in January 2020 at 4,600. In terms of household composition, the number of adults *with child dependents* in emergency accommodation peaked in July 2018 at nearly 1,800, remained stable at over 1,500 until late 2019, before dropping sharply from March 2020 and dropping below 1,000 by December 2020 and has averaged at just under 1,000 each month in the first nine months of 2021, before increasing to over 1,000 by the end of the year.

However, the number of *adult-only households*, that is singles and couples without accompanying child dependents, has more or less continuously increased from 2014 to December 2021. Again there is significant regional variation with the number of adult only households outside of Dublin remaining relatively stable over the period 2020–2021, but increased in Dublin from just over 2,800 in early 2020, to 3,200 by the end of 2021. Thus, the overall decrease in adults in emergency accommodation during the first half of 2020 and relative stability in the number of adults in emergency accommodation from mid-2020 to mid-2021, before the increase again in the second half of 2021 masked an increase in the number of *adult-only households*, and that much of this increase was amongst *males in Dublin*.

Emergency accommodation type

Emergency accommodation is categorised as *scheduled* (for families and adult-only households) and *unscheduled*. Of note is that no local authority provides emergency accommodation directly themselves, rather it is entirely contracted out to NGO and for-profit bodies.

> The majority of the *scheduled emergency accommodation for families* is in the form of congregate 'Family Hubs.' They were provided in an effort to reduce the number of families in private emergency accommodation, mainly commercial hotels (see below), and have been very successful in this respect, with 114 families in such accommodation in December 2021 in the Dublin Region compared to a peak of 871 in March 2017. The first Family Hub opened in Dublin in late 2016, and by 2021, there were 29 facilities across the country designated as Family Hubs, the majority of them (20) in Dublin. Some are converted hotels, and vary in size from 4 to 100 beds. In addition, there are a further 23 other scheduled emergency accommodation services for families across the country.

> *Scheduled emergency accommodation for adult-only households, which* includes singles and couples without accompanying child dependents, takes a range of forms, but is largely congregate quasi-dormitory accommodation ranging from recently purpose build provision, building conversions and congregate facilities that have been in operation for over a century. The vast majority of these services are provided by NGOs.[5] The number of adults in scheduled emergency accommodation has increased from just over 1,700 in mid-2014 to just over 3,000 at the end of 2021

> *Unscheduled Emergency Accommodation* is accommodation provided by private providers in the form of hotel/bed and breakfast accommodation, and is primarily for households with accompanying child dependents, but also couples without child dependents, and the quality of the accommodation varies significantly. Information on the number or identity of hotels/B&Bs is not publicly published due to concerns over commercial sensitivity. Due to Covid-19, since March 2020 a number of adult-

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5 In addition to these Section 10 funded services, there are a small number of congregate facilities for adult-only households that do not receive funding for their services or for only some beds in their service, and the households accommodated by these providers are not included in this data.

only households were provided with unscheduled emergency accommodation, particularly for the purposes of shielding and isolation. The number of adults in such accommodation has increased from just over 800 in mid-2014 to nearly 3,400 by the end of 2021.

Rough sleepers

In contrast to the increase in the number of adults in temporary and emergency accommodation, the numbers of rough sleepers, and we only have reasonably accurate and consistent *one-night* (green bars)and later *one-week* (red bars) point- in- time data for Dublin, have remained relatively low and stable, with a fluctuating minimum of between 90 and 150 individuals based on a bi-annual count over the past seven years as shown in figure 2. Due to Covid-19, the one-night street count in Dublin did not take place in March 2020 as scheduled, however in late November 2020, *the one-night count* was replaced with *a week-long count*, and this exercise was repeated in April and November 2021. 139 unique individuals were identified in November 2020, 125 in April 2021 and 95 in November 2021. Only a minority of individuals were sleeping rough at a point in time, and among those, a majority (70–80%) were also accessing emergency accommodation at some point during that quarter.

Figure 2: Rough sleeping in Dublin, Q1 2014 – Q4 2021
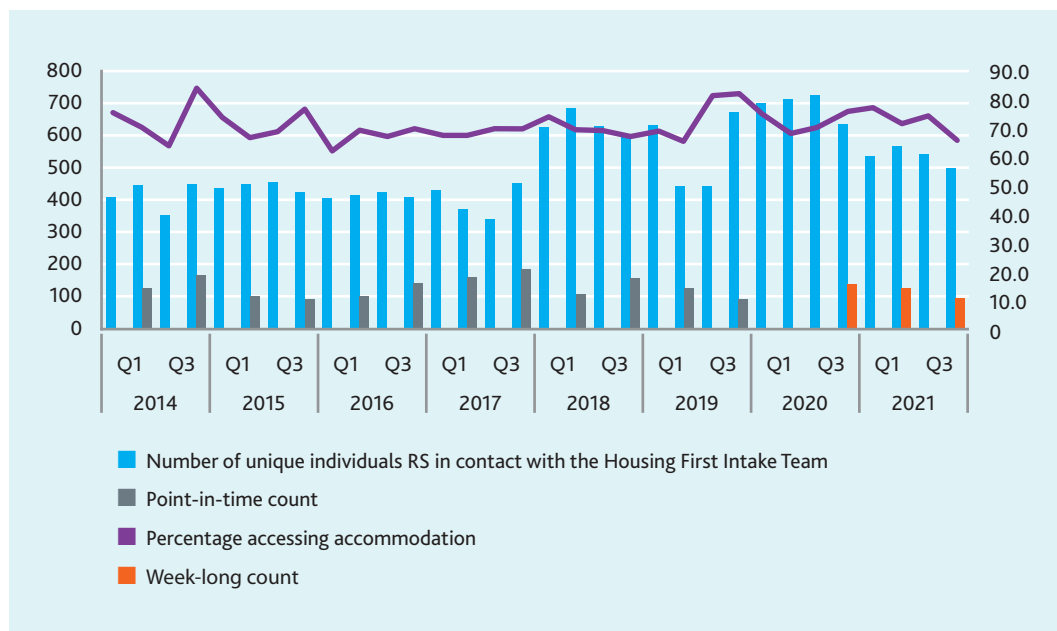
Source: Dublin Region Homeless Executive (various years) Quarterly Performance Reports.

Rates of homelessness

Rates of homelessness are also important as they take into account population growth and demographic change (Johnson and Taylor, 2020). When we turn to look at the rate of adult homelessness based on the point-in-time measure, we can see in figure 3 that the rate per 1,000 population aged over 18 increased from 0.71 in April 2014 to 1.74 in April 2019, and dropping slightly in 2020 and again in 2021. The rate of males in emergency accommodation is consistently higher than that of females and the decrease between 2019 and 2021 are driven by a decline in the rate of homelessness for those aged 18–24 and 25–44 as shown in figure 4.

The overall increase in the rate of adults experiencing homelessness in emergency shelters between 2014 and 2021 was not due to population changes, rather other factors brought about this increase. Furthermore, the rate of homelessness for those aged between 25–44 is nearly double those aged 45–64, while the rate of young people aged 18–24 experiencing homelessness dropped from 2.2 per 100,000 population over 18 in 2018 to 1.7 in 2021 as shown in figure 5. Largely due to an increase in families experiencing homelessness, the gap between the rate of homelessness for adult males and adult females narrowed with 1.6 males and 1 females per 1,000 adults in emergency accommodation in 2017, but this gap subsequently widened as the rate of male homelessness continued to increase, with rate of 2.1 males and 1.0 females by 2021.

Figure 3: Number of adults in emergency accommodation per 1,000 population over 18, 2014–2021
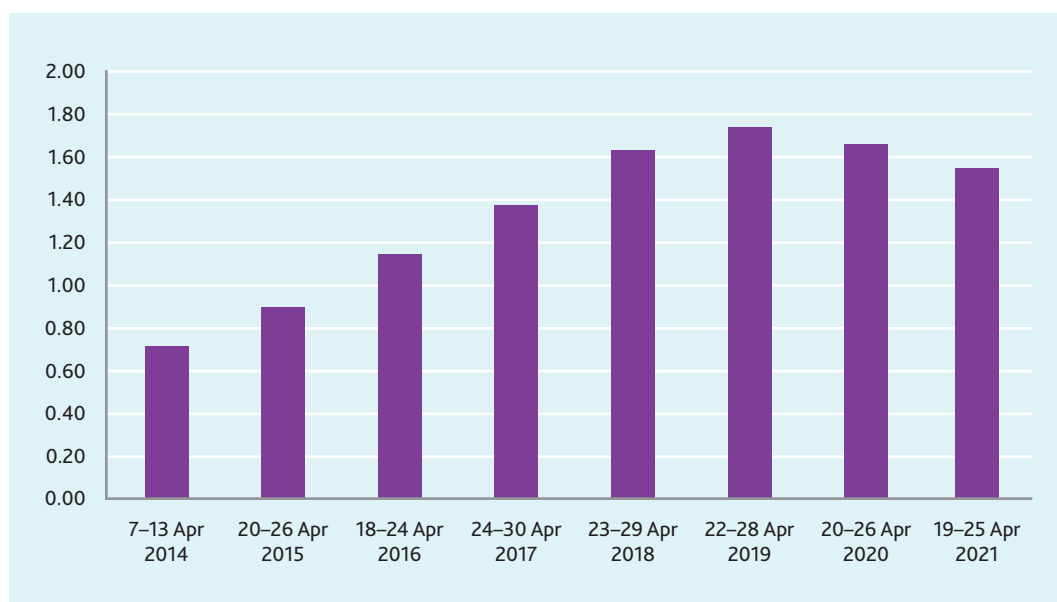
Source: Department of Housing, Local Government and Heritage, 2021a./Central Statistics Office.

Figure 4: Number of males and females adults in emergency accommodation per 1,000 population over 18, 2014–2021
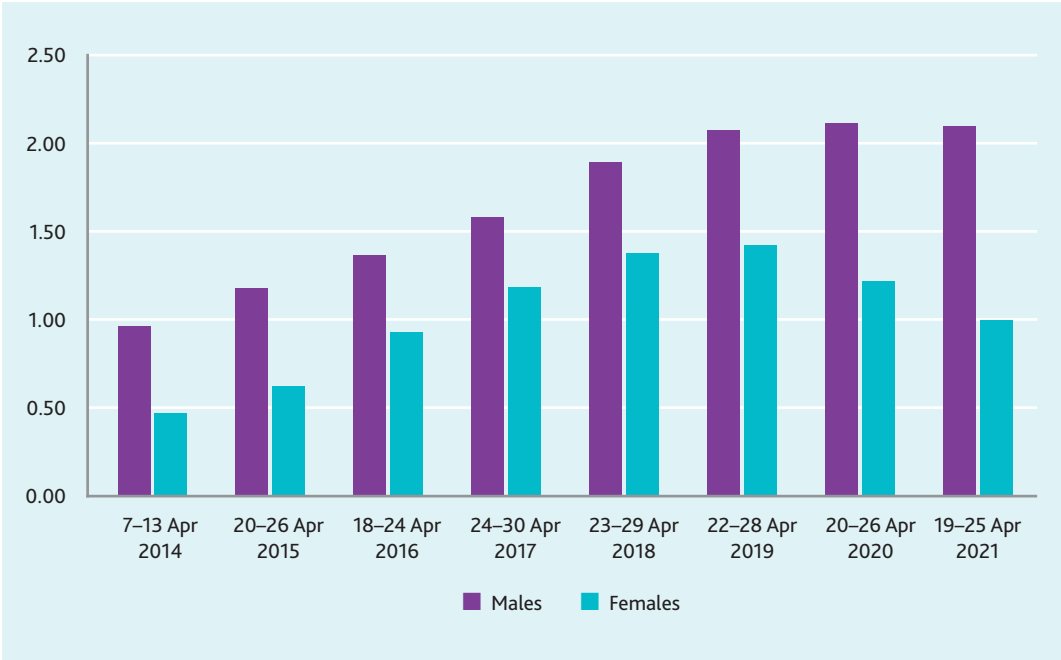
Source: Department of Housing, Local Government and Heritage, 2021a./Central Statistics Office.

Figure 5: Number of adults in emergency accommodation per 1,000 population over 18 by age group, 2014–2021
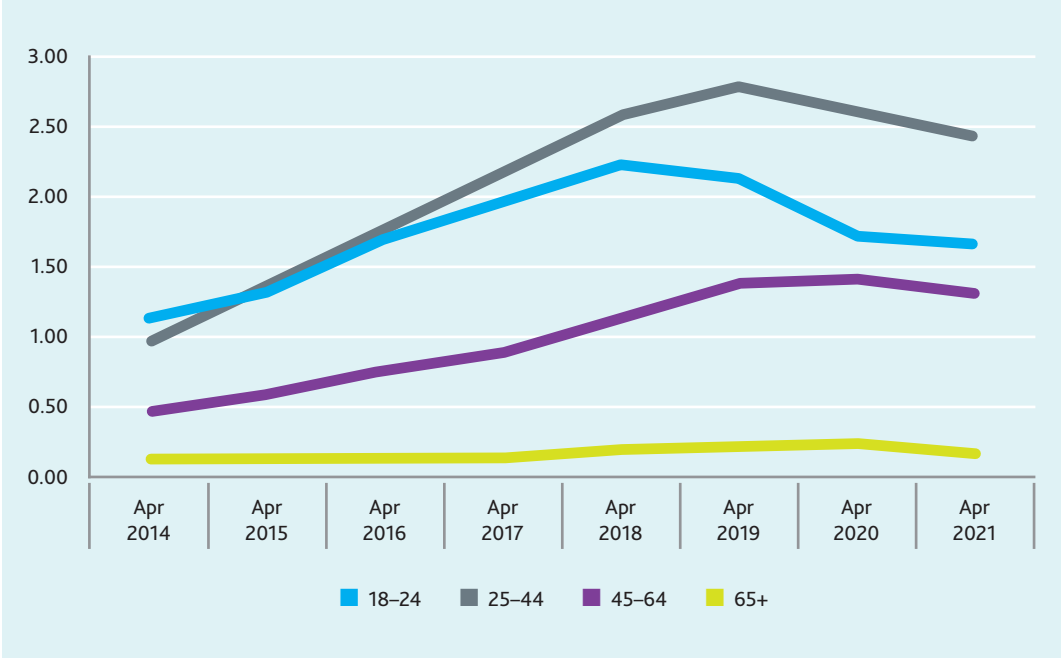
Source: Department of Housing, Local Government and Heritage, 2021a./Central Statistics Office.

Precarious housing

In addition to the number of households in emergency accommodation at a point-in-time, we also have much larger number of households who are qualified for social housing, that is they are, for example, living in over-crowded, unsuitable or unfit accommodation, or have a reasonable requirement for separate accommodation and do not have the financial means to acquire accommodation, but who are waiting for such accommodation to be made available to them.

Despite the increase in supply of both social housing tenancies and social supports over the period 2016–2021, there were just over 59,000 households assessed as qualified for housing support as of June 2021, a decrease of over 32,000 households on the 2016 figure (Housing Agency, 2021). This drop reflects not a decrease in objective need for social housing, but a policy decision to treat those households in receipt of a HAP payment as having their social housing needs met as discussed above.

Table 3: Households in insecure/overcrowded accommodation

	2013	2016	2017	2018	2019	2020	2021
Unsuitable accommodation due to particular household circumstances	20,349	18,920	18,920	18,920	19,422	18,750	18,396
Reasonable requirement for separate accommodation	9,587	11,476	11,914	11,108	12,045	11,445	11,890
Overcrowded accommodation	2,896	3,517	3,544	3,465	3,649	3,551	3,451
Unfit accommodation	647	2,304	948	648	511	544	836
Total	**33,479**	**38,397**	**37,536**	**34,141**	**35,627**	**34,290**	**34,573**

Source: Housing Agency (Various Years) Summary of Social Housing Assessments.

It seems plausible that the flows into emergency accommodation are coming primarily from this larger vulnerable population, and until the provision of secure housing for this larger group is addressed, there will be a continuous flow of adults dislodged from their precarious housing into emergency accommodation.

In summary, the number and rate of adults experiencing homelessness in Ireland, despite a raft of policy initiatives to address the issue, rose remorselessly between 2014 and 2019, and has remained stubbornly high in 2020 and 2021. The cost of providing services to those experiencing homelessness, not surprisingly, also increased with central and local government expenditure rising from just over €70m in 2014 to just under €300m in 2021, with an estimated expenditure of a further €300m again in 2022 as shown in figure 6 (see O'Sullivan and Mustafiri, 2020 for a more detailed analysis of expenditure on homelessness).

Increasingly the bulk of expenditure has been on the provision of scheduled and unscheduled emergency accommodation, accounting for 80 percent of total expenditure in recent years. Nearly two-thirds of the expenditure on emergency accommodation going on the provision of rooms in private hotels and bed and breakfasts, as the capacity of the shelter services, particularly for families, was unable to provide for the increase in demand.

Figure 6: Expenditure on services for households experiencing homelessness by Local Authorities, Dublin/outside Dublin, 2013–2022

Source: Local Authority Revenue Budgets (Various years).

Entries to emergency accommodation

However, as we noted above, the experience of homelessness is a dynamic process and point-in-time data such as described above may not offer much assistance in understanding homelessness and the public policies to prevent and resolve homelessness. In addition to the production of the monthly reports described above, local authorities are also responsible for producing what are referred to as *Performance Reports* every quarter since the beginning of 2014, and these reports provide data on the number of adults entering and exiting emergency accommodation, in addition to the length of the spell in emergency accommodation.

The first key set of data in these reports are the number of unique adult *entries* to emergency accommodation for the first time over the period 2014–2021 as shown in figure 7. This set of data shows a different pattern than observed in the monthly data. Firstly, over 42,000 unique adults experiencing a spell in emergency accommodation over the period 2014–2021 for the first time, compared to the average of just under 5,000 in emergency accommodation at a point in time over the same period. On the basis of this data we can

see that considerably more adults experienced a spell in emergency accommodation than suggested by the headline monthly figure.

Figure 7: Number of new adults entering Section 10 funded emergency and temporary accommodation, 2014–2021
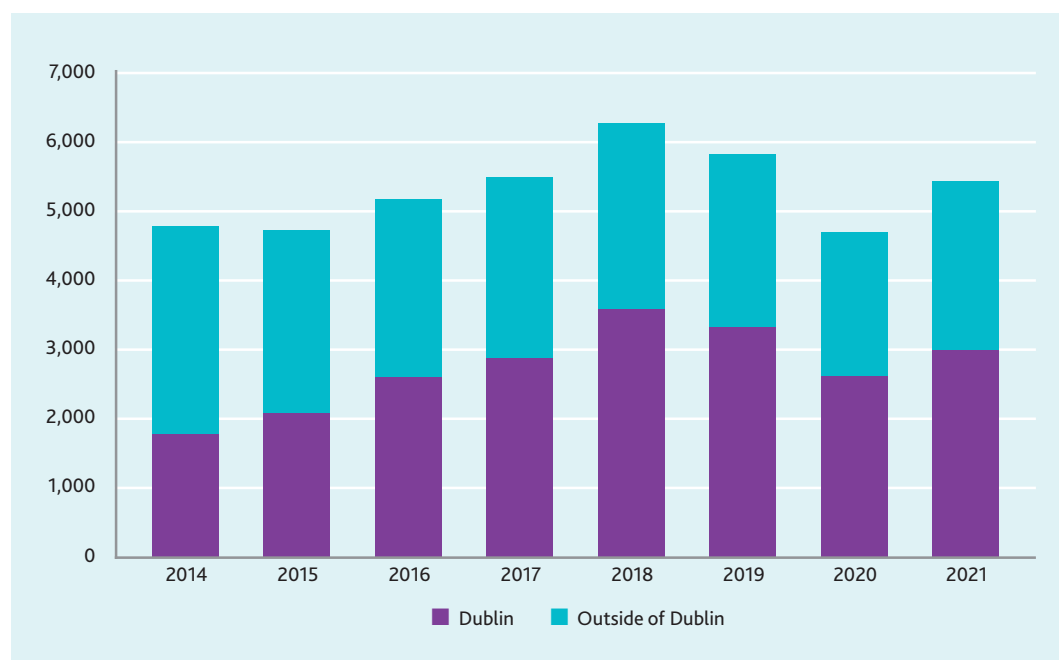
Source: Department of Housing, Local Government and Heritage, 2022a.

Second, the flow of adults experiencing a spell in emergency accommodation for the first time increased each year until the numbers peaked in 2018 and decreased significantly in 2019 and 2020 before increasing again in 2021. Third, at a point in time, on average, 70 percent of those in emergency accommodation are in Dublin; however, the flow data shows that broadly equal number of adults entered emergency accommodation for the first time in Dublin and outside Dublin. The reason why the point in time figure shows 70 percent of all adults in emergency accommodation in Ireland are in Dublin is that adults are more likely to get 'stuck' in emergency accommodation in Dublin than outside of Dublin.

Length of stay in emergency accommodation

Figure 8 shows that at the end of 2021, just over 2,800 adults were in emergency accommodation for more than 6 months in Dublin, compared to less than 1,000 outside of Dublin. The numbers in emergency accommodation for more than six months in Dublin increased from just over 500 at the beginning of 2014 to nearly 3,000 by the end of 2021, and with nearly 80 percent of all adults in emergency accommodation in Dublin at a given point in time being there for more than six months, compared to just under 50 percent outside of Dublin.

Figure 8: Number of adults in emergency accommodation for longer than six months at end of each quarter, Q1 2014 – Q4 2021
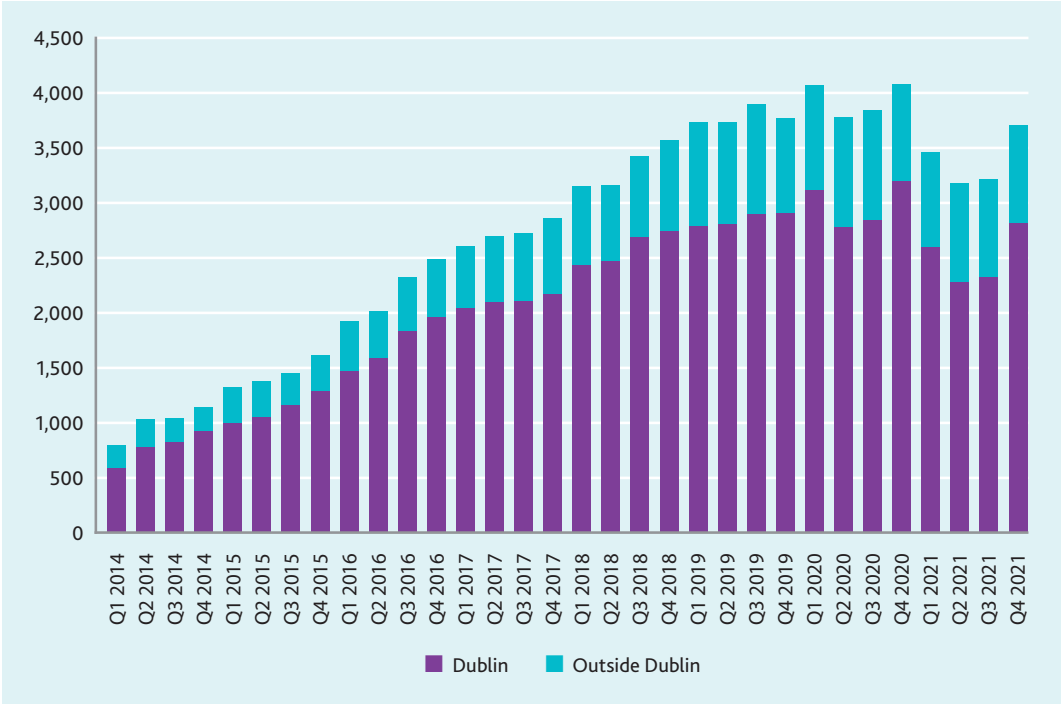
Source: Department of Housing, Local Government and Heritage, 2021a.

Commencing in Q1 2022, more detailed data on duration of stay in emergency accommodation for families and singles is available. In Dublin, approximately 17 percent of both singles and families who entered emergency accommodation stayed there for more than 24 months. Outside of Dublin, the percentage staying for more than 24 months was considerably lower at 10 percent for singles and 5 percent for families.

Figure 9: Duration of stays by single households in emergency accommodation Q1 2022
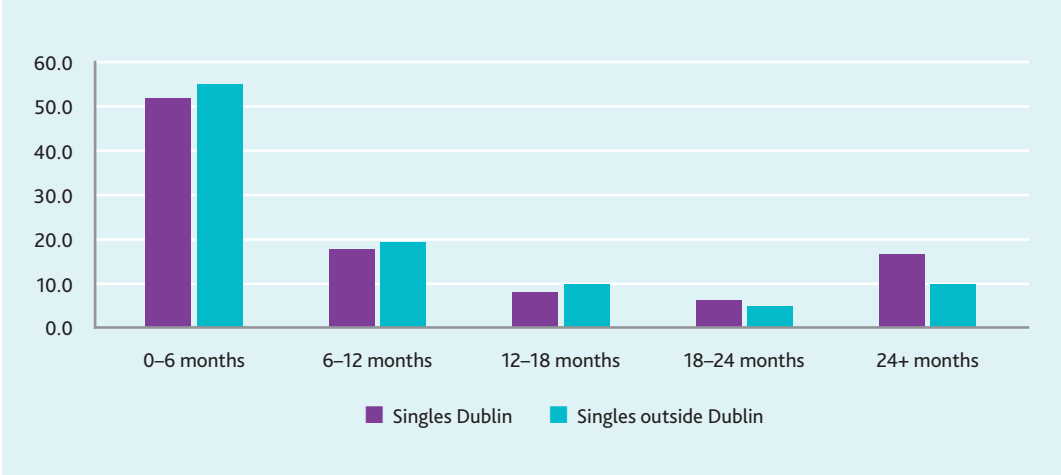
Figure 10: Duration of stays by families in emergency accommodation Q1 2022
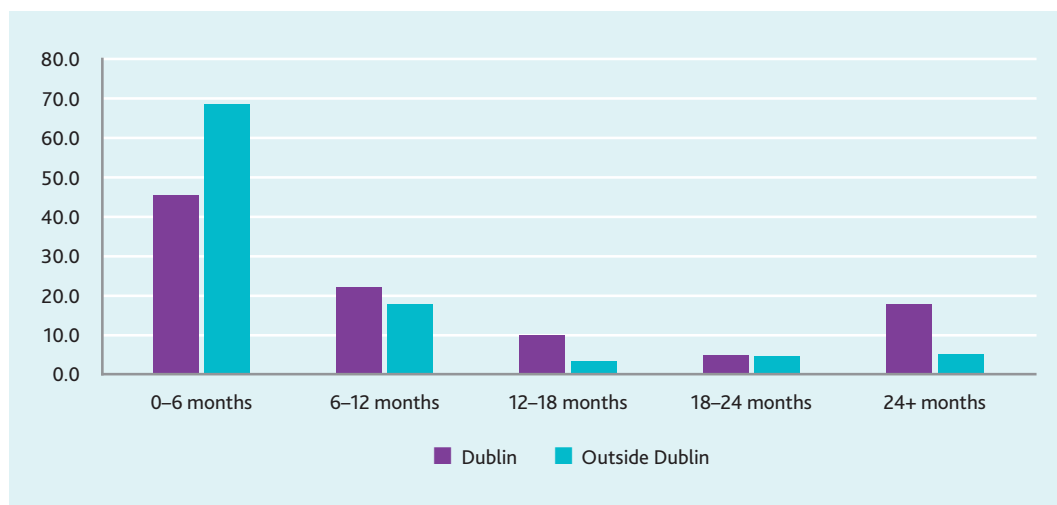
Exiting emergency accommodation

On the basis that the point-in-time data shows that there was an average of approximately 5,000 adults in emergency accommodation on the third week of each month between 2014 and 2021, but 42,000 experienced a spell in emergency accommodation, then the majority must have exited their emergency accommodation. The data shows that just over 25,000 adults exited emergency accommodation to State subsidised housing in the 8 years between 2014 and 2021 – just over 11,000 outside Dublin and just over 13,500 in Dublin. Others exited to various insecure forms of accommodation or to other institutions such as prison or a hospital, often in a long-standing institutional circuit of repeated episodes of homelessness (Hopper et al., 1997; Daly et al., 2018). In Dublin, where detailed data is available on these non-housing exits from emergency accommodation, there were just under 5,600 such exits between 2014 and 2021.

The numbers of adults who exited to housing has increased steadily each year from just under 2,000 in 2014 to 4,000 in 2020, but dipped to just under 3,500 in 2021 as shown in figure 11. The majority of the adults who exited to housing over this period, did so without any supports other than income supports, and the provision of an affordable unit of housing. Only those exiting *via* the dedicated Housing First programme, and there were 680 Housing First tenancies in place at the end of 2021 (Department of Housing, Local Government and Heritage, 2022), required intensive supports to exit emergency accommodation and maintain their tenancies. In Dublin, approximately 30 percent of those exiting to housing received some low level of support, primarily some level of visiting support.

Figure 11: Adult exits from emergency accommodation to housing, 2014–2021
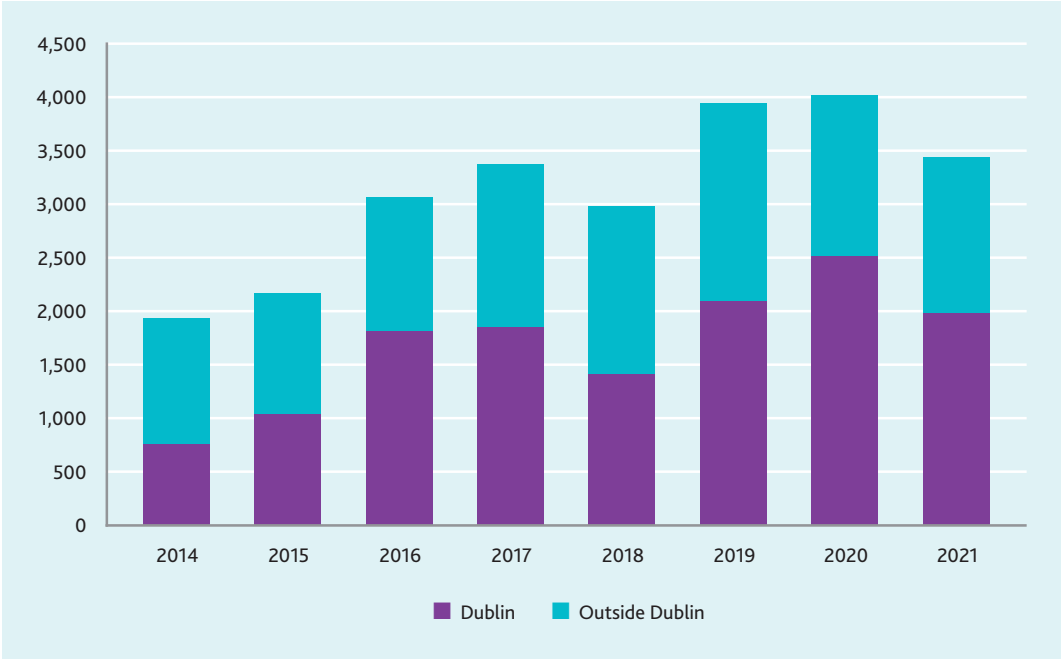
Source: Department of Housing, Local Government and Heritage, 2021a.

Exits from homelessness

Drawing on the work of Sosin et al. (1990) and Piliavin et al. (1996), we can think of exits from homelessness in Ireland as:

> *secure exits*, that is exiting to tenancies provided by municipal authorities or not-for-profit housing bodies that provide de facto security of tenure for life, and where rent is determined by income. Those exiting emergency accommodation to this form of housing are *unlikely* to return to emergency accommodation due to high degree of security offered by state or not-for-profit landlords and that rents are guaranteed to be low and predictable, and based on the income of tenant rather than the cost of providing the dwelling or the market rate.

> *quasi-secure exits*, that is to tenancies provided by the market in the private rented sector, and although security of tenure is weak to moderate, the market rents are subsidised by the State, to allow the tenants' contribution to be based on their income. Quasi-secure exits comprise of 4 distinct schemes that support tenancies in the private rented sector, with municipalities either leasing properties from the private market and making them available to qualified households or more commonly, providing a source of state funding to either the tenant or increasingly the case, directly to the landlord, to bridge the gap between the market rent and ability of the tenant to pay. Security of tenure varies depending if you are living in a dwelling that is leased or either the tenant or landlord is receiving a cash subsidy to enable renting. The most common form of assistance is the *Housing Assistance Payment* where the local authority pays the full market rent (subject to certain

limits) to the Landlord, with the tenant paying an income related contribution to the local authority. However, landlords have the legal right to terminate a tenancy if for example the landlord wishes to sell the property or the landlord or landlord's family member wants to live in the property, alongside the more common reasons of breach of tenant's obligations. As a result, exits to these tenancies are considerably less stable than the independent tenancies and with a *moderate likelihood* of these exits resulting in a re-entry to emergency accommodation.

> *insecure exits*, that is returning to family, staying with friends or families or moving to other institutions such as prison or hospital. These exits are inherently unstable with a *high likelihood* that those who exit *via* this route will return to emergency accommodation when their time in prison or hospital ends, or when, as is often the case, a sharing arrangement eventually breaks down.

Taking the example of Dublin, between 2014 and 2021 there were just over **19,200 adult exits** from emergency accommodation, just over **7,600** or 40 percent were secure exits, just over **6,000** or just over 30 percent were quasi-secure exits and the remaining nearly **5,600** exits were insecure exits. Thus, based on this interpretation of the exit data, for those that experienced an insecure or quasi-secure exit from emergency accommodation, there is a moderate to high likelihood that these adults will return to emergency accommodation. Data is provided on repeat users in emergency accommodation at the end of each quarter, but it does not disaggregate between repeat users who exited emergency accommodation and returned, and users who were in emergency accommodation at the end of the previous quarter and had not exited.

The flow data outlining the entries to and exits from emergency accommodation offers a very different interpretation of the nature of and responses to homelessness than does the point-in-time data. Given the scale of the entries it seems likely that entries to emergency accommodation are driven more by structural factors interacting with individual level vulnerabilities rather than by individual level vulnerabilities only. In terms of policy responses, the data suggests that very considerable success has been achieved in exiting adults from emergency accommodation, albeit not all exits are secure and depending on the type of exit, the likelihood of a further spell in emergency accommodations ranges from low to high.

The data also suggests that the massive expansion in the use of private emergency accommodation (hotels and bed and breakfast type accommodation), the construction of nearly 30 family hubs and the expansion of supported temporary accommodation (congregate facilities for adult-only households) was demand-led rather than the provision of such accommodation pulling households into homelessness. Adults were entering emergency accommodation as a consequence of the ending of their tenancy in the private rented sector and their inability to secure new accommodation, or that 'sofa surfing' arrangements became untenable rather than emergency accommodation acting as a pull factor.

As noted in the introduction, this review did not consider the specific questions arising around migrant groups who are ineligible to join housing lists, in part due to lack of reliable data and research on the issue. In April 2022, the monthly point-in-time reports provided data on the citizenship of adults in emergency accommodation in Ireland for the first time. Just over one- third or 2,532 were either EEA/UK or Non-EEA citizens. There is no published data on the numbers of either EEA/UK or Non-EEA citizens in emergency accommodation ineligible for access to social housing supports under the current guidelines,[6] but anecdotally the numbers are thought to be significant. If that is the case, such households are likely to get 'stuck' in emergency accommodation without access to such supports.

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6 Housing Circular 41/2012 December 2012 – Access to social housing supports for non-Irish nationals –
including clarification re Stamp 4 holders.

Chapter 3
Perspectives on Homelessness in Ireland

Introduction

This chapter explores the views of key stakeholders from the homelessness sector, local and central government and providers of medical and other services working with people experiencing homelessness. The chapter also draws on small scale survey and interview work undertaken with people with lived experience of homelessness. The chapter explores the measurement of homelessness and the perceptions of strategic success and limitations up to the point at which the new strategy *Housing for All* was issued. Key issues identified through this part of the review are highlighted at the end of this chapter and form the basis for the discussions in Chapter four.

Measuring homelessness

Views on the PASS system among those interviewed for the research were varied. In central and local government, the statistics were the official statistics, i.e. they were the basis on which homelessness was escalating or deescalating as a social problem. Government representatives reported that strategic success was evidenced by these figures, because by one metric, the number of households in emergency accommodation, levels of homelessness had started to fall prior to the onset of the pandemic. Equally, the reductions in family homelessness that had been occurring were also presented as a policy success.

Data were also part of the basis on which decisions about resources were made by central and local government, for instance in illustrating the differences in the scale and nature of homelessness in Dublin, relative to the rest of the country. The data showed, for example that around 70% of all emergency accommodation use was in the capital, which in turn influenced where resources and policy attention were focused.

Levels of homelessness have not proven to be heading in a consistently downward direction in recent months, in April 2021, 5,889 adults were in emergency accommodation, compared to 7,105 in April 2022. However, some of the concerns that people working for different stakeholders reported when interviewed, were more those around definition and the meaning of the homelessness figures, rather than the levels they were reporting month-by-month.

Concerns were expressed that the total rate of homelessness was not decreasing in Ireland. The scale and duration for which emergency accommodation was being used and levels of rough sleeping were being measured, but not hidden homelessness. In this view, hidden homelessness was more widespread than had once been the case. This was seen as meaning that the structural, individual and policy factors that were generating homelessness were not being highlighted in enumeration systems, i.e. official measures of homelessness were narrower in scope than the lived experience of homelessness, including hidden homelessness.

This perceived disconnect between what the official data were saying and the likely scale of homelessness extended into the possible effects of the pandemic and ongoing economic challenges at global level. There was a sense that homelessness was being 'stored up' by the multiple interventions around eviction and other temporary measures that had stopped at least some homelessness from occurring, but that once these additional protections were switched off, levels would increase, a concern shared across some other EU Member States (Pleace et al., 2021). Risks of inflation and economic stagnation, in a context of after-housing cost poverty, following the pandemic and the effects of Brexit, were also seen as potentially increasing homelessness.

The concerns expressed by some of the interviewees centred on the national definition of homelessness being too narrow compared to other countries, in turn reflecting legislation that also had a relatively narrow definition. As described, hidden homelessness was, in the view of some respondents, not widely seen as an issue by the Government, the concern being that the way the measurement of homelessness worked, if someone were not in emergency accommodation, or living rough, then they were not defined or counted as being homeless. Some commentators have also argued (Daly et al., 2018) that the many exclusions from the current definition of homelessness in Ireland may impact negatively on monitoring, assessment and planning mechanisms in place.

Strategy: successes and shortcomings

For some of the stakeholders interviewed for the review, the homelessness strategy pursued under *Rebuilding Ireland* had generated some significant successes. However, there were some notable differences in how strategy to date was perceived in different regions, towns and cities.

Dublin

In Dublin, households assisted by the tenancy protection service had risen from 7,189 in 2019 to 9,946 in 2020. At the peak of the pressure on emergency accommodation, 871 families were in commercial hotels, but this had dropped to 84 at the time of interview. The Dublin Regional Housing Executive (DHRE) had also successfully ended use of ONO (one night only accommodation) as part of the emergency provision in the city. Alongside this, the expansion of Housing First and further expansion planned in *Housing for All* was regarded in generally positive terms.

There were some reports from Dublin, that despite some progress in relation to prevention and emergency accommodation use, the issues of a high inflow of people experiencing homelessness into services was still exacerbating longstanding problems in finding rapid exits into settled housing. People experiencing homelessness were still pooled in emergency/temporary accommodation because too many were entering homelessness relative to the rate at which they could be rehoused. External constraints were seen as important here, with a superheated, unaffordable housing market being seen as one of the key challenges.

Particular concerns included an ongoing need to enable people with multiple and complex needs to move into settled homes and to stop people whose homelessness was triggered not by unmet care/treatment needs, but by economic factors, from becoming homeless to begin with and, if they entered the homelessness system, to get them into a settled home as rapidly as possible. The use of Homeless HAP was seen by some respondents as 'crushing' lower income people out of the lower end of the private rented sector, as market distortions were being caused by Homeless HAP paying up to 150% of standard HAP levels. The pressure on a restricted (relatively) affordable private rented and social rented housing supply was always increasing, making rapid rehousing more difficult for people with low, or no, support needs to quickly exit homelessness. Among people with multiple and complex needs, often slow and poor access to housing was compounded by a need for more coordinated, interagency working, including the planned expansion of Housing First announced in *Housing for All*.

People in Dublin at risk of homelessness or experiencing it were also described as tending to want access to social rented housing, offering a much more affordable rent and greater security of tenure and as reluctant to see the private rented sector as offering a sustainable solution to their homelessness. Another related issue was the the level of standard HAP which was not increasing as rapidly as private sector rents in the city, with growing levels of rent arrears being reported.

Coordination and provision of specialist health services and access to broader HSE services was seen as generally good in Dublin. There were teams in place that could support people who presented with addiction and severe mental illness, something that had hitherto been problematic.

Management of COVID-19 in Dublin was seen in largely positive terms, with the homelessness sector and the wider public sector in the city coping comparatively well and for the most part avoiding very high hospitalisation and mortality rates among people experiencing homelessness. The pandemic had slowed down elements of wider homelessness strategy however, as the city had to rapidly redirect resources in order to try to limit the effects on people experiencing homelessness.

Rural areas

In some rural areas, the views on homelessness strategy were more mixed. Homeless HAP was seen as having a more limited effect, because suitable housing, such as smaller apartments, were often not widely available and because the cap (limit) for HAP was seen as being set too low for potentially suitable housing in many rural areas. Alongside this, rural areas tended to generally lack some forms of suitable stock, such as smaller apartments. Rural areas had a mix of stock, including a greater proportion of larger, family sized homes, that were not affordable to someone at risk of homelessness, or on a low income more generally, which meant they were reliant on HAP.

In one rural area, social housing rents were around €500 a month, with Homeless HAP covering just under €400 of that, so that a household eligible for HAP would have to find another €100 or so a month on top of that to fully cover the rent. This was seen as difficult, but not impossible. However, a PRS rent in that same area for equivalent housing was closer to €700–800 a month, so that on top of Homeless HAP, an individual or household at risk of homelessness might be having to find *at least* an additional €300 a month from any other income they might have. Development of social housing and acquisition of existing private housing for conversion into social housing was not seen as going at sufficient speed, relative to the need among people experiencing homelessness.

Coordination with health and social (care) services was not seen as positively in some rural areas. One reason for this was that homelessness was seen as more an issue around adults with complex needs and young people who are care leavers, as a public health issue, as requiring multi-agency, cross-disciplinary working, than as economic in nature. There were good examples of joint working, quite often facilitated by homelessness services like supported housing and housing-led/Housing First services, but collaboration with health and social (care) services could be uneven. Regular problems with services were reported when someone presented with both mental illness and addiction, as mental health services will not work with someone with addiction issues and vice versa. People experiencing homelessness with these sorts of multiple and complex needs were sometimes being moved around, with each service saying they are 'someone else's problem'.

Again, Housing First and other homelessness services were reported as making a positive difference in some more rural areas, including examples of Housing First that have high fidelity with the original 'Pathways' approach first developed by Sam Tsemberis in New York (Tsemberis, 2010). However, these services were not yet present across all rural areas and there were reports of people becoming 'stuck' in supported housing, both because finding suitable housing affordable under HAP was very difficult, but also because assembling a package of multi-agency floating support could be challenging.

Smaller cities

In one of the smaller cities, very similar views were expressed. While *Rebuilding Ireland* had recognised and responded to the homelessness crisis, underlying structural issues with affordable housing supply were still seen as present. There was a housing shortage in Ireland and in one small city's experience, there was a cohort of people experiencing homelessness who were seen as *'having just been left in emergency accommodation here in the city'*. Again, it was a lack of social housing and other affordable housing options which were seen as restricting the capacity of homelessness services in that city unable to move people into suitable, settled housing.

Again, the ongoing challenges were discussed in the context of some progress being made. As part of national strategy and at local initiative, systems had been modified and reconfigured across both statutory and voluntary sector services working with people experiencing homelessness. Gains in prevention, support models and coordination had occurred that were viewed as having improved the situation, but while a lot of progress has been made around homelessness, as one respondent put it in relation to the lack of affordable housing supply: *the structural issues mean that there is still a mountain to climb here in the West in terms of ending homelessness*.

While this city had a Housing First service up and running, which was again seen as generating positive results, there were still reports of a lack of coordination between mental health, addiction and homelessness services. The adoption of Housing First as national policy in *Rebuilding Ireland* was reported as having made life easier in some respects of homelessness strategy, as it created a focus and emphasis. A lot of investment around research was also seen as having helped make the case for Housing First and housing-led services and the continued emphasis on these approaches within *Housing for All*. Both smaller cities and rural areas reported there was a 'fixation' on using one-bedroomed units for Housing First that were not a form of housing that was widely available in this city's housing market or those of the surrounding rural areas. Equally while there had a 'been a lot of noise' around Housing First, the funding was not seen as sufficient in this particular city. Very small budgets were reported that did not allow for the complexities of delivering housing-led/Housing First across a mixed urban/rural area, for example in relation to what could be much more time and expense being needed to allow support workers to travel.

Views from the homelessness sector

Within the homelessness sector, there were concerns that in *Rebuilding Ireland* and continuing with *Housing for All* not much attention had been focused on people getting into difficulty with their rent. While there had been success with the Tenancy Sustainment Programme, HAP had made less difference in relation to rent arrears, which as noted some local authorities were reporting as an increasing problem.

While progress had been made in improving some emergency accommodation, particularly around reducing use of hotels, some issues remained unresolved. One example was access to school for children in homeless families in emergency accommodation, which was seen as having not been systematically addressed, for example around funding transport to ensure a child could reach their school and counteracting unsuitable home environments in relation to completing homework. Levels of emergency accommodation use were also too high. Again, as with other respondents, people working in the homelessness sector pointed to the structural effects of sustained, deep shortfalls in all forms of affordable housing supply as a structural issue that placed inherent limits on effectiveness, one of which was a level of emergency accommodation use that was still far too high.

Over the last year and a half, lone parents were reported as having to move back into parental homes because they cannot find their own housing and as sometimes not even presenting as homeless. The expectation that younger lone parents will return to their parental home, as they do not qualify for the living alone supplements that are available for lone adults, was seen as a structural problem.

A key criticism from within the homelessness sector was that overall experience of homelessness was continuing at high levels. That the measures of 'success' in homelessness, including using falling levels of people in emergency accommodation as an indicator of progress, did not properly encompass or recognise the *rate* at which homelessness overall was still happening as a social problem, including hidden homelessness. Systems were seen as 'successful' if few people (including those with multiple and complex needs) were homeless for long and if prevention was effective. This meant that the structural drivers, the 'engines' of chronic, deep, undersupply of affordable housing and shortfalls in interagency coordination and resourcing, that were generating homelessness were being relatively neglected.

The interaction of domestic abuse services and homelessness services was also seen as inconsistent. Women at risk of domestic abuse were reported as going into refuges, as the only service option available to them, and as not being registered as homeless even though they had lost access to their homes which had become unsafe. Shortfalls in provision of services for women at risk of domestic abuse and experiencing homelessness were reported. The degree of recognition of women's experience of homelessness as something that could be distinct, because of what can be higher incidence of trauma, strong associations with domestic abuse and associated needs, such as ensuring safeguarding is part of a homelessness/multi-agency response, was seen as quite low. As noted elsewhere

in this report, amendments to the PASS system have stopped the recording of women's homelessness in refuges. Equally, some other groups, which in other countries are also treated as having distinctive needs requiring distinctive services, such as vulnerable young people (including those who have left social services/child protection service care) were not seen as being recognised in the same way as in some neighbouring countries.

These intersections have also been voiced clearly through the focus groups conducted for this review. Some of the participants in different geographical areas and homelessness sector representatives highlighted the presence of a divide between responses to homelessness and domestic violence which may hinder, for example, women's access to housing: *Women's Link can provide short-term accommodation, they can then refer back to local authority but there isn't a clear mechanism for paying for that when the woman does not meet the social housing qualification criteria.*

Inconsistencies were reported around multi-agency working. Some issues with the overall level of service provision relative to need across the general population were reported, for example access to mental health services for people experiencing homelessness was seen as sometimes slow and difficult, in a context where access to these services could also be slow and difficult for anyone. Services in Dublin were seen as more coordinated than those in some other areas.

There was some recognition of these issues at central government level. Homelessness was seen as arising due to systemic problems that require a multi-agency response, bringing different strands of work ranging from prevention to regulation of the private rented sector market and provision of emergency accommodation and increasing affordable housing supply. The pandemic was seen as generating new cooperation between housing and health services, including at national as well as at local authority level. One example given by the Government was the commitment to provide an individual health care plan for every homeless person who needs one. This has emerged over the last two years, developed in Dublin and was being rolled out nationally at the time interviews were being conducted.

The lived experience of homelessness

The Review was able to collect some of the views of people with lived experience. As noted in Chapter 1, the circumstances under which this was done were not ideal, as the Review took place while various lockdown arrangements were in place, which meant that remote interviews, using a video communications application, and a remote survey were the only way to collect data. The extent of data collected both qualitatively and quantitatively was *not sufficient* to be regarded as representative and the discussion here should be seen as, at most, broadly indicative of lived experience.

A lack of information and of understanding about what was happening to them when they first contacted homelessness services was commonly reported by the people who shared their views with the Review team. There were reports of not knowing what was going on, being moved around between a confusing array of workers and officers and

between different agencies. Sometimes there were reports of not knowing where to go for help. One respondent expressed this in the following terms:

> "You are putting hope and faith into their hands, into other people's hands… you are just taking direction from them, I didn't have a clue what was going to happen".

The responses to a small online survey, which included only 34 individuals with lived experience are reported here as broad indicators of what being homeless is like, but, again, the level of responses was too low to be seen as statistically representative. Slightly more women than men took place in the small survey. As with the interviews with people with lived experience, uncertainty about what to do when homelessness occurred was widespread. When asked when they realised they might lose your home and sought help, 22 people (67%) reported it was extremely or somewhat difficult to find help and information.

Experience of some services was not always positive. Some people with lived experience of homelessness reported that shared, congregate and communal service environments, including mixed gender hostels, did not always feel safe because of the behaviour presented by some other residents. This was in a context in which some supported housing services provided by the homelessness sector were seen in much more positive terms, including as providing the right mix of practical and emotional help to facilitate a lasting exit from homelessness.

Emergency accommodation and hostels tended to be viewed positively by survey respondents, with 19 out of 34 reporting these services were 'very respectful' (56%) or at least 'quite respectful' (7 people, 21%). Most reported that emergency and hostel accommodation they were currently resident in was of a 'good' standard (19, 56%). The behaviour of other residents was, however, much more likely to be described as 'ok' (63%) than 'good' (19%), though again these results should be read as a small, informal, sample of opinion not as representative. Results were mixed on safety within emergency accommodation, with 46% describing it as good, while a smaller proportion (18%) described it as 'not good'. Similar results were reported in relation to the privacy offered within emergency accommodation. Noise levels were described as 'not good' by one third of respondents, but a higher proportion described them as 'ok' or 'good'.

Within the small survey group, respondents were most positive about the support they had received from services around claiming welfare benefits, emotional support and practical help and advice. Not all respondents needed help with addiction or mental health issues, but where this had been the case, results suggested that experiences could be mixed, again with the caveat that this exercise was not representative.

Long, including very long waits for social housing were reported. The relative insecurity and higher cost of the private rented sector was not seen as offering a stable housing solution by some people with lived experience of homelessness. Some respondents directly associated increases in homelessness with the explosive increase in rents and house prices, at national level and particularly within Dublin.

There were some reports of experiencing stigma and wishing to conceal the fact of homelessness, trying to present and pass as 'normal' and trying, internally, to continue day to day living without the sense of security associated with a settled home. As one respondent put it: "*When you are doing day to day things, you have to pretend that everything is normal, but it's not*". Wider research has raised the idea that one of the major effects of homelessness is an absence of having a sense of place, within and as part of society, which is closely linked to the idea and physical reality of a settled home (Padgett, 2007).

When asked about what would have prevented their homelessness, respondents to the survey and the interviews highlighted the following. Help with housing costs, access to social rented housing and better information were frequently mentioned.

> Help with paying the rent/rent arrears (a small number reported help with mortgage costs)
> Help with finding social housing
> Better information on where and how to get help
> Help with finding alternative private rented sector housing
> Help with accessing support and treatment for mental illness and addiction, although these were only issues for some respondents
> Help with accessing domestic abuse services and support
> Help with relationship counselling to manage and avert family breakdown

Key issues

The key issues identified in the measurement of homelessness were:

❯ The rate of homelessness was not falling, i.e. the number of people experiencing homelessness was increasing, 'successes' were being defined in reducing levels, increasing throughput in emergency accommodation and in reducing rough sleeping.

❯ Hidden homelessness was not being counted. While definitions of housing exclusion and hidden homelessness vary, the concern here was that the extent of the population at risk of homelessness and of repeat homelessness was not properly appreciated.

❯ COVID-19 interventions were thought to be concealing a backlog of potential homelessness.

❯ Existing measures tended to highlight urban homelessness, particularly within Dublin.

The key strategic issues identified were:

❯ Affordable and social housing supply were at the centre of challenges in preventing and reducing homelessness, an issue identified by all the stakeholders working within and across the homelessness sector and among people with lived experience of homelessness.

❯ Experience of homelessness had become more widespread and the key driver of that experience, i.e. housing exclusion, had not been addressed. Homelessness was in some senses being dealt with more efficiently in terms of prevention and emergency accommodation use, but it was happening too often.

❯ Improvements in the level and nature of emergency accommodation use had been made, but levels were still seen as too high.

❯ Gains in prevention had been offset by the ongoing shortfalls in social and affordable housing supply.

❯ Progress had been made in relation to service coordination and in development of Housing First for people experiencing homelessness with multiple and complex needs, but the results were uneven, with services being most developed in Dublin.

❯ People with lived experience of homelessness reported issues with access to information, uncertainty during the process of seeking assistance and inconsistencies in the quality of services. Help with rent arrears, housing advice and accessing support, treatment and social housing were the forms of help that were most frequently identified as having the potential to stop the homelessness they had experienced from occurring.

❯ Women's homelessness needed better understanding and recognition. The coordination between domestic abuse and homelessness services was not as well developed as it should be. The additional and specific needs of other groups such as young people, including care leavers, were also not fully recognised in current service provision.

Chapter 4
Key Issues from a Comparative Perspective

This chapter looks at the key issues identified by people with lived experience of homelessness and stakeholders from the homelessness sector, government, local government and health services from a comparative perspective. The first section explores the measurement of homelessness, which is followed by a discussion of the strategic issues.

The definition of homelessness

Stakeholders raised the concern that the rate of homelessness in Ireland was not falling, but was instead increasing. Their criticism was that policy 'success' was being claimed on the basis of two metrics, low levels of people sleeping rough and falling use of emergency accommodation, both in terms of the number and the length of stays and in the reduction in hotel use (see chapters 2 and 3).

Figure 1 shows the mean of past housing difficulties across 12 European countries[7] and the results for Ireland. Irish households were slightly more likely to have experienced staying with friends or family temporarily, staying in emergency or temporary accommodation and staying in a place not intended as a permanent home.

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7 Albania, Greece, Slovakia, Romania, Spain, Portugal, Bulgaria, Germany, Malta, Denmark, Ireland, Belgium.

Figure 12: Past experience of housing difficulties
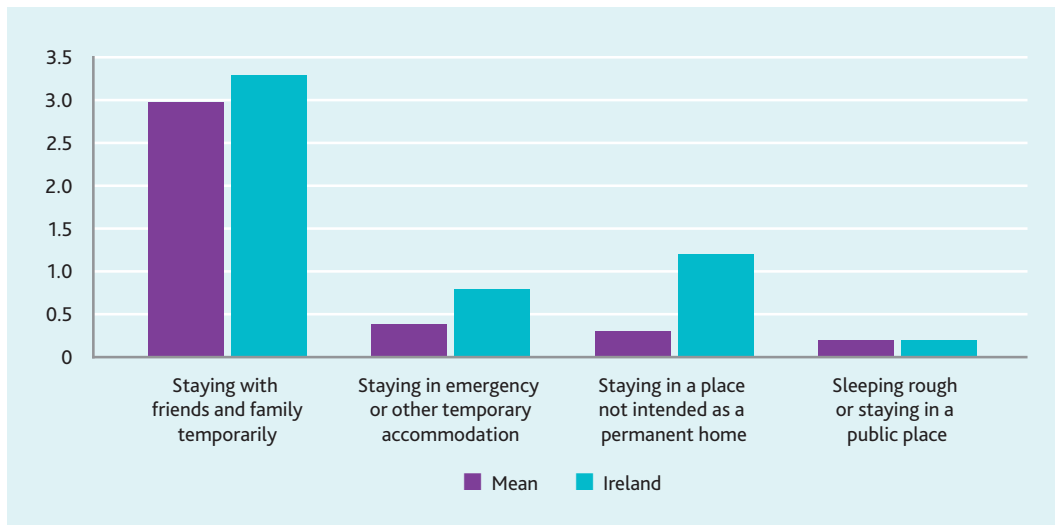
Source: Eurostat (2020) 2018 – Material Deprivation, Well-being and Housing Difficulties
(Brussels: European Commission).

The focus on emergency/temporary accommodation and rough sleeping as the main measures of homelessness is a narrower definition than that recommended by FEANTSA, the European Federation of Homelessness Organisations. ETHOS, the European Typology of Homelessness and Housing Exclusion, advocated by FEANTSA, was developed by Edgar & Meert (2005) and defines homelessness on a broader basis than many statistical measures. ETHOS makes reference to three 'domains' which are defined as constituting a 'home'. Having a home can be understood as: having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (the physical domain); being able to maintain privacy and enjoy relations (the social domain) and having legal title to occupation (the legal domain). Within ETHOS, homelessness occurs when someone lacks all three domains, i.e. they are living rough and when they lack the social and legal domains, who are described as 'houseless' people.

Applying ETHOS in practice presents some challenges. In 2013, an attempt was made to apply ETHOS to Northern Ireland, which was largely successful in populating the typology, i.e. there were data available to at least partially describe each category of homelessness and housing exclusion. The exceptions were twofold. People experiencing hidden homelessness were too mobile and too elusive, i.e. they were not in sufficiently reliable contact with services to appear in administrative datasets and they were unlikely to be picked up in any surveys in a representative way, because they moved around (and were also not that numerous, further reducing the chance they would be sampled). Equally, while there was some information from people applying for social housing and indicators of possible prevalence through surveys, data on the numbers of people living in unfit housing, in a physical sense because of poor repair, due to overcrowding and in situations of after-housing cost poverty, were thin and inconsistent (Pleace and Bretherton, 2013).

Another issue was that people in situations of housing exclusion, i.e. excluded from the physical and legal domains or from the physical and social domains, or from any one of the physical, social and legal domains, are not defined as homeless, but in two other categories of 'insecure' and 'inadequate' housing. In some EU member states and the UK, hidden homelessness, i.e. staying in precarious/insecure arrangements with friends, family or acquaintances because there is nowhere else to go, is defined and counted as homelessness, whereas it is categorised as insecure housing in ETHOS.

ETHOS has a complicated relationship with the various European attempts, at national and international level, to effectively enumerate homelessness. At pan EU level, the recent COST Action *CA15218 – Measuring homelessness in Europe* (2016–2021) explored both the scope for technical improvements in rough sleeper counts and wider attempts to enumerate all forms of homelessness, including 'hidden' homelessness (Pleace and Hermans, 2020). Cultural expectations and popular imagery, the idea that someone is only 'homeless' if they are on the street and (perhaps) in an emergency shelter and that this person will very likely be alone, male and with multiple and complex needs has proven very resistant to evidence of the sort stemming from the work of Culhane and others (O'Sullivan et al., 2020).

The development of ETHOS Light (Table 4), designed to facilitate consistency in surveys at European level (Baptista et al., 2012), which reclassified hidden homelessness brought ETHOS more into line with some of the broader definitions of homelessness in Europe (Busch-Geertsema, 2010). Some incompatibility with mainstream definitions of homelessness remained, because ETHOS Light, like the original ETHOS, counted *potential* homelessness among people living in institutions who had nowhere to move into when they left, such as prisons and long-stay hospitals. Most countries record only 'actual' homelessness although three UK administrations document the number of households presenting to services because they are at risk of homelessness and how many receive preventative services.

Consensus on the definition of homelessness tends to be centred on the categories 1, 2 and 3 in ETHOS Light, i.e. people living rough, in emergency accommodation (defined here as overnight shelters) and in accommodation for people experiencing homelessness (which covers congregate and communal, fixed site, supported housing i.e. hostels and other temporary supported housing with different levels of support). All of these situations are not settled; in the case of the first two categories it is evident that an individual, couple, family or other household has no accommodation. In the third category, the operational norm across much of Europe (Pleace, Baptista et al., 2017; Baptista and Marlier, 2019) is that accommodation (as opposed to housing) for people experiencing homelessness is inherently temporary.

Category five tends to have differing interpretations. One issue here is that Roma and Traveller populations using mobile homes as their main accommodation are seen as expressing a cultural and individual choice. The national policy that treats Roma/Traveller populations as distinct from homelessness is not unique. For example in England, people living in a caravan because they have nowhere else to go, who are not identifying as 'Gypsy'

or 'Traveller' might be classified as 'homeless', but an equivalent group in a mobile home on a local authority designated Traveller site, may not be defined as 'homeless'. Roma housing exclusion and homelessness tends to be processed differently across Europe and both within and outside the EU in a broader sense. Additionally, the development of specific policy approaches to addressing Roma integration issues, namely at the EU level (see for example the EU Framework for National Roma Strategies) also seems to contribute to this policy divide. Since 2012, each Member State reports on the implementation of its National Roma Integration Strategy, covering a range of policy areas including housing integration (e.g. housing assistance, eviction prevention, access to affordable housing) and discrimination.

Table 4: ETHOS light

Operational category	Living situation	Definition
1 People living rough	1 Public space/external space	Living in the streets or public spaces without a shelter that can be defined as living quarters
2 People in emergency accommodation	2 Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation
3 People living in accommodation for the homeless	3 Homeless hostels 4 Temporary accommodation 5 Transitional supported accommodation 6 Women's shelter/refuge	Where the period of stay is less than one year
4 People living in institutions	7 Health care institutions 8 Penal institutions	Stay longer than is needed because of lack of housing/no housing available on release
5 People living in non-conventional dwellings due to lack of housing	9 Mobile homes 10 Non-conventional buildings 11 Temporary structures	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence
6 Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12 Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence

Based on Edgar et al. (2007).

There is evidence of sustained stigmatisation and marginalisation of Roma populations across Europe (Lecerf, 2022). People experiencing homelessness in informal/unregulated settlements or what are sometimes referred to as camps or encampments, will tend to be defined as part of the rough sleeping or unhoused population.

Category six, which encompasses hidden homelessness is the least widely recognised form of homelessness (Pleace and Hermans, 2020). This is important, as in some countries this population may be many times larger than the number of people sleeping rough and it is this group of people experiencing homelessness in which women appear to be much more strongly represented (Bretherton and Mayock, 2021). Family homelessness, the bulk of which tends to be lone women parents, may also be undercounted if this form of homelessness is not counted, including some evidence that lone women parents may often experience hidden homelessness for some time before approaching public authorities or other homelessness services for assistance (Bretherton and Mayock, 2021).

Although comparisons of the extent of women's homelessness across Europe are significantly hampered by dominant techniques of enumeration (Pleace, 2016; Bretherton and Mayock, 2021) and by measurement methods in place (Busch-Geertsema et al., 2014), there is strong evidence that women's homelessness is a significant overall problem. Women appear in much greater numbers, whenever the definitions and the enumeration methods used encompass a wider reality than rough sleeping and the use of emergency accommodation services (Hansen Löfstrand and Quilgars, 2016; Pleace, 2016).

Additionally, women's use of support services during their homelessness trajectories goes beyond those included in the homelessness sector. Intersections between the experiences of domestic violence and homelessness among women, for example, have been largely unrecognised (Mayock et al., 2016), in spite of increasing evidence on these interconnections arising from research carried out across Europe on women's experiences of homelessness (Reeve et al., 2006; Quilgars and Pleace, 2010; Mayock et al., 2016; Bretherton, 2017).

Bretherton and Mayock (2021) identify what they call spatial, administrative and methodological flaws in the definition and enumeration of women's homelessness. The spatial error centres on an idea that 'homelessness' only exists in certain spaces, in the Irish instance, emergency accommodation and people living rough, rather than in other forms including hidden homelessness. The administrative error centres on classifying women who are actually homeless as experiencing domestic abuse, because they are using domestic abuse services, creating a further undercount. The methodological flaws centre on the use of cross-sectional surveys (counting people over a short period), e.g. counting people in homelessness services on any single day tends to overrepresent men and overrepresent people who are 'stuck' in those services because they cannot move on, i.e. the population with multiple and complex needs is oversampled. All of these issues stem from overly narrow definitions of homelessness.

Potential homelessness, i.e. the number of households at risk of homelessness is not widely recorded across Europe. In the UK administrations, households that present themselves to local authorities as at risk of homelessness are recorded, although the point at which they are regarded as (and recorded as) effectively homelessness varies (it has been expanded from 28 to 56 days from eviction/housing loss in Wales and England). One issue here is that eviction does not always, indeed does not often, result in immediate homelessness, but an absence of data on both hidden and potential homelessness had

raised concerns that there was little idea about the scale of homelessness being held back by the COVID-19 measures in relation to eviction.

The strategic implications of different definitions of homelessness

Narrower definitions of homelessness, i.e. focusing on categories 1–3 of ETHOS light, risk:

› Significant undercounting of women's homelessness, including lone women parents who have dependent children with them, because women may be more likely to respond to homelessness by relying on friends, relatives and acquaintances rather than formal services and only approach services when their informal options for keeping a roof over their head have been exhausted.

› Generally undercounting populations that are effectively homeless, i.e. lacking security of tenure, physical control over their living space, privacy and the usual benefits of a settled, adequate, affordable home.

› Oversampling of populations with multiple and complex needs in point-in-time/cross-sectional counts (surveys that take place over a short time frames), because those people experiencing homelessness who become stuck in homelessness services or make recurrent use of those services, or who find it difficult to sustainably exit living rough, are more likely to have multiple and complex needs.

› Limited data on the pool of individuals and households who are at risk of homelessness, because of the emphasis on only defining homelessness in terms of 'homeless places', i.e. living rough, in emergency and temporary accommodation, rather than trying to understand the scale and nature of the populations at risk of becoming homeless.

In Ireland, existing definitions, which currently centre on people being in what are defined as 'homeless places', i.e. in emergency accommodation or on the street, risk undercounting housing exclusion and hidden homelessness. In turn, this focus means that women, young people and other populations experiencing hidden homelessness, which ultimately means no legal or physical security and may often mean limited privacy or control over living space, are undercounted in Ireland. Importantly, the population from which people experiencing homelessness are likely to come, i.e. low income households experiencing housing exclusion, is not fully understood either.

According to the study published by the European Commission in 2019 (Baptista and Marlier, 2019) Ireland was one of the 13 EU Member States which did not fully include in their homelessness definitions the first 3 ETHOS categories, contrary to countries like the Czech Republic, Germany, Spain, Finland or Sweden which covered the full range of ETHOS. One of the specific recommendations issued in regard to Ireland was precisely in relation to definitional issues:

> **It is recommended that Ireland adopt the ETHOS Light classification and use it to create the foundation for a bespoke data system (…) Clear and inclusive definitions and full enumeration of each should be a priority for the future. (Daly, 2019:4,15)**

Internationally, it has been argued that the definitions of homelessness used by a country are of fundamental importance in shaping the nature and effectiveness of policy and strategy (Marquardt, 2016). One reason for the reach and effectiveness of, for example, strategies in Nordic countries like Denmark or Finland, is that the *definition* of homelessness is broad, i.e. encompassing multiple forms of 'hidden' homelessness (Pleace and Hermans, 2020).

In strategic terms, a wider definition of homelessness means that broader interventions concerned with many manifestations of homelessness are developed. A wider definition tends to reflect and reinforce a 'broadband' homelessness policy intended to reduce the risks of homelessness on multiple levels. In essence, a policy that promotes widespread prevention, an integrated, cross-agency and cross-departmental response when homelessness is associated with multiple and complex needs and which devotes significant resource to increasing social and affordable housing supply is more likely to be effective if homelessness is broadly defined.

Finnish strategy defines homelessness in broad terms. Most homelessness that exists in Finland is hidden homelessness, counted as part of the ongoing evaluation of what is widely regarded as one of the most effective homelessness strategies of any country. Finland's housing-led approach and strong emphasis on interagency working, social housing supply and preventative services keeps homelessness very low, but it does this in part by defining the issue broadly and delivering services to all the populations at risk of homelessness, alongside those at risk of repeated or sustained homelessness. A wider definition reinforces strategic effectiveness because more of the population who are at risk of homelessness have access to housing and support within the integrated Finnish strategy (Y Foundation, 2017 and 2022).

By contrast, 'narrowband' policy, one example of which is the approach of central government in England, which it might be argued has systematically been recasting 'homelessness' as mainly only meaning people sleeping rough, produces distortions. The metric being used, in the English case rough sleeper counts that suffer from inherent inaccuracies (people hide because it is unsafe, they often do not sleep out all the time) can be referred to as a marker of 'success' or 'failure' if there are more people sleeping rough one year than was the case the previous year. However, because policy attention is focused on that single metric of the rough sleeper count, the various and multiple drivers of rough sleeping levels, ranging from systemic failures in housing and labour markets, welfare reform, cuts to health, social care, mental health and homelessness services, alongside the experiences, needs, characteristics and actions of people sleeping rough receive less attention. Issues that involve far greater numbers of people, including family homelessness, also receive less policy attention and comparatively less resources because of how 'homelessness' is defined (Pleace and Hermans, 2020).

Before concluding this part of the discussion, it is important to note that national definitions of homelessness are only broader in some other parts of Europe, particularly Scandinavia and in some North Western countries. In Central, Eastern and Southern Europe, two or more households living in space designed for one is more likely to be defined as housing exclusion than homelessness. Not all Western EU member states recognise

someone without any security of tenure, no control over their living environment (no front door of their own) and who may be severely overcrowded, in very poor conditions, or at risk in a precarious informal arrangement with acquaintances, friends or relatives, as being 'homeless', because they are still living in 'housing' (Pleace and Hermans, 2020).

Rural areas

Hidden homelessness can be very hard to see unless specific systems are in place to count it. These can be administrative, survey based, either looking for hidden homelessness and/or employing measures of population prevalence, i.e. determining how many people have experienced homelessness in the general population. Current data collection is likely to reflect where homelessness is most visible, i.e. where emergency accommodation use is high and rough sleeping is most visible.

According to stakeholders, this skewed the picture of homelessness towards the major urban centres and Dublin. Resource implications could flow from this, i.e. that resources tended to be concentrated in areas where homelessness was high. Issues like rural homelessness can be downplayed by data collection which uses a narrow definition of homelessness. There is potential undercounting of hidden homelessness in rural contexts where there may be relatively less service provision and the only options may be living rough or, probably more frequently, staying with friends, family or acquaintances.

Strategic issues

Housing supply and emergency accommodation

Affordable and social housing supply were highlighted by all the stakeholders working within and across the homelessness sector and among people with lived experience of homelessness. While improvements had occurred, prior to the pandemic, in the nature and extent of emergency accommodation use, what was still seen as an over-use of emergency accommodation was seen as a direct function of the shortage of social and affordable housing supply. For people with lived experience of homelessness, social housing, with lower rents, greater security and better standards was preferable to the cost and quality of housing options available via the private rented sector. The effectiveness of innovation in national policy, including prevention, was seen as being hampered by the lack of social and affordable housing supply.

The international lessons here can be easily summarised:

› Strategic innovation and integration tend to fail when social and affordable housing supply is inadequate. Homelessness cannot be reduced or prevented by using evidence-based, coordinated services when the basic issue of housing supply is not addressed. Emergency and temporary accommodation use will tend to spike when housing supply is insufficient, which can result in both high human and economic costs.

› Homelessness services become dysfunctional in a context of inadequate social/ affordable housing supply, prevention does not function properly, fixed site supported housing services cannot move people on into settled homes and housing-led/Housing First services can be hampered by a lack of suitable housing.

› The most effective European homelessness strategies incorporate significant commitments to increase social and/or affordable housing supply.

In the mid 2000s, a preventative shift in policy produced a rapid and sustained fall in the number of homeless households being assisted into settled housing by local authorities in England (Pleace, 2019). Numbers began to increase in two ways in the English homelessness system, following a dramatic fall as preventative practice, centred on the use of Housing Options Teams, was rolled out. In 2005, just over 100,000 households were supported into settled housing, by 2009, it was just over 41,000. High levels of temporary accommodation use also began to fall, from an average of over 100,000 households (mainly in London) in 2005 to an average of around 47,000 in 2011 (Source: DLUHC). Debates started about whether prevention was blocking people entitled to help from getting settled housing, but there was also evidence that prevention was showing effectiveness (Pawson, 2007).

The effect of greater prevention was short term. Temporary accommodation use began to increase rapidly and the numbers of households owed the main duty also began to increase. By 2016, average temporary accommodation use was up to over 70,000 and the households owed the main duty of settled housing was approaching 60,000 (source: DLUHC). A major intensification of preventative services followed with the 2017 Homelessness Reduction Act, the exact effects of which were blurred by various interventions around COVID from 2020 onwards, but while the households owed the main duty dropped back down in 2018/19, temporary accommodation use continued to spike. On 31 December 2021, 96,410 households – containing 118,900 children – were in temporary accommodation in England, just over 9,000 of whom were in bed and breakfast hotels, with high numbers in apartment hotels offering self-contained flats on a nightly basis (source: DLUHC).

While other innovations like Housing First were being introduced in England, albeit in somewhat inconsistent ways, social and affordable housing supply was not being increased. Households pooled in temporary accommodation because they could not be moved on, prevention became more difficult because of the same pressures on affordable and social housing supply (Wilson and Barton, 2021). The strategic innovation that was happening had inherently limited effects because there was not enough affordable and specifically, not enough social, housing.

The ultimate consequence of this has been *gigantic* expenditure on temporary accommodation for homeless households, particularly in London. In 2015–16, local authorities spent some £845m (equivalent to over €1bn at current exchange rates) on temporary accommodation for homeless households (National Audit Office, 2017).

France too, has made sustained use of hotels and other emergency accommodation because its homelessness services and systems have been overwhelmed by demand and

there is not enough affordable and social housing supply to move people experiencing homelessness into (FAP/FEANTSA, 2019). An absence of housing supply means that systems start using hotels and other short-term accommodation as *overflow*, at considerable expense, which ultimately misdirects money that could be better spent elsewhere into the pockets of private sector hotels and other services to provide temporary accommodation that prevents living rough, but essentially acts as expensive warehousing of people experiencing homelessness until suitable housing becomes available.

The Portuguese homelessness strategy currently in place (ENIPSSA 2017–2023) introduced an explicit link to the need to strengthen wider housing policies, a commitment which had been absent from earlier versions of the national homelessness policy (Baptista and Coelho, 2021). This policy shift represents an important development taking into account that the traditional approach to homelessness in Portugal has been mostly embedded in a social welfare model that addresses homelessness mainly from a social exclusion perspective, rather than from a housing one. Nevertheless, emergency and temporary accommodation services continue to represent the major share of the funding allocated to homelessness services: by the end of 2020, the Social Security Institute had allocated a total of €810,000 to housing-led services which covered an operation time span of 18 months (i.e. the total duration of these contracted services), whereas the investment made in Temporary Accommodation Centres amounted to €4,8 million in 2020 (an increase from €4.6 million in 2019). Additionally, social welfare support linked to promoting access to permanent housing solutions has always had an extremely limited scope (Baptista and O´Sullivan, 2008).

Shelters and fixed site supported housing has the same experience. People experiencing homelessness sometimes do not move on from shelters or temporary supported housing because the right mix of support is not available and some services are not always well suited to some people with multiple and complex needs, but an overarching reason is again that there is not enough suitable housing to allow people to move on. Rather than offering a solution to homelessness, these services again function as 'warehousing' because a vital part of the equation, being able to move someone on to a suitable home, is either a very long process or may ultimately be impractical (Pleace, Baptista et al., 2018).

Finally, housing-led and Housing First services, which are well-evidenced responses to homelessness associated with multiple and complex needs, cannot function without the right sort of housing supply in place (Pleace, Baptista and Knutagård, 2019). England's experience with integrated and innovative prevention has been echoed by experiences in Housing First, where services again face inherent limits and are hampered in their effectiveness by the right housing supply not being in place (Blood et al., 2018).

Effective strategies, the archetype of which is Finland, include the provision of social and/or affordable housing at their core. The Finnish national strategy was delivered within a broader strategic framework of increasing affordable and social housing supply. The Y Foundation, a major developer of social housing for people on low income, both through newbuild and purchasing and converting the tenure of existing stock, also creating *dedicated* social housing supply specifically for people experiencing homelessness and at

risk of homelessness (Y Foundation, 2022). Equally, as strategic control over housing policy is devolved to the Welsh and Scottish governments, both have built national homelessness strategies within frameworks of increasing social and affordable housing supply and, in the Scottish case, stopping the sale of remaining social housing (Boyle and Pleace, 2022).

Housing First

Stakeholders reported progress in delivering Housing First, particularly in Dublin, but the results were regarded as uneven. Some rural areas lacked Housing First or lacked sufficiently developed services and there could also be issues with coordination between Housing First and other services.

Internationally, the integration of Housing First into wider homelessness strategy and services has also tended to be uneven. While the argument in favour of Housing First can, in European terms, be seen as largely having been won (Pleace, Baptista and Knutagård, 2019). At EU level, the initiative of FEANTSA and the Finnish Y Foundation in creating the *Housing First Hub Europe*[8] has been significant in promoting the idea, practice and success of the Housing First model. The *European Platform on Combatting Homelessness* also notes the effectiveness of housing-led approaches. Yet while Housing First is widely accepted as an idea, it is equally evident that the extent of services, strategic coordination and fidelity to the core principles can be variable. Housing First services are often scattered, often precariously financed and still at the stage where they are working like pilot programmes, rather than being part of an integrated strategy (Pleace, Baptista and Knutagård, 2019).

One point here is that what is meant by Housing First tends to be somewhat inconsistent at the European level. High fidelity Housing First, close to the original Tsemberis model (Tsemberis, 2010; Padgett et al., 2016) has proven effective in Canada (Aubry et al., 2015) and in France (Rhenter et al., 2018). Equally, modified versions of Housing First have demonstrated success in Italy, Spain, Portugal and elsewhere in Europe, principally in the form of intensive case management (ICM) only services that are operating without an integrated assertive community treatment (ACT) multidisciplinary team including mental health clinicians and addiction specialists (Lancione et al., 2018; Bernad et al., 2016; Duarte et al., 2018; Greenwood et al., 2018). In some senses, as all these variations on a theme appear broadly effective on current evidence, the issue of fidelity might not seem that important, but for a strategy to be coherent and for the role of Housing First to be clear, there does need to be a clear idea of what Housing First is, who it is for and what it does and does not do.

Finnish strategy, which is described in terms of Housing First, and which has delivered highly effective prevention and reduction of homelessness, including among people experiencing homelessness with multiple and complex needs, is a case in point. The strategy was built around a clear, coherent model and ethos, the *Finnish* conceptualisation of 'Housing First'.

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8 https://housingfirsteurope.eu

Finland did not import the idea of Housing First, rather it created its own operational and philosophical framework, drawn from Finnish experience and expertise. Finnish 'Housing First' is a housing-led approach across all elements of strategy, combined with harm-reduction services with an emphasis on choice and control for people experiencing homelessness associated with multiple and complex needs (Y Foundation, 2017; Allen et al., 2020; Y Foundation, 2022).

This emphasis on housing-led interventions, integrated and interdisciplinary support and treatment, and choice and control for people experiencing homelessness or at risk of homelessness stemmed in part from research, but also from experience. Finland changed policy because emergency accommodation and existing supported housing was not reducing long-term homelessness; detox and abstinence-based interventions around addiction were often not working for people experiencing long-term homelessness; and services that listened, respected and responded with agility to individual need were more effective (Pleace et al., 2015; Y Foundation, 2022). Through the Finnish Y Foundation, which built and purchased housing, strategy was anchored around an approach that created a *dedicated* social housing supply specifically for people experiencing homelessness and at risk of homelessness, i.e. housing was at the core of the (Finnish version) of a 'Housing First' strategy (Y Foundation, 2022).

There is a danger of over-referencing Finnish experience without understanding that the idea of Housing First it is using is distinct from the original North American model (Allen et al., 2020; Y Foundation, 2022). The *equivalent* of Housing First services operate as part of this strategic response, i.e. housing-led services offering intensive, agile support within a harm reduction framework that emphasises service user choice. But the real point about the Finnish strategy is that *everything else* also operates within that same framework, whether it is the preventative services or fixed-site supported housing (Y Foundation, 2022).

It is also important to note that Finland is not unique. Scottish homelessness policy and within that, the national Housing First strategy is also following a shared logic across all services. Part of this centres on a near-universal right to assistance when homelessness threatens or occurs, but this is within a similar framework that all responses should be housing-led, whether it is prevention, rapid rehousing or the use of housing-led and Housing First services (Anderson, 2019). One aspect of this work has been the ongoing development of *Branching Out: A National Framework to start-up and scale-up Housing First in Scotland, 2021–2031*[9] which aims to create a standardised, universal Housing First service at national level.

There is broader evidence that Housing First, in the original North American sense, works most effectively as part of an integrated homelessness strategy. This means the services have a clear role, centred on people experiencing homelessness who have multiple and complex needs. Housing First may also function in a preventative role, reducing the risk of sustained and recurrent homelessness occurring among people at heightened risk of homelessness (Pleace, 2018).

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9 https://homelessnetwork.scot/wp-content/uploads/2021/11/Branching-Out-HF-NF-NOV-2021-UPDATE.pdf

Evidence indicates that the operational risks for Housing First centre on it being in a position where it is operating in isolation, i.e. in contexts in which other homelessness services do not all follow the same principles and where services have an insufficient connection with mental health, addiction, public health and social care services. This means that a Housing First service cannot reliably connect to the other treatment and support that someone might request and need. In terms of other homelessness services it cannot reliably refer 'down', for example to a lower intensity housing-led service when support needs fall, nor can it refer 'up', for example to fixed site supported housing with intensive support, if risks to wellbeing reach a point where staff need to always be directly on hand and constantly checking on someone.

These sorts of issues have sometimes arisen in England, where Housing First services are being commissioned by local authorities with ever increasing frequency, but in a context in which coordination with other homelessness services has not been ideal. Sustained cuts to the sector and variable integration with health, social care and social landlords has led to inconsistent implementation. Housing First services themselves have also often been subject to falling, often due to insecure financing, making planning difficult and limiting their scale and scope. The issues that have arisen include people being referred too late, i.e. their health and wellbeing have deteriorated to a point where one of the more common exits from Housing First services is early mortality. In addition, Housing First services have sometimes had no clear exit strategy for the people they work with, because there are not reliable ways to refer upward or downward across the wider homelessness sector, which has meant supporting people, both with lessening and with increasing needs, longer than should be the case (Blood et al., 2021).

Policy in relation to Housing First has also been haphazard, much depending on local authority initiative and on the efforts of the homelessness sector itself, including *Housing First England*[10], operating within Homeless Link and Crisis.[11] Central government support in England has focused on a narrative of homelessness being linked not to structural factors, but individual actions and unmet treatment and support needs, as part of a sustained attempt to focus media and popular attention on people sleeping rough. This in turn led to three central government funded pilots being largely reclassified as a 'rough sleeper' service model, which marks a departure from the way in which Housing First has been used elsewhere in the World (ICF, 2021). This is in marked contrast to how local authorities and the homelessness sector are designing and commissioning Housing First across England, which follows the globally accepted idea that it is for people experiencing homelessness with multiple and complex needs (Blood et al., 2021).

In Sweden, the adoption of Housing First has been similarly varied, with the initiative of some municipalities and Lund University leading to the development of Housing First in some areas, but not in others (Knutagård and Kristiansen, 2019). Italian experience has also echoed that of England and Sweden (Lancione et al., 2018), with much of the development

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10 https://hfe.homeless.org.uk
11 https://www.crisis.org.uk/about-us/the-crisis-blog/housing-first-as-a-solution-to-ending-homelessness/

of Housing First services stemming from the homelessness sector working in collaboration to promote the idea through *Housing First Italia*.[12]

In North America, there are examples of Housing First losing momentum after initial backing from Federal and regional/municipal governments. At its point of origin, in New York, Housing First expansions have lost momentum, and in Canada, the government has to some extent gone against the evidence base generated by the national randomised control trial it supported, which generated clear evidence of effectiveness (Government of Canada, 2022). Housing First has also been co-opted, used by the hard political right to support a narrative that homelessness is a) rough sleeping and b) a result of individual choice (to use drugs) and mental illness, and also used as an (unevidenced) example of ineffective 'liberal' interventions that are 'too soft' on people whose homelessness is a 'choice' and need to be stopped (Pleace, 2021). Alongside this, while Housing First is becoming the mainstream in much of the EU (Pleace, Baptista and Knutagård, 2019) and also in OECD member states (OECD, 2020), adoption of the approach is not uniform and it has gained little or no traction in some parts of Europe.

The international lessons around Housing First can be reduced to three main points:

> Having Housing First services and other examples of housing-led services is not, in itself, a homelessness strategy, particularly where provision of Housing First is inconsistent, insecure and not well integrated with health, mental health, addiction, social care and housing services.

> Housing First services are dependent on interagency and interdisciplinary networking, even where the most intensive individual support is provided via ACT teams, there will still need to be coordination with other services, e.g. around capacity to refer up and down.

> While well-evidenced and increasingly widespread at international level, Housing First is not impregnable and nor is the wider use of housing-led services. These services and programmes can and have been rejected as an approach, the risk of narratives that can present these sorts of service as 'failing' is increased if the first two points apply.

This kind of challenge can emerge even within highly integrated homelessness strategies and policies, should Housing First be developed with insufficient coordination with other parts of the homelessness system. Danish practice includes Housing First in the North American sense, but also experiments with ACT-only Housing First for people with high and complex needs and critical time intervention (CTI) which offers a managed process that scales down support over time (Allen et al., 2020). Like Finland, Denmark uses a Housing First model within a broader mix of fixed site supported housing and other services, within an integrated strategy. However, research has suggested that referral mechanisms and coordination are not all they could be (Benjaminsen, 2018).

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12 https://www.housingfirstitalia.org

Exaggeration of the effectiveness of Housing First and housing-led approaches is also a risk. These services can be highly effective in the right circumstances, but just as no social housing policy achieves a 100% success rate, neither does Housing First; there are some people who do not want it, others for whom it is not the right service, and limits to what level and mix of needs it can support (Aubry, 2020). Outcomes are also less consistent in relation to addiction, mental illness and other support and treatment needs, partly because people are often very ill when they start using it (and again, may sometimes be being referred too late to Housing First services that have too high a threshold), albeit that the evidence is clear on delivering a sustainable end to homelessness for people with multiple and complex needs in around eight out of every ten cases (Pleace, 2018).

There is growing evidence that women and some other groups may require distinct forms of housing-led and Housing First service. Women's experience of homelessness is often distinct (Bretherton and Mayock, 2021) being much more likely to be associated with domestic abuse and much more likely to involve children, both in terms of the bulk of 'family' homelessness tending to be lone women parents and because lone women with multiple and complex needs are often separated from their children. Housing-led and Housing First services need to take into account a greater degree of safeguarding, collaboration with domestic abuse and other services and there is evidence that Housing First designed, led by and delivered by women is likely to be more effective (Bretherton and Mayock, 2021). Safeguarding is often necessary because women experiencing homelessness can very often be at ongoing risk of abuse and violence. Alongside this, young people and young people who are care leavers may also require specific forms of housing-led/Housing First service, taking into account inexperience in living independently, specific forms of trauma (which like women experiencing homelessness will often involve domestic and sexual abuse) (Gaetz, 2014).

Current Housing First policy and practice, while still having uneven results, looks to be on firmer ground than is the case in some other European countries. Ireland has more definite, if not perfect (Greenwood et al., 2018), ideas about fidelity and there is a clear infrastructure and funding in place to support Housing First. There are risks, however, around ensuring housing supply is in place, in ensuring coherence of definition and delivery, around strategic integration and national and local level and, politically, because the idea of Housing First clashes with viewpoints that see homelessness only or largely in terms of self-inflicted addiction and mental illness (O'Sullivan, 2020).

Governance and organisation

Governance appeared constantly in the discussions with stakeholders and people with lived experience of homelessness. The issue was not necessarily presented in terms of a need to improve the governance of the national homelessness strategy, but it appeared frequently in terms of consistency of policy implementation, service and interagency coordination and the variations in experiences across different parts of the country. Among people with lived experience of homelessness, it manifested as experience of inconsistency and inadequacy of information provision, shortfalls in service and interagency working and

often not having a clear set of services, offering the right sorts of support to have enabled them to prevent their homelessness. The level of social housing supply and access to social housing were also highlighted by people with lived experience.

Drawing on the experiences of Europe, Canada and the United States, a recent article (O'Sullivan et al., 2021) highlights the importance of leadership, stability and continuity within relevant homelessness governance structures for evidence-based policymaking. In the case of Europe – Finland, France and Ireland being the examples analysed – the continuity of key personnel enabling a persistent policy drive within relevant governance structures with responsibility for housing and homelessness is identified as one of the key components for the success of the Finnish policy approach to homelessness.

In Ireland, O'Sullivan et al. (2021) argue there has been a lack of stability and continuity in terms of key personnel at the institutional level and homelessness governance structures have mostly been characterised by short longevity:

> In Ireland, key personnel in the Housing Ministry with responsibility for homelessness rarely had a tenure of more than two years, approaches to ending homelessness were politicised and fragmented in a way never experienced in Finland, and regular changes in the Minister with responsibility for Housing and Homelessness were not conducive to consistent policy (O'Sullivan et al., 2021, pp. 103).

The analysis of the progress and obstacles faced by the first Portuguese homelessness strategy (ENIPSA) also illustrates how the political context of homelessness matters in driving (or impeding) evidence-based policy making (Baptista, 2013). During the first stage of the strategy's implementation (mid 2009–beginning of 2011), the Portuguese National Homelessness Strategy's governance structure remained fully operational, actively nurtured by the coordinating unit composed by key personnel within the Ministry for Solidarity and Social Security. The second phase of the implementation period – which would last until the end of 2016 – was strongly impacted by the overall institutional changes that followed the shift in political power, which took place after the June 2011 national elections. As a consequence, the ENIPSA's governance structure was put to a halt. In short, the level of inter-agency cooperation and communication during the policy design stage and the first implementation stage did not withstand the organisational (and individual) changes and, most of all, the institutional setback of the coordinating agency for the implementation of the first Portuguese Homelessness Strategy.

This situation would only be reversed again after 2017. By then, the Portuguese state became engaged once more by relaunching the strategic approach to homelessness (and its main governance structures) which was made possible as a result of intersecting factors, such as: the (re)emergence of a political agenda centred on rights-based approaches towards social issues, the mobilisation of civil society organisations and other non-governmental actors involved in the ENIPSA trajectory, the visibility of positive developments in the

provision of homelessness support fostered by the strategy's proposed intervention model, and the active engagement of important stakeholders within the political arena (Members of Parliament and the newly elected President of the Republic) (Baptista and Coelho, 2021).

Challenges arising from an effective operation of governance structures underpinning existing strategic approaches to homelessness have been identified across Europe. The mere setting up of such governance mechanisms is not in itself a safeguard in relation to their actual ability to deliver the necessary degree of policy coherence and administrative cooperation. The setbacks around the development of such structures in countries like Greece, Italy and Portugal are examples of those challenges (Baptista and Marlier, 2019).

The example of Finland again represents a useful contribution to reflecting upon the future of the Irish governance approach to homelessness. Referring to the two initial homelessness strategies – Paavo I and II programmes – Pleace et al. (2016) highlight some fundamental features of the Finnish governance model:

> A key success of Paavo I and II was the coordination and cooperation between all levels of government in Finland. It was through the building and maintenance of political cooperation that the strategy was able to deliver significant reductions in homelessness. Cooperation from the local authorities running the cities and towns, the NGOs providing homelessness services, the Y Foundation and the central government were essential in developing the mix of enhanced access to social housing, preventative services, lower intensity supported housing using scattered apartments and the Housing First services that brought down long-term homelessness. Significant financial resources had, as noted, been allocated to the strategy at both central government and municipal levels. (Pleace et al., 2016, p. 437)

Paavo I, launched in 2008, centred on a single target of halving the level of long-term homelessness by 2011. Long term homelessness defined a population of people experiencing homelessness who often had multiple and complex needs, including high levels of both severe mental illness and addiction. The goal was to deliver 1,250 new dwellings and supported housing units in 10 cities, replacing existing emergency accommodation with housing-led services within a 'Housing First' framework. Paavo I had a very tight deadline of three years, falling short of the original goal, but achieving a 28% reduction in long term homelessness. Providing enough accommodation quickly enough led to a strategy of converting existing homelessness services and other buildings into blocks of apartments, alongside acquiring housing and building new units, the Finns exceeding their original target and adding 1,519 units (Pleace et al., 2015; Pleace, 2017). Paavo II built on the narrowly focused initial strategy and began to widen the approach, continuing the work in relation to long-term homelessness and creating new strategic goals in relation to homelessness prevention, building preventative services to stop all

forms of homelessness. Paavo II also extended the homelessness strategy by directing policy attention onto hidden homelessness.

Administratively, politically and logistically, the Finns built what is arguably the single most effective example of an integrated homelessness strategy by building up their approach by starting with a very simple, clear target. Paavo I fell short of the original goal, but it was more than effective enough to provide a proof of concept, i.e. that joint working within a common framework could make a serious difference to long term homelessness, and not only that, but achieve that goal within a three-year window.

Paavo I was also politically astute in two other ways. First, it tackled the one apparently intractable problem in Finnish homelessness. When politicians and policymakers began to see homelessness spiking in the 1980s, an array of standardised responses were put in place, better access to social housing and building more emergency accommodation, and overall levels of homelessness fell, but long-term homelessness, associated with multiple and complex needs did not fall. Second, Paavo I was built around a clear, coherent model and ethos, the Finnish conceptualisation of 'Housing First'. As was highlighted above, Finnish 'Housing First' was not – and is not – the same as American Housing First and one of the great misconceptions around Finnish successes in reducing homelessness in general and among people with multiple and complex needs in particular, was that the national strategy 'imported' the idea of Housing First from the USA.

Over almost two decades, several initiatives at the European Union (EU) level have helped to include homelessness as an important topic on the EU agenda.

The recent launch of the European Platform on Combatting Homelessness – on 21st June 2021 – is the most recent hallmark of the highest level of political attention the issue of homelessness has ever received on the EU stage. The Lisbon Declaration on the European Platform on Combatting Homelessness was signed by the 27 EU member states, the European Commission, the European Parliament, European Committee of the Regions, the European Economic and Social committee, FEANTSA and other relevant EU level stakeholders.

On that occasion, the signatories of the Lisbon Declaration – including the European Commission, national, regional and local authorities and EU level civil society organisations – have committed, inter alia, to work towards the ending of homelessness by 2030, so that:

> no one sleeps rough for lack of accessible, safe and appropriate emergency accommodation;
> no one lives in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution;
> no one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing;
> evictions should be prevented whenever possible and no one is evicted without assistance for an appropriate housing solution, when needed;
> no one is discriminated against due to their homelessness status.

The development of integrated strategic approaches to homelessness is deemed key to achieving the necessary shift towards rights-based solutions to ending homelessness and to successfully delivering on Principle 19 of the European Pillar of Social Rights (EPSR).

Recent research (Baptista and Marlier, 2019) shows that in 2019, sixteen out of the 28 EU (then) Member States – including Ireland – had adopted national or regional local level policies aiming at the delivery of integrated strategic responses to homelessness. Those integrated strategic frameworks included some key elements which can now be identified in *Housing for All*, namely the commitment to a housing-led approach as the primary response to homelessness and the implementation of multi-level and multi-sectoral governance structures aimed at enhancing cooperation in policy and delivery.

From an EU perspective, it is fair to say that there has been a consistent and persistent strategic policy attention on homelessness for at least two decades, in Ireland, either through targeted strategies or plans (e.g. Homelessness Policy Statement, *Rebuilding Ireland: Action Plan for Housing and Homelessness*) or through more general policy approaches (e.g. Social Housing Strategy).

The same steady trajectory has not happened in many other EU Member States where strategic approaches to homelessness have either been short-term policy initiatives (e.g. Sweden) or have followed interrupted and winding trajectories (e.g. Portugal).

In Sweden, for example, the 2007 national homelessness strategy – *Homelessness, Multiple Faces, Multiple Responsibilities – A Strategy to Combat Homelessness and Exclusion from the Housing Marke*t – only lasted until 2009 and the evaluation carried out on its implementation, concluded that it failed to meet its four objectives (Knutagård et al., 2019). In Portugal – the first Southern European country to adopt a national strategic policy framework to tackle homelessness back in 2009 – the implementation process would be abruptly interrupted from 2011 onwards, only to be restored in 2017 (Baptista, 2018; Baptista and Coelho, 2021).

The same study (Baptista and Marlier, 2019) identifies Ireland – together with Denmark, Finland and France – as one of the very few EU member states which have put in place robust evidence-based mechanisms enabling the regular monitoring and assessment of their strategies' implementation. In other countries (e.g. Czechia, Germany, Portugal and the UK), monitoring mechanisms are in place and provide some evidence of progress being achieved either at national level or in specific regions, whereas in a few other member states (e.g. Italy, Slovakia and Spain), lack of evidence prevents any assessment of the effectiveness of implementation of the strategies.

In spite of a consistent, focused and regularly monitored policy attention to homelessness over the last two decades in Ireland (Daly et al., 2018), the available national homelessness data show a dramatic increase between 2014 and 2019 in households experiencing homelessness, a significant changing profile of homelessness households during this period (O'Sullivan, 2020) and persistent high figures (albeit at lower levels) in 2020 and 2021.

In the EU, Finland is the only example of an EU Member State where the adoption of a long-term consistent strategic national approach to homelessness has resulted in a consistent and significant fall in homelessness over the last two to three decades. Positive drivers for the consistent (and evidence-based) fall in homelessness in Finland over the last decades include: i) combatting homelessness through long-term strategic national programmes; ii) developing a policy approach based on a shared goal, bringing together NGOs, municipalities and the government; iii) focusing on the provision of permanent affordable housing as the top priority; and iv) improving support services, especially by ensuring access to specialised support for the most vulnerable people (Baptista and Marlier, 2019).

Neighbouring countries outside the EU have also made some important steps in counteracting homelessness with increasingly integrated strategies. The UK, as a result of an ongoing process of devolution that began in the late 1990s, has seen its legally based homelessness policies diverge in significant ways (Fitzpatrick and Davies, 2021). Originally, homelessness legislation in the UK had not created legal rights to housing, but had placed duties on local authorities (and the Northern Ireland Housing Executive) towards individuals and households that only applied in certain circumstances.

Briefly, the duty, which over time had shifted from fast tracking certain groups of people experiencing homelessness to a secure, affordable social housing tenancy, to a weaker response to secure 'settled' housing, including in the private rented sector, applied to households containing or about to contain dependent children and people who were defined as especially 'vulnerable' should they experience homelessness. To get this assistance, homelessness could not be intentional, i.e. caused by deliberate action or inaction and, unless certain circumstances applied, including being homeless because of domestic abuse, a clear local connection to an authority also had to be demonstrated. Multiple barriers existed to this original system for lone adults, as the presence of a support or treatment need did not in itself mean priority, 'vulnerability' meant that someone had to be at greater risk from homelessness than other people experiencing homelessness without their support or treatment needs (Bevan, 2021).

Scotland removed the requirements around 'priority need' creating almost universal rights to assistance from local authorities to anyone experiencing homelessness, a process that was reinforced by making decisions about whether homelessness was 'intentional' at the discretion of local authorities. These decisions have created one of the widest safety nets and most extensive array of support to homeless households in the World.

In practical terms, Scotland provides near universal assistance to people who are homeless within the terms of the Housing (Scotland) Act 1987, i.e. a person should be treated as homeless, even if they *have accommodation*, if it would not be reasonable for them to continue to stay in it. Prevention, emergency/temporary accommodation, rapid-rehousing and, where required settled housing in social or private rented sector accommodation. Scotland encountered some difficulties in pursuing this course. Temporary accommodation use spiked as more households applied, creating an imperative to improve preventative services and a need to increase social and affordable housing supply.

Scotland has attempted to manage the increase in housing need through ending the 'right to buy' existing social housing and through increasing investment in developing new social and affordable housing (Anderson, 2019). Limits to existing policy identified by research have included an overreliance on temporary accommodation, an ongoing need to improve responses to people with multiple and complex needs and failures around insufficiently robust prevention (Mackie et al., 2020). However, sustained efforts are being made to enhance prevention, including developing a new national strategy (Reid, 2021) and better joint working in relation to people experiencing homelessness who have multiple and complex needs.

Despite creating these near-universal rights and an ever more extensive array of homelessness services, which will include what looks set to be an extensive, interdisciplinary and interagency network of preventative services (Reid, 2021), Scotland has, like Finland, seen homelessness start to fall over time (Watts et al., 2021). Crucially, Scottish reform extended duties that had stopped most households containing dependent children in the UK from experiencing literal homelessness (i.e. children living in emergency shelters and on the street) at scale and extended those same protections to lone adults in shelters, temporary supported housing and living rough.

In Wales, legislative reform came later and took a different form, creating a homelessness system that was probably more focused on homelessness prevention than that of any comparable country in Europe or beyond (Mackie et al., 2017). The original homelessness legislation, alongside putting multiple barriers to lone adults using 'vulnerability', intentionality and local connection requirements in relation to getting access to settled housing, was largely reactive, designed to reduce homelessness after it had occurred, although there were some relatively limited expectations to provide advice and information to prevent homelessness. Welsh legislative reform did not create an absolute requirement to provide accommodation to people at risk of or experiencing homelessness but local authorities are required to assist all households to resolve their homelessness or prevent it (Browne-Gott et al., 2021).

Welsh homelessness law has three stages which are prevention, relief and the 'final' duty. People can enter the Welsh statutory system at either the prevention (threatened) or relief (homeless) stages. Prevention requires the 22 local authorities in Wales to take 'reasonable steps' to stop homelessness and relief requires those authorities to take 'reasonable steps' to secure accommodation. Local authorities currently mainly use social housing and the private rented sector for relief. It has been argued that a crucial element of the Welsh approach has been the offer of financial assistance to cover rent arrears, deposits and rent in advance (Browne-Gott et al., 2021).

Legislative reform in Wales is more recent, the reforms being introduced in 2015, and one difference with Scotland is that the levels of people being assisted with homelessness has increased. Again, part of the reason for this increase is the extension of prevention and relief services to lone adults who had hitherto faced multiple barriers to significant assistance from local authorities. Levels of temporary accommodation use were also increasing before the impacts of the pandemic in association with these expanded

protections (Fitzpatrick et al., 2021a). As in Scotland, however, Welsh policy is exploring greater protections for people at risk of homelessness and, again echoing Scotland, seeking to increase social and affordable housing supply.

Wales has also started to explore the Scottish route of abolition of priority need (Mackie et al., 2020) which would end the current situation in which priority need, intentionality and local connection are still employed to determine access to the final duty (to provide settled housing), if after 56 days the interventions around prevention and relief have not ended the risk of homelessness. This would also create a clear difference between Welsh and later English legislative reforms that effectively copied the Welsh legislation (see Chapter 3). Alongside the preventative shift, Wales has also moved towards greater use of Housing First models, with the Government issuing guidance on the use and development of services (Welsh Government, 2018). However, the level of strategic development in relation to Housing First arguably lags behind what has happened in Scotland.

Norway has also pursued an increasingly integrated homelessness strategy, combining both wider housing strategy and the response to homelessness in a similar way to *Rebuilding Ireland* and *Housing for All*. Homelessness, as in Finland, is extremely low relative to population in Norway (Dyb, 2017), within a context of a generally high level of social protection (welfare and public health systems are extensive and generous) and the adoption of Housing First as an approach to help people experiencing homelessness with multiple and complex needs. The approach of Norwegian policy is quite different from that of many other countries, being actively orientated towards maximisation of owner occupation, in a country where more than eight out of ten people are owner occupiers.

Husbanken, the Norwegian State Housing Bank, supports the home ownership among people who would not be able to access it on the free market. A system of 'start up' loans and grants from municipalities facilitates the development of supported housing where rather than being tenants or lease holders, people with support and treatment needs own their housing through a system of cooperative ownership. Under these arrangements, it is quite possible for an individual or household with experience of homelessness, or at potential risk of homelessness, to be assisted with buying their own home. Other forms of housing, including social and private renting are present, but the Norwegian approach represents a response to homelessness that is structured in part around a socialised distribution of owner occupation (Ministry of Local Government and Modernisation, 2020).

Outside the European context, the integrated approach to addressing homelessness among veterans in the United States also offers some lessons. The US Department of Veterans Affairs (VA) runs the only national health service in the US, and through that has the ability to integrate health and behavioural health treatment, with homelessness prevention and rapid rehousing services. Through a newly established program under the Obama administration, nearly 150,000 veterans are served each year with homelessness prevention services or rapid rehousing for those who become homeless (payments of arrears, deposits, move in expenses and up to two years rent). A two question, universal risk screen for housing instability or homelessness is administered to all patients receiving care at the Veteran Administration clinics and hospitals, which serves as a major referral

source to the homeless assistance programs. Additionally, the VA has partnered with the US Department of Housing and Urban Development to support 90,000 supportive housing slots, with HUD paying for the rental assistance and VA providing the housing placement and tenancy support services. Through annual vacancies, about 10,000 veterans are placed in these units each year. Together, these initiatives led to a 50% decline in veteran homelessness between 2009 and 2017, demonstrating that federal leadership, national priority setting and funding, and the ability to integrate health and housing services together could have a major positive impact in a relatively short period of time.

Women's homelessness and other specific needs

Stakeholders reported that women's homelessness needed to be better understood and that the coordination between domestic abuse and homelessness services was not as well developed as it should be. A gender specific lens is required to fully understand women's lived experiences of homelessness and the array of prevention, support and housing services they need, alongside the need for enhanced collaboration between domestic abuse/refuge services and the homelessness and social housing sectors. The additional and specific needs of other groups such as young people, including care leavers, were also not thought to be fully recognised in current service provision.

Findings from Irish research (Mayock and Sheridan, 2012; Mayock et al., 2015; Savage, 2016) have pointed to the tendency for women resorting to situations and spaces where their homelessness is concealed (e.g. living temporarily with family or with friends), ending up – more often than their male counterparts – in "hidden" homelessness situations.

In Ireland, and all over Europe, domestic violence services – mostly understood as distinct from homelessness services – play a crucial role in securing supported housing and specialised support for women (and children) escaping domestic abuse or other forms of gender-based violence. However, the divide between policy orientations and responses to homelessness and domestic violence impacts negatively in the adequacy and effectiveness of the support provided in relation to the interrelated experiences and needs of those women who have experienced both homelessness and domestic abuse in some period of their lives (Bretherton and Mayock, 2021; Mayock et al., 2016).

The evidence that women tend to experience homelessness in different ways from men is increasing and it is paramount to approach homelessness from a female gendered perspective. The key messages (Bretherton and Mayock, 2021) are:

> A greater likelihood to rely on acquaintances, friends and (extended) family when homelessness occurs, i.e. experiencing hidden homelessness at higher rates than men.

> Much higher prevalence of domestic abuse as a cause of homelessness than is the case for men, women may have ongoing safeguarding needs throughout homelessness at much higher rates than men.

> Existing policy responses often take little account of the different health needs of women, around issues including experience of abuse and reproductive health. There is a greater likelihood of having to deal with their own (and potentially their children's) physical and mental health problems, resulting from abuse and stigmatisation.

› Women are much more likely to experience homelessness with dependent children, i.e. much 'family' homelessness is actually lone women parents with one or more dependent children.

› Among lone adult homeless women, a high frequency of losing contact with one or more children, for example through their placing those children with relatives to avoid homelessness or through social work/child protection interventions.

› Some evidence indicates differentiated stigmatisation between women and men, including a tendency to (greatly) over associate lone women's homelessness with sex work, creating false associations with unevidenced cultural and historical constructs of women's homelessness being associated with some sort of 'moral' failure, rather than a reality of domestic abuse and poverty being the main trigger factors.

› Where homelessness is recurrent and sustained, including hidden homelessness, a higher frequency of multiple and complex needs and higher overall needs than is the case for men.

In practice, this translates into a need for women-only services that are designed and run by women. Early evidence on Housing First services for women in the UK has been positive, although at international level the development of these services is still in its infancy. A key difference with existing models of Housing First, which tend to be built on an assumption that most lone adult homelessness among people with multiple and complex needs involves men, is the need for these services to understand and support women around the trauma and ongoing risks of domestic abuse (Bretherton and Mayock, 2021).

Recent action research in the UK, involving the Domestic Abuse Housing Alliance (DAHA) and its system of DAHA Accreditation, a toolkit of practice and systems designed to enhance the early detection of domestic abuse by housing providers has highlighted the extent to which the nominal 'risks' of homelessness, such as rent arrears, damage to property and neighbour disputes, are actually centred on domestic abuse (Bretherton and Pleace, 2021).

Care leavers, i.e. young adults who are moving away from social work/child protection care, appear to be at heightened risk from homelessness in almost every EU and OECD country. Evidence that young people, including those with experience of care/child protection systems when they were younger, might also have specific needs and require specific services, has been growing for the last 20 years (Gaetz and Redman, 2021). Care leavers can have multiple and complex needs associated with childhood trauma/adverse childhood experiences and have high rates of mental illness and addiction, They are likely to be educationally disadvantaged because disruption to schooling is a common experience and can face multiple practical and emotional barriers to further education, training and employment, alongside facing stigmatisation because of their life experiences and multiple and complex needs (Dixon et al., 2021).

Again, there is some evidence on the efficacy of building services for young people who are at heightened risk of homelessness. Housing First for youth has been experimented with in the UK (Blood et al., 2020) and the *Housing First Hub Europe* has produced guidance

entitled *An Introduction to Housing First for Youth (HF4Y)*[13]. In Canada, a major programme, *Making the Shift*[14] is exploring the development of youth orientated homelessness services, again highlighting the possibilities around Housing First for youth among other services. In the UK, decades of research and policy development have been focused on attempting to break the links between experience of the care system and the risk of youth homelessness, with some, although not unqualified success in developing integrated packages of support and accommodation (Dixon et al., 2021).

Toxic home environments, which can result from abuse and stigmatisation from inside and outside the home are associated with LGTBQI experience of homelessness, which requires more research in the European context (McCann and Brown, 2019; Nugent et al., 2022). There can also be neighbourhood tensions around cultural and religious intolerance, persecution of people with limiting illness and disability that mean that a home becomes unsafe. Again, this is quite difficult to quantify because data, at European level, are not adequate for properly understanding the nature and extent of associations between LGTBQI experience of stigmatisation and disadvantage and experience of homelessness. Specialist services exist, but tend to be confined to the largest European cities and are very few in number.

Prevention

Prevention does not exist in a consistent form at international level. One recent attempt to organise existing thinking and practice (Fitzpatrick et al., 2019; Fitzpatrick et al., 2021) defines prevention at the following levels:

> Universal, minimising risks across population at large.
> Targeted prevention, upstream focus on high-risk groups, e.g. care leavers, ex-offenders, people with severe mental illness.
> Crisis prevention, preventing imminent homelessness, e.g. stopping evictions or unplanned exits by young people from the family home
> Emergency prevention, i.e. emergency accommodation
> Recovery prevention, stopping repeat homelessness among people with multiple and complex needs.

From this perspective, social protection and housing policy as a whole has a preventative function, because the presence of social protection like relatively generous housing welfare benefits, extensive public health services and social housing systems appears, on current evidence to lessen the overall risk of homelessness (Benjaminsen, 2016). Other discussion of preventative approaches similarly highlights 'primary prevention' that is designed to address the broad structural and systemic factors across a society that increase the risks of all citizens to experience homelessness (Dej et al., 2020).

How far all this can be categorised as 'homelessness prevention' is debatable. On one level, fairer societies with good social protection probably have less homelessness overall

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13 https://housingfirsteurope.eu/assets/files/2021/07/HousingFirst4YouthFinalPrint.pdf
14 https://makingtheshiftinc.ca

(Benjaminsen and Andrade, 2015), because their welfare systems and labour markets reduce the risk of poverty and destitution. Hence Denmark and Finland (Allen et al., 2020) have relatively less homelessness than countries in which there are deep social divides and wealth is concentrated among a tiny 'alpha' class (Atkinson, 2021).

This idea of universal or primary prevention is nested within a broader set of increasing evidence, at global level, that deeply unequal countries with limited social protection have more social problems, populations that are generally mentally and physically unhealthier, unhappier and less productive than countries with greater socioeconomic balance (Pickett and Wilkinson, 2010). Equally, unmanaged and unregulated housing markets appear to skew towards producing relatively small amounts of high margin, investment vehicle 'housing' for the most affluent and to be extremely poor at delivering affordable, adequate homes with good security of tenure (Dorling, 2014).

The limitations of defining and approaching homelessness prevention in these terms is that homelessness and the risk of homelessness may become subsumed in general social policy. Hence these typologies of prevention also highlight specific interventions, 'targeted' and 'crisis' prevention or 'secondary' prevention, focusing on people who are at imminent risk (Fitzpatrick et al., 2021; Dej et al., 2020).

Putting this in more pedestrian terms, homelessness prevention includes (Culhane, et al., 2011; Pleace, 2019):

> Stopping someone losing their existing home through eviction
> Providing rapid rehousing when an eviction cannot be stopped, ensuring that individuals and households about to lose housing move into alternative housing without experiencing homelessness.
> Ensuring a package of interagency support and treatment services are present when someone is at risk of homelessness because they have multiple and complex needs in order to facilitate eviction prevention or rapid rehousing.
> Intercepting high cost, high risk individuals and households before homelessness (and particularly) long term and repeated homelessness can occur, e.g. care leavers, ex-offenders with support needs, anyone leaving hospital or institutionally based health or social (care) services.

The means by which prevention is delivered tends to break down into several broad categories of service:

> Stopping eviction because of rent arrears, by negotiating a deal with a private or social landlord to pay rent arrears, by directly paying arrears and/or by providing debt, money management and welfare rights (ensuring all welfare benefits for which a household is eligible are being claimed).
> Where eviction cannot be stopped, paying the deposit and in some housing markets the first 1–3 months of rent in advance, if typically required by private landlords to stop a household from becoming homeless at the point of eviction.

- Enhancing rapid access to social housing to prevent homelessness due to eviction, again moving someone from housing they are being evicted from before that eviction occurs.
- Integration of domestic abuse and homelessness services, including integrated early warning and support systems like DAHA accreditation, to prevent (mainly women and women with dependent children) losing their home due to the risks of domestic abuse; this can also include systems for perpetrator management.
- Where homelessness is, or is assessed as likely to be, recurrent or sustained because someone has multiple and complex needs, putting packages of support in place to reduce the risk that a new tenancy will break down, including preventative use of Housing First. Some services encourage private and social landlords to participate in housing people experiencing homelessness with multiple and complex needs by offering a housing management service alongside multi-agency support, i.e. any issues with rent arrears, neighbour disputes or property damage will be dealt with by the Housing First provider on the landlord's behalf. These can be designed for specific 'at risk' groups like young people leaving care, people with complex needs, people leaving psychiatric wards or ex-offenders.
- Mediation services for when relationship breakdown that does not involve domestic abuse has led to or will lead to homelessness e.g. family mediation services that stop young people leaving home in unplanned ways.
- Housing Rights services, i.e. legal and practical support when a social landlord, private landlord or bank behaves in illegal or improper ways in relation to eviction, rent or mortgage arrears.

There is a line between prevention as stopping the loss of existing housing and rapid rehousing, or what in Wales and England is called 'relief' (Fitzpatrick et al., 2021). Rapid rehousing stops the experience of homelessness by moving someone into a more settled home before they can be evicted from their current one. While this stops homelessness from occurring, it is still potentially disruptive because the move may be unwanted. A move over distance that crosses administrative boundaries may sever or stretch family and friendship networks, and disrupt work and other economic activity. Health, social care and other service use may also be disrupted if the move takes someone far enough away that local connection regulations are broken. Unless an existing home is not reasonable to live in or is in some way unsafe, avoiding rapid rehousing by keeping the existing home may be the best outcome.

Equally, emergency and temporary accommodation, particularly if it is of poor standard can bring about much of the same disruption if a move is unwanted, combined with all the uncertainties of being in a short-term arrangement and in what can be low quality environments.

Definitional issues again arise as to whether an individual or household in temporary accommodation is 'homeless'. In the UK, a household temporarily accommodated in self-contained *housing*, under the terms of the homelessness legislation, is still 'homeless'

because they have no settled accommodation, but in some other EU countries, only households in emergency shelter and living rough would still be in that category. Whether or not different forms of temporary accommodation are viewed as an end to, or a continuation of homelessness, links to wider debates about the extent to which 'hidden' homelessness is recognised (Pleace and Hermans, 2020).

Another set of variations centres on the degree to which preventative services that are crisis/emergency prevention or 'secondary' prevention are targeted and, if they are, then the degree to which they are targeted. Three examples that can illustrate these different approaches are found in the UK, Finland, and North America.

Wales became one of the first countries in which the government has attempted to fully reorient homelessness services towards prevention and to make those services universally available. Modifying the existing legal duties of local authorities, Wales shifted the emphasis in the statutory homelessness system from an emergency response to a preventative response. The duties of Welsh local authorities do not require them to provide settled accommodation to all people experiencing homelessness, but there is a requirement to assist almost all households that seek help.

The Welsh Government did not introduce an absolute requirement to provide accommodation, but the legislation requires local authorities must take steps to assist *all households* to resolve their homelessness or prevent it, duties that last 56 days from the point of approaching a local authority (Mackie et al., 2017). The prevention requirements centred on the local authorities in Wales to take 'reasonable steps' to stop homelessness due to loss of existing housing, which basically amounts to stopping evictions, while a 'relief' duty requires them to take reasonable steps to help secure accommodation for households who present as already homeless. A lot of what has been done centres around money, getting agreements around rent arrears repayment to stop an eviction and paying the deposit (and sometimes rent in advance) to secure private rented sector housing when a household is already homeless. Both the prevention and relief duty last for 56 days. The system has been criticised as opaque and under-resourced, but Wales has far better access to a near-universal preventative support service than was the case before legislative reform (Browne-Gott et al., 2021).

Access to more sustained assistance with settled housing is harder for people experiencing homelessness to access in Wales. A Welsh local authority also has a 'final' duty in relation to some people experiencing homelessness, which is to provide them with settled housing. Settled typically means either private rented housing or social housing for at least 12 months. This duty applies if either the prevention and/or relief duty has not worked after 56 days.

To get access to settled housing, a household has to contain, or be about to contain dependent children, and/or it must contain someone who has support or treatment needs that make them more 'vulnerable' than other people experiencing homelessness, placing that household 'priority need'. A household must also not be 'intentionally' homeless through deliberate action or inaction and, with the exception of homelessness due to

domestic abuse, usually show a local connection to the authority they are applying to. Prevention and relief are temporary interventions that provide some support to almost all homeless households (if they are UK citizens), but assistance beyond this, in the form of helping households into more permanent housing solutions, remains strictly rationed.

A very similar system also operates in England (Fitzpatrick et al., 2021). A system of cross referral has been introduced in England, starting with a statutory instrument in 2018 which was designed so that the public health, social (care) services, criminal justice system and other public services could make referrals to a local authority when they suspected someone was homeless or at risk of homelessness. Implementation has been delayed by the pandemic, but the system could theoretically, for example, allow a general practitioner/family doctor with the National Health Service (NHS) to make a referral if they thought a patient or a patient's household was at risk of homelessness.

Finnish preventative systems are similarly universal, but are an integral part of a housing-led strategic response, all of which follows the Finnish Housing First ethos (Y Foundation, 2022). In this instance, what can be translated as 'housing councillors' or 'housing social workers' can perform multi-level assessments, bringing in other agencies as necessary that triage people to eviction prevention, rapid rehousing and rapid rehousing with support/treatment packages. There is no barrier in the way that there is in Wales between short term and long term assistance, as all elements of the system seek to pursue a housing-led response. In this sense, Finnish 'prevention' does not exist as a separately administered group of services, that is coordinated to a greater or lesser degree with other services (as is the case in the UK), but is instead the front end of an integrated, housing-led system that either prevents homelessness or intervenes to stop it from occurring for any length of time, using whatever mix of services is necessary. This holistic, housing-led logic, in which an entire system is preventative in the sense of stopping eviction and providing rapid rehousing, with little or no use of temporary accommodation is what legislative reform in the UK has aimed for, but arguably fallen short of because multiple hurdles exist within the system, both in terms of entitlements to different levels of assistance, in relation to coordination of multiple bureaucracies and because of resource limitations (Browne-Gott et al., 2021).

Across Europe, a wide range of preventative services is being developed (Baptista and Marlier, 2019). The presence of different types of services was identified across EU Member States and other non-EU countries covered by the above-mentioned study. These included, *inter alia*, eviction detection mechanisms (e.g. Belgium, the Netherlands and Sweden), conflict mediation support (e.g. Austria, Czechia) and debt counselling (e.g. Greece, Finland and Sweden), direct financial support to avert the threat of homelessness (e.g. Germany), legal protection mechanisms (e.g. Hungary, Italy and Portugal), tenancy sustainment support (e.g. Denmark, Ireland and the UK). However, the comparative analysis of the prevention mechanisms in place across Europe also showed that alongside the (often ad hoc) implementation of these diverse services, there is a paucity of integrated and comprehensive homelessness prevention systems combining housing advice, mediation and support, as well as specialised support services targeted at specific high-need groups.

In North America, preventative services are more likely to be targeted, with the goal of maximising the efficiency of resource use by only supporting those households and individuals who are a) clearly at risk of homelessness and b) likely to be assisted by preventative services. This model has proven to be problematic to implement. One issue is the reliability by which potential homelessness can be identified, as many of the supposed 'trigger' characteristics, such as mental illness or addiction are first, much more *widespread* in the population than experience of homelessness is, and second, quite often based on inaccurate ideas of the nature of homelessness stem from older research that oversampled people with multiple and complex needs (see Chapter 3). Another issue lies in determining whether or not a potentially homeless household is likely to benefit from a preventative intervention, i.e. ensuring the resourcing for the service was not 'wasted' because it was being applied in situations where it was unlikely to make a difference. Trying to do this seems rational on one level, in that resources are better targeted, but the level of resource needed to attempt to target prevention and the questionable accuracy of what has been achieved so far, have both been highlighted by researchers (Shinn et al., 2013; Shinn and Cohen, 2019).

Prevention seems on balance to work, although as has been noted elsewhere, the evidence base is not all that it could be (Fitzpatrick et al., 2021; Shinn and Cohen, 2019; Pleace, 2019). Wales, where the shift towards prevention was fast and focused, did not see a fall in homelessness, but did witness an increase in the number of people receiving assistance. A particular improvement was better assistance being offered to lone adults, who had previously had to qualify as in priority need due to vulnerability, but now only had to demonstrate they were homeless to receive prevention and relief services. A much wider definition of who can be assisted when homelessness threatens or occurs will mean a wider constituency of people who can receive assistance. In trying to manage and target prevention, as in North American practice, the logic of stopping homelessness from occurring is undermined, because the potential protection offered by prevention is only being selectively applied. However, in the short term at least, a wider definition of homelessness and blanket provision of prevention will mean more people get help, but it will not necessarily mean that homelessness itself will fall, particularly if a wider, integrated homelessness strategy is not in place. This point is revisited at the end of this chapter.

Chapter 5
Looking Forward

This review does not seek to replicate the more detailed work on the history and effectiveness of homelessness policy that has been done elsewhere (O'Sullivan, 2020), but is instead designed to look at homelessness policy and practice from an external perspective, taking the perspective of a critical friend. This section of the report considers some of the findings in relation to the 2021 strategy, *Housing for All.*

Housing for All

The most recent strategy at the time of writing, *Housing for All* pursues many of the same goals as *Rebuilding Ireland*, highlighting affordable housing supply, including increased building of one-bedroom units as part of the response to homelessness, further enhancements to prevention and wider use of housing-led and specifically Housing First services, noting:

> The Government is committed to a housing-led approach as the primary response to all forms of homelessness. It includes the prevention of loss of existing housing. It also includes the provision of adequate support to people in their homes according to their needs and the provision of high levels of additional social housing (Government of Ireland, 2021, pp. 50–51).

This strategy protects and reinforces the human right to housing for citizens, alongside fulfilling obligations as a signatory, alongside other EU Member States, to the Lisbon Declaration that established the *European Platform on Combating Homelessness*.[15] *Housing*

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15 https://ec.europa.eu/social/main.jsp?catId=1550&langId=en

for All also references the UN sustainable development goals (SDGs), specifically SDG 1.5 as integral to national homelessness strategy.

> **By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.**[16]

National strategy has arguably been less consistent than that found in countries with comparable levels of population, such as Denmark, Finland or Scotland (Allen et al., 2020; Baptista and Marlier, 2019; Pleace et al., 2019). Ireland has nevertheless been among those EU Member States that have devoted the most policy attention and resources to reducing homelessness, increasing prevention, actively pursuing innovations in relation to using effective housing-led/Housing First, creating an integrated data system across homelessness services and actively trying to reduce long-term use of emergency accommodation. Importantly, *Housing for All* is framed within a commitment to increase housing supply, with the goal of increasing housing supply, across tenures by 300,000 homes by 2030. There is also a commitment to 'work towards' eradicating homelessness by 2030, in line with the *European Platform on Combating Homelessness*.

The Platform highlights collaboration around working towards ending homelessness by 2030. This includes the pursuit of an end to rough sleeping in the EU, in the sense that safe, appropriate emergency accommodation should always be available. There is an expectation that no-one should remain in emergency or transitional accommodation longer than is required to move on to a permanent housing solution. There are also goals to ensure people with support needs leaving institutions and people threatened by eviction are prevented from entering homelessness, or rapidly rehoused if homelessness does occur. The Platform is also intended to work towards stopping discrimination linked to homelessness. While some of the goals of the platform suggest a response centred on prevention and homelessness services that transition people into housing, rather than a housing-led/Housing First approach, the Platform does also note the efficacy of housing-led approaches.

The Platform is reflected in *Housing for All* but itself has some limits. The goal to working to end homelessness by 2030 is the result of seeking compromise across 27 EU Member States with marked differences in the strength and size of their economies and their social protection systems. The Platform includes the following shared objectives:

❯ no one sleeps rough for lack of accessible, safe and appropriate emergency accommodation;

❯ no one lives in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution;

❯ no one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing;

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16 https://unstats.un.org/sdgs/metadata?Text=&Goal=1&Target=1.5

> evictions should be prevented whenever possible and no one is evicted without assistance for an appropriate housing solution, when needed;

> no one is discriminated against due to their homelessness status.[17]

The goal to provide enough accessible, safe and appropriate emergency accommodation as a response to rough sleeping does not reflect the current evidence base. The focus on people living rough is incompatible with a housing-led, preventative and integrated homelessness strategy which, in essence, would not be using emergency accommodation as its main response, rather a mix of effectively triaged prevention and rapid rehousing with the right mixes of user-designed support. It is difficult to connect either this first objective, or the second one, centred on quick move on from transitional accommodation with, say the Finnish national strategy, which being housing led, using the Finnish definition and idea of 'Housing First', makes very limited use of emergency and transitional accommodation (Y Foundation, 2022).

Again, while the goal to reduce use of emergency and transitional accommodation is positive, this rather presumes that these services will be present at scale, rather than a housing-led/Housing First response within a rapid rehousing framework. The preventative measures in relation to leaving institutions and evictions are in sync with an integrated strategy as is the promise to minimise stigmatisation of people experiencing homelessness. However, there is no explicit mention or engagement with hidden homelessness, nor with the intersections between hidden homelessness and the use of emergency accommodation and living rough. One example here is that populations may alternate between different states of homelessness, including from hidden homelessness to rough sleeping and back again, which is something experienced by women with complex needs (Bretherton and Mayock, 2021). Another example is that the households and individuals approaching homelessness services and seeking homelessness prevention, may only be doing so after they have exhausted the informal options of friends, relatives and acquaintances or living in squats or in structures not intended in housing.

A potential criticism of *Housing for All* is that the cross referencing with the European platform on combatting homelessness enables the broad strategic approach in *Rebuilding Ireland* to be maintained. While there is some emphasis on prevention, the Platform highlights the same two 'targets' in relation to homelessness, reducing the number of people sleeping rough and in emergency accommodation as were at the centre of *Rebuilding Ireland*.

The recently approved *Governance, Work Programme and Way Forward for the European Platform on Combatting Homelessness 2022–2024*[18] may provide an opportunity to address some of these foundational shortcomings. Particularly important will be the active involvement and input of key EU and national level players (e.g. FEANTSA, Focus Ireland, ministerial delegates) in the Steering Board of the Platform, the role of which is to provide guidance, support the delivery of the work programme's outputs, as well as to ensure oversight of progress in the fight against homelessness.

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17 https://ec.europa.eu/social/BlobServlet?docId=24120&langId=en
18 https://www.ecologie.gouv.fr/sites/default/files/plateformeEN.pdf

It is also the case that while Housing First and housing-led responses are not prominently displayed in the Platform, they are present, the Lisbon Declaration notes *the growing evidence about effective interventions to prevent and solve homelessness, such as* [the] *housing-led approach*.[19] The efforts of FEANTSA and the *Housing First Hub Europe*, alongside those of academics, researchers and not least the European homelessness sector itself, through initiatives like *Housing First Italia* and a host of city-level Housing First projects in Spain, Portugal and across North Western Europe have been changing the debate around how best to respond to homelessness (Pleace, Baptista and Knutagård, 2019).

Domestically, the debate about the nature of homelessness has also undergone significant change. There is a better understanding that homelessness is a moving target (Lee et al., 2021), the nature of homelessness itself changes, our understanding of homelessness shifts over time and the evidence base on how best to prevent and reduce homelessness and effective strategy also shifts over time. This can be seen in growing recognition of women's experiences being both distinct and, as the evidence increases, far more widespread than was recognised even a decade ago (Bretherton, 2017). This is not to pretend that the definition of homelessness is not still a contested space, the old tropes of the lone man, with addiction issues and severe mental illness and living rough, as representative of "homelessness" constantly reassert themselves in mainstream and social media, as well as in domestic politics (O'Sullivan, 2020; O'Sullivan et al., 2020). Nevertheless, progress has been made in understanding homelessness as an issue with structural, economic and social dimensions, rather than being explicable only in terms of individual needs, characteristics, experiences and choices.

The strengths of current strategy, policy and practice need to be recognised. Rough sleeping is a residual social problem, there has been progress in prevention, developing housing-led and Housing First and in building an integrated, increasingly housing-led response to homelessness. The commitment to end homelessness, including joining the other 27 EU Member States in signing the Lisbon Declaration has also been placed at the core of strategy. Public expenditure on reducing homelessness and housing exclusion is considerable and, under the terms of *Housing for All* is set to increase. In many senses, the flaws in existing services and systems have been recognised, alongside the deep structural problems in the housing market and social/affordable housing supply that have been the core explanation for the increases in homelessness that have occurred (O'Sullivan, 2020).

Improving the strategic response

From an external perspective the challenges for national strategy centre on a restricted definition of homelessness. Three main issues can be identified:

> The focus on people sleeping rough and on people in emergency accommodation is not a target for ending homelessness, it is a target for ending rough sleeping and emergency accommodation use.

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19 https://ec.europa.eu/social/BlobServlet?docId=24120&langId=en

> Addressing homelessness means reducing the population who are experiencing housing exclusion, the precariously housed people who are at heightened risk of homelessness. It also means addressing hidden homelessness, the individuals and households, including people with multiple and complex needs, who lack any legal or physical security and who do not control their living space, people with no front door of their own. Without a serious strategy to measure and reduce hidden homelessness, there can be no serious strategy to address women's homelessness, who are overrepresented in hidden homelessness.

> There is a failure to address the rising levels at which households in Ireland are experiencing homelessness, getting people through emergency accommodation into settled housing more quickly is not a programme for reducing the experience of homelessness. This is significant because there is considerable evidence that homelessness, unless very rapidly ended, can have multiple negative effects on health, wellbeing and life chances. Part of the answer here is enhanced prevention, but again, a central element is defining the 'end' of homelessness in terms of rough sleeping and emergency accommodation use.

The evidence is that poverty is inherent to the risk of homelessness; it is a near-constant in almost forms of homelessness. Homelessness does not 'happen to anyone', it happens disproportionately to low income, economically precarious and poor people and there is clear global evidence to that effect (Bramley and Fitzpatrick, 2018; Pleace, 2016; Meert and Bourgeois, 2005). The evidence of deepening inequality across much of the EU and OECD member states is exhaustively documented (Chancel et al., 2021).

Adopting a broader definition of homelessness is as much a political decision as one about data. Recognising homelessness not as a matter of individual pathology, i.e. where all or most of the causation is about individual choice and characteristics means engaging in what will be taken as direct criticism of some powerful voices and ideas. Broader definitions of homelessness tend to de-emphasise individual factors in causation, i.e. they highlight the situation of people living in precarious arrangements, without any settled housing, because of issues centred on affordable housing supply. This challenges political, media and other narratives that present homelessness as being the result of individual choice, addiction, mental illness and traumatic experiences (Parsell et al., 2020). In essence, broader definitions, like those used in Scotland or Finland, make homelessness society's fault and society's problem, they effectively recognise dysfunctional housing markets, after-housing cost poverty and structural and organisational flaws in how the public and private sectors work. Homelessness becomes a problem of housing supply, it also becomes a problem of failure of mental health systems and services, rather than something that is supposedly 'caused' by severe mental illness. This is not so much of an issue when higher taxation and significant public sector activity in social protection policy is the norm, but it is a challenge to the many voices that argue that markets are efficient when governments are not and that individual taxation should be minimised and the acquisition of colossal individual wealth should be subject to no restraint.

Measuring homelessness

As has been widely noted elsewhere, estimating actual prevalence of homelessness at pan-EU level (FAP and FEANTSA, 2021) and across broadly economically comparable countries across the OECD (OECD, 2020) does involve some challenges. Definitions of homelessness, as already discussed, tend to vary across countries, i.e. some are closer to ETHOS/ETHOS Light than others, to the point where some use a broader definition of homelessness, while a greater number tend towards a more restricted definition, usually centred on living rough and being in emergency accommodation (Baptista and Marlier, 2019).

In 2018, as a result of lobbying and encouragement by FEANTSA, what has been described as 'partial and ad hoc' study of homelessness prevalence was carried out by Eurostat (FAP and FEANTSA, 2021, p. 11). The module was optional but twelve EU Member States participated: Belgium, Bulgaria, Germany, Denmark, Greece, Spain, Hungary, Ireland, Malta, Portugal, Romania, Slovakia, with three other countries, the UK (technically still a Member State at that point), with Albania and Switzerland also joining the exercise. This study found an overall prevalence of one or more experiences of homelessness of around four out of every 100 people across the 12 EU Member States, including the statistical return from Ireland. The definition used was living rough, having to live in emergency/temporary accommodation and having to live in a place that was not intended to be used as a home (squatting).

The inconsistencies in data, definition and indeed whether any information is collected at all, does not stop attempts to pronounce on the level of global homelessness. OECD for example, has estimated prevalence at around 1% of population at any one point in time across 36 countries, but this involved what might be termed a rather heroic combination of data collected on very different bases (OECD, 2021).

While the data did not cover Europe as a whole, they did flag some differences, with some Eastern and Southern EU Member States tending to report greater duration of homelessness, in a context where most experiences tended to last less than 12 months, again echoing the findings of Culhane and others on the nature of US homelessness. While not conclusive, it was interesting that duration of homelessness seemed higher in less 'service rich' environments which also tended to have less extensive social protection (welfare, public health and social housing systems) (FAP and FEANTSA, 2021). This may echo the findings of some other research suggesting that overall prevalence of homelessness tends to be less in countries with extensive social protection systems (Benjaminsen, 2016).

Scotland's administrative data records prevalence per 1,000 households. One finding from these data, which in common with all statutory UK homelessness statistics are not a representative survey or census of prevalence, but a record of service contacts, is that rates by local authority are highly variable. These data feel intrinsically right, because conditions like housing supply, poverty and, in broad association, the general state of public mental and physical health will vary considerably by area, with ranges (pre-pandemic) from 2.6 per 1,000 to 12.1 per 1,000 and an overall level of 6.9 per 1,000 (Scottish Government, 2020).

These larger numbers reflect a much broader definition of what constitutes homelessness and a correspondingly broader policy response. Scotland has an almost universal right to settled housing for all people experiencing homelessness, which extends to hidden homelessness within a definition of homelessness that includes someone as homeless if they have accommodation, but it is not reasonable for them to continue to stay in it (Anderson, 2019; Fitzpatrick and Davies, 2021).

In Portugal, the collection of data on a regular annual basis across all inland municipalities is an important area of development since the relaunching of the National Homelessness Strategy in 2017. This annual exercise, coordinated by the Monitoring and Evaluation Group of the ENIPSSA, prompted a fruitful discussion around the official ENIPSSA definition of homelessness, its categories and the challenges arising from the collection of data at the local level. Since 2017, there has been continued progress in the procedures used to collect the data at local level, particularly with regard to the increased integration of efforts among local organisations (within or outside NPISA structures), thus ensuring a greater consistency of the information.

The latest available data published in 2021[20], gathered by the monitoring group of the ENIPSSA reveals a total of 8,209 people living in the two categories covered by the official homelessness definition, i.e. people living in rooflessness situations (3,420) and people living in houselessness situations (4,789), which includes people living in emergency and temporary accommodation and in private rooms paid for by social security services or other social support services. Almost two in every three people in houselessness situations live in these private rooms. The Lisbon metropolitan area accounts for 58% of all the homelessness situations identified in December 2020, largely represented by people living in houseless situations, i.e. 77% of the overall number of homeless people (ENIPSSA, 2021).

In the US, homelessness prevalence is estimated annually using two methods, PIT counts and annual tallies of emergency shelter users. The PIT counts share the limitations noted above. Some localities are doing post-enumeration surveys of daytime service users in soup kitchens to estimate the proportion of unsheltered people who slept rough or in a place not meant for habitation the previous night, but who might not have been visible to enumerators. The annual shelter user count is created from an aggregation of local information systems that are mandated by the federal government to track all entries and exits from emergency accommodation. Rates of homelessness, especially unsheltered homelessness, vary significantly by region, with California alone accounting for 28% of the adult homeless population in 2020, and half (51%) of the unsheltered homeless population. The rate of homelessness nationally on a single night in 2020 was 1.8 per 1,000 with the highest rates in Hawaii and New York State at 4.7 and 4.6 per 1,000 respectively. While rates of homelessness had been trending downward from 2010–2019, steady increases in unsheltered homelessness in west coast states since 2014 have led to a reversal in the overall national trend in the last two years, with slight increases observed.

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20 Referring to December 2020.

A similar exercise was conducted in the Basque country (Spain) aiming at quantifying and analysing the prevalence of homelessness and housing exclusion in the region. The use of the available statistical sources to populate all the categories included in ETHOS explicitly aimed at providing a better understanding of gender-based dynamics, namely the "lower prevalence among women of extreme housing exclusion situations" (SIIS, 2016, pp.9) identified in national homelessness statistics. The results clearly showed that the number of women was significantly lower in the first ETHOS categories (men accounted for 90.7% of homelessness situations recorded in ETHOS categories 1 and 2), clearly rising as one moved towards more encompassing ETHOS categories.

The distribution between men and women within those situations described under ETHOS houseless categories (e.g. people in accommodation for the homeless, in women's refuges, in accommodation for immigrants and those due to be released from institutional settings) revealed a stronger presence of female population (29%). Women represented 60% of all those identified as living in insecure housing situations (ETHOS categories 8, 9 and 10 which includes persons staying at home under threat of violence or temporarily staying with family or friends due to lack of alternatives) and 49% of those living in inadequate housing conditions. Overall, the report concludes that if the entire ETHOS typology was used in quantifying the incidence of homelessness and housing exclusion in the Basque country, women would account for more than half of the situations (51.3%).

At EU level, FAP and FEANTSA have been reporting on an *Index of European Housing Exclusion*[21] for several years, drawing on Eurostat data (FAP and FEANTSA, 2021). This analysis reported that 10.1% of households and 37.1% of poor households in the EU28 (at that time including the UK) were overburdened by housing costs in 2019. The rates at which households were reported as overburdened by housing costs was highly variable, in Ireland the estimated level was 5%, in some other EU Member States, the levels were much higher. One effect of the pandemic was to (perhaps temporarily) reduce demand for housing in urban centres, which led some rents to fall, causing something of a fall in the rate of after housing cost poverty in some countries (FAP and FEANTSA, 2021).

The potential of data merging, centring on the sharing of administrative data, which is still sometimes known as 'big data' for measuring and understanding homelessness is considerable (Culhane, 2016; Thomas and Mackie, 2020). Danish systems for measuring homelessness combine this kind of data sharing with surveys to create a highly detailed picture of homelessness (Allen et al., 2020). Tracking people across homelessness services, public health, welfare, the criminal justice system (where relevant) and specialist services such as mental health and addiction is the route by which the patterns of homelessness can be more fully understood.

A system like PASS has multiple advantages in terms of looking at the prevalence of recurrent and sustained (episodic and chronic) homelessness on the basis of homelessness service use. The limits of these sorts of systems centre on their being 'blind' to what is happening to someone when they are not using a homelessness service, i.e. when they

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21 https://www.feantsa.org/en/report/2021/05/12/the-6th-overview-of-housing-exclusion-in-europe-2021

disappear from homelessness services and data are not being collected, they might have found a way out of homelessness, they might have started or returned to living rough or they may be elsewhere. A 'system wide' system of data sharing, that is able to track people across public and other services shows the patterns of homelessness at a deeper level, recording for example any use of mental health services, contact with criminal justice systems or whether someone has exited homelessness.

There are some tricky ethical questions around sharing and combining data on people experiencing homelessness in ways that are not routinely used without an experience of homelessness. Even where the intention is benevolent, data sharing occurring for one section of the population that does not occur for others raises questions around human rights, as well as the complexities around the General Data Protection Regulation (GDPR) and national level human rights protections around data sharing. As these technologies are combined with Artificial Intelligence/Machine Learning the capacity to identify, sort and influence the lives of people experiencing homelessness or who are defined as at risk of homelessness will only increase. On one level, using data combination and AI/ML to better target and allocate resources to prevent and reduce homelessness, as in some work by the USC Centre for AI in Society[22] in the US, might be seen as only being advantageous.

However, there may be consequences for individuals around how these technologies are used, to be 'tagged' as 'at risk' of homelessness might – again even where the intention is benevolent – lead to a loss of control and independence, plus possible stigmatisation and bias stemming from how a system has defined someone. Early work on this in the UK highlighted the concerns of people experiencing homelessness about what constituted 'information' about them. This could be an issue when systems were driven in part by cultural *images* of homelessness that recorded cultural and mass media ideas of what people experiencing homelessness were like, creating distorted and biased 'data doubles' (database images) of someone that were not properly reflective of their life, experience and wishes (Pleace, 2007).

Setting homelessness among people with multiple and complex needs in context

Utilising longitudinal shelter data, cluster analyses of time series data on shelter admissions in New York and Philadelphia, by Kuhn and Culhane (1998) showed a pattern whereby approximately 80 per cent of shelter users were transitional users, in that they used shelters for very short periods of time or a single episode and did not return to shelters. A further 10 per cent were episodic users of shelters and the remaining 10 per cent were termed chronic or long- term users of shelter services. Although a relatively small percentage of *single homeless people*, these chronic or long- term users occupied half of all bed nights.

Broadly similar findings have been replicated in studies of shelter usage in Dublin (Waldron et al., 2019; Parker, 2021), Melbourne (Taylor and Johnson, 2019), Toronto (Aubry et al., 2013) and Copenhagen (Benjaminsen and Andrade, 2015), albeit with some

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significant differences in the extent of homelessness and the characteristics of those in each cluster in different welfare regimes.

In relation to families, Culhane et al. (2007) found broadly similar patterns were evident, with the majority of families, as with singles, experiencing transitional forms of emergency accommodation usage, but a significantly higher number of families experiencing extensive stays in emergency accommodation. However, unlike the single adults experiencing chronic forms of homelessness, the families did not require high levels of support to exit nor did they exhibit significant disabilities. Importantly for policy and practice, this research highlighted that the majority of people who experienced a spell of homelessness did so for a short period of time and successfully exited to accommodation. A crucial observation from this research was that '[a]lmost everyone who will be homeless two years from today is housed now, and almost everybody who is homeless today will be housed two years from now" (O'Flaherty, 2010, p.143).
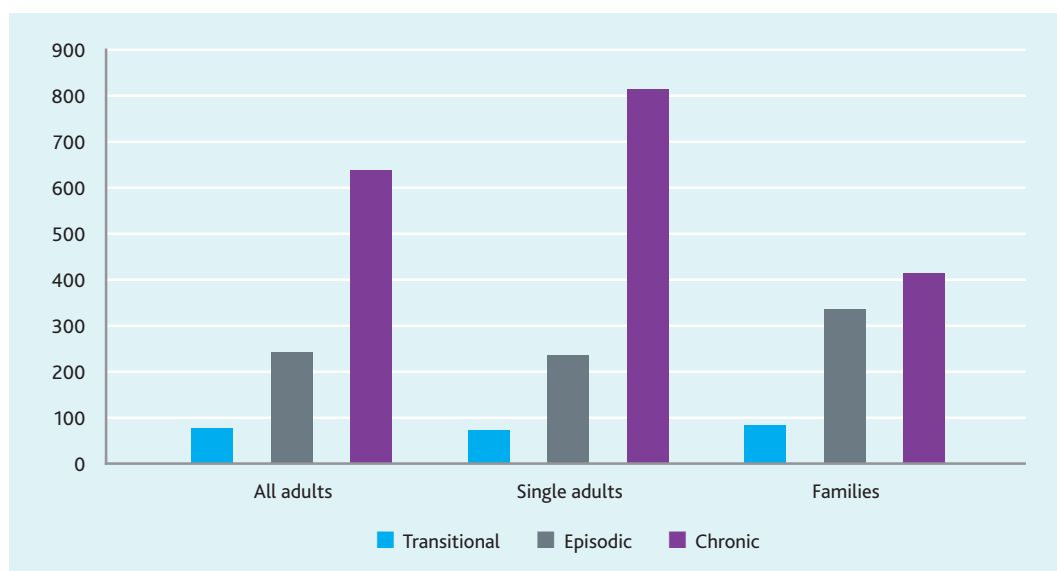
Data from the PASS system for Dublin covering the period 2012–2016, shown in figure 2 and 3 show similar patterns of emergency accommodation use and service user characteristics that Culhane et al. first identified in the United States.

Figure 13: Homeless typologies by household type, Dublin 2012–2016 %
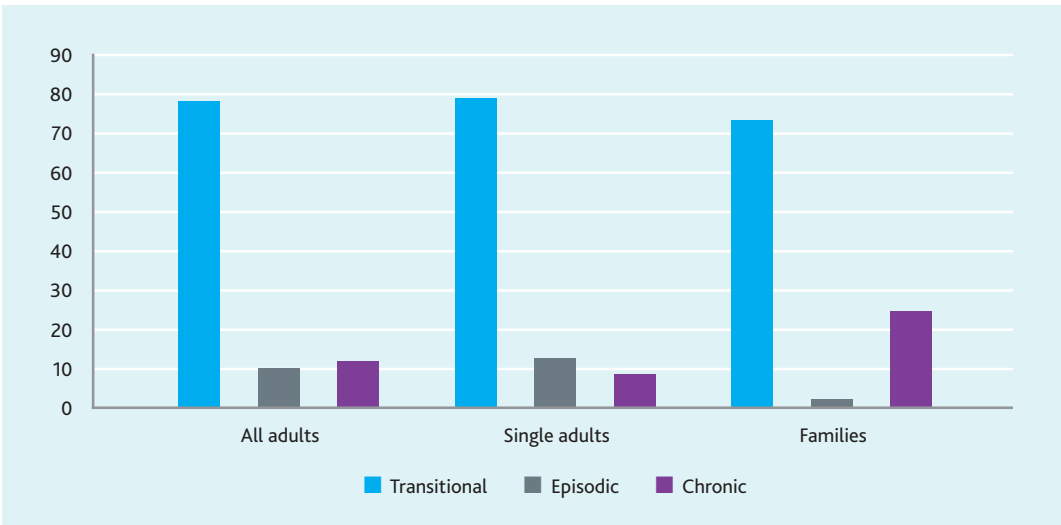
Source: Waldron et al. (2019)

Figure 14: Average number of bed nights, Dublin 2012–2016

Source: Waldron et al. (2019)

More recent work on single person households using drawing on the PASS system in Dublin covering the period 2016–2018 (Bairéad and Norris, 2022) identify 4 clusters based on homelessness duration: short-stay (23 percent) with a duration of between 1–30 days; medium term stay (23 percent) between 31–181 days; long-stay inconsistent use (37 percent) and long-term stable (17 percent). The authors note that 'those in long-stay inconsistent group include those who would be considered episodic in the Culhane and Kuhn model (2022, p.6). That over 50 percent of singles in Dublin during this period were long-term shelter users confirms that pattern identified in chapter 2 on the increased duration of homelessness. It is possible to determine from existing data the degree to which those spending increasing periods of time in emergency accommodation have complex needs, but on balance it would seem that it is lack of affordable housing that is contributing to their increasing duration of stay, rather than any personal disabilities.

There is a shortfall in current administrative data collection. Current returns on repeat users in emergency accommodation at the end of each quarter do not disaggregate between repeat users who exited emergency accommodation and returned, and users who were in emergency accommodation at the end of the previous quarter and who had not exited. The extent to which episodic, recurrent use of these services may be occurring is not as clearly recorded as it could be.

While there are political and logistical challenges in both defining and measuring homelessness, there is the potential to collect data on a wider basis, using a broader approach to understanding homelessness that can inform and support the development of wider strategy. Ultimately, the limits on current strategy centre on not recognising the full spectrum of homelessness, not seeing that the populations who become rough sleepers and enter emergency accommodation come from a larger population in housing exclusion who face heightened risks of homelessness and in not addressing hidden homelessness.

Chapter 6
Homelessness Zero in Ireland

This section of the Review draws together the discussion to highlight key considerations for homelessness strategy in *Housing for All* and beyond.

Definition matters – Homelessness does not exist in fixed forms and is characterised by flows from one 'population' of people to others. There is not a 'rough sleeper' population, instead there are people at risk of living rough in institutional settings, in emergency accommodation, homelessness services and other locations, who are sometimes living rough. Equally, homelessness does not equate to the people living in emergency accommodation, both because households can transition in and out of emergency accommodation, but also because this population intersects with people experiencing hidden homelessness (notably, women). The most effective homelessness strategies in Europe use a wide definition of homelessness. A wider definition encompasses both specific populations that a country wishes to reduce i.e. people experiencing recurrent and sustained homelessness associated with multiple and complex needs, people in emergency/temporary accommodation and people living rough, and the other forms of homelessness that *intersect* with and are also among the *sources* of people sleeping rough or living in emergency/temporary accommodation.

Prevention cannot be effective in isolation – Preventative services need to be able to triage effectively, i.e. prevent eviction where feasible and desirable, provide assistance with securing alternative housing quickly where needed and to be able to offer integrated packages of support where needed. In practice, a preventative service should be able to refer someone with multiple and complex needs, at high risk of homelessness, directly to Housing First or a similar service as a preventative measure, not in the sense of stopping homelessness from recurring, but instead stopping it from happening in the first instance.

Preventative services will also only deliver partial success in contexts in which there is severe and sustained undersupply of affordable housing offering adequate standards and security of tenure. Social housing tends to offer better standards, more affordability and better security of tenure.

Housing-led and Housing First services are less effective outside an integrated strategy – One issue here is again around housing supply, in that Housing First services and housing-led interventions will face operational challenges if not working in a context in which there is a sufficient supply of suitable housing. Housing-led and Housing First services also have to be integrated into wider homelessness strategy, to have a capacity to refer down when someone's support needs lessen and to refer up should their needs increase. Housing-led and Housing First services are also more effective as part of a *mixed economy* of provision, i.e. there are circumstances in which fixed site supported housing may be the best option and there will, even in highly integrated strategies, still be some need for emergency accommodation. Consistent, effective joint working with mental health, addiction, public health, social care and social housing services, sometimes needing to extend to criminal justice services is also essential for housing-led/Housing First services to function well.

People experiencing homelessness have differing needs – The importance of the gender dynamics of homelessness has been highlighted by domestic research on homelessness, alongside an increased level of international attention. Women do not have the same trajectories through homelessness as men, domestic abuse is much more likely to be a cause of women's homelessness and women also appear more likely to rely on friends, family and acquaintances, experiencing hidden homelessness at higher rates. This also applies to family homelessness, which is disproportionately experienced by lone women parents both domestically and internationally, where both a tendency to rely on informal options and an association with domestic abuse are again present. Women and women with children may also be more likely to exhaust informal options, i.e. hidden homelessness, before they seek help from formal services. Alongside women, there is international evidence that young people, including care leavers, also needing distinct sets of services because they can have different sets of needs and are more likely to experience specific trajectories through homelessness.

Implementation cannot be partial – The most successful examples of homelessness strategy create a standardised set of policy, practice and service integration within a shared national framework. This is typified in countries like Denmark, Finland and Norway which while not strategically perfect, have very low levels of homelessness. Inconsistencies in implementation tend to lead to inconsistencies in outcomes.

Governance must be stable and consistent – The contrasts between Irish and Finnish homelessness strategy lie less in resources, in global terms both countries are rich and devote significant spending to homelessness, than in strategic design and implementation.

Finnish strategies have been simpler, had more focus and expectation of joint working and longer timeframes and, at programme level, senior leaders in the key ministry and Y Foundation stayed in place (Y Foundation, 2022; Allen et al., 2020).

Information is vital – People with lived experience of homelessness in Ireland report difficulties in accessing information, a lack of understanding what is happening to them, what their rights are, and uncertainty about how the supports and processes designed to prevent and reduce homelessness function in practice. Single points of access for all services, both physical and online and ideas like an orientation for people presenting to services, e.g. a short recorded video, and a brochure with important components of support explained and useful contact information for services could be explored.

Housing supply is essential – Without the right mix of affordable and social housing prevention, rapid rehousing and housing-led/Housing First services will run into significant operational difficulties. One option here is to develop a parallel suitable housing supply focused on people experiencing homelessness and at risk of homelessness alongside mainstream interventions to increase housing affordability. Social housing is likely to offer the best option in terms of delivering sustainable exits from homelessness because it is more affordable, offers better standards and greater security of tenure. The immediate consequences of insufficient housing supply are increasing numbers of homeless households pooling in emergency and temporary accommodation at very high human and financial cost.

Strategy must be sustained as well as comprehensive and integrated – The flows into homelessness can be reduced through effective integrated prevention, but will not stop altogether; an integrated housing-led strategy must be maintained in order to keep levels and experience of homelessness low.

A more integrated strategy may increase the apparent level of homelessness in the short and possibly medium term – Apparent levels may rise if homelessness is defined more broadly and a wider range of support is offered, but experience from overseas, e.g. Finland and Scotland, is that an all-encompassing strategy dealing with all forms of homelessness will start to bring numbers down.

Public spending may increase if there is a sustained effort to prevent and reduce homelessness – An expectation that public expenditure on homelessness will fall over time may not be realistic, even where cost offsets and other economic benefits are generated. If homelessness is more broadly defined and a wider, better integrated array of services are offered, expenditure may need to continue at relatively higher levels. The collective human, financial and social benefits of a greatly reduced experience of homelessness are likely to outweigh the greater pressure placed on the public purse, however.

Appendix 1
About the Data on Homelessness

Monthly reports

The PASS (Pathway Accommodation & Support System), established in Dublin as a bed management and client support system in 2011, was rolled out nationally in 2013, and this development allowed for data on number of adult individuals with accompanying child dependents experiencing homelessness and residing in designated emergency accommodation funded by Section 10 and local authority contributions during the third week of every month in each county to be generated on a monthly basis. The publication of these Monthly Reports commenced in April 2014 on a trial basis, and from June 2014, with some modifications, has been produced on a continuous monthly basis. Data is generated from PASS on the profile of households in the designated services by household composition, the gender, age and nature of accommodation provided for adults and the number of accompanying child dependents. In comparison with the quarterly performance reports, the monthly reports provide stock data on the number of adults, child dependents and households in a given week each month.

The Monthly Reports **do not** capture those using emergency or temporary shelters not funded by the local authorities, does not include all those rough sleeping, those in Section 10 funded long-term supported accommodation, those in direct provision nor households in insecure or inadequate accommodation. Only a small number of services with less than 200 beds nationally do not, for various reasons, receive, nor indeed, seek Section 10 funding, and therefore are not included in the PASS data.

Data on the numbers sleeping rough or literally homeless is collected via a point-in-time or originally a one-night street count, and since the second half of 2020 a week-long street count, twice a year in Dublin (in March and November). Outside of Dublin, data

is published in the Quarterly Performance Reports (see below) on the number of rough sleepers at one night point in time in the Mid-East, the Mid West, the North East, the South West, while the South East provides data on the number of rough sleepers in their region over a quarter.

The number of contacts outreach teams have with those sleeping rough is published for Dublin, the South West and South East, the Mid West, the South East and South West regions. No information is available from the Midlands, the North West and the West regions. Data from Dublin shows that the majority of those rough sleeping also use emergency shelters, so that a significant number are likely to be captured in the monthly reports.

On households in insecure or inadequate accommodation, data is collected via the Housing Needs Assessment, which was carried out by the local authorities on a bi-annual basis, and now annual basis. Amongst the categories of need for social housing support are 'unsuitable accommodation due to particular housing circumstances', reasonable requirement for separate accommodation, 'unsuitable accommodation due to exceptional medical or compassionate grounds, 'over-crowded accommodation and 'unfit accommodation.' In the Assessments conducted in 2013, 2016, 2017, 2018, 2019 and 2020, between 35,000 and 40,000 households were assessed as being in these categories.

The Monthly Reports do not include persons in long-term supported accommodation but funded via Section 10. In 2019, 49 long-term supported residential services were allocated funding via section 10 in the amount of €9.8m in 2020. Census 2011 identified 992 individuals in such long-term supported accommodation, with Census 2016 identifying 1,772 individuals.

Nor do the Monthly Reports include persons who are in Direct Provision Centres (DPCs), which provide congregate accommodation with various support services, for international protection applicants provided by the Department of Justice/Reception and Integration Agency, who have been granted refugee status or leave to remain in Ireland, but are unable to exit Direct Provision due to their inability to secure rental accommodation. At the end of June 2019, there were 780 such persons in Direct Provision Centres, or 12 percent of the overall number in DPCs (IGEES, 2019, p.22). Furthermore, at the end of June 2019, there were over 900 persons seeking international protection, who due to an increase in persons seeking international protection and constrained capacity in DPCs, were placed in commercial hostels and B&Bs by the Reception and Integration Agency. By November 2021 there were 1,640 adults and children in direct provision with leave to remain in the Country.

In the Dublin Region, the Dublin Region Homeless Executive have published monthly reports that provide additional data on trends in homelessness in that region.

Modifications to the monthly reports

Removal of refuges in January 2015

From 1 January 2015, accommodation or refuges for those escaping from gender-based violence (ETHOS category 4) which was funded via Section 10 – a total of 21 residential services with a bed capacity of approximately 250, with annual funding of just over €2.1m was transferred to the statutory Child and Family Agency (TUSLA), and those accessing these residential services have not been enumerated in the monthly data since that date. This followed from a recommendation of the Homelessness Oversight Group (2013, p.23) that: "such refuges are not homeless emergency accommodation and would prefer to see both a discrete funding stream and separate reporting for the provision of State support to the accommodation needs of persons experiencing domestic violence. This would seem to appropriately reside within the scope of the recently established Child and Family Agency. We recommend therefore that existing funding arrangements for the provision of refuge accommodation and services would be transferred to the Child and Family Agency."

The Policy and Procedural Guidance for Housing Authorities in Relation to Assisting Victims of Domestic Violence with Emergency and Long-term Accommodation Needs states that "It is a matter for Tusla to monitor women's refuges in terms of capacity, usage, through flow, etc. The official monthly homeless data published by this Department and produced by housing authorities via the Pathway Accommodation & Support System (PASS) relates to the State-funded emergency accommodation arrangements that are overseen by housing authorities only. PASS is not operational in the refuge sector. (2017, p.3)." To-date, the Child and Family Agency have not published data on a monthly basis on the number and characteristics of those accessing such residential services.

Re-categorisation of households March, April and July 2018

In March 2018, 253 Adults accommodated 'in houses and apartments' who had hitherto being included in the monthly data were excluded, and in April a further 121 adults were excluded on the same basis that they were not in emergency accommodation, giving a total of 374 adults. Following further investigations by the Department of Housing, 'further cases of houses and apartments being recorded as emergency accommodation' were identified, containing a further 251 adults, giving an overall total of 625 adults (with 981 accompanying child dependents) excluded for the Monthly Reports. On 27 September 2018, a note was prepared by the Homelessness and Housing Supports Unit in the Department of Housing summarizing the re-categorizations. Termed 'own door' accommodation, those in these 'houses and apartments' were provided with this form of accommodation as a temporary measure.

Introduction of PASS 2

PASS was upgraded in June 2021 and Monthly Reports based on the upgraded system commenced in July 2021. From July onwards, dependents in families aged over 18 are classified as adults rather than child dependents as was previously the case. Thus, the increase in the number of adults aged 18–25 from July 2021 is largely attributable to this change. In addition, the upgraded version does not allow for the production of data on single parent families the monthly reports from July 2021 onwards provides data on the total number of families in emergency accommodation only.

Quarterly performance reports

From January 2014 onwards, at the end of each quarter, Local Authorities, were required by the Department of Housing to produce Performance Reports providing flow data on a range of indicators, included the number of new and repeat adult presentations to homelessness services per quarter; the number of adults in emergency accommodation for more than six months, the number of adult individuals exiting temporary and emergency accommodation to tenancies in the local authority sector, approved housing bodies or private rented sector (including those in receipt of the Housing Assistance Payment) with, or without support, and in cases, as discussed above, the number of rough sleepers.

Quarterly financial reports

Local Authorities are required to produce detailed quarterly Financial Reports outlining the distribution of central government and local authority funding on preventative actions, emergency and long-term supported accommodation, and other services for those experiencing homelessness. The reports also provide data on the distribution of this expenditure to NGO and private sector providers of the range of services listed above. These reporting requirements arose from the issuing of a Protocol Governing Delegation of Section 10 Funding for Homeless Services to Local Authorities. Local authorities must make a contribution of a minimum of 10 percent of the cost of providing services for those experiencing homelessness. Expenditure by Local Authorities drawing on Department of Housing funding and their own funding streams is captured under the Heading 'A05 Administration of Homeless Service' in the local authority Revenue Budgets.[23]

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23 Department of Housing, Planning and Local Government (various years) Local Authority Budgets (Dublin: Department of Housing, Planning and Local Government).

Appendix 2
Statistics on Homelessness in Dublin

More detailed data are available on patterns of homelessness in Dublin over the five-year period between 2017–2021 and this is outlined below. Figure 15 shows the overall number of households (rather than adults) in emergency accommodation in Dublin. The relative stability of the overall number in emergency accommodation each months masks the fact that the number of families has dropped between 2019 and 2021, while the number of adult-only households has increased as shown in figure 14.

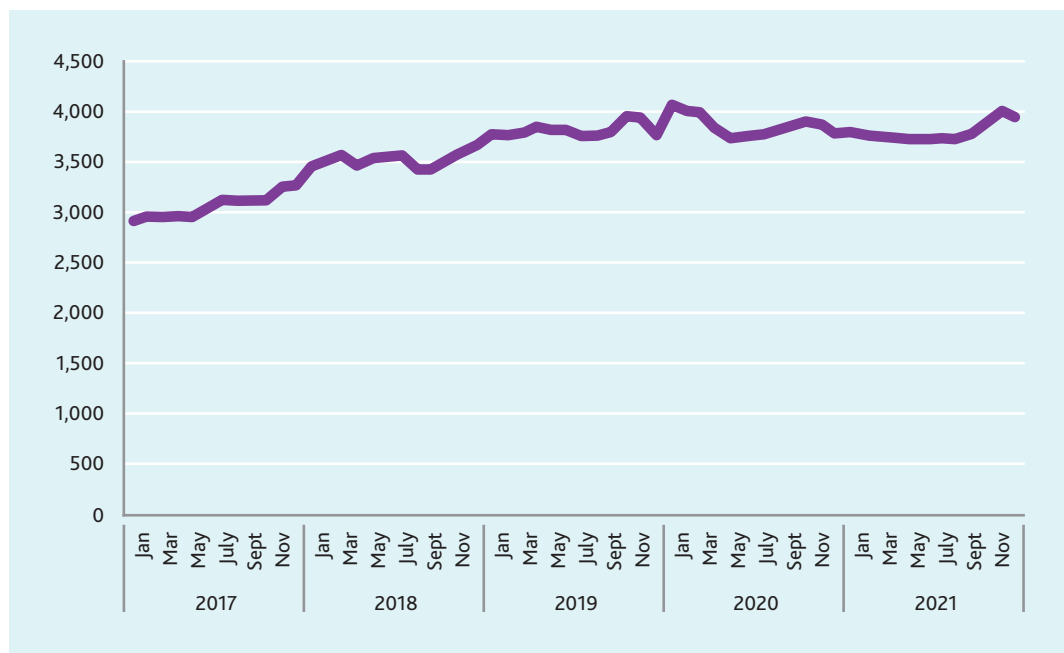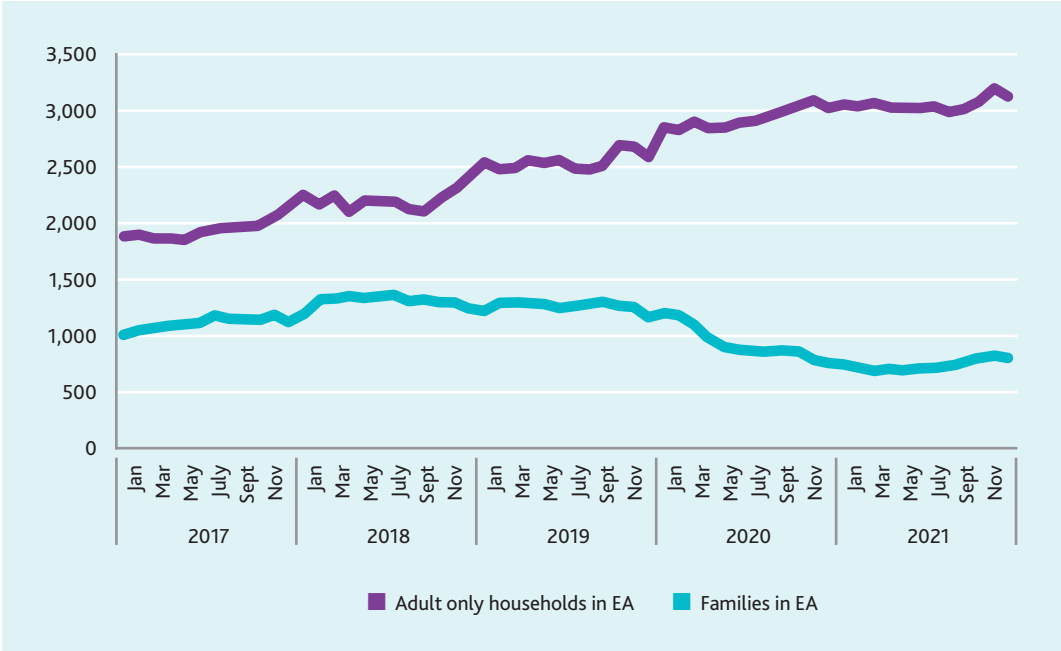**Figure 15: Total households in Emergency and Temporary Accommodation, Dublin, 2017–2021**

Figure 16: Adult only households and families in emergency and temporary accommodation in Dublin, 2017–2021

Dublin is the only lead authority that publishes data on the number of households prevented from entering emergency accommodation, whereby a household who has received a valid Notice of Termination from a private landlord and is at risk of entering emergency accommodation can be provided with an enhanced Housing Assistance Payment (HAP), known as the Homeless HAP, which allows for the basic HAP rate for the household at risk of homelessness to be increased by up to 50 percent. To get a sense of the volume of presentations to homelessness services in Dublin, figure 17 shows that over the past 5 years between 4–5,000 households were 'accepted' as homeless and placed either in emergency accommodation or who were provided with a Homeless HAP or social housing tenancy and prevented from entering emergency accommodation. On average, over the 5 years, just over one-third of the 'acceptances' were prevented from entering emergency accommodation. Initially, families were more likely to receive the preventative Homelessness HAP or social housing tenancy than singles, but as shown in figure 18, by 2021, this gap had narrowed considerably. Adult only households prevented from entering emergency accommodation were more likely to receive a social housing tenancy rather than Homeless HAP than were families. This is due to the prioritising of adult only households over 60 years of age for social housing tenancies.

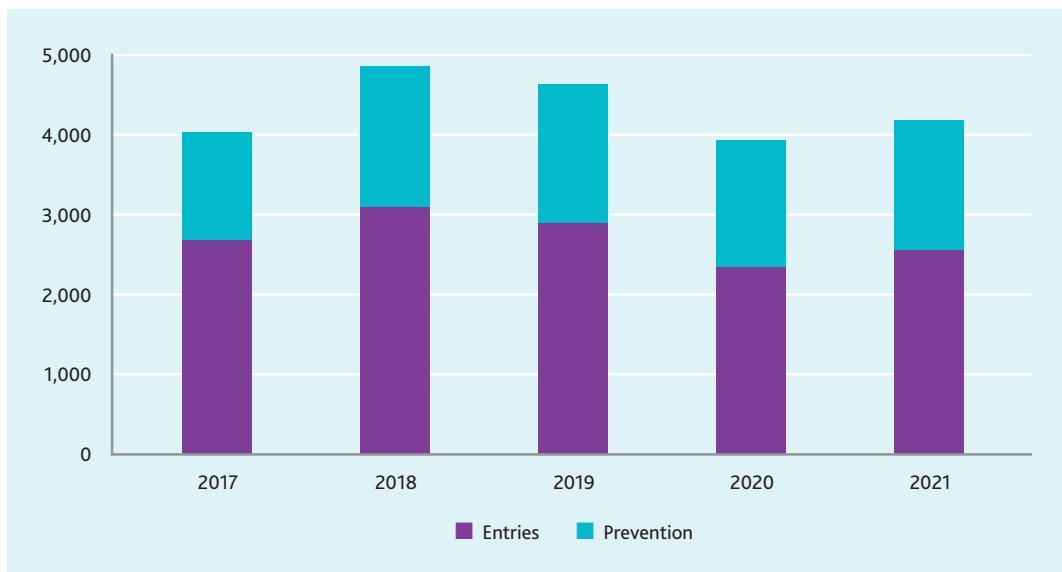**Figure 17: 'Acceptances' by type in Dublin, 2017–2021**

Figure 18: Households prevented from entering emergency accommodation through the provision of social housing tenancy or support, 2017–2021
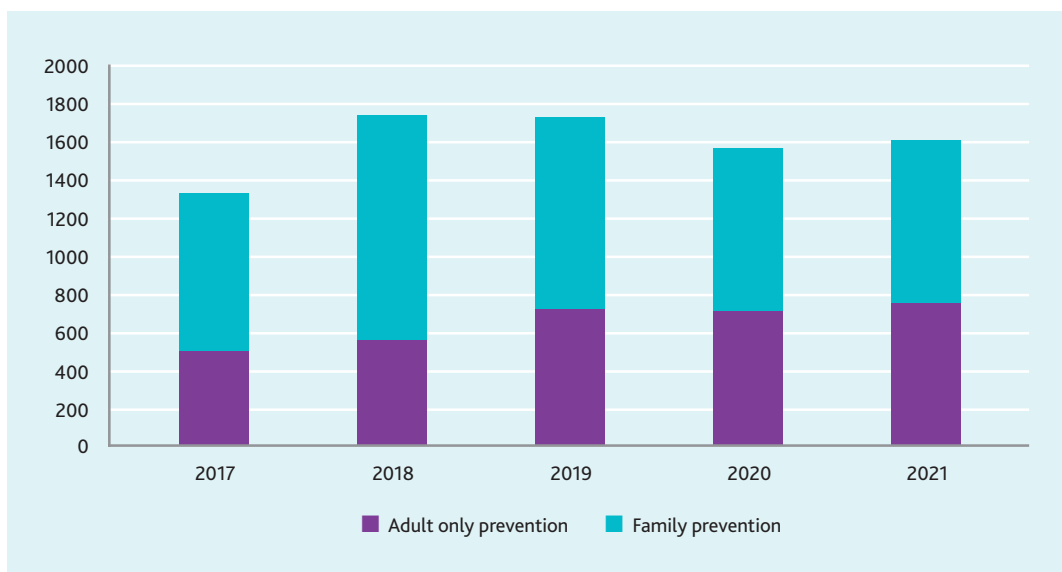

Figure 19 shows the number of households who entered emergency accommodation over the past five years with just 13,500 households entering emergency accommodation. The numbers peaked in 2018 with just over 3,000 households entering emergency accommodation that year, with just over 2,400 entering in 2021. Two-thirds of the households who entered emergency accommodation during this period were adult-only households, and the number of families entering emergency considerably lower in 2020 and 2021 than in the previous three years.

Figure 19: Household entries to Section 10 funded emergency and temporary accommodation by household type in Dublin, 2017–2021
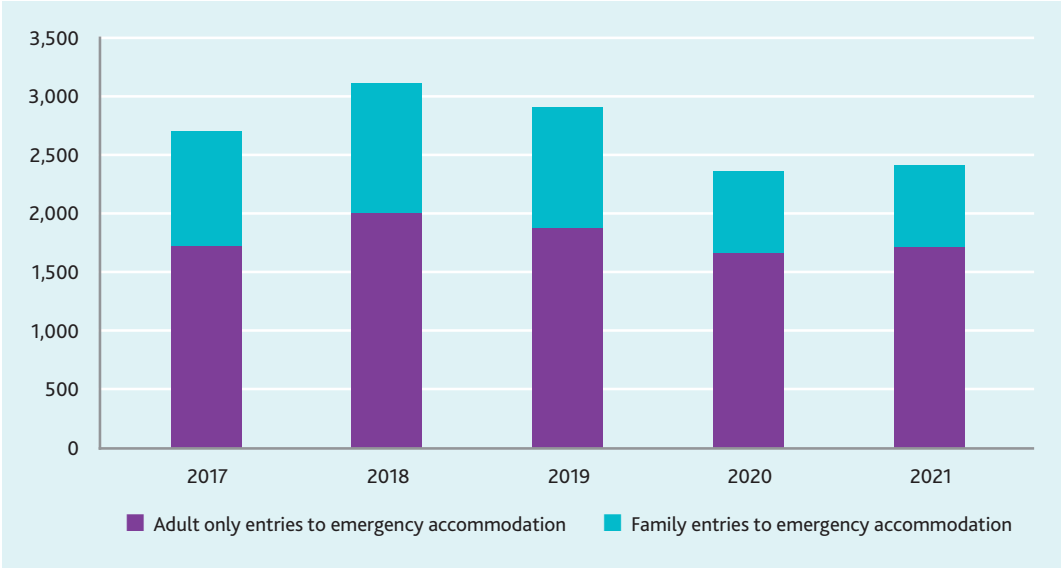
During this same period, there just over 8,300 households exited from emergency accommodation, peaking at over 2,000 exits in 2020. Between 2017 and 2020, the majority of exits were by families, but in 2021, the number of adult-only exits exceeded family exits. In 2021, the majority of both family (70 percent) adult-only (69 percent) exits from emergency accommodation was to the private rented sector with the Homeless HAP.

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