2010 Review of Supported Accommodation Services for Women During and After Pregnancy

Liz Lennon, Hugh O'Connor, OCS Consulting

Feidhmeannacht na Seirbhíse Sláinte
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crisispregnancyprogramme

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Executive summary

Introduction

The function of the HSE Crisis Pregnancy Programme (formerly the Crisis Pregnancy Agency[1]) is to bring strategic focus to the issue of crisis pregnancy. A 'crisis pregnancy' is defined by the HSE Crisis Pregnancy Programme (HSE CPP) as "a pregnancy which is neither planned nor desired by the woman concerned and which represents a personal crisis for her". The HSE CPP understands this definition to include the experiences of those women for whom a planned or desired pregnancy develops into a crisis over time due to a change in circumstances. The HSE CPP is tasked with developing and implementing a national strategy to address the issue of crisis pregnancy in Ireland. The Statutory Instrument (No. 466 of 2001), which established the former Crisis Pregnancy Agency, stated that one aim of setting up the Agency was:

> To reduce the number of women with crisis pregnancies who opt for abortion by offering supports and services which make other options more attractive.

Through its Funding Programme the HSE CPP has provided grant assistance for the provision of supported accommodation services for pregnant women and new mothers. Supported accommodation has been defined as 'semi-independent accommodation with a support programme in place which is accessed directly on-site or through external agencies'.[2] These services have been developed to meet the accommodation needs of pregnant women or lone mothers with young children who are homeless, or in some other situation of crisis and in need of support. The HSE CPP recognises that in certain circumstances the occurrence of crisis pregnancy can contribute to women becoming homeless. In addition to the provision of accommodation, supported accommodation services can provide a range of in-house and outreach supports for clients (such as parenting support, skills development and childcare, alongside aftercare and tenancy support programmes) to assist them in both coping during the time they are pregnant and during the period in which they are considering whether to parent the child or to place their child for adoption.

The Strategy of the former Crisis Pregnancy Agency – 'Leading an Integrated Approach to Reducing Crisis Pregnancy 2007 – 2011', which was developed and published in 2007, set out the following aims under Strategic Priority V - Continuation of Pregnancy:

- Improve the range and nature of supports central to making continuation of pregnancy more attractive.
- Ensure that women, their partners and families are fully informed about these supports.

As part of achieving this strategic priority, the HSE CPP commissioned research to assess current provision of supported accommodation services available to women experiencing a crisis pregnancy and the extent to which this matches need, as perceived by service

1 The HSE Crisis Pregnancy Programme (formerly the Crisis Pregnancy Agency) is tasked with developing and implementing a national strategy to address the issue of crisis pregnancy in Ireland. It is a national programme working within the Children and Family Social Services Care Group in the HSE. The Crisis Pregnancy Agency was formally merged with the HSE on 1st January 2010.

2 Keogh, Imelda C. 2003 'Supported Accommodation – Pathways to Independent Living' (unpublished Crisis Pregnancy Agency Report).

providers and pregnant women or lone mothers with young children who are homeless or in some other situation of crisis and in need of support.

Aims of the study

The main aims of this study were:

- To support the HSE CPP and other relevant funding bodies in planning and supporting these supported accommodation services in a way that takes into consideration client need and service demand, service type and service set-up.
- To support the HSE CPP and other relevant funding bodies in planning and supporting these services to work toward a common set of standards and supports so as to fully meet (i) the service needs of clients and (ii) the aims and objectives of supported accommodation provision.

The study gathered background information from a range of stakeholders, but focused specifically on service providers and pregnant women or lone mothers with young children who were homeless, or in some other situation of crisis and in need of support. It was expected that the data and research findings generated through this study would form a basis for the development of a strategic plan to facilitate funding, standardisation and the ongoing development of these services.

The research was designed to address a series of questions regarding the provision of supported accommodation services for women experiencing a crisis pregnancy in Ireland.

Key objectives

1. To develop an evidence base to inform a long-term, needs-based and sustainable approach to funding supported accommodation services, specifically relating to women experiencing crisis pregnancy.
2. To review the range, scale and type of supported accommodation services in Ireland with a focus on how such services respond to the needs of women experiencing crisis pregnancy.
3. To understand current demand and projected demand for supported accommodation services to inform service development into the future.
4. To carry out an analysis of the service needs of service users, especially those experiencing crisis pregnancy. This analysis was to include the needs of clients who have transitioned from supported accommodation to independent living.
5. To examine how the supported accommodation services address client needs, especially those clients who accessed services as a result of crisis pregnancy.
6. To identify gaps in service provision on the basis of points 2 – 5 above in order to highlight areas for improvement and service enhancement and standardisation into the future.
7. To identify cost-effective models as they relate to service provision, funding and client needs.

The following sub-objectives also guided the team in its conduct of the study:

- To provide findings to form the basis for an evidence-based strategic plan to facilitate funding and development of supported accommodation services for women during and after crisis pregnancy.
- To provide an informed 'starting point' for the development of a common set of standards and supports for supported accommodation services for women during and after crisis pregnancy.
- To share knowledge, experience and best practice.

Methodology

A number of stages of research were undertaken as part of this study. These included:

- A desktop review of internal HSE CPP files held on the four supported accommodation services part-funded by the HSE CPP at the time the study (Life Shelter Support Accommodation in Galway[3]; Spring Gardens Housing Association in Waterford and Limerick Social Service Council, Sonas (a pre-natal accommodation service) and Altamira (a post-natal accommodation service).
- A review of relevant Irish and international literature in the area of supported accommodation to provide an important contextual framework for the study.
- Research on relevant standards frameworks for supported accommodation services in order to provide the informed 'starting point' desired by the HSE CPP for the development of a common set of standards and supports for supported accommodation services for women during and after crisis pregnancy.
- As part of the consultation process underpinning the study, the conduct of 65 one-to-one in-depth interviews with clients that were either currently or formerly resident at the eight supported accommodation services that agreed to participate in the research: Life Shelter Support Accommodation, Galway; Limerick Social Services Council (Altamira Court); Limerick Social Services Council (Sonas); Spring Gardens, Waterford; Bessborough Centre, Cork; Rendu Apartments, Dublin; Life House, Dublin; Ecclesville, Dublin. In total 39 one-to-one in-depth interviews were conducted with clients currently resident at the eight participating services while a further 26 interviews were conducted with clients who had transitioned from supported accommodation to independent living.

An agreed set of principles were followed in the context of securing agreement from both existing and 'past' clients of the participating supported accommodation services. These agreed principles are described in some detail in Section 4.0 of the main body of the report. Securing informed and voluntary consent prior to the conduct of any interview was core to these principles. Meetings with clients and former clients were held in the supported accommodation services and other third-party locations such as nearby hotels and cafés. In some cases meetings were held in the clients' own homes. A small number of client interviews were also conducted by telephone. Childcare was provided where

3 Life Pregnancy Care, as of 30 June 2010, ceased operating this service. This accommodation service was subsequently provided by Galway Pregnancy Accommodation Service.

needed and in some cases the women brought their child or children to the interview. If a woman needed transport to attend the interview it was provided. The majority of the interviews lasted between 45 and 65 minutes.

Ten interviews were also conducted with service managers and those involved in the governance of the various supported accommodation services, while a further nine interviews were undertaken with frontline staff and those staff providing in-house and aftercare programmes at the eight supported accommodation services. To further support the study an additional 13 interviews were conducted with representatives of 'good practice' supported accommodation service providers and other 'key informants.'

The consultation process and various one-to-one interviews were designed to better understand client needs and service demands, the processes and critical success factors involved in establishing and running successful supported accommodation services for women during and after crisis pregnancy, the levers and barriers to accessing the services, gaps in service provision, and the scope for improvement and service enhancement and standardisation. The interviews were relatively 'loosely' structured, whereby clients were invited to recount their experience, having regard to the focus of the study. In the case of providers of supported accommodation services for women confidentiality issues did have to be addressed, together with expressions of good faith that the information would be used to positively share best practice.

Copies of the interview guides used are included in the appendices attached to the main body of the report.

Reporting

A meeting was held with representatives of the HSE CPP and the participating service providers after the fieldwork was completed to provide a detailed presentation of the findings. Based on feedback provided at this session a draft report was prepared. Following a meeting with representatives of the HSE CPP to discuss the draft report, a final report was then prepared.

Findings

Findings can be summarised in the form of a number of themes that emerged from the data. These themes recurred through each phase of the research.

General

- The research confirmed the findings of other Irish based studies which highlight that changing societal attitudes mean that a pregnancy, on its own, has become less of a potential crisis event. The research found that women presenting to the accommodation services very often had a range of needs aside from the pregnancy that put them at risk of homelessness or other crisis-related situations; they may have welcomed the pregnancy but needed support in other areas. This study

found that the long-standing reasons for supported accommodation for women experiencing a crisis pregnancy are still very relevant today:

- Providing an expecting/new mother with the time, 'safe space' and opportunity to make an informed decision.
- An opportunity to 'break free' from an environment that was unsafe or inappropriate for either the mother or their child.
- Facilitating the new mother to develop skills necessary to respond appropriately to the needs of her new child.
- Helping a new mother to develop the required independent living skills.
- Providing an expecting/new mother with an opportunity to remain in education/ training.

- The study found that women who were homeless, or in some other situation of crisis, and in need of support and who had experience of a crisis pregnancy attached most value to having a safe and affordable home, access to affordable childcare, transport so they could access education, training and employment, and a society that did not judge them as 'bad mothers'.
- When living in supported accommodation the women who participated in the study placed most value on being treated with respect and the positive and supportive relationships they enjoyed with staff members.
- Service providers consistently put forward the concept that the development of positive relationships with the women that they served was the critical success factor involved in running a successful supported accommodation service for women during and after crisis pregnancy.
- The women experiencing crisis pregnancy accommodated by the services that participated in this study were homeless under the definition of the Housing Act 1988. These women were not living in their own accommodation.
- The study indicated that many of the precipitating and risk factors regarding homelessness and other situations of crisis were very relevant to women experiencing crisis pregnancies. There were, however, differences between this specific population and the general homeless population, which very often introduce additional complexities and challenges:
  - Service providers will be working with the needs of more than one client – mother and baby, and often other dependent children – a dynamic which introduces an additional set of complexities and resource-related challenges which would not typically be confronted by a supported accommodation service operating in the broader homeless sector. Securing the wellbeing of the newborn child, by protecting them from all forms of harm and ensuring their developmental needs are responded to appropriately, will take ultimate precedence amongst the primary aims of the supported accommodation service providers.

- As the duty to safeguard and promote the welfare of the newborn child will be a primary priority for the supported accommodation service, a systematic method for analysing, understanding and recording what is happening to the newborn child *and* the mother who may be in a situation of crisis will therefore be required, such as 'holistic needs assessments', which are both 'child' *and* 'family focused'. As part of such assessments parents and families are assessed first and foremost from the child's perspective. From an analysis of what can often be complex issues and inter-relationships, clear professional judgements will need to be made. These judgements will need to include whether the child being assessed is in need, whether the child is suffering or likely to suffer significant harm, what actions must be taken and which services would best meet the needs of this particular child and family.

This required emphasis and level of specialist expertise and the additional and significant layer of complexity introduce an important caveat when considering the relationship between this niche subset of the supported accommodation sector and the broader homeless sector. This will be important when considering any prospect of a 'forced fit' between the two sectors.

Other unique features of the pregnancy supported accommodation service environment include the following:

- Clients of crisis pregnancy supported accommodation services are experiencing pregnancy, with all of its challenges.
- The women may not be attending to their health needs.
- For the first-time mother there can be a complex transitioning process in becoming a mother.
- There is a complicated interaction between the woman being at risk of, or already, homeless or in some other situation of crisis and the woman's positive focus on being pregnant. Where the issue of crisis lies is often complex.
- Some women will also have other dependent children and some of these may be in care.
- The pregnancy may trigger and exacerbate family tensions.
- The pregnancy may trigger domestic violence.

- This research found that the provision of supported accommodation continued to meet the needs of many women experiencing crisis pregnancy. The supported accomodation services assisted these women in both coping during the time they were pregnant and during the period that they were considering whether to parent the child or to place their child for adoption.
- All of the services that participated in this research worked from a strong value base that was based on respect for the service user. The services had a very evident commitment to providing high-quality support services in a safe, secure and welcoming environment.

- The study found that these services had, over time, developed a clear and detailed knowledge base and understanding of crisis pregnancy and the very specific support needs of the women presenting at the services.
- The research found that the participating services enjoyed high success rates in terms of facilitating successful transitions for clients to relevant permanent housing with supports where needed.
- Only a small proportion of clients needed to return to the services after making the transition to independent living. In cases where clients needed to return, their requirement was, in the main, for very focused and short-term support.
- The research found that the support provided by the HSE CPP helped to address the lack of coordination of funding for services in this area. The HSE CPP funding provided some much-needed certainty for services and facilitated greater involvement in long-term planning. Funding also allowed for additional focus to be devoted to the critical - and clearly under-served - area of 'aftercare' for women moving to independent living. The HSE CPP support in resourcing and coordinating the Supported Accommodation for Mothers and Babies Alliance (SAMBA) has also assisted greatly in encouraging and facilitating information sharing amongst existing providers.
- The research found that in cases where a woman was *already* homeless or at risk of homelessness, for any number of reasons (economic, addiction, abuse, mental health related issues or other), *prior to* the pregnancy, the pregnancy very often exacerbated an already crisis-ridden life. In such cases the pregnancy very often became another part of a complex and lengthy case- and care-management process, albeit with a special emphasis on the pregnancy.
- Alternatively, in cases where the woman had enjoyed a relatively stable life prior to the pregnancy and the pregnancy itself became the precipitating factor in her potential or real risk of homelessness, the research found that the kind of support services the woman required tended to be significantly less complex and intensive. In such cases the extent and duration of support was very often significantly less than for a woman with multiple needs who may already have been homeless. Such women often required some initial support in terms of safe shelter and a process of reconnection with their family, education and community networks. The key need facing many of these women was for support in finding safe, affordable and accessible permanent housing.
- The study indicated that early intervention strategies can very often ensure that women with experience of a crisis pregnancy do not become homeless or need any form of supported accommodation.
- At the time of the research, only one of the participating services (Bessborough in Cork) was configured to work with women experiencing a crisis pregnancy with very high and/or multiple needs. A small number of the services (Bessborough in Cork and Rendu in Dublin) also served women with medium to high needs (e.g.

women participating on methadone treatment programmes involving the controlled management of methadone for heroin addicts). All of the participating services were able to cater for women who had low needs - that is, their pregnancy was the precipitating factor that put them in a crisis situation.

- The research found that in recent years the majority, but not all, of the supported accommodation services operating in this area had experienced a decrease in the *overall* level of demand for accommodation services from clients experiencing a crisis pregnancy. However, during this time there was also a parallel and very notable increase in the volume of clients presenting with multiple and high-level needs. This changing client profile introduced new, complex and significant resource-related challenges for many of the services.

  The dimensions involved in measuring the success of a service may therefore need to be reassessed, as traditional measures such as 'client throughput' and 'length of stay' will not always provide an accurate picture of how well services are meeting the needs of clients.
- The research indicated that resource- and skill-related gaps were becoming more noticeable across the network of supported accommodation services. In particular, several of the services identified that they were simply not in a position to respond to or successfully accommodate clients with medium- to high-level support needs.
- The research found that the lack of affordable and appropriate 'follow-on' housing led many clients of the accommodation services to stay longer in supported accommodation than was actually required.
- The study indicated that the peer support environment in place across the participating services could be a very positive element in developing confidence and capacity amongst both pregnant women and new mothers.

Levers prompting a move to supported accommodation

The research identified a range of factors that could prompt a move to a supported accommodation service. These included:

- Inability to find safe and affordable housing.
- Absence or a breakdown of family support.
- Absence of positive parenting role models.
- Turning 18 years of age and leaving State care: Many of the research participants consistently voiced their concern that women leaving State care were a particular group at risk of crisis pregnancy. It was suggested that such women were sometimes very vulnerable and often did not have appropriate life skills to cope effectively with a pregnancy.
- Divorce and/or separation.
- Instances of domestic violence.

- Overcrowding in the family home, family conflict, and the loss of a tenancy due to antisocial behaviour of a partner, family member or co-tenant.
- Involvement in child protection cases or parenting assessment programmes: Many of the services - at the request of the judicial authorities - were catering for an increasing number of clients who were involved in court-related child protection and parenting assessment cases.
- Addiction, mental health and self-harm issues, alongside physical and or sexual abuse issues. Such issues were identified as critical factors for a small number of the research participants in their need for supported accommodation.
- Intellectual disabilities and lack of emotional skills and supports necessary to live independently. Such factors were particularly notable amongst young women who had recently left State-provided care.
- Economic reasons. Such factors tended to be limited to non-EU nationals that were not eligible for various social welfare supports.
- Women vulnerable to or already exposed to prostitution, substance abuse or other criminal or high-risk activities. Although the research found a small number of such women there was little opportunity to explore this issue in detail. Several service providers expressed concern that there was little formal data available on the incidence of crisis pregnancy amongst those involved in prostitution and or drug dealing.

A period of residency – The positive impacts

The clients interviewed as part of this study identified a range of positive impacts which they associated with a stay in supported accommodation; these included the following:

- An important opportunity to reflect, prepare for the upcoming birth of the child and most importantly to 'feel safe.' Women very frequently spoke of feeling very alone, isolated and vulnerable prior to entering supported accommodation. The supported accommodation services often offered an important opportunity to build or re-build much-needed self-esteem and confidence. Women also spoke of the experience as an opportunity to 'break free' from an environment that was unsafe or inappropriate for either them or their child.
- An opportunity to spend time alone to bond with their child and to develop their own coping and parenting skills.
- An opportunity to combat one's sense of isolation and develop important relationship-building skills with peers.
- An opportunity to reconnect with family members and the birth father. Many of the women recognised the very important role that staff at the services played in reconnecting mothers with both their own families and the father of their children. In several cases this process of reconnection had resulted in fathers playing an increasingly significant and ongoing role in the parenting of the child.

- The provision of life skills and coping mechanisms necessary to allow new mothers to execute a successful transition to independent living.

The research confirmed that the main factors involved in executing a successful transition to independent living were:

- The creation of a transition plan with a key-worker so that the clients could access relevant support services and develop the necessary personal and parenting skills over time.
- Having the support of the service in accessing the financial support (e.g., benefits, rent allowance) required to transition to independent living.
- The facility to have ongoing support when clients made the transition to independent living. Often this kind of support was described as a 'listening ear' or a 'friendly voice at the end of the telephone'. For other clients there was a requirement for more formal follow-up and personal visits by the key-worker to the private accommodation to check on the welfare of both mother and child.
- The ability to access childcare locally. This was identified as one of the key factors which had helped women in sustaining their tenancies, advancing their career-related goals and parenting their children more effectively.
- Learning, in partnership with a key-worker, how to develop plans and seeing how goals could be achieved. Many of the women who had made the transition to independent living spoke about newly-adopted and more positive ways of planning their own schedules and daily lives.

In describing the barriers women faced in affecting a successful transition to independent living the following factors were frequently put forward by both service providers and clients alike:

- Limited availability of appropriate and affordable housing.
- Absence of affordable childcare.
- Insufficient investment in aftercare for clients making the transition.
- Limited opportunities for clients to access education, training and employment.

Other structural gaps in service provision which service providers frequently stressed were:

- Insufficient policy focus on prevention, particularly in the context of young women exiting State-provided care.
- Insufficient focus on the support needs of young fathers.
- Absence of common assessment tools and shared policies and protocols amongst the network of services.

Resource- and skill-related challenges

Meeting the needs of an increasingly complex client base with higher support needs introduced a number of resource- and skill-related challenges for many of the services operating in the sector:

- 'Risk management': The changing client profile led to the need for more 'round-the-clock care and supervision' in a number of services and to the need to respond rapidly to crisis situations that could occur at the supported accommodation units.
- A need for more specialised resources and knowledge in order to deal effectively with more complex and demanding caseloads that tended to require a more involved level of planning and intervention.
- Requirement for more time to be allocated to critical child protection issues such as facilitating supervised access visits for mothers involved in child protection or parenting assessment programmes.
- Requirement for more resource-intensive facilitation and care in providing one-to-one support for clients who do not respond to less intensive, 'group-based' approaches.
- An increase in stakeholder management and reporting requirements, as services were required to facilitate, interact with and report to an increasingly complex set of external stakeholders.
- 'Aftercare' has assumed greater and often critical importance as a dimension of the service offering. Medium- to high-needs clients required significant and often intensive aftercare support to allow them to successfully affect the transition to independent living and to sustain their tenancies in follow-on accommodation.
- An increase in reporting requirements to funding bodies.
- A need to generate additional funds through fundraising and/or the development of submissions to other sources of funds.

While all of the services worked to a range of principles of good practice and had developed written policies on many service-delivery and organisational actions, the majority of services did not have a formal quality standards framework in their organisation.

The benefits of having a quality standards framework in place are described in some detail in Section 8.0 of the report. Key frameworks such as the Homeless Agency's 'Putting People First', and the Department of Health (UK) 'Framework for the Assessment of Children in Need and their Families' will have particular relevance for the supported accommodation services operating in this area.

The changing policy focus in the broader homelessness sector

The broader homeless sector in Ireland is in a period of very significant transformation that will impact on the nature and delivery of accommodation services to citizens at risk

of, or already experiencing homelessness. These changes are very likely to have some impact on the supported accommodation services provided for women with experience of crisis pregnancy.

Relevant temporary accommodation models are currently being developed - or are about to be developed - in Ireland that differentiate between low- and high-needs people who become homeless. In the main these temporary accommodation models will provide accommodation with relevant supports for a *maximum* of six months.

Reducing dependence on transitional accommodation is a new policy which is in the early stages of implementation across the broader homeless sector in Ireland. This will mean that permanent, long-term supported accommodation will, on the basis of current policy, be provided in Ireland only for people characterised as being chronically homeless with multiple needs.

In particular, the Homeless Agency has placed a strong emphasis on prevention and moving clients to independent accommodation as soon as possible. This new model is focused on moving people to long-term, independent housing and eliminating the need for transitional accommodation services.

Certain models of case and care management have already been developed in the Dublin region and it is expected that these will be a key feature of the service agreements made with supported accommodation providers across the country. It is anticipated that the coordinated implementation of such models would mean that a woman would not have to engage with a plethora of agencies and would benefit from early introduction of key support and a coordinated, tailored support plan. It is also expected that aftercare will be a key feature of a person's 'move-on' plan to allow high-needs women in particular to sustain their tenancies.

Recommendations

Key recommendations developed as part of this research include the following.

- Further resources could very usefully be targeted at prioritising prevention and early intervention programmes, to include family mediation and rapid re-housing, for those women experiencing crisis pregnancy who may also be at risk of homelessness or other situations of crisis. It will be important that such programmes focus on the particular needs of young women who have recently or are about to leave long-term, State-provided care.
- Further resources should be targeted at providing appropriate support and aftercare services to ensure more effective and speedier transitions to independent living.
- Further resources will be required to address a key gap in the existing model of service delivery – women at risk of homelessness with multiple, high-level needs and experiencing crisis pregnancy. Working with multiple-needs women experiencing crisis pregnancy is and will continue to be more resource-intensive

in terms of the range and number of skilled staff and the flexible models of service delivery that will be required.

- In order to successfully meet the needs of women with complex, high-level needs there will need to be additional focus on the recruitment and retention of skilled staff linked to an appropriate competency framework.
- There is a need for a more coordinated approach in linking services to the support required and the development of shared work-practice tools and information across the network of existing providers. The existing supported accommodation service provider forum, which has been facilitated by the HSE CPP to date, provides a useful starting point in this area.
- There is a need to develop common assessment, quality-standards and case and care management good-practice models across the network of service providers operating in this area. Good practice, however, clearly exists and can be tailored relatively easily to meet the needs of the existing service providers and their clients.
- It will be important for individual services to engage actively with the changing policy in the broader homeless area as the policy shift will impact on individual services and ultimately on the services that are available for service users.
- It is recommended that the HSE CPP consult with the Homeless Agency and request to become a member of the Homeless Agency Consultative Forum to allow the HSE CPP to keep abreast of key developments in the broader homeless area.
- It will be important for both the HSE CPP and the individual services to advise on the need for specific statistics to be gathered, as part of the development of a single, integrated national data and information system on the use of homeless services by pregnant women / women experiencing crisis pregnancy.
- There is a need for the HSE CPP and/or the individual services to facilitate, where appropriate, the re-design of services that will promote and facilitate greater access by the birth father. Evidence would suggest that current models of engagement introduced by some of the supported accommodation services for fathers have proved to be very successful.

1.0 Introduction

This research process and report provides a much needed overview of a sector that provides supported accommodation to a very specific target group – women who experience crisis pregnancy.

There is a dearth of national and international research in this specific area. This report was therefore commissioned to provide much needed information from a range of key stakeholders' perspectives. The quality and depth of information provided in this report is a direct result of the time, effort and insight offered by both current and former clients of the supported accommodation services, the providers of supported accommodation services for women who experience crisis pregnancy in Ireland, and the HSE Crisis Pregnancy Programme[4] (formerly the Crisis Pregnancy Agency). This report provides an important insight into the experiences of women who experience crisis pregnancy and who may be homeless or in some other situation of crisis and in need of support. Their voices are clear and strong and will play a critical role in informing the future development of services for other women with similar experiences.

Women want a safe and affordable home, access to affordable childcare, transport so they can access education, training and employment, supports when needed, and a society that does not judge them as 'bad mothers'.

When living in supported accommodation, women placed most value on being treated with respect and on the positive and supportive relationships they enjoyed with staff members. All of the service providers that participated in this research work from a strong values and principle base, which holds at its core the rights of women to a respectful and strengths-based service. While all of the services have worked to develop quality standards and protocols, they believe that the development of positive relationships with the women that they serve is the critical factor involved in running a successful supported accommodation service for women during and after crisis pregnancy.

The supported accommodation and broader homeless sectors in Ireland are in a period of very significant transformation that will profoundly impact on the nature and delivery of services to citizens that may be in need of supported accommodation as a result of becoming homeless or some other situation of crisis. This report is timely as it provides funding bodies such as the HSE Crisis Pregnancy Programme (HSE CPP) and the funded services with an assessment of the challenges and opportunities provided by the changes in national systems, policies, practices and resourcing.

On completing the programme of research the researchers would suggest that the cultivation of a closer working relationship between the HSE CPP and key stakeholders such as the Homeless Agency will be relevant. Cultivation of such a relationship will offer the HSE CPP an important opportunity to put forward its expertise and knowledge on this specific population of interest and its very particular support needs. It will also provide a

4 The HSE Crisis Pregnancy Programme (formerly the Crisis Pregnancy Agency) is tasked with developing and implementing a national strategy to address the issue of crisis pregnancy in Ireland. It is a national programme working within the Health and Wellbeing Directorate in the HSE. The Crisis Pregnancy Agency was formally merged with the HSE on 1st January 2010.

facility for the HSE CPP and the funded supported accommodation services to access and learn more about key resources and practice tools (such as the Common Assessment Tool and standards frameworks) that are currently being developed for national roll-out across the broader homeless sector. Considerable challenges lie ahead for the funded services in this transforming environment. Given the national resource constraints that currently exist it will be important that the HSE CPP and the funded services keenly prioritise their work programmes for the coming years.

2.0 Research aims

Seven research aims were defined by the HSE CPP at the outset of this study. The majority of these were achieved.

Research aims:

1. To develop an evidence base to inform a long-term, needs-based and sustainable approach to funding supported accommodation services, specifically as it relates to women experiencing crisis pregnancy.
2. To review the range, scale and type of supported accommodation services in Ireland, with a focus on how such services respond to the needs of women experiencing crisis pregnancy.
3. To understand current demand and projected demand for supported accommodation services to inform service development into the future.
4. To carry out an analysis of the service needs of service users, especially those experiencing crisis pregnancy. This analysis should include the needs of clients who have transitioned from supported accommodation to independent living. This assessment should capture the needs of service users irrespective of the causation of the crisis and the nationality of the client.
5. To undertake a needs-analysis examining how the various supported accommodation services address client needs, especially those clients who accessed services as a result of crisis pregnancy.
6. To identify gaps in service provision on the basis of points 2 – 5 above in order to highlight areas for improvement and service enhancement and standardisation into the future.
7. To identify cost-effective models as they relate to service provision, funding and client needs.

The research identified very substantial national structural, policy, resourcing and practice changes that are currently taking place across the broader homeless and supported accommodation sectors in Ireland. These changes will impact on the nature, scale and scope of future service provision to women experiencing crisis pregnancies. As these significant changes are currently in transition it became unfeasible for the researchers to accurately quantify the two specific aims regarding future demand and cost-effective models. This report therefore details the complex national changes occurring and provides some analysis on potential impacts.

This report does provide a thorough sense of the experiences of service users and the role that the HSE CPP and service providers have played in addressing client needs. The report also provides a clear series of recommendations for both the HSE CPP and service providers regarding their potential place and role within the changing national environment.

3.0 Report structure

This is a detailed report that explores both the experiences of service providers and service users and the Irish and international strategic contexts that will impact upon both service providers and service users in the future. To assist and guide the reader a brief description of each section is provided below.

Section 4.0 Research purpose and methodology

The key stages in the process involved:

- Workshop with HSE CPP and representatives of the participating service providers to explore and adapt the research methodology.
- Internal review of HSE CPP files and relevant data.
- Literature review.
- Research on standards for supported accommodation services.
- In-depth interviews with service users (both current and former clients), service providers and other key stakeholders.
- Data analysis and feedback workshop involving representatives of both the HSE CPP and the participating service providers. This was followed by the submission of a draft report and the conduct of a feedback meeting with the HSE CPP.
- Development of a final report.

Section 5.0 Placing women experiencing crisis pregnancies and their supported accommodation services in a broader Irish context

This section includes:

- Key findings from the literature.
- An exploration of whether women experiencing crisis pregnancies differ from other homeless populations.
- The Irish strategic context, exploring the transformations that are occurring as a result of the National Homeless Strategy.
- Exploration of the potential impact of national homelessness responses on supported accommodation service providers and service users and of pathways in, through and out of homelessness.

Section 6.0 Research results - Voices of the key stakeholders

This section includes:

- A taxonomy of current service provision in terms of the nature, scope and scale of the service providers that participated in this research.
- An in-depth exploration of the experiences of service users in entering and exiting supported accommodation services.
- The views of service providers on the challenges and opportunities that they face.

Section 7.0 International strategic responses to homelessness

This section provides information on relevant UK, Australian and USA responses to homelessness.

Section 8.0 Quality standards frameworks

This section provides details regarding the opportunities and challeges in developing and using a standards framework, as well as a taxonomy of a dozen very relevant international frameworks.

Section 9.0 Future service provision - conclusion and recommendations

This section draws on and is informed by the various strands of research and consultation conducted as part of the study.

4.0 Research purpose and methodology

The following objective was developed for this research assignment:

> *To deliver a detailed review of the range, scale and types of supported accommodation services available for women in Ireland during and after crisis pregnancy, together with an analysis of the needs of service users with a view to informing and supporting the HSE Crisis Pregnancy Programme and other relevant funding bodies in effectively and efficiently planning and supporting these services and in fully meeting the service needs of clients.*

The following sub-objectives guided the team in its conduct of the review:

- To inform and support the relevant funding bodies in planning for, supporting and funding supported accommodation services for women experiencing crisis pregnancy and in fully meeting the needs of clients.
- To provide findings to form the basis for an evidence-based strategic plan to facilitate funding and development of supported accommodation services for women during and after crisis pregnancy.
- To provide an informed 'starting point' for the development of a common set of standards and supports for supported accommodation services for women during and after crisis pregnancy.
- To positively share knowledge, experience and best practice.

The research findings include recommendations and suggestions for the development of a common set of standards and supports for supported accommodation services for women during and after crisis pregnancy.

The following key steps were undertaken as part of the research and review work:

4.1 Stage one: Internal desk review

The review commenced with an interrogation of relevant written source materials and included a number of separate strands of desk research. The various strands of desk research continued throughout the review process to validate, question and build on hypotheses and findings, including the views expressed through the consultation process.

Strand one – Internal file review
The first step in the desk-review process involved a desktop review of internal HSE CPP files and research to establish relevant baseline data for the four supported accommodation services part-funded by the HSE CPP (Cura/Spring Gardens, Waterford; Limerick Social Services (Sonas and Altamira Court); and Life Shelter Support Accommodation, Galway[5]). This process helped to familiarise the team with the service plans and real-time experiences of service providers in managing their supported accommodation services.

5 Life Pregnancy Care, as of 30 June 2010, ceased operating this service. This accommodation service was subsequently provided by Galway Pregnancy Accommodation Service.

Strand two – Review of literature
The desk review also included a review of relevant literature, both Irish and international, in the area of supported accommodation. The review findings are featured in Sections 5.0 and 7.0 of this document.

Strand three – Research on standards for supported accommodation services
To further advance the goal of identifying good practice in the area of supported accommodation provision and to inform the development of a strategic plan to facilitate in the standardisation of supported accommodation services for women during and after crisis pregnancy, the team also conducted a review of relevant standards frameworks in the area. The findings generated through this review process are set out in Section 8.0 of this document.

4.2 Stage two: Consultation process

Both the tender documentation and initial project briefing with representatives of the HSE CPP stressed that the starting point for the review must be the identification and analysis of the service needs of service users. The experience of existing service providers in Ireland was also identified as being core to the review requirements. Therefore a qualitative consultation process was identified as the most effective means by which the views of these key stakeholders could be heard. It was also believed that a qualitative approach would best facilitate the gathering of recommendations that draw on the combined experience of both client and service provider alike.

There are a number of ways in which the current availability of supported accommodation services for women experiencing crisis pregnancy can be categorised; for example, oversight structure (statutory organisation/voluntary organisation), scope (location), scope (types of in-house and aftercare services and supports), scale, type of facilities, and the range of protocols, policies and procedures that may be in place. It was important, therefore, that these differences be taken into account in any analysis undertaken as part of the review and consequently the core sample of consultees were drawn from across a range of eight services. This variety, coupled with the need to hear what stakeholders at a variety of levels have to say (i.e. clients currently using the services, clients who have transitioned from supported accommodation to independent living, management, frontline staff, providers of in-house and aftercare programmes and project funders) influenced the development of the sample of stakeholders to be interviewed.

The consultation process and various one-to-one interviews were designed to better understand client needs and service demands, the processes and critical success factors involved in establishing and running successful supported accommodation services for women during and after crisis pregnancy, the levers and barriers to accessing the services, gaps in service provision, and the scope for improvement and service enhancement and standardisation.

The following approach to the consultation was therefore agreed upon:

- Interviews with clients currently resident at the participating supported accommodation services. In total, 39 one-to-one in-depth interviews were conducted with stakeholders in this segment across eight key services (Life Galway, Limerick Social Services Council (Altamira Court), Limerick Social Services Council (Sonas), Spring Gardens Waterford, Bessborough Centre Cork, Rendu Apartments Dublin, Life House Dublin, Ecclesville Dublin).
- Interviews with clients who had transitioned from supported accommodation to independent living. In total 26 one-to-one in-depth interviews were conducted with stakeholders in this segment.
- Interviews with managers and those involved in the governance of the various supported accommodation services. In total ten interviews were conducted with stakeholders in this segment.
- Interviews with frontline staff and those staff providing in-house and aftercare programmes at the various supported accommodation services. In total nine interviews were conducted with stakeholders in this segment.
- Interviews with representatives of other 'good practice' supported accommodation service providers and other 'key informants.' The research team identified a number of other supported accommodation service providers, not specifically crisis pregnancy oriented, that provided models of good practice in the broader area of supported accommodation services for women and from which the HSE CPP and other relevant stakeholders could learn. In particular, interviews with these stakeholders further informed the research team's recommendations around the development of relevant standards frameworks and other service development dimensions. In total, 13 interviews were conducted with stakeholders in this segment.

The following steps were followed in the context of securing agreement from existing and past clients of the participating supported accommodation services:

- Each client (existing and past) was contacted in the first instance by an informed representative of the supported accommodation service provider. The client was given an explanation of the research and was then asked to consider giving her consent to allow her name and contact details to be released to the researchers.
- Subject to the client's agreement, an information sheet was then given to clients who indicated a willingness to consider having their details released. This information sheet also acted as a consent form for the release of the client's details. Two copies of the information sheet were enclosed – one for retention by the client and a second that was signed and returned to the relevant representative of the service provider to indicate the client was willing to consent to her details being released. Once clients returned the forms, complete with signed consent, their contact details were passed on by the service provider to the research team. A copy of the information sheet is included in Appendix 5. The research team then telephoned clients in some services to introduce themselves and to describe the study again. The clients were offered an opportunity to discuss the study by telephone or face to face. In other services

the service providers decided to telephone the clients and former clients to discuss the research further and arrange interview times. Only when it was established that clients were fully informed of what the study entailed and that they had indicated their consent to participate, was an arrangement made for the interview to take place, at a time and place convenient for the client. The interviews were relatively 'loosely' structured, whereby clients were invited to recount their experience having regard to the focus of the study.

- Meetings with clients and former clients were held in the supported accommodation services and other third-party locations such as nearby hotels, cafés and in some cases the client's own home. A small number of client interviews were also conducted by telephone. Childcare was provided where needed and in some cases the women brought their child or children to the interview. If a woman needed transport to attend the interview it was provided. The majority of the interviews lasted between 45 and 65 minutes.
- Every effort was made to make the women feel respected and comfortable. The aims of the research were repeated, as well as the fact that information they shared was confidential and no one would be personally identified. Women were also assured that they could refuse to answer any questions or discontinue the interview at any time of their choosing. The support of the staff in the services was a critical element to the success of these interviews and their time and assistance was greatly appreciated. The time and effort each woman gave to her interview was not only valued but also provided critical depth to the findings of this research.

In the case of providers of supported accommodation services for women, confidentiality issues did have to be addressed, together with expressions of good faith that the information would be used to positively share best practice. Copies of the interview guides used are included in Appendices 6 and 7.

4.3 Stage three: Analysis and reporting

A meeting was held with representatives of the HSE CPP and the participating service providers after the fieldwork was completed to provide a detailed presentation of the findings. The general consensus was that the presentation accurately reflected the views of the key stakeholders and provided a good roadmap for the future. Based on feedback provided at this session a draft report was prepared. Following a meeting with representatives of the HSE CPP to discuss the draft report, a final report was prepared.

The OCS research team would like to thank Sarah Ryan, Dr Stephanie O'Keeffe, Fiona Larthwell and Lynn Dowling of the HSE CPP for their helpfulness, ongoing guidance and thoughtful input during the preparation for and conduct of this research study. We are extremely grateful to the many research participants who very generously and thoughtfully gave their time and views over the course of the research. Without their co-operation and informed input this study would not have been possible. We are also very grateful to a number of representatives of key homeless agencies and services who very generously facilitated the research team in a number of different ways.

5.0 Placing women experiencing crisis pregnancies and their supported accommodation services in a broader Irish context

5.1 Introduction

In deciding the scale and scope of a model of supported accommodation for women experiencing crisis pregnancy there is a key question that ought to be considered and that will in part inform the decision:

Before the pregnancy would the woman have been in a 'situation of crisis' and in need of support or is the pregnancy the cause of the current homelessness or other 'situation of crisis'?

The answer will have implications for the kind of services required and the length of stay in any supported accommodation programme.

If the woman was already in a 'situation of crisis', at risk of homelessness, or, indeed, already homeless, for any number of reasons (economic, addiction, abuse, mental-health related issues or other), then the pregnancy just exacerbates the crisis the woman is already experiencing. The woman may therefore be known to a range of support services and the pregnancy becomes another part of a care planning and case management process, albeit with a special emphasis on the pregnancy. In such cases support services may be looking at a woman who has medium to high support needs in terms of accommodation and support, which may stretch over many years.

Alternatively, if the woman had enjoyed a relatively stable life before the pregnancy and the pregnancy itself is the precipitating factor in leading to the 'situation of crisis' or placing the woman at risk of homelessness, then the level of support services she requires may be lower. The extent and duration of support would often tend to be less than that for a woman with multiple needs who may already be homeless or in a situation of crisis which has required support. Such a woman may need some initial support in terms of safe shelter and a process of reconnection with her family, education and community networks. The key need that she may have is for support in finding safe, affordable and accessible permanent housing. This is a key conclusion put forward in nearly all of the international research on homeless people and specifically on women who require accommodation support as a result of being pregnant.

There is a comparative dearth of research and policy on women experiencing a crisis pregnancy who are also at risk of homelessness. Any mention tends to be confined to a paragraph within a broader policy or research document (e.g. the 2008 Joseph Rowntree UK research on youth homelessness).

In researching international homeless literature clearing houses and sectoral sites (e.g. Homeless Agency site) it is interesting to note how issues and populations are categorised. Currently 'pregnancy' is not put forward as a searchable category.

As part of the review process, a selection of research and strategic reports was gathered

to develop a top-line sense of the accommodation pathways and support services being developed for at-risk populations in Ireland, the UK, the USA and Australia. This exploration of the literature is not put forward as a detailed analysis of any one sector. Instead, it has been developed to provide an overview of the housing and support options being developed by different sectors in a range of countries.

This review has concentrated on gathering literature regarding good practice and strategic planning on service provision from the homelessness, domestic violence and youth sectors. Some excellent policy and practice development is evident within these sectors that can help inform the future work of the HSE CPP and the service providers that it supports in this area.

As part of the review process it was decided to concentrate on those sectors that afforded considerable priority to supported accommodation within their model of service provision.

The Irish context was given particular emphasis, as the policy, planning and resourcing environment has the potential to impact significantly on the deliberations and future actions of the HSE CPP and its client groups.

5.2 Key findings from the literature

There is a range of common findings across the literature that will have a clear impact on the future work of the HSE CPP, the services that it supports and the clients that are ultimately served. The findings described here are as applicable to women experiencing crisis pregnancies as they are to the general homeless population.

5.2.1 Ensuring a person does not become homeless

Ensuring that a person does not become homeless will ultimately become a core focus of work and the orientation of the services and supports available.

Over the last decade in Ireland, the UK and internationally, national strategic responses have generally been thought to have had a positive impact on homelessness. The policy focus has now moved from providing transitional accommodation to providing permanent housing, with either no or a specific set of relevant supports. The strategic plans (four such plans are signposted in the bibliography) take into account the key factors listed in this section of the document and involve the allocation of significant resources to specific actions.

Availability of affordable housing (rather than individual client characteristics) is increasingly seen as the critical factor in the majority of cases of homelessness (housing availability has the potential to act both as a lever and a barrier). That is, many people are at risk of homelessness or become homeless because they cannot find safe and affordable housing. People may leave their current accommodation for a range of reasons (domestic violence, overcrowding, family conflict, loss of tenancy due to antisocial behaviour of a partner, family member or co-tenant) and find themselves (and their children in many cases) homeless and in need of support. For a small number of people, addiction, mental health and abuse are also critical factors in their becoming and staying homeless.

Family support is very often a cornerstone in ensuring a person feels safe and secure. Breakdown in this support and instances of family conflict, violence or abuse are seen as the major contributing factors to homelessness (after the absence of available, affordable housing) and the need for supported accommodation.

Domestic violence is a major cause of homelessness for women (with or without children) internationally. In the majority of cases the perpetrator of violence stays in the family home while the woman and her children have to leave in order to escape the violence. Pregnancy has been shown to be a precipitating factor of domestic violence. An innovative approach called 'Safe at Home' is being piloted in Australia in this context and is described later in this report.

Different pathways in and out of homelessness have been identified in the research and these are detailed in Section 5.7 and throughout the report.

Early prevention is seen as a critical factor in preventing homelessness, and many kinds of early prevention programmes have been developed across the world. Prevention covers a range of areas including education, support, mediation, skills development, early intervention and information provision.

Timely responses by agencies to identify 'at-risk' individuals and respond quickly to potential homelessness has been identified as essential to ensuring a person does not begin what has been called a 'homeless career'.

Linkages and partnerships between government departments, local authorities and NGOs have been shown to improve the efficacy of policy, resourcing and service development and delivery in the broader area of homelessness.

Accessible information on life options, housing and citizen rights is seen to assist a person to make more informed choices.

Social networks and a sense of 'connection' with other people have been found to help a person feel safe and stable. Breakdown in these networks can make a person feel isolated and increase or advance the likelihood of mental health and addiction issues. More programmes are now being developed to provide links into social networks for people who have exited homelessness and residencies at supported accommodation services.

Education, training and employment opportunities are a vital part of creating a healthy life. This has been recognised in many countries, and efforts have been made to ensure that education, training and employment are more accessible to people who may be in a crisis situation or at risk of, or already experiencing, homelessness.

Structural issues that are beyond the individual but can exacerbate and trigger a crisis situation or period of homelessness include childcare availability, unemployment, access to transport systems, social benefits and education and training systems. Such issues tend to be addressed in good-practice responses to homelessness.

5.2.2 Ensuring a person does not remain homeless

Information regarding citizen rights and housing options that is clear and accessible has been found to aid people in exiting homelessness and residencies at supported accommodation services.

Common assessment tools are being developed in many countries, including Ireland. Such tools reduce the demand on a homeless person or resident of a supported accommodation service to complete different forms and also provide some consistency in assessment and care planning between organisations.

Information and data systems are being developed in Ireland that attempt to gather relevant information about the homeless pathways of people. The objective is to use the information to improve service coordination and resourcing.

Protocols between agencies are being developed to ensure linked-up policy, resources and service provision.

Case management and care planning are key processes which can help to ensure a person exits homelessness / residency at supported accommodation service as soon as possible. These processes are also used to support a person with high needs when they are in permanent housing. The following link will direct readers to a copy of the recently published Homeless Agency Case Management Guidebook. *Case Management Guidebook. Homeless Agency and Progression Routes Initiative. 2009 – 2010*. The content of this report will have very significant and potentially pressing relevance for supported accommodation service providers operating in this area.

Relevant temporary accommodation models are currently being developed, or are about to be developed, in Ireland that differentiate between low- and high-needs people who become homeless or need supported accommodation. In the main these temporary accommodation models will provide accommodation with relevant supports for a maximum of six months.

Reducing dependence on transitional accommodation is a new policy which is in the early stages of implementation in Ireland and has been based on good practice from national and international research. While it has been found that homeless people appreciate the safety and security as well as the, in the main, positive relationships with staff - the majority, understandably, want to live in their own home. The potential for institutionalisation has been highlighted in the research and this is regardless of the flexibility and respect shown by staff of the supported accommodation services.

Permanent, long-term supported accommodation will, on the basis of current policy, now be provided in Ireland for only a small percentage of the homeless population who cannot live independently. Such people would be characterised as being chronically homeless with multiple needs.

Move-on to permanent housing with no or relevant supports is the preferred model for the majority of people who become or are at risk of becoming homeless or in need

of supported accommodation. In Ireland, the government is now working to develop and open up new options for housing provision including leasing arrangements with private landlords through the Social Housing Investment Programme (SHIP) and pilot programmes to modify the Rental Assistance Scheme (RAS) for homeless people.

5.3 Do women experiencing crisis pregnancies differ from other homeless populations?

The women experiencing crisis pregnancies served by the HSE CPP funded services and those other services who participated in this study are homeless under the definition of the Housing Act 1988. These women are not living in their own accommodation.

Many of the precipitating and risk factors regarding homelessness and other situations of crisis are very relevant to women experiencing crisis pregnancies. There are, however, differences between this specific population and the general homeless population, differences that very often introduce additional complexities and challenges:

- Service providers will be working with the needs of more than one client - mother and baby, and often other dependent children. The need to meet the needs of more than one client introduces additional complexities and resource-related challenges, which would not typically be confronted by a supported accommodation service operating in the broader homeless sector. Securing the wellbeing of the newborn child by protecting them from all forms of harm and ensuring their developmental needs are responded to appropriately will take ultimate precedence amongst the primary aims of the supported accommodation service providers.
- The relevance of an 'holistic needs assessment,' which is both child- and family-focused, whereby parents and families are assessed first and foremost from the child's perspective. As the duty to safeguard and promote the welfare of the newborn child will be a priority for the supported accommodation service, a systematic method for analysing, understanding and recording what is happening to the newborn child and the mother who may be in a situation of crisis will be required. From such an analysis of what can often be complex issues and inter-relationships, clear professional judgements will need to be made. These judgements will need to include whether the child being assessed is in need, whether the child is suffering or likely to suffer significant harm, what actions must be taken and which services would best meet the needs of this particular child and family.

It is clear that the needs of this niche subset of the supported accommodation sector are complex and require a level of specialist expertise that must be considered within a discussion of the broader homeless services environment. Other differences in this client group include:

- These women are experiencing pregnancy, with all of its challenges.
- The women may not be attending to their health needs.
- For the first-time mother there can be a complex transitioning process in becoming a mother.

- There is a complicated interaction between a woman being homeless or at risk of homelessness - or in some other situation of crisis - and the woman's positive focus on being pregnant. Identification of where the issue of crisis lies is often complex.
- Some women will also have other dependent children and some of these may be in care.
- The pregnancy may trigger and exacerbate family tensions.
- The pregnancy may trigger domestic violence.

It is important to note that the key needs for many women experiencing a crisis pregnancy are for safe and affordable accommodation and a process of reconnection with family and social networks. Prevention and early intervention strategies could ensure that some women with a crisis pregnancy do not become homeless or need any form of supported accommodation.

5.4 Research findings on women experiencing crisis pregnancy and homelessness

There is a dearth of literature regarding women experiencing a crisis pregnancy and being at risk of homelessness, although there has been some recent research regarding women (including young women) who are already homeless and become pregnant. As mentioned previously, 'pregnancy' is rarely included as a category in any online clearing-houses that provide research, policy and reports on homelessness.

Two interesting reports were identified and reviewed:

- A US study examining the experience of being pregnant and homeless from the woman's point of view (Cosgrove and Flynn, 2005).
- An Australian study exploring specific issues experienced by young women who are pregnant and homeless (Thomson Goodall Associates 2007).

The Cosgrove and Flynn study, *Marginalised Mothers: Parenting without a Home*, provided some thought-provoking insights from the homeless mother's perspective.

Seventeen women who were mothers living in strength-based shelters were interviewed about their experiences being homeless as well as their recommendations for social policy.[6]

Findings from the research included:

- Women very often felt stigmatised for being homeless when they encountered public services that were aimed at supporting them.
- While they had positive relationships with shelter staff, women felt their parenting behaviour was being judged.
- Women felt they were further culturally stigmatised as bad mothers because they were homeless.

6 A strengths-based approach is a model of practice that assesses and works with a person's strengths, resilience and coping capacities. It differs from the prevailing pathology-/needs-based approach and is often integrated into other practice methods such as motivational interviewing and solution-focused brief therapy.

- Attending mandatory parenting courses made the women feel they were being judged as bad mothers just because they were homeless.
- Women felt that parenting in a shelter was very difficult, as the shelter rules may be in conflict with their own parenting rules.
- The women were aware of their strengths as well as their struggles. Many of the women were aware of their own resilience and were also planning to return to education, training or some form of work programme.
- In terms of social policy, the women felt that policymakers did not understand the true nature of their homelessness. They maintained that many of the stereotypes of homeless women with children were untrue and that the lack of affordable housing was the real cause of their homelessness. Linked to their poverty, this made it very difficult to secure long-term housing.
- Women on low incomes found that in order to be eligible for healthcare and other services when they had a child they often had to give up their jobs.
- Crowded conditions in shelters often made it difficult to give children the space they needed to develop.

The Australian study, *Needs and service models for young women experiencing, or at risk of homelessness, who are pregnant and/or parenting and experiencing violence,* found that:

- There are very few pieces of research or longitudinal studies focused on pregnancy and homelessness.
- Many governments have developed policies and programmes regarding teenage pregnancies (Second Chance Homes programme in the US that provide supported residential accommodation for teenage parents; the UK-established Teenage Pregnancy Unit, which has since been integrated into the Department for Children, Schools and Families; and the Supported Accommodation Assistance Program (SAAP), which assists homeless people in Australia.)
- Prevention programmes are seen to be at the heart of early interventions, and there are many good-practice programmes around the world that have been developed in this area.
- Linkages between government agencies, local authorities, and NGOs are critical to the success of intervention, move-on and support for independent living.
- Pregnancy is just one potential risk factor in a woman becoming homeless. Other factors include poverty, addiction, family violence and sexual abuse, early school-leaving and relationship with partners. A high proportion of homeless women have previously been wards of the state.
- A homeless woman has a higher risk of becoming pregnant through unsafe sexual practices due to sex work, expense of contraception, previous sexual abuse or pressure to have survival sex with homeless men in order to gain shelter, drugs, money or food.

- The onset of domestic violence for some women begins when they are pregnant. Figures internationally reveal that 20 to 27 percent of women who are pregnant experience domestic violence. This can lead to their becoming homeless. Safe, secure and affordable accommodation during pregnancy is essential. Without it, the impact of other services will be negligible.
- Homeless women who are pregnant may suffer health problems related to their homeless lifestyle. They may also be reluctant to seek help for fear of judgement regarding their lifestyle or because they have no childcare for their other children or fear losing their children to social services.
- The range of supported accommodation for pregnant homeless young women can range from specific shelter beds and maternity homes (although they typically do not allow partners or drug/alcohol users) to permanent housing with supports.
- Access to education, training and employment is seen as a critical element in developing an independent life. For mothers, access to affordable childcare is a critical lever to accessing these opportunities.
- Linkages between services to coordinate improved information, referral, assessment, case and care management and tenancy sustainment is seen as important. This viewpoint is supported by recent international research.
- Young women who are pregnant and are at risk of homelessness/or are homeless face a range of challenges including:
  - Lack of affordable housing
  - Feeling isolated and cut off from family and social networks
  - Lack of financial stability
  - Lack of parenting role models
  - Reluctance to access healthcare
  - Break in education, training and employment due to the pregnancy
  - Difficulty accessing appropriate supported accommodation.

The paper also described a range of service models for young women who were pregnant and/or parenting used in Australia and the USA. (Excerpts from the relevant chapter are featured in Appendix 3.) These models included:

- Sites that were a combination of emergency shelter, outreach, case management, parenting support and access to support services such as detox. One service was integrated into a broader homeless families housing and support network. One service had peer support workers who worked with health workers and case managers while the other had a strong emphasis on outreach into shelters.
- 'The Door' programme in New York, which provides onsite services that cover a range of young women's life needs including family mediation, peer support, case management and counselling. The service provided can extend to two years and/or until the young woman reaches 21 years of age.

- An outreach midwife programme in Australia, which was developed to work with young women in shelters, schools, detention centres and other spaces.
- Another Australian project providing accommodation and support in a three-phase approach that involves a 24-hour / seven-day-a-week supported accommodation programme for up to twelve months with a range of support services. Support services include drugs and alcohol and mental health; a second phase of semi-supported accommodation for six to twelve months; and a third stage of three to six months of transitional outreach support for women moving to their own accommodation.
- Emergency accommodation for up to six weeks.
- Medium-term accommodation in apartments specifically designated for young women who are pregnant or with children.
- Outreach services to women living independently – including focus on parenting, life skills and linking to other services.
- The Family Access Network in Melbourne, which provides transitional and supported accommodation services as well as operating a private rental assistance scheme so women can access private rental accommodation. Some of the transitional housing they offer includes independent shared households.
- A service based in New South Wales providing women with a cottage where they live independently and are visited weekly by support workers. Women attend weekly group meetings and they can access the accommodation for 12 to 24 months.
- The 'Second Chance' programme in the USA, which provides accommodation and support to parenting teenagers who cannot live at home. The homes are adult-supervised group homes and include a range of services, programmes, care planning and case management approaches.

5.5 The Irish strategic context

Government strategy

The following description, sourced from the Homeless Agency website, summarises the key strategies that have informed the development of homeless policy, funding and service provision in Ireland in the last decade.

The first Government strategy on homelessness was compiled in 2000: *Homelessness- An Integrated Strategy*. This strategy was reinforced by the Youth Homeless Strategy in 2001 and the *Homeless Preventative Strategy in 2002*. A review of the Government's homeless strategy in 2005 recommended that a revised national strategy must take a holistic approach, continuing to include both preventative and integrated approaches to service development and delivery across Ireland. The development of the new strategy was guided by a National Homeless Consultative Committee convened by the Government. In August 2008, *The Way Home, A Strategy To Address Adult Homelessness In Ireland 2008-2013* was published. The strategy contains six strategic aims which are:

1. Reduce homelessness through preventative measures.
2. Eliminate the need for people to sleep rough.
3. Eliminate long-term homelessness and reduce the length of time people spend homeless.
4. Meet long-term housing needs of people progressing out of homelessness.
5. Ensure effective services for homeless people.
6. Improve funding arrangements and re-orientate resources in line with the objectives of the strategy.

Each strategic aim has a number of listed actions at both national and local level. The Department of the Environment, Heritage and Local Government, with appropriate input from the Cross Departmental Team on Homelessness (CDTH) and the National Homeless Consultative Committee (NHCC), will lead the development and implementation of the national actions listed for each of the strategic aims.

The findings of the Homeless Agency's service evaluations and value-for-money studies will form an important element in the implementation of the new strategy, particularly with regard to maximising efficiency and value for money, ensuring streamlined and integrated services and assessing what services are required.

In 2009, the Department of the Environment, Heritage and Local Government launched the *Homeless Strategy Implementation Plan* (available from the Homeless Agency web site, May 2010).

In the last decade in Ireland the work of the Homeless Agency and its statutory, local authority and community partners has resulted in the development of policies and practices that provide a clear pathway out of homelessness in the greater Dublin area.

Both their Dublin based and national work has been guided by a number of key plans:

- A Key to the Door. The Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007 - 2010.
- The Way Home 2008 – 2013. National Homeless Strategy.
- Homeless Strategy National Implementation Plan. Department of the Environment, Heritage and Local Government.
- Pathway to Home. On implementing the National Homeless Strategy, The Way Home 2008 – 2013 and realising the 2010 vision of the Homeless Agency Partnership's action plan on homelessness in Dublin.

In the last five to eight years there has been an expectation by funders that service providers would work to a framework of good practice and accountability to ensure not only value for money but, critically, to ensure also that the client is at the centre of service development and provision.

The Homeless Agency in its 2007 to 2010 plan has placed a strong emphasis on prevention and moving clients to independent accommodation as soon as possible. The new model is

focused on moving people to long-term independent housing and eliminating the need for transitional accommodation services.

This approach is mirrored in the following quotation provided in the national homeless strategy report, 'The Way Home':

> *From 2010, long-term homelessness (i.e. the occupation of emergency accommodation for longer than six months) and the need for people to sleep rough will be eliminated throughout Ireland. The risk of a person becoming homeless will be minimised through effective preventative policies and services. When it does occur homelessness will be short-term and people who are homeless will be assisted into appropriate long-term housing.*

According to the Homeless Strategy national implementation plan, the core implementation will be carried out through the local homeless action plan process, which will be put on a statutory basis through the Housing (Miscellaneous Provisions) Bill. The local plans will be expected to demonstrate how agencies responsible for planning and delivery of services will implement key actions.

Each of the six aims of the national strategy features a core statement that will inform actions across Ireland:

1. Reduce homelessness through preventative measures

As well as seeking to prevent homelessness among people being discharged from state care, measures will also be developed in each local area to identify households at risk of homelessness and to prevent them becoming homeless.

2. Eliminate any need for people to sleep rough

Significant progress has been made in reducing levels of rough sleeping and this is to be maintained through achievement of adequate availability of accommodation in suitable emergency facilities and other responses in each area.

3. Eliminate long-term homelessness and reduce the length of time people spend homeless

People who are currently in emergency accommodation for six months or more will be identified locally and arrangements made to facilitate their progression to appropriate long-term accommodation. In future, all homeless services will be focused on ensuring that no-one is homeless for more than six months.

4. Meet long-term housing needs of people progressing out of homelessness

This objective relates particularly to single people, who account for 80% of homeless households. Local authorities will be required to address their housing needs, particularly by maximising available units in the social and private sectors. The provision of tenancy support services, as necessary, is integral to increasing housing options.

5. Ensure services for homeless people are effective

The successful implementation of this strategy depends on the effectiveness of services available to people who experience homelessness.

Improved support and guidance will be provided to local services on the development and implementation of action plans, and a more robust system of monitoring local action and effectiveness will be developed.

A national quality standards framework will be developed to ensure consistency around the country and improvements will be made to the knowledge and understanding of homelessness, particularly through the application of a national data system.

6. Improve funding arrangements and re-orientate resources in line with the objectives of the Strategy

A proportion of available funding will be assigned specifically for long-term housing/ supports for people moving from homelessness.

New funding arrangements and procedures will be introduced, whereby funding for homeless services, both capital and current, will be coordinated and allocated on the basis of rigorous appraisal at local level.

Approval and funding of projects and services, including services provided through the voluntary sector, will be based on evidenced need. Funding will also be conditional on the full operation of service-level agreements, including full participation in the national data system, and will be subject to close monitoring of expenditure to ensure maximum effectiveness and value for money (Homeless strategy national implementation plan, pp 3, 4).

A data and information strategy, as well as monitoring and implementation processes, will also be established.

There will be a clear emphasis on working with existing services rather than establishing new ones. This may require existing services to be adapted and merged with other services.

Some of the priority actions identified were:

- Development of a range of housing supply and support arrangements.
- Development of new funding arrangements for homeless services.
- Closer coordination of government departments and HSE to maximise the effective use of their resources nationally.
- Need to support and guide local authorities, homeless fora and health services to develop local action plans for homelessness.

The 'Pathway to Home' document developed by the Homeless Agency (to integrate the recommendations of 'The Way Home' national homeless strategy and 'A Key to the Door' Homeless Agency plan) was designed to end long-term homelessness in Dublin and provides a model of implementation that could be used nationally.

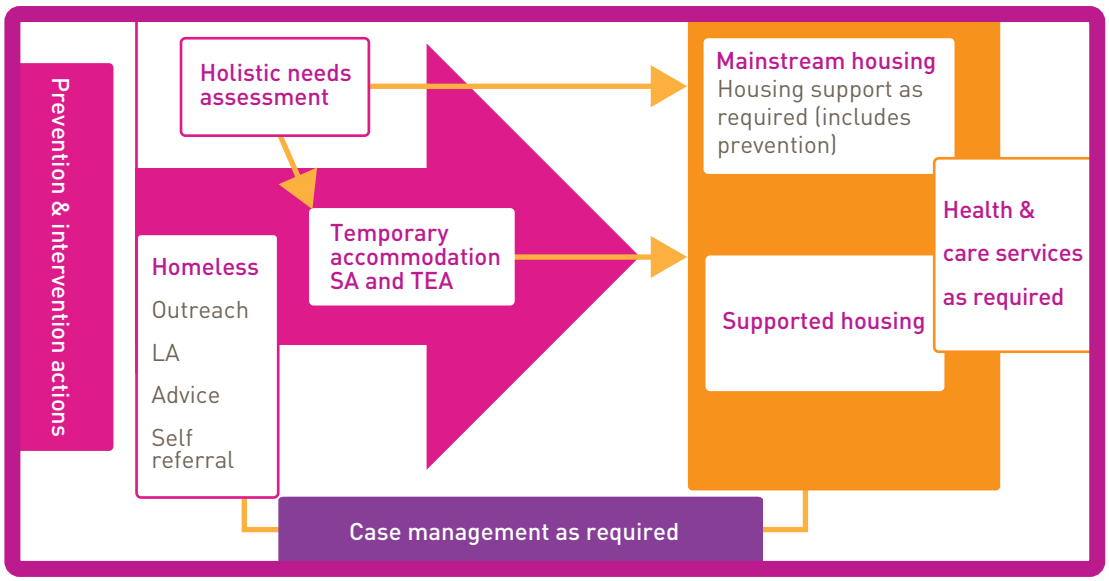
Their model is based on three interwoven service elements:

- Prevention services.

- Temporary accommodation services.
- Housing and housing with support services.

The diagram below is adapted from a diagram provided in the Homeless Agency Case Management Guidebook.

Figure 5.1: Homeless Agency case management model of implementation



The key features with regard to working with this model include:

- Intervention and services to **prevent** a person having to enter temporary accommodation.
- Where prevention does not occur there will be a **same-day initial assessment** and placement in temporary accommodation.
- The homeless person will have a key worker and will complete a **holistic needs assessment**. Their housing options will be assessed by the local authority.
- A person-centred support plan with **move-on housing** options will be agreed.
- Development of **two forms of temporary accommodation – supported temporary accommodation (STA) and temporary emergency accommodation (TEA). STA** will be for high-needs homeless people and could include in-reach services provided by the HSE, FAS, the VEC etc as well as **housing support services** for people moving into housing. The period of residence will be a maximum of six months prior to moving to long-term housing (with or without supports). **TEA** is accommodation for people with low or no support needs and move-on to long-term housing will be under six months. A 'license to reside' will be established for everyone living in TEA services.
- **A Housing Support Service** would provide on-site housing support, including visiting housing support services, for a person living in their accommodation.

- **Housing supports for long-term housing** will be provided to help a person settle into the community, sustain their tenancy and support them towards independent living. The period of support could be over the short, medium or long term and may take a range of forms.
- **Long-term support for people with complex needs**. A small group of people may not be able to live independently and may need on-site healthcare and complex supports. One example of a current Dublin service that provides 24-hour-a-day, seven-day-a-week low-threshold/harm-reduction support for long-term homeless men and women in a residential unit is Sundial House, run by Depaul Ireland.
- **Case management** will underpin all the work conducted, whether in temporary or mainstream housing. Those supported accommodation providers specialising in the provision of support for women experiencing a crisis pregnancy that were consulted as part of this research stressed the additional importance of care planning and the relevance of a holistic needs assessment, which is both child- and family-focused, whereby parents and families are assessed first and foremost from the child's perspective.)

A person-centred approach will be taken throughout the process. What this will mean is that:

- Emergency accommodation will now become TEA and STA.
- Use of private emergency accommodation (e.g. B&Bs) will be reduced and phased out completely over time. Households in this form of accommodation will become part of the **Support to Live Independently (SLI) scheme**. This scheme will provide low to medium support to households as they move to mainstream housing. It is expected that the scheme will utilise existing social housing as well as other accommodation available to local authorities.
- A variation of the **Rental Accommodation Scheme (RAS)**, which allows authorities to accommodate homeless people who do not receive rental supplement, will be piloted in Dublin. Short-term, low-level support will be provided for a homeless household.
- Use and occupation of transitional accommodation will be reduced.
- Essentially, the model aspires to prevent homelessness where possible. Where homelessness exists it should be temporary (maximum of six months) with the core goal being to house a person with relevant, or no, floating supports.

Youth homelessness

Some of the women who experience crisis pregnancy are defined as 'young people.'

The Youth Homelessness Strategy was published in 2001. The HSE has lead responsibility for implementing this strategy and with the Youth Homelessness Strategy Monitoring Group (YHSMC) key areas and subgroups for attention were identified:

- Interagency coordination and linkages
- Leaving and aftercare

- Statistics
- Education and training
- Information and advocacy.

The youth homelessness strategy involves three core areas:

- **Prevention** through family, school and community support, as well as aftercare services (supported lodgings).
- **Responsive services** with specialised 24-hour reception services in cities, assessment and care plans, a range of accommodation options and supports for education, health and recreation.
- **Planning and administrative supports,** including multi-access information points and development of a database on homeless young people.

In 2008 a national standards framework for youth work was developed to provide an explicit set of good practice standards within the sector. While the Youth Work Act of 2001 defines a young person as someone under 25, statistics commonly focus on the 15-24 age-bracket. More specifically, a young person aged 18 or under who is at risk is seen to be under the care of the HSE and there are a range of accommodation and support services that should be put in place should where risk of homelessness is identified.

Domestic violence

In Ireland the domestic violence sector provides safe refuge and support for women with children who are experiencing violence in their home.

The Irish organisation Women's Aid states that:

> *Pregnancy does not offer protection from domestic violence. In fact, international research has found that 25% of women who experience domestic violence are physically assaulted for the first time during pregnancy (RCM 1997). The Rotunda Hospital conducted research which found that 1 in 8 women surveyed were being abused during their current pregnancy.*
>
> (O'Donnell et al., 2000, posted on Women's Aid website 2010).

The difficulty that many refuges and supported accommodation services experience in the domestic violence sector is that they do not cater for women with multiple needs. Unlike the homelessness sector there are few, if any, services that can provide a low threshold/ harm-reduction model of practice.

The reason cited for this is that the safety of other women and their children is paramount. This then raises the question:

> **Who provides accommodation and support for women experiencing a crisis pregnancy who have multiple needs and are homeless, at risk of homelessness or in some other situation of crisis and in need of support?**

Some women would be supported within women-specific accommodation services run by NGOs and the HSE in the homeless sector, mainly in Dublin. Very few of the services currently funded by the HSE CPP would, however, have the capacity or resources to house and support women with multiple needs.

5.6 Impact of Irish homeless strategy on HSE CPP funded services and service users

5.6.1 Implications of changing Irish homeless strategies on women experiencing crisis pregnancy

The strategic focus of the relevant plans that have been developed in this area are complex. It will be important for individual services to actively engage with the changing policy in this area because, as is already evident in Dublin, the policy shift will impact over time on individual services and ultimately on the services that are available for service users.

Pregnant women with existing multiple needs who are at risk of homelessness or are already homeless will potentially benefit from the developments, particularly in terms of:

- **Prevention**
  A range of actions have been put forward in the national plan to prevent people becoming homeless. These plans include identifying people at risk and developing specific preventative interventions.
- **Assessment**
  A holistic needs assessment has already been developed and is in use in Dublin homeless services. This will, potentially, be rolled out on a national level and could provide a consistency in assessment that currently does not exist. Service providers offering supported accommodation services for women experiencing crisis pregnancy now have the potential to influence and advise on the ongoing development of such tools. In particular, it will be important to stress the relevance of a 'holistic needs assessment,' which is both child- and family-focused, whereby parents and families are assessed first and foremost from the child's perspective.

  Frameworks such as the UK Department of Health 'Framework for the Assessment of Children in Need and their Families' could potentially provide a useful starting point in addressing this very specialist need.
- **Case management**
  Certain models have already been developed in the Dublin region and will be a key feature of the service agreements made with supported accommodation providers. Organisations will be expected to coordinate and work with other agencies on both a local and national basis. A woman would then not have to engage with a plethora of agencies and would benefit from early introduction of key support and a coordinated, tailored plan.

- **Move-on**
  Part of expected good practice will prioritise the development of a clear move-on plan for each 'homeless' person, the development of which is started on at an early stage in their stay in supported accommodation.
- **Housing supply**
  A range of options are set to be developed to utilise existing housing stock as well as provide new housing. In particular the Rental Accommodation Scheme (RAS) will need to be more fully utilised. The focus will be on the 80% of the homeless population who are single.
- **Settlement and tenancy support**
  The provision of relevant support is set to be a key part of a person's move-on plan. Aftercare will be a key feature to allow high-needs women in particular to sustain their tenancies.

While some services provide these processes as a matter of good practice it has not been mandated on a national basis until very recently. Supported accommodation services will have to engage with these policy responses or they may run the risk the risk of being 'frozen out' from future funding opportunities.

5.6.2 Implications of Irish homeless strategies on organisations providing services to women experiencing crisis pregnancy

The implications of the national strategy on organisations, local authorities and local homeless fora will be substantial:

- **Improved coordination of funding arrangements**
  The national plan recognised that the Homeless Agency had developed an excellent model of good practice regarding funding of services. A review will be conducted and it is very much expected that this model will be extended on a national basis. In their own words:

  > *The review will aim to make any necessary adjustments to the funding arrangements to make them applicable nationally, will address any confusion of responsibility between local authorities and the HSE and will address the issues of headquarter costs and unit costing and benchmarking of services.*
  >
  > *The new financial arrangements will replace all existing schemes for voluntary and statutory agencies. It will include funding arrangements for agreed core services as well as arrangements for innovative and new services.*
  >
  > *The new funding system will allow for the phasing in of service contracts / service-level agreements, which will apply equally to voluntary and co-operative bodies and statutory services.*
  >
  > *The new arrangements are intended to provide a single point of access for information about funding and for receipt and assessment of applications. They will also allow for the streamlining and coordination of monitoring and evaluation.* ('The Way Home' report. P57)

- **Devolved responsibility to Local Authorities and local homeless fora**
  The expectations and responsibilities for these structures will increase. In particular they will be required to:
  - Ensure local service delivery is streamlined, integrated and does not involve duplication
  - Examine and approve funding for projects
  - Develop a local homeless action plan
  - Support standards, evaluation and monitoring of services.

  In the future there may also be a need to develop services on a regional basis if the demand for services at a local level is low.
- **Service reconfiguration**
  This will involve restructuring, merging, rationalisation and greater cooperation between services.
- **Re-designation of some emergency accommodation as long-term supported accommodation**
  This would have implications for funding under Section 10 of the Housing Act 1988. It would appear that a proportion of Section 10 funding will be re-designated for long-term rather than homeless accommodation.
- **Social Housing Investment Programme (SHIP)**
  SHIP is a leasing programme whereby local authorities will lease properties from the private sector in order to accommodate households on their housing waiting lists. The Government has allocated funding in 2010/2011 for local authorities and approved housing bodies to lease or rent 4,500 residential properties from private owners. These properties will be used to provide accommodation to people who are currently unable to source suitable properties from their own resources. The Housing and Sustainable Communities Agency (Housing Agency) has been put forward as a central contact point for enquires. An information booklet was developed to inform private landlords of the programme. Agreements will be for one to ten years (short-term rental) or 10 to 20 years (long-term lease).
- **No new services**
  Emphasis will clearly be on working to resource and develop existing services to meet the aims of the national plan.
- **Service-level agreements**
  Many Dublin (and other) regionally based homeless organisations are funded on the basis of service-level agreements. It is expected that all organisations receiving funding to provide homeless services will sign up to these agreements and report back on the specific commitments made.
- **Information and data**
  A single, integrated, national data-information system on the use of homeless services is set to be developed. It will be a condition of service agreements that

organisations participate in the system. It will be important for both the HSE CPP and the individual services to advise on the need for specific statistics to be gathered, as part of this process, on pregnant women / women experiencing crisis pregnancy.

- **National quality standards**
  It is likely that a standards framework will be developed that involves an extension of the Homeless Agency 'Putting People First' pack. These standards will be used to help organisations develop their policies and practices and will be linked to resource allocations.

5.7 Pathways into, through and out of homelessness

5.7.1 Defining homelessness

In Ireland the legal definition of homelessness is given in the Housing Act 1988:

A person shall be regarded by a housing authority as being homeless for the purposes of this Act if:

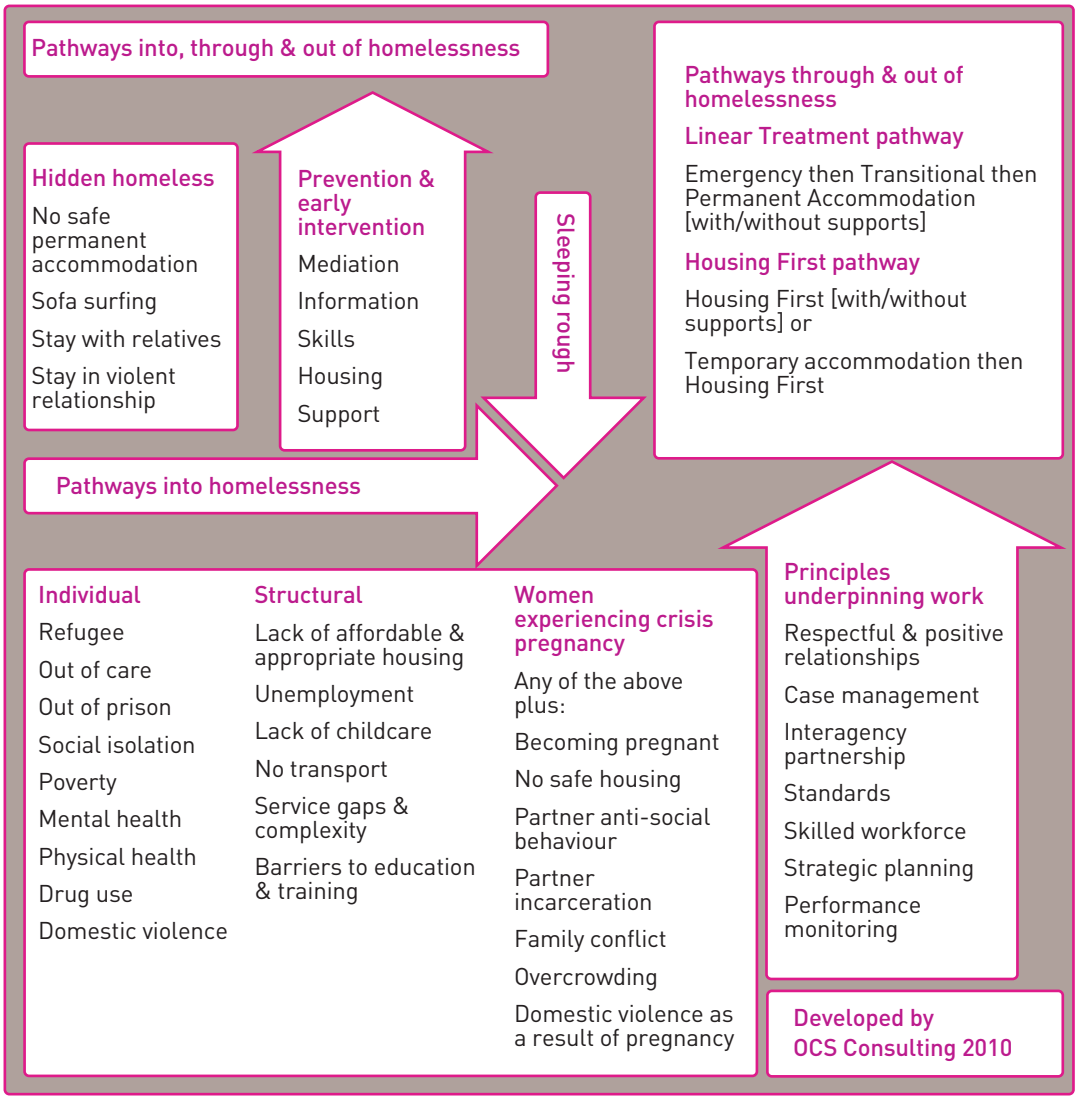
(a) There is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or

(b) He is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

The use of term 'he' includes reference to both genders.

The diagram below provides a visual sense of the complex reasons why and how people, including women experiencing crisis pregnancies, become either at risk of homelessness or become homeless. It also highlights the range of pathways through the homeless experience (two models that are in transition in Ireland) to permanent housing.

Figure 5.2: Pathways into, through and out of homelessness



5.7.2 Pathways into homelessness

All of the strategic plans and many of the reports featured in the bibliography detail pathways into homelessness. In summary, these pathways can be individual, structural, social or life-cycle events that happen in a person's life and that can put them at risk of homelessness.

Figure 5.2 lists some key examples of individual and structural events. Life-cycle events that could make a person at risk of homelessness include:

- Becoming pregnant
- Death of a spouse or partner
- Divorce and/or separation
- Retirement

- Turning 18 and leaving state care.

5.7.3 Prevention and early intervention

Prevention and early intervention strategies have been shown to reduce the number of people at risk of homelessness who actually become homeless. These strategies can encompass specific agencies and teams working with identified at-risk individuals and families.

The case-management model, developed by the statutory and NGO partners in the Homeless Agency in Dublin, detailed in this report can be used at this stage of a person's potential crisis situation. The care-planning approach, put forward in frameworks such as the Department of Health (UK) 'Framework for the Assessment of Children in Need and their Families', will also be of considerable relevance to providers operating in this area.

In the specific case of women experiencing crisis pregnancies and where the potential homeless trigger is family or partner conflict or breakdown, mediation processes are often recommended. Once again, one of the key prevention strategies emphasised is the provision of affordable, safe and accessible accommodation.

Strategies in this area are being developed and implemented under the National Homeless Strategy. These strategies, particularly the Social Housing Investment Programme (SHIP), are described later in the report.

5.7.4 Pathways through and out of homelessness

Currently there are two broad models of practice in Ireland. The first is the Linear Treatment model, which has also been termed the Continuum of Care model. The second is the relatively new Housing First approach.

In the homeless sector in Dublin specifically (and set to spread nationally over the next two years) there is now an established policy and resourcing move away from the Linear Treatment model and towards the Housing First model. This is embedded in the Irish National Homeless Strategy and reflects the international strategic approach adopted by many governments.

Linear Treatment Model – Continuum of care

This model has been in practice in many countries for more than a decade and will usually involve a homeless person progressing (and often regressing) from emergency to transitional to permanent accommodation with or without supports.

Previously, prevention and early intervention strategies were not integrated across key agencies and therefore many people could end up staying in emergency accommodation for years. When such people were moved on to transitional accommodation they could also spend years in the transitional service.

This resultant 'silting up' of services, brought about by such long stays in emergency or transitional accommodation, often meant that:

- There were not enough emergency beds available for people who became homeless.
- A lack of affordable and appropriate permanent housing meant that people could not, or struggled to, move on from transitional housing and therefore there were fewer places for people wanting to move from emergency accommodation.
- A lack of properly resourced support strategies for people moving to permanent housing meant that some people ended up back in the homeless cycle due to the loss of their tenancy.

One of the fundamental assumptions that drove the linear continuum of care model was that a person needed to be 'housing ready' (i.e. drug/alcohol free, work ready, etc.) before they could be placed in permanent accommodation.

In the past there has been evidence of a cultural mindset amongst policy makers and practitioners that multiple-needs homeless people cannot sustain independent permanent housing and that they needed to 'go through' a transitional period before they were deemed to be 'housing ready'. Some practitioners would claim that this approach has further disadvantaged people by institutionalising them.

This assumption has been radically challenged internationally in the last decade.

Housing First

Housing First has been a practice model in some parts of the USA for over a decade. This model has informed the national homeless strategies in the USA, UK, Australia and Ireland. The model revolves around a strategy whereby a homeless person, regardless of the need, is housed with relevant support systems. Where there is a period of homelessness, strategies of rapid re-housing are put in place.

The essential philosophy of this approach is that:

> *Housing First separates treatment from housing, considering the former voluntary and the latter a fundamental need and human right.*
>
> (pg.6) 'Staircases, Elevators and Cycles of Change. 'Housing First' and other Housing Models for Homeless People with Complex Support Needs.' July 2010. Crisis. UK.

In the USA the model was initially established to focus on single homeless people who had multiple needs. In recent years the model has expanded to include other at-risk groups, including homeless women with children. The Beyond Shelter resource provides detailed descriptions and links to information on the Housing First service approach.

There are a number of critical elements underpinning the model that are worth noting:

- Case management underpins the model.
- Interagency partnerships and protocols must be developed.
- All resourced organisations work to a quality standards framework.
- Resources are allocated to hire and train skilled and specialist staff.

- All services are client-focused, and the development of respectful relationships is a priority.
- A person does not have to be 'housing ready' to be given a home.
- Housing is scattered, in that people are not all accommodated in one complex of buildings.
- The goal is to house people within three months.
- People are allocated a lead person who acts as case manager.
- There is no precondition that a person will have to participate in treatment in order to be housed. In the USA what is known as 'assertive engagement' is used, rather than coercion.
- Harm-reduction approaches to substance misuse are used, rather than expecting abstinence.
- Financial assistance is provided to move into the home.
- Thorough process and outcomes evaluations are included as part of the process.

Support models

It is interesting to note that there has been less detail provided on different kinds of support models in national homeless strategies. The idea of a support system typically involves a list that includes:

- Substance abuse treatment
- Health related supports
- Mental health related supports
- Links to education, training and employment
- Linking back to family, friends and community
- Basic day-to-day living strategies
- Advocacy and self-advocacy support.

Supports are usually time based and differ in both duration (usually from three months to a year, with some support going to two years) and intensity (contact can range from daily phone calls to weekly and monthly visits by workers).

Table 5.1 shows a number of the key support models being used internationally.

Table 5.1: Key international support models in place

General support – often called floating support	Assertive Community Treatment [ACT]	Critical Time Intervention [CTI] Critical Time Intervention Model	Community befriending programmes
This usually involves working with the service user to develop a support plan that takes into account identified areas of need. Support can be provided by a support worker employed by the accommodation service (as is the case in a number of HSE CPP funded services) or case manager from another agency. Support is time based and often floating in that it can be intense at the start and tapers off over time. Support usually for a year.	Assertive Community Treatment (ACT) teams comprise social workers, nurses, psychiatrists, peer counsellors (former homeless persons with similar experiences) and employment workers. The teams are located off-site, but are on-call 24 hours a day, seven days a week, on a time-unlimited basis and provide most services in a client's home or neighbourhood.	The core goals of CTI are to strengthen a person's links back into family and community and to provide support during that transition. Importantly, services are provided by workers who have an existing relationship with the service user. The aim is to connect a person to key people (family, friends, neighbours, and others). Through care planning, mediation and education of both parties the support needed is embedded. This model is mainly used in the USA. There are three key phases lasting a total of nine months: 1. Transition to community (one to three months) 2. Try out (four to six months) 3. Transfer to care (seven to nine months).	All the other models of support are time based and usually cease after a year. Befriending programmes involve training volunteers to provide informal and social support. Befrienders provide information on services in the community and can link people back into a service if early intervention in a crisis is needed. Depaul Ireland runs a programme in this area: Information on the Depaul Ireland Community Befriending Programme

6.0 Research results - Voices of the key stakeholders

This section presents the findings from the consultation process, which involved one-to-one interviews with clients (n=39) and former clients (n=26) at supported accommodation services, interviews with managers and those involved in the governance of the various supported accommodation services (n=10), interviews with frontline staff and those staff providing in-house and aftercare programmes at supported accommodation services (n=9) and interviews with representatives of other 'good practice' supported accommodation service providers and other 'key informants' (n=13).

6.1 Overview of findings from the research

The key findings drawn from the primary research, involving interviews with both service users (both current and former clients) and service providers include the following:

- The supported accommodation services that participated in the research included a number of different models of service provision that are linked to service user needs. These different models of service provision are described in the taxonomy featured in Section 6.2.
- All the services that participated in this research clearly work from a strong value base that is built on respect for the service user. The services have a very evident commitment to providing high-quality services in a safe, secure and welcoming environment.
- The supported accommodation services that participated in the research have, over time, developed a clear and detailed knowledge base and understanding of crisis pregnancy and the very specific support needs of the women presenting at the services.
- In recent years the majority, but not all, of the supported accommodation services operating in this area have experienced a decrease in the overall level of demand for accommodation services from clients experiencing a crisis pregnancy. However, during this time there has also been a parallel and very notable increase in the volume of clients presenting with multiple and high-level needs. This changing client profile and the increase in the proportion of clients presenting with multiple and high-level needs has introduced new and significant resource-related challenges for many of the services.
- Difficulty in accessing affordable and appropriate housing has often been the key factor for women experiencing a crisis pregnancy being put at risk of becoming homeless or in need of supported accommodation. The lack of affordable and appropriate 'follow-on' housing has also led many clients of the accommodation services to stay longer in supported accommodation than has actually been required. There is some evidence, however, to suggest that this challenge has become less pressing or significant in the last six to nine months.

- The participating services appear to have enjoyed high success rates in terms of facilitating successful transitions for clients to relevant permanent housing with supports where needed.
- After making the transition to independent living, only a small proportion of clients of the supported accommodated services have needed to return to the services. In cases where clients have needed to return their requirement has, in the main, been for very focused and short-term support.
- A significant majority of both current and former service users spoke very positively about their experience as residents of the various accommodation services. In particular clients often spoke of the very strong, positive bonds that they developed with specific members of staff. This was also evidenced by the significant number of women who returned for informal visits to many of the services.
- Currently, there are very few services set up to work with women with very high and/or multiple needs experiencing a crisis pregnancy (see Table 6.1). A small number of the services serve women with medium needs (e.g. women participating on methadone treatment programmes involving the controlled management of methadone for heroin addicts). All of the participating services can cater for women who have low needs - that is, women whose pregnancy was the precipitating factor putting them at risk of homelessness and who are in need of supported accommodation because of family breakdown or inadequate accommodation.
- The majority of services are involved with and represented on their local homeless fora. This will be important as the impact of the national homeless strategy on local homeless fora takes effect in 2010 and 2011.
- It is important to note that while many of the precipitating and risk factors regarding homelessness and other situations of crisis are very relevant to women experiencing crisis pregnancies, there are a number of critical differences between this specific population of interest and the general homeless population; these differences very often introduce additional complexities and challenges. Most notable amongst these is that service providers in this area will be working with the needs of more than one client – mother and baby. Securing the wellbeing of the newborn child, by protecting them from all forms of harm and ensuring their developmental needs are responded to appropriately will take ultimate precedence amongst the primary aims of the supported accommodation service providers. The relevance of a 'needs assessment,' which is both child- and family-focused (whereby parents and families are assessed first and foremost from the child's perspective) will also have extreme relevance for service providers operating in this area.
- This additional layer of complexity and requirement for specialist expertise therefore introduces an important caveat when considering any prospect of a 'forced fit' between this niche subset of the supported accommodation sector and the broader homeless support environment.

6.2 Taxonomy of services participating in the research

Service related data is presented in tabular form in Table 6.1 to provide a sense of the scale and scope of the service provision across the services that participated in the study.

The HSE CPP funded services specifically serve women experiencing crisis pregnancies and/or women who have just given birth.

Other services consulted as part of the research provide general supported accommodation services, including to pregnant women or women with children.

Table 6.1: Supported accommodation services participating in the research

Dimension	Definition	Options	The services
Service context	Where service is located	Rural	
		Urban	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin
Service size	Number of rooms/units available	Small - <15	Ecclesville, Dublin (7 bed-sits) Life House, Dublin (4 rooms) Rendu Apartments (11 bed-sits, 7 one-bed apartments, 1 two-bed apartment) Life Supported Accommodation, Galway (12 single en-suite rooms) Bessborough Centre, Cork (10 single en-suite units, 3 apartments) Spring Gardens, Waterford (7 one-bed apartments) Limerick Social Service Council (Sonas), Limerick*, (8 single rooms) Limerick Social Service Council (Altamira), Limerick* (9 apartments)
		Medium 16 – 40	
		Large 41+	

* At the time of the research the Limerick based service 'Sonas' had recently closed operations and their target group had been transferred to the Altamira Court service, which operates under the same umbrella of the Limerick Social Service Council. Altamira Court was originally designed as a supported accommodation service for first-time mothers in need of temporary accommodation and support. When the Sonas service was closed it was decided to pilot a merger of the two services.

Dimension	Definition	Options	The services
Service type	Specific for women experiencing crisis pregnancy or general	Prenatal specific service	Limerick Social Service Council (Sonas), Limerick*
		Post-natal specific service	Limerick Social Service Council (Altamira), Limerick*
		Provides both pre- and post-natal service	Ecclesville, Dublin Life House, Dublin Life Supported Accommodation, Galway Bessborough Centre, Cork Spring Gardens, Waterford Limerick Social Service Council (Altamira), Limerick*
		General service for homeless people that includes women with children	Rendu Apartments, Dublin
Number of babies/ children accommodated	How many children can the service support?	No children	Limerick Social Service Council (Sonas), Limerick*
		One child	Ecclesville, Dublin Spring Gardens, Waterford Life House, Dublin Limerick Social Service Council (Altamira), Limerick* Life Supported Accommodation, Galway
		Second child	
		More than 2 children	Bessborough Centre, Cork Rendu Apartments, Dublin

Dimension	Definition	Options	The services
Service caters to needs	What level of client need can the service accommodate?	Low need – homeless as a result of becoming pregnant	Ecclesville, Dublin Life House, Dublin Limerick Social Service Council (Altamira), Limerick*
		Medium need – pregnant or just given birth and one need (e.g. mental health, methadone programme, learning disability)	Limerick Social Service Council (Sonas), Limerick* Spring Gardens, Waterford Life Supported Accommodation, Galway
		Mix of low, medium and/ or high need	Rendu Apartments, Dublin Bessborough Centre, Cork
		High need – pregnant or just given birth and a range of multiple needs	Rendu Apartments, Dublin Bessborough Centre, Cork
Length of stay	How long participant can stay in the service	Less than six months	Limerick Social Service Council (Sonas), Limerick* (with flexibility)
		Six to twelve months	Limerick Social Service Council (Altamira), Limerick* (6 – 12 months) Ecclesville, Dublin (1 year) Life House, Dublin (6 months) Bessborough Centre, Cork (6 – 12 months) Spring Gardens, Waterford (12 months)
		Twelve months to two years	Rendu Apartments, Dublin (18 months) Life Supported Accommodation, Galway (Open-ended)

Dimension	Definition	Options	The services
Repeat stays	Policy of repeat stays if a participant needs additional short-term support?	No	Life House, Dublin
		Yes	Ecclesville, Dublin Rendu Apartments, Dublin Bessborough Centre, Cork Spring Gardens, Waterford Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Life Supported Accommodation, Galway
Housing arrangement	Physical arrangement of units	Single building	Life House, Dublin (4 rooms) Limerick Social Service Council (Sonas), Limerick* (8 single rooms, kitchen and communal areas) Ecclesville, Dublin (7 bedsits) Rendu Apartments, Dublin (11 bedsits, 7 one-bed apartments, 1 two-bed apartment) Life Supported Accommodation, Galway (12 single en-suite rooms) Limerick Social Service Council (Altamira), Limerick* (9 apartments)
		Multiple buildings in close proximity	Bessborough Centre, Cork (10 single, en-suite units; 3 apartments) Spring Gardens, Waterford (8 one-bedroom apartments, 1 for staff use)

Dimension	Definition	Options	The services
Service control	Extent to which service has control over participants' lives	None – no rules	
		Medium – house rules	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Life House, Dublin Life Supported Accommodation, Galway (no formal care plans but very significant amount of informal work conducted with clients)
		High – house rules and contract to engage in keyworking and care planning	Ecclesville, Dublin Rendu Apartments, Dublin Bessborough Centre, Cork Spring Gardens, Waterford (clear rules and clients expected to participate in courses and personal plan)
Range of adult services	Services made available to participants on or off site	Basic – case management plus one of: vocational, mental health, substance use, other	Limerick Social Service Council (Sonas), Limerick* did not provide services on site but were directly linked to nearby Limerick Social Service Council courses and crèche Limerick Social Service Council (Altamira), Limerick* Life House, Dublin
		Medium – case management plus two of vocational, mental health, substance abuse, other	Ecclesville, Dublin Spring Gardens, Waterford Life House, Dublin
		High – case management plus three or more of: vocational, mental health, substance use, other	Rendu Apartments, Dublin Bessborough Centre, Cork (Range of courses and services)

Dimension	Definition	Options	The services
Child services	**Services available on and/or offsite to children**	None	Life House, Dublin
		Basic – child friendly rooms and play area	Ecclesville, Dublin Spring Gardens, Waterford Life Supported Accommodation, Galway Rendu Apartments, Dublin Limerick Social Service Council (Sonas), Limerick* (no formal crèche but child friendly space)
		Medium to high – child friendly rooms, play area and onsite daycare (or close access to daycare)	Limerick Social Service Council (Altamira), Limerick* Bessborough Centre, Cork (childcare workers and crèche facilities)
Funding types	**Major funders/ revenue sources**	HSE/CPP	Spring Gardens, Waterford Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Life Supported Accommodation, Galway
		Local authority	Spring Gardens, Waterford Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick*
		Voluntary contributions/ self-funding	Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin Bessborough Centre, Cork
		Fundraising	Life Supported Accommodation, Galway Ecclesville, Dublin Life House, Dublin

Dimension	Definition	Options	The services
		Participant rent	Ecclesville, Dublin Rendu Apartments, Dublin Bessborough Centre, Cork Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick*
Key referral paths	**Who refers participants to projects?**	Local HSE	Spring Gardens, Waterford Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin Bessborough Centre, Cork Life Supported Accommodation, Galway
		Other HSE regions	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick*
		Crisis pregnancy counselling services	Spring Gardens, Waterford Limerick Social Service Council (Sonas), Limerick* Ecclesville, Dublin Life House, Dublin Bessborough Centre, Cork Life Supported Accommodation, Galway
		Social workers	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Ecclesville, Dublin Life House, Dublin Rendu Apartments, Dublin Bessborough Centre, Cork Life Supported Accommodation, Galway

Dimension	Definition	Options	The services
		City councils	Ecclesville, Dublin Rendu Apartments, Dublin Spring Gardens, Waterford
		Hospitals	Spring Gardens, Waterford Bessborough Centre, Cork
		Refuge	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Rendu Apartments, Dublin
		Homeless hostel	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Rendu Apartments, Dublin Bessborough Centre, Cork
		Other NGOs	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Bessborough Centre, Cork
		GPs	Limerick Social Service Council (Sonas), Limerick* Life House, Dublin
		Friend/family	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick*
		Self-referral	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Ecclesville, Dublin Life House, Dublin Bessborough Centre, Cork

Dimension	Definition	Options	The services
Entry to service	The process of selection into a service	Written referral	Limerick Social Service Council (Sonas), Limerick* Life House, Dublin Life Supported Accommodation, Galway Rendu Apartments, Dublin
		Application form	Ecclesville, Dublin Life House, Dublin Bessborough Centre, Cork Limerick Social Service Council (Altamira), Limerick* Rendu Apartments, Dublin
		Interview/s	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin
		Written social care report	Ecclesville, Dublin Spring Gardens, Waterford
Induction	How a participant is introduced to a service	Informal conversation and walk through the accommodation with a support worker	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin

Dimension	Definition	Options	The services
		Written information on rules, health and safety, support programmes	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin
		Meeting with other participants	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick*
Key-working and care-planning	**How a participant works with a staff member to plan their progress towards independent and/or supported living**	No formal key-working guidelines, support is informal	Limerick Social Service Council (Sonas), Limerick* Life House, Dublin (no formal care plans but workers provide support and planning with women on an informal basis)
		Clear policies regarding key-working	Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin
Key-working contract	**Is key-working compulsory?**	No key-working	Life House, Dublin
		Not compulsory	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Life Supported Accommodation, Galway
		Compulsory	Ecclesville, Dublin Rendu Apartments, Dublin Bessborough Centre, Cork

Dimension	Definition	Options	The services
Customised support	Support is developed according to participant's need	No	
		Yes	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin
Case management	Clear policies for inter-agency case management	No	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Life Supported Accommodation, Galway (No formal protocols but informal links were positive)
		Yes	Ecclesville, Dublin Rendu Apartments, Dublin, Spring Gardens, Waterford Bessborough Centre, Cork
Exit strategy	A plan to move on to independent living is developed in consultation with participant	No	
		Yes	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin Life House, Dublin

Dimension	Definition	Options	The services
Aftercare	Different levels of support are offered when a participant leaves the service	No	Limerick Social Service Council (Sonas), Limerick*, Ecclesville, Dublin Life House, Dublin, (no formal support worker position but kept in informal contact)
		Yes	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Rendu Apartments, Dublin Bessborough Centre, Cork Life Supported Accommodation, Galway
Length of aftercare	Support timing according to need	Up to three months	Limerick Social Service Council (Sonas), Limerick* Ecclesville, Dublin Life House, Dublin
		Three to six months	Limerick Social Service Council (Altamira), Limerick* Rendu Apartments, Dublin Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway (flexible to meet needs)
		Seven to twelve months	
		One year+	
Clear information and data systems	Written records are kept and used to evaluate and plan	No	
		Yes - mainly hand written	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Life Supported Accommodation, Galway, Life House, Dublin

Dimension	Definition	Options	The services
		Yes - kept in specific computer data system	Ecclesville, Dublin Bessborough Centre, Cork Rendu Apartments, Dublin
Standards framework	Organisation works to an explicit standards framework	No	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Life Supported Accommodation, Galway Ecclesville, Dublin Life House, Dublin (no formal organisation standards framework but service works to implicit good practice in many areas)
		Yes	Rendu Apartments, Dublin Bessborough Centre, Cork
Staff have formal training and development plans	Linked to annual performance appraisals	No	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Life Supported Accommodation, Galway (tends to be linked to needs and budget)
		Yes	Spring Gardens, Waterford Bessborough Centre, Cork Ecclesville, Dublin Rendu Apartments, Dublin
Evaluation and planning	Organisation has formal and regular evaluation and planning processes	No	Life House, Dublin
		Yes	Limerick Social Service Council (Sonas), Limerick* Limerick Social Service Council (Altamira), Limerick* Spring Gardens, Waterford Bessborough Centre, Cork Life Supported Accommodation, Galway Ecclesville, Dublin Rendu Apartments, Dublin

6.3 Research results - Voices of service users

6.3.1 Why women needed to access the supported accommodation services

The research process identified a series of 'life issues' or 'situations of crisis' that affected the women and put them at risk of homelessness and in need of supported accommodation. These issues included the following:

- Instances of family conflict typically involving the birth mother's own parents.
- Domestic violence.
- Loss of tenancy due to anti-social behaviour attributed to partner / father of the child.
- Involvement in child protection cases / parenting assessment programmes.
- Addiction / substance abuse issues.
- Mental health issues.
- Intellectual disabilities / Lack of emotional skills and supports necessary to live independently – particularly notable amongst young women who had recently left state-provided care.
- Economic reasons – tended to be limited to non EU nationals who were not eligible for various social welfare supports.

A number of these 'levers' to homelessness amongst women experiencing a crisis pregnancy are now explored in more detail.

Breakdown in family support

In several cases, and particularly notable in the case of younger clients interviewed as part of the research, service users stated that their own fathers had taken a lead role in 'expelling them' from the family home. These 'expulsions' may have occurred on foot of either an isolated incident or an extended period of family conflict. Family conflict and the decision to 'expel' the woman from the family home were often exacerbated by the woman's pregnancy. In other situations family conflict related to an issue other than pregnancy had prompted the woman to leave the family home and enter into homelessness.

> *''My family wouldn't have me* [when they realised I was pregnant].''
>
> *''My family didn't know* [about the pregnancy] *and where I was staying [with other students] just didn't suit.''*
>
> *"My father told me to get out when he heard I was pregnant ... We had been fighting on and off for ages ... but when I got pregnant I guess that was the final straw for him..."*
>
> *"When I stopped going to school and wanted to be going out with my friends all the time it kicked off ... We* [my father and I] *fought a lot ... Then the **** hit the fan when he found out I was pregnant ... It was too much to take and so I left."*

"[My father] *didn't like the people I was hanging around with ... It was always tense in the house...We were always arguing ... So I left ... I moved into a flat and was pregnant a couple of months later and then I moved here* [to the supported accommodation service]."

"We all [my other siblings and I] *left* [home] *as soon as we could ... There was always fighting going on in the house so I had wanted to leave for a couple of years ..."*

"When he [my father] *showed me the door I knew then that I didn't want to go back ... ever. He knows I got pregnant but never made any attempt to contact me or hasn't seen me or the baby since ..."*

In cases where family conflict had been evident and was a factor which had put the clients at risk of homelessness, several of the clients suggested that they had sought to move as far away from their families as possible.

"That's why [breakdown in family support/family conflict] - *I was happy to move here* [an accommodation service that is a considerable distance from the client's former family home] *... At the time I just didn't want to be near them* [the client's parents]."

"I didn't want to be seeing them [members of the family] *or bumping into them ... So when I had an offer to move here I was happy to take it."*

Domestic violence and physical and sexual abuse

Pregnancy has been shown to be a precipitating factor in the onset of domestic violence. In the context of the 2004 survey of 478 women at the Rotunda Hospital in Dublin, carried out in both public and private clinics at the hospital, Eilish McDonnell, Head Social Worker, suggested that:

> *Pregnant women who are being abused may book late for care, may miss many of their appointments and may never attend alone. Some women, who have become accustomed to being treated badly and to being constantly under surveillance, may not even register that they are being abused. There is a very grey area in domestic violence; it is under-reported because it may not even be recognised by the woman."*

Of the 65 women interviewed as part of this current research at least five suggested that domestic violence and abuse had been a contributing factor in their move to living in supported accommodation.

"I didn't want to be around when I was pregnant for fear of picking up a knock from Tom [the woman's partner - not real name] *... I was afraid for the baby."*

"Frank [the woman's partner – not real name] *is working through some stuff ... and whatever about looking out for myself I didn't want to be worried about the baby's safety as well."*

"It [the family home] *wasn't a good environment to be around when I was pregnant ... There was a lot of drinking and I had to make a call on it ... I was afraid for both of us* [mother and child]."

Issues relating to mental health, learning disabilities, self-harm, alcohol/drug abuse, and serious illness such as HIV/Aids

Management and staff at the various services frequently highlighted the increasingly complex and diverse set of client needs that the services are now asked to respond to. In the last five years in particular, clients with more complex support needs are presenting in increasing numbers. This change in client profile has placed new and significant demands on a number of the services. Some of the services have identified that they are simply not in a position to respond to or successfully accommodate clients with such high-level needs, while other services have recruited additional staff and specialist skills in a bid to respond more successfully.

"The social worker thought me and the baby would be better off here ... I did need a bit of support and looking after ... It would have been difficult looking after myself and the baby on my own."

"I was drinking a lot of the time, every day really, and then I found out I was pregnant ..."

"I was going through a bad patch at the time ... wasn't looking after myself ... so they [social workers] *thought I would be better off here ... they could keep an eye on the baby."*

"Although we probably don't have the same overall number of girls coming through to say five / ten years ago we still have had to hire extra staff. Clients are coming through with more complex support needs and need more time and attention from us."

(Supported accommodation staff member)

"Previously [five to ten years ago] *the majority of the clients would have been more independent ... Many of them still are ... but now we are seeing clients who need a lot of help and support from us ... It has placed a lot of really significant resource related demands on the service."*

(Supported accommodation service manager)

Asylum seekers, non EU nationals with limited/no access to social welfare entitlements, clients with language barriers

In recent years many of the services have also experienced an increase in the number of clients presenting that do not have access to social welfare entitlements. This absence of financial support not only places a strain on the clients themselves but also on the accommodation service, as it will often mean that client contributions towards rent and utilities are not feasible. A number of the services have also had to devote additional time and resources to local fundraising in order to be able to successfully accommodate these clients. Both clients and service providers also highlighted the considerable additional support needs that such clients will require in liaising with state welfare, income support and immigration services.

"They [the staff at the service] *have really helped me ... I had little English when I got here so they always came with me to every meeting I had with social welfare, the immigration ... everywhere ...!"*

"I had nothing ... no money, no social welfare, nothing ... but she [service manager] *said we would sort something out and she did ... I wasn't able to pay rent ... but that was ok and meant I could have a safe place to stay."*

"The other girls get social welfare so are able to buy milk and clothes for their babies ... but I had to get money [from the service manager] *to buy milk."*

"Their needs [those not entitled to social welfare] *can be extremely basic ... getting food and clothes for their baby ... We try to help with that as best we can ... by linking in with local charities for donations of cash and clothes, by not asking them for rent, and buying whatever bits and pieces we can ourselves ... food and clothes for them."*

(Supported accommodation service manager)

"As a service we have had to learn a whole new set of skills in recent years ... We have to link in with a lot more agencies and people than we would have had to in the past ... interpreters, social welfare personnel, and charitable groups ... There is a lot of hand-holding required, which can take up a huge amount of time ... but it's all about meeting very basic requirements ... food and shelter for these girls."

(Supported accommodation service manager)

"They have no social welfare so can't pay rent ... They have nowhere else to go ... We try to support them as best we can."

(Supported accommodation service manager)

Women who have spent much of their own childhood in care

Service providers very frequently spoke of the increasing number of clients presenting who had, in very recent months and years, been in the care of the State. Several service providers suggested women leaving state care are a group that can be at particular risk of crisis pregnancy. It was suggested that such women can often be very vulnerable and often do not have appropriate life skills to cope effectively with a pregnancy.

"I had been in care since I was twelve ... I left when I was eighteen and was pregnant two months later."

"I was in a home [State provided care] *until I was seventeen ... I wanted a baby but I didn't think it would happen this fast."*

"They [young women leaving State provided care] *are definitely a high risk [*of crisis pregnancy] *group ... Some research on this definitely needs to be done ... We are seeing them coming through very quickly ... There are probably a number of*

factors behind it ... the desire to have something of their own, to 'break free' after having lived in care for so long ... but they are very often very poorly equipped for parenthood ... and so are perpetuating a cycle ... This is a critical area that needs to be examined in much more detail."

(Supported accommodation service manager)

"We are definitely experiencing a rise in the number of young women coming through [experiencing a crisis pregnancy] *who had been in full-time care themselves ... It's like they aren't able to cope in an independent living situation themselves ... I would like to see more done around this area on how the system could manage this transition* [to independent living on leaving State care] *more successfully."*

(Supported accommodation service manager)

"I really do feel that young women coming out of care are at a much higher risk of unplanned pregnancy ... and even in situations where it is planned or desired their ability to cope can often be very poor."

(Supported accommodation service manager)

"This client group will often have very limited life experience ... It means as a service we will have to focus on the very basic skills ... shopping, cooking cleaning ... for the new mother and very basic parenting skills."

(Supported accommodation service manager)

Women involved in child protection cases / Women involved in parenting assessment programmes

In recent years, at the request of the judicial authorities, many of the services are increasingly catering for clients involved in court-related child-protection and parenting-assessment cases. Again, this trend has introduced a new and significant resource-related challenge for many of the services as they seek to respond to the support needs of the client and her child. Additional resources are often required for facilitating access-related visits for the client and her child, for liaising with the local social care team and reporting to case-management conferences and court-appointed personnel. Such clients will often require additional support in caring for the child and in the adoption of basic parenting skills.

"I was involved with the courts ... and I was sent here to see if was able to keep my baby ... I'm building up time with [and access to] *my baby ... It's giving me a chance to prove to them* [the court] *that I can look after my baby."*

"My baby is in foster care ... but now that I am living here [with recognised supervision] *I can get access for a couple of afternoons a week ... They* [the management and staff] *will also help me* [progress reporting] *with the social worker..."*

"We are seeing a lot more of these child protection cases coming through ... Some have a good news story at the end of them in that we are providing the client with the time and space to learn new [parenting] *skills and to prove they can care for their baby ... Others just don't and many never have that ability but we are providing a safe place for both the client and baby."*

(Supported accommodation service manager)

"We are getting a lot more requests from social workers and the courts to take on these [high needs] *cases ... It is much more demanding ... The reporting requirements are very significant ... and there is lot of time spent on facilitating visits and on teaching basic parenting skills."*

(Supported accommodation service manager)

Women vulnerable to/already exposed to prostitution, substance abuse or other criminal/high risk activities

Three of the participating service providers indicated that they had experience in recent years in accommodating clients who had been involved as sex workers and/or in illegal drug dealing. Several service providers suggested that there is little formal data available on the incidence of crisis pregnancy amongst those involved in prostitution and/or drug dealing.

"We have accommodated sex workers in the past, if they can prove that they are clean [not using drugs] *... These are extremely vulnerable women and have nowhere else to turn."*

"I don't feel enough is being done for women involved in this industry [sex working] *... especially if they become pregnant ... I have heard some awful stories of the dire measures taken by some sex workers who had an unwanted pregnancy."*

"I would like to see our services being promoted and available to the most vulnerable of clients ... Sex workers should know they have other options available to them if they are to become pregnant."

6.3.2 How women found out about the services

The routes which clients took to arrive at the various supported accommodation services varied. Referrals provided by counselling staff at the crisis pregnancy counselling services, nursing staff at the maternity hospitals and by social workers actively involved with clients in child-protection cases appeared to be the most common referral paths for service users consulted as part of the research. Some women came to the services after using a range of other accommodation and support services such as refuges, hostels and treatment centres. For others the services were the clients' first experience of transitional or supported accommodation. The majority of clients appear to be 'directed' to the

services on foot of a personal referral or recommendation from a third party, rather than the client self-referring after seeing an advertisement or promotional literature from the service provider.

''A friend who's a neighbour works here and she told me about the service.''

"My social worker suggested I come and have a look at the place ... She came with me on that first visit."

"The [crisis pregnancy] *counsellor suggested the service and put me in touch with the manager."*

"The nurses in the maternity hospital told me about the service and they asked somebody from the service to come up [to the maternity hospital] *to meet with me and to tell me about the service."*

"My social worker suggested it [becoming a resident of the supported accommodation service] *would help me with my court application for getting access to my daughter."*

"My doctor told me about this place.''

"I was in maternity and saw a leaflet.''

6.3.3 Entry to the services

Women had a range of fears and concerns regarding entering and using the supported accommodation services. Although clients often want to move away from their original place of residence for a range of different reasons, many feared that they might become institutionalised and were therefore most anxious to maintain contact with the 'outside world' and the local community.

"I was very worried at the prospect of the move to living here ... I didn't want to lose touch with life on the outside ... I wanted to be able to lead a relatively independent life ... I was really scared I would lose my independence."

"I wanted to do things for myself rather than having things done for me by the staff ... I didn't want to become overly dependent on the service or the staff ... I thought it could be easy to slip into that ..."

"I remember my doctor telling me that a person can become institutionalised in as little as 24 hours ... I really didn't want that to happen to me ... I just wanted time and space to deal with a newborn baby and then move onto living on my own again ... I didn't want to get into a situation where I was part of 'the system'."

"It was really worrying ... I thought I'd have no control, no say in what I could or couldn't do ... Although I was only nineteen at the time I had been quite independent and didn't want to lose that."

For many of the women interviewed the first visit to the supported accommodation service was a very daunting experience. It appeared that strong perceptions were very often formed by clients at a very early stage regarding their sense of their own future in the service. The clients' first visit to the service and meeting with service personnel clearly has a very significant influence on the clients' long-term experience of living at the service. When managed well by the service provider, this first meeting can have a very significant and positive influence on the clients and their attitude and experience of the move to supported accommodation. In instances where an early and positive rapport between service provider and client was developed, the transition to living in the supported accommodation services tended to be more successful. In contrast, when those early meetings with representatives of the service provider did not 'go smoothly' it appeared to affect the clients' entire perception of the service and the service experience.

"'I felt nervous going to meet with her [the service manager] *first but she immediately put me at my ease and I felt comfortable ... I could feel myself relaxing and knew that things would be ok.'"*

''I was afraid and wondered how I'd get on with the other women ... but she [the service manager] *made me feel really welcome ... It really helped me to settle in.''*

"I was made to feel really welcome when I visited to have a look at the place so when I decided to move in it wasn't frightening at all.''

''Staff here helped with the move so much that I quickly relaxed.''

"They were just so welcoming and ... gentle ... really nice ... I felt important for the first time in a long time ... I knew within two minutes of meeting her [service manager] *at the train station that I would move in ... She was so caring ... I felt safe ... We hadn't even got to the centre at that point."*

"It was really off-putting when the first thing that I was told was the long list of house rules ... be in at such-and-such a time each evening, don't do this, don't do that ... It made me think of boarding school, even though I never went to boarding school ... It just didn't feel welcoming at all ... I didn't feel a part of it until I made a few friendships with the other girls after a couple of months."

"The rule book was one of the first things we talked about ... It just felt very cold and unwelcoming ... I don't think I ever got over that."

6.3.4 Challenges in using a service

There are always challenges for service users in terms of their stay in supported accommodation. The nature of these services requires a range of structures and systems that are not always 'visible' when a woman is living independently.

The majority of women were very satisfied with their experience of the supported accommodation services and their comments regarding challenges need to be seen in this context.

Some inner city accommodation may not be appropriate for vulnerable young clients: They might not feel safe and/or want to be distanced from nearby drug and alcohol networks.

Women using one supported accommodation service spoke very highly about the quality of both the service and accommodation. Their concerns were about the noise in the neighbourhood at night from young men in cars and a feeling of not being safe at night. One women said that she "felt she was in prison" ... that she "didn't have the freedom to walk in the neighbourhood at night" because she felt unsafe and not because of any restrictions placed on her by the service.

''I love the place but the neighbourhood is changing and getting rougher.''

''I won't go out after 6.30pm because the area isn't safe and you can't have visitors at night.''

Many women wanted to involve the fathers of their children in the pregnancy and parenting. This could be difficult if there was no family room for private meetings or if service imposed restrictive rules regarding how long a father can visit. It was recognised that facilitating visits by the father must be balanced against the protection and privacy needs of all residents.

The environment in the services (no matter how respectful and inclusive) is still artificial, and women said that while they understood the need for rules and regulations, they also found them restricting.

''I was hoping that the child's daddy could spend more time with her ... but they don't allow men to stay for any length of time in the building ... It seems kind of strange ... I think my daughter has missed out."

"It would have been good for the baby if her father could have seen her more but it just didn't work out."

"I understand when there are women and children here ... especially women who might have troubled relationships with their partners - that there has to be rules about male visitors ... It is important, though, that the father gets a chance to be involved."

"Having the rules explained to me in such detail when I visited first and then again when I became a tenant really spelled out to me that this [living in supported accommodation] *was just going to be a temporary thing ... It was always going to be house ... not a home."*

"I understand that there has to be some rules ... especially when babies are involved but it can feel like you are being watched or controlled a lot of the time."

"Living here has been great for me and my baby but it's not the same as living on your own ... You can't come and go as you please."

6.3.5 Positive impact service had on clients

There were many aspects of the services that were put forward by the women interviewed as factors that created a positive experience for them:

Positive personal relationship with key member of staff

One - if not the most important - contributing factor for a positive experience in supported accommodation was the positive relationship that women created with staff at the services. This relationship-building with staff members was cited again and again as a major part of the woman's ability to rebuild and progress her life. When speaking of the service the conversations with clients tended to focus very prominently on the relationship that the client enjoyed with their key-worker or other key member of staff. The strength of this relationship appeared to have very significant influence on whether the stay in supported accommodation was judged as a success or not. Some very strong attachments with individual members of staff at the various services were clearly evident. Indeed, a number of women interviewed suggested, without any prompting, that the success of the services owed largely to the welcoming and empathetic atmosphere created by key members of staff rather than the sophistication of service offerings or the quality of the physical environment.

"She [the service manager] *has been a huge help to me ... She put me at ease straight away and made me feel safe and cared for ... It helped me build up my confidence in other people again."*

"She [key-worker] *helped me turn my life around ... It wasn't all about house rules or 'You should do this ... You should do that'. ... I felt we became friends ... I trust her ... She helped me with so much."*

''I learned a lot ... to be more independent ... help build confidence ... made great friends ... they see me and believe in me ... they fought my case ... take everyone as individuals.''

"It was just nice to have somebody you could talk to ... about really simple things ... things that you wouldn't have felt able to say to other people ... things you might have been embarrassed about talking about ... but were comfortable in taking to with her [the service manager] *... It just made me to feel normal again ... that I wasn't a lost cause.."*

"I was so lonely when I got here ... I just wanted to keep to myself ... but they [staff members] *were so nice to me. They gave me space on my own and time to settle in but let me know that they were there whenever I wanted to talk ... I really liked that ... They didn't force themselves on me ... I grew more and more comfortable with the staff ... Small chats became big, long chats and then when I felt comfortable we started talking about things that really matter."*

"I love that place [the supported accommodation service] *... They [the staff] were so good to me ... I owe them so much."*

"She [staff member] *played such an important part in my life ... I know I did it myself* [rebuilt my life] *and she keeps telling me that it was me! ... But it was such an important time in my life that I want to stay in touch ... let her know how I am getting on, how my child is getting on ... It's thanks to her that we are still together."*

"The building is fine ... Sure it could be improved and could be more modern and comfortable ... but it has everything you need ... It's warm and safe ... What was really important was the people ... the other girls and the staff ... That is what you rely on most of all, what you learn from and what gets you through this..."

"If I was to go through it again I would always go for a place where I got on with the staff rather than a place which is really fancy and the staff aren't nice."

The strength of the positive relationships between staff and the women was evidenced by the very significant number of women who returned to the services, often with their children, for informal visits. The women clearly appreciated that the services encouraged them to maintain contact. Indeed many suggested that maintaining this link with the service had helped with the transition to independent living as they knew they had not been 'cast off' when their time in the service ended.

"I love coming back here ... They were there for me at a really tough time in my life."

"They looked after you so well here ... It was definitely difficult to leave ... It was like leaving your own mother ... I was keen to stay in touch."

"We became very close ... They really helped me ... They like us to stay in touch and to let them know what we are up to, or where we have moved to."

"It [my time at the service] *was a big part of my life ... Looking back I could well have been separated from my child ... Now I am married, have another child and am happy."*

An important opportunity for 'time and space to reflect and prepare'

Many women suggested that staying in the accommodation gave them time and space to relax, reflect and, most important, 'feel safe.' Women very frequently spoke of feeling very alone, isolated and vulnerable both prior to and when first entering supported accommodation.

Many of the clients' expectations on entering supported accommodation were extremely modest. Many of the clients spoke of having no other options and 'nowhere else to go'. Indeed, several women suggested, quite simply, that they were 'desperate' to find some place that they could stay. At the forefront of their minds was the need to find an environment that would be 'safe' and 'warm' for both child and mother.

Many of the women interviewed as part of the research viewed their time and experience living in the supported accommodation services as an opportunity to build or re-build much needed self-esteem and confidence. These women and others also looked on the experience as an opportunity to 'break free' from an environment that was unsafe or inappropriate for either them or their child. Clients also spoke of the need for 'time' and 'space' to respond effectively to the experience of crisis pregnancy and their very uncertain or unstable living conditions.

These themes of 'time' and provision of a 'safe space' to think about the pregnancy and prepare for the future were consistently put forward as key components of supported accommodation for women experiencing crisis pregnancy.

"I had nowhere else to go ... I was living in a damp flat ... there was no way I could have a baby there ... so I was just looking for somewhere that was safe and warm ... just even for a few months until I was in a position to look for something more suitable for the long term."

"I was definitely desperate at the time ... He [my partner] *was drinking a lot at the time and would go on huge benders ... It just wasn't safe for me or the baby ... Anywhere would have been ok ... I just had to get away."*

"There was a lot of stuff going on at home and I just wanted to get away ... somewhere safe."

"I wasn't on a waiting list for an apartment or a house ... I didn't even know how to go about that ... I didn't even know what I was going to do with the baby ... I just needed somewhere I could think about what I was going to do and if I was to keep the baby ... how I might set myself up for that."

"I only accepted myself that I was actually pregnant at about six months ... I suppose I had buried it or denied it in my own mind up until then ... At that point I just needed somewhere that I could get a bit of help and some time to think things through, get ready."

"My boyfriend went abroad looking for work ... I couldn't go home ... they would go mad ... so I just needed somewhere to go ... I had no money, no social welfare, nothing."

"He [my boyfriend] *had hit me a couple of times and I thought then that I couldn't stay with him ... I told the doctor that I was looking for somewhere safe to stay and he told me about this place."*

"It was quite scary ... being pregnant and on your own ... I just felt I needed somewhere that I could get myself ready for the future ... to allow me to sort myself out ... somewhere warm and safe for me and the baby."

"I never knew how hard it would be [parenting a newborn child] *but at least I knew that I needed some help, so knowing that there were staff that could give you a bit of advice and help* [was important]."

"I was staying in a hostel at the time and then when I found out I was pregnant I knew I couldn't stay there ... I needed something different for me and the baby."

"I had thought for some time that I would travel to the UK or Holland [for an abortion] *... The social worker and the counsellor both suggested that I come here to think about it for a while ... I did and am glad I did ... I had that chance to think ... Before, everything just felt so rushed, so pressured...I couldn't really think straight ... This place gave me a chance to think."*

"I suppose looking back I wasn't really looking after myself, not to mind being able to look after a new baby so I must have realised somewhere in the back of my mind that I would need help [in caring for the baby] *and in getting set up for the future."*

"At the time [I was pregnant] *my priority was to find somewhere that would be safe and warm for the baby and me ... and then I knew I would need a bit of help when the baby arrived before I could get a house on my own."*

"There are lots of places you can't stay when you are pregnant or about to have a baby ... I'm lucky the social worker knew about this place."

Inclusive, client-centred approach evident

The vast majority of women interviewed felt that they were treated with respect by both staff and management at the services and that their needs and wishes were included in any care plan that was developed. The development of 'mutual respect' appeared to have very significant influence on whether the stay in supported accommodation was judged as being successful or not.

"We sat down together and worked out the areas that I could work on, what courses or training I could go on, that kind of thing ... That was good ... I wasn't being dictated to ... I could have a say on the things that I should concentrate on ... That made it a lot easier for me."

"I signed up to a set of goals ...They were things that I suggested ... It wasn't that they said you have to work on this, and this and this ... We came up with a list together."

"We [key-worker and I] *met up a good few times, particularly at the start, and she asked me where I wanted to go, what I wanted to do, the problems I was having, and then we developed a bit of a plan together."*

"I had a bad experience at school so wasn't really into the idea of them [key-workers] *telling me what I should and shouldn't be doing ... Instead I was asked about my life, where things were going well, where I needed some help and then we picked out things to do. It would have driven me mad - or certainly would have put my back up - if they tried to force it upon me."*

While key-working and care-planning was not always seen as useful initially by clients, most of the women interviewed suggested that over time they saw the value of 'looking ahead' and then creating the actions to achieve their goals.

"It [care planning] *does involve a lot of questions at the start ... I suppose they are trying to find out about you and where you need help... but it takes a while for that to sink in... You can think, 'Oh no more questions'... but once you do see that they are trying to help and even trying to get you to help yourself you get into it more."*

"When you are about to have a baby or have just had a baby it's very hard to think about the long term... the next feed is about as far as the mind can go... So it [care planning] *was a bit of a pain at first but when you can see where they are going with it you can see how it helps."*

"I wasn't all that keen on the idea of being 'assigned' to somebody, but after a while we hit it off... She was helping me to map out my own future for myself and to identify the areas that I needed to work on so that I could get to where I wanted to go... It [the care planning approach] *was a lot of work but it's worth it."*

"When I was told that we needed to work out a plan I didn't know what to think... My only plan was to get a flat and get out of here but when she [the key-worker] *brings you through the steps in the plan it does make sense as it makes sure you are covered when you do go to live on your own."*

In particular, clients spoke of the very positive role that key-workers and other staff played in supporting the women as they negotiated the 'maze' of other state support services. Both clients and service providers alike spoke of the often complex and bureaucratic system involved in accessing social welfare and housing services. Many of the clients also recognised that their own limited life experience, confidence levels, coping skills and English language abilities made it necessary that they be accompanied or 'hand-held' through the process of engagement with social welfare, housing, legal and medical services where necessary.

"Everyone was telling me I should get the social welfare sorted out and get on a housing list but I didn't know how to... When I went down on my own they told me it [benefit eligibility assessment] *could take four or five months ... When she* [key-worker] *came with me it got sorted out there and then."*

"You had to go to this office, that office, the other office and then the same again to get on a housing list ... I wouldn't have known what to do on my own."

"Different people were suggesting different things ... this housing list, that housing list. The staff here told me how to get it sorted."

"Everything was done for you when you lived in care so she [service manager] *came with me* [to the various interviews, meetings and appointments] *to help out and make sure I got what was needed."*

"My English wasn't good... I only came to Ireland a few months before so I couldn't read any of the forms or papers... Somebody had to come with me."

"I wasn't great at talking [to people in positions of authority] *so she* [key worker] *came with me to all the meetings ... I probably wouldn't have got through it without her there... I feel more confident now and have been doing that kind of thing on my own now... but at the time I was just too shy."*

"I am quiet and don't really like talking to people I don't know ... They had so many questions so either the staff here or my social worker would come with me to the meetings."

Accommodation provides a combination of factors – safety, warmth, personal space and a facility to interact with other clients and experienced members of staff in an informal setting

The quality of the accommodation was often cited as being 'very good' or even 'excellent'. The majority of clients clearly arrived with a very modest set of expectations – a space that was safe and warm for the woman and her child. In particular women attached significant importance to having their own rooms and privacy. Many of the clients interviewed suggested that it was very important that they have their own private space and sufficient opportunity to spend time alone to bond with their child and to develop

their own coping and parenting skills. Clients, in general, also clearly valued and enjoyed using the communal living areas, where these were provided. It was recognised that such communal spaces provide valuable opportunities for interacting with and learning from one's peers and for engaging on an informal basis with skilled members of staff.

"I think it's great here... I had nowhere to go... I just wanted somewhere safe for me and my baby."

"I was living in a flat which was damp, cold and really noisy... I was having trouble with the neighbours... I didn't feel at all safe so when I got here I thought it was so nice... Warm, comfortable and safe."

"I have my own room which is really important... I have learned to cook for myself and my baby, which is going to be really important when I leave this place."

"I go down to the [communal] *sitting room a good bit during the day and again in the evenings but it's important that you have your own space to go back to... I couldn't imagine living in a dorm-style set up."*

"I feel grown up for the first time in my life... I have my own room and kitchen... It means I have to take care of the baby, cook for it, clean it; keep myself and my area clean... If I can do that here I should be able to do it anywhere."

"Having this space to yourself is really good ... It meant I could spend time on my own with my baby... It gave us a chance to bond... It's also forced me to learn how to cook and look after the baby... but I know... if I'm unsure of anything I can just give them a call and they [staff] *will be straight over... That's nice."*

"Being able to meet with the other girls in the sitting rooms is great... It has meant that I have built up friendships with people of my own age and girls going through the same issue ... It meant I didn't feel so alone or that I was an awful mother."

"Calling down to the main apartment [where staff members are present] *is great... I have learned a lot from the other girls there and the staff, who really know their stuff... It's done in a very nice, easy-going style... You don't feel judged or that you are doing something wrong... It just feels very natural."*

"I like spending time on my own, with my baby, but then there are times that you want to have a chat or want a bit of help or advice on something specific... You can just go down to the main apartment [where staff members are present] *and you will find out... It's nice and relaxed... not like a classroom... they* [staff] *don't make you to feel small."*

Proximity to and interaction with peers helps to combat sense of isolation and develop important relationship-building skills

Nearly all the women said that having other women with children, or indeed other pregnant women, in the service made them feel 'less alone'. Seeing other women coping successfully with the experience of crisis pregnancy and planning for their futures also helped many of the women with their own lack of confidence. Several clients also suggested that the close living relationship with peers had helped them to develop important relationship-building skills, which are of very significant importance when making the transition to independent living. A small number of the women interviewed attached less importance to this peer contact but (with the exception of two clients who had experienced some conflict with other service users) still did not describe the required contact with fellow clients as a negative experience.

"It was good to see that I wasn't alone or the only person that this [crisis pregnancy leading to homelessness] *had happened to."*

"I came here thinking I was the worst in the world, so it helped a lot to see that there were others who had gone through the same stuff [experience of crisis pregnancy] *as me and had 'come out the other side'."*

"You can't see the wood for the trees...I was just able to see my own situation and how desperate I thought it was...It was really comforting to see others had gone through similar experiences...It gives you confidence that you can get through it."

"Before I would have hung around with people, but they weren't real friends ... Living here I have got new friends ... real friends that I can trust."

"Apart from my own family I had never lived with anybody before ... Having to share stuff, set out who does the cleaning and the cooking ... Rows do happen but it set me in good stead for when I went to live in an apartment myself ... just knowing how to get on with people."

"After having a row with one of the tenants who lived across the way I kept to myself ... but I could see the other girls were good friends with each other."

An opportunity to reconnect with family members and the birth father

Many women indicated that the role staff played in reconnecting them with both their own families and the father of their children was very important. In many cases staff members were thought to have played a critical - but very often challenging - role in skillfully facilitating the client and their own parents to explore, reflect upon and resolve difficulties in their relationship. Similarly, several clients credited staff for their assistance in facilitating greater contact with the father of their children. In several cases this had resulted in fathers playing an increasingly significant and ongoing role in the parenting of the child.

"I hadn't spoken to my father since he heard I was pregnant ... She [service manager] *helped us get back in touch and got us to meet up with each other."*

"When I left home I didn't know if I would ever be back on terms with them [parents] *but they came to visit me here and our relationship is picking up again."*

"They [parents] *were very angry or disappointed ... I don't know which ... when they heard I was pregnant ... But we seem to be back on track now ... They visited me here a couple of times and she* [the service manager] *helped to patch up the relationship."*

"The child's daddy is visiting us now, which is nice ... I want her to grow up knowing her daddy and I didn't think that would happen but for the staff here."

"I didn't think he [birth father] *would want to be involved at all but they* [staff at the service] *seem to have helped ... They didn't push him ... just allowed us to meet up casually and then gradually he got more and more involved."*

"They have a fathers' room here which means we can have private time together, which is great ... I thought I would be raising the child on my own ... which might well happen ... but at the very least the child will know his father."

Provision of skills necessary for successful transition to independent living

The majority of women interviewed as part of the research saw their stay in the services as temporary and time limited and were therefore looking forward to moving to their own independent accommodation. Many of those that had been resident in the services for any significant period appeared to recognise, and in many cases credit, the role the supported accommodation services played in providing them with a wide range of often basic, but very necessary 'life' and parenting skills for independent living.

"I know now that I just wouldn't have coped [in an independent living situation] *... I might have even lost my child ... Apart from a roof over your head you can get a lot out of living here; you probably don't realise that until you have left and see how hard it can be* [living independently]*."*

"The thing I took from it [living in supported accommodation] *was confidence ... confidence that I could look after myself and my baby ... confidence that I could get on with other people, that I knew how to do simple things like cooking, living on a budget."*

"At first it was a bed and somewhere safe to live ... They were the things I was looking for ... But now I am much more confident ... I know how to do things that other people my age do and take for granted ... like pay bills, go shopping, cooking and cleaning ... that kind of thing ... That's why it [the supported accommodation service] *was important for me."*

"When you don't have family supports it's important that you have somebody who can help with the very basic stuff like how to prepare bottles for the baby, how to cook healthy foods."

Access to childcare

Childcare was very often provided either on an 'in-house' or a paid-for basis close to the supported accommodation service so as to provide important respite for new mothers. Access to childcare also facilitated clients to avail of education, training and employment opportunities. This was described by mothers as being particularly important and a key 'lever' in facilitating a successful transition to independent living. The majority of women interviewed had a strong wish to access education, training and employment opportunities, which would help them in building their future lives.

> *"They* [the service] *would take the child for a few hours each week so that you could do a training course or whatever … I did my ECDL* [European Computer Driving Licence] *and then later on I signed up for a graphic design course … I wouldn't have been able to do that without the childcare … It would have been too expensive."*
>
> *"I wanted to get some work experience so they* [the service] *agreed to mind the baby for a half day each Wednesday and then again on a Friday evening … to allow me to go to work … Over time that turned into a more full-time thing … I wouldn't have been able to afford the childcare, though, in the first place."*
>
> *"It would be all very well them* [state services] *expecting you to go out and get a job … Who's going to look after your baby? When they* [the service] *said they would mind the boy to allow me to do a couple of courses I thought, 'That's great!' … That is the only way you are going to get on in this world."*
>
> *"Without it* [childcare] *I wouldn't have been able to stay in school … I ended up doing my Leaving Cert. and even going on to do a two-year Certificate in college at the Institute of Technology … It means I can go back again and do my degree."*
>
> *"Those* [care] *plans that we develop all depend on childcare being in place … If that's not provided then they aren't worth anything … Without somebody to mind your baby or a place in crèche you won't be able to go to school or college."*

6.3.6 Transition to independent living

Many of the women interviewed had successfully transitioned to independent living. Some of the factors these women and others who were in the process of making the transition to independent living identified as aiding the transition were:

The creation of a transition plan with a key worker so that the clients could access the relevant services and develop the necessary personal and parenting skills over time

Getting 'placed' successfully on the relevant housing lists was critical to this process for many women. The support of the client's key worker in progressing both the client's social welfare and housing application was thought to be particularly important in setting the client on the 'path' to independent living. Clients frequently credited the services for their assistance in securing social welfare and rent allowance entitlement. Many of the clients also highlighted the involvement of the services in securing them a place to live.

These 'tangible issues' tended to be prioritised by clients. However, when given the opportunity to reflect on their experience many of the women also spoke of the deep, personal changes which they went through whilst living in supported accommodation. The provision of tailored support, training and advice on other 'softer' personal development and parenting skills was also clearly very important in allowing the clients to negotiate a successful transition to independent living.

"Getting my social welfare entitlements in place and then getting me on the housing lists were the first things that we [key-worker and client] *did … Then we kept an eye on how I was moving up the list."*

"After sorting out social welfare and putting me down for housing … we [key-worker and client] *figured out about courses and childcare options."*

"I suppose they [the key-workers] *recognise that the main thing we think about is getting a flat or a house … So that's the first thing they try to arrange … Unless you can see that's in place it's difficult to think about other things."*

"They [the key-workers] *used bring me shopping and cooked with me, showed me how to play with the baby … stuff you wouldn't think is important but it really is … It's stuff I use every day now."*

"I knew I had to prove myself and to prove that I could look after and care for the baby … I learned about budgeting, cooking, cleaning, looking after the baby, understanding the baby."

"Over time I built up more and more access time with my daughter … During that time I showed them that I could look after the baby … I went to cooking classes, we did bits on how to know what your baby wants and how to play better with them."

"I did suffer quite a bit with [post natal] *depression and I guess I didn't bond very well at first, but with the help of the staff I got over that and learned how to get on better with my child."*

"It took me ages to figure out what the baby wanted … even when she was older … but it was nice to see them [staff members] *play with her … You picked up bits and pieces from that … the things she might be interested in … even how to talk to her and how to look at her, how to comfort her … things that are really important but things you wouldn't have known about."*

"I was always terrible with money … My social welfare would be gone the day I got it … I'm still not flush but at least now I know about budgeting and how to make my money stretch for a week … Maybe it was ok in the past to be broke for a few days but you just can't be when you are looking after a baby."

"I had never cooked anything in my life before [the arrival of the baby] *I would have burnt toast … I never went to a supermarket, I had never written a shopping list … but with a bit of practice I was able to do these things for myself."*

One of the core challenges to moving to independent living, put forward by both client and service provider alike, relates to recent changes in eligibility for rent allowance. Several clients suggested that the uncertainty involved in applying for rent allowance and the length of time that it can take to process an application had delayed, often quite significantly, their move to independent living. The inability to access rent allowance was a very real barrier for women who had originally resided in countries outside the EU. Many of these women therefore had little option but to stay for extended periods of time in supported accommodation.

"The biggest hassle was getting the rent allowance sorted. It took months to come through ... I had hoped to leave after six months [following birth of child] *but had to stay for about a year."*

"It took ages for the rent allowance to come through ... There were so many forms to fill in ... then I had to go back for interviews ... I had hoped it would be much more straightforward."

"We had talked about me moving on after about six or nine months but by the time the rent allowance came through I was probably here for a year."

"It really is different for the Irish girls ... they can get rent allowance and then set up in an apartment, but there was no rent allowance for me [a non EU national] *... It meant I stayed here for about two and a half years ... Until I got a job and sorted in my own place."*

"I had hoped to move into an apartment but I don't think I will be able to get rent allowance ... So if I can I will stay here."

"Most of the girls want to move on after about six or certainly nine months ... But they can't if they don't have a place to go to or help from social welfare with the rent."

Having the support of the service to access monies required to make the move to the new accommodation

Very often those clients that had left the accommodation service indicated that the staff at the service had played an important role in securing necessary clothes and basic household equipment to allow the client to set themselves up in independent living.

"It's so expensive getting set up on your own and looking after yourself and a young child ... They [the accommodation service] *helped me by getting me a cot for the baby, a lot of children's clothes and some money to do a couple of grocery shops."*

"The [social] *welfare only goes so far ... It's mostly fine for week to week but anytime you need to buy anything extra you just wouldn't be able to so they* [the service] *arranged for a cot and some toys, and books and a food mixer and a few other bits and pieces for the house ... Stuff I just couldn't afford."*

"It did take time for the social welfare to come through so they [the service] *subbed* [subsidised] *me until it came through ... Just enough to buy really important stuff like formula for the baby, nappies, stuff from the chemist, baby clothes ... that kind of thing a new mother just can't do without."*

"After getting the flat I had to get it kitted out, make sure I had enough baby clothes and other stuff ... They [the service] *helped me with that."*

Being able to have ongoing support when clients moved into their new accommodation

Often this kind of support was described as a 'listening ear' or a 'friendly voice at the end of the telephone'. For other clients there was a requirement for more formal follow-up and personal visits by the key worker to the private accommodation to check on the welfare of both mother and child. Similarly, clients appeared to attach a real value to the knowledge that they could continue to visit the services informally when they moved out.

"It's like you are back with your own mammy ... They [the staff at the service] *look after you so well ... If you let them they would do everything for you ... So it meant that moving out would be scary ... When you are on your own again* [in private accommodation] *you can feel very lonely again ... I liked that I could call them or they would call me just to hear how I was getting on ... It was just nice to hear someone was 'looking out for you'."*

"It's really strange the first week or even few weeks [living independently] *... There are no house rules ... but then again there is no one to talk to or get advice from ... It was nice that they would check in with me now and again ... That gets you through that initial period which, although exciting, can be a little bit scary."*

"She [the key-worker] *would call out to make sure I was all right ... that I was keeping the house in order and that the baby was all right. For the first couple of months she would have been out to me every couple of days."*

"It was important to me to know that I could go back if I wanted ... that if things didn't work out that I would be welcome back ... That made it less daunting."

"While I really wanted to make a go of it [living independently] *I was really worried at the same time in the lead up to it ... I knew here that while I was doing most things for myself there was always the safety that the staff were two minutes away if I needed them ... The thought of moving was worrying me ... but she* [the service manager] *kept telling me that I could always come back ... that they would always have a room for me ... That really gave the confidence to make the move in the end."*

The extent and duration of aftercare provided was clearly very case-specific and was based on the individual needs of the clients. On average, women appeared to stay in regular contact with staff at the accommodation services for the first three to six months. The type of aftercare provided varied considerably. Some clients were either visited or telephoned every day or second day for the first month or two following their move to independent living. Other clients maintained an informal relationship with service personnel by telephone for the first three to six months, while others suggested they needed little if any aftercare support after leaving supported accommodation. Although many clients maintained informal relationships with the services beyond six months following their move to independent living, the contact tended to become less frequent and increasingly informal over time. For many of the women the support provided through aftercare was critical in facilitating them to sustain their tenancies.

"They [key-worker/after care worker] *would come to visit me every day for the first few weeks … just to see how I was doing and whether I was coping ok … and to see how the baby was. She would bring me shopping for the first few weeks and would come with me to the doctor and the social welfare office if I needed."*

"It was really different at first so it was nice to see her [aftercare worker] *every couple* of days … *She kept an eye on me and made sure we were both* [mother and child] *doing ok."*

"It was my first time living on my own, and having to be responsible for everything … It was a lot to deal with, so while I wanted to be on my own I did miss the place … Everything was done for you there … so when I had to go shopping on my own, cook for myself, do all the stuff around the house … It was a lot to take on … I didn't really think about it not working, but I suppose I wouldn't have been shocked if it hadn't."

"I wouldn't have been able to do it [sustain tenancy, provide care for mother and child] *on my own … I had never done it before … I didn't have much confidence at all … So I looked forward to those visits* [from the key-worker] *every couple of days … Over time I needed her* [key-worker visits] *less and less … but I still stayed in touch."*

"I would get a telephone call [from the aftercare worker] *every couple of days and for the first few weeks she would call out to see me … and then we saw less and less of each other … It's in that first few months* [following move to independent living] *that you feel most alone."*

"I didn't need much help after I left the service so I would telephone them every couple of weeks or drop by with the baby every couple of weeks … It was nice to stay in touch."

"I would call in [to the service] *just for a chat every couple of weeks but that was about it ….I always knew they were there if I did need help or advice."*

"I had lived on my own before ... so didn't really feel that I needed any help."

"I stayed in touch but that was about it ... Some of the girls, you could see, would really need help after leaving ... Some of them had never lived on their own, but for me I just wanted to get on with it ... That's not to say I didn't appreciate everything they did for me around that time ... That was when [at the time woman was experiencing a crisis pregnancy/homelessness] *I needed them."*

Some women returned to the family home with their child. The majority of the women interviewed, however, sought out independent tenancies in rented accommodation, either as an individual or in some cases as part of a flat/house share arrangement. A small minority of women returned to the supported accommodation service for a few months either because the private accommodation was found to be unsuitable and they returned to the service in an effort to find better housing or they had experienced difficulty in settling into independent living. In instances where clients had returned to the supported accommodation services the length of stay tended to be very short in duration, ranging from a number of weeks up to two or three months.

"The flat was too noisy ... The baby was waking most nights with the noise ... I didn't like it at all so they [key-worker] *suggested I come back for a little while until I get set up again."*

"The first flat I moved into was freezing all the time ... It was impossible to heat ... so I came back here again until I found a decent place to live ... I was probably here for four or six weeks the second time."

"It was difficult ... I was wrecked all the time ... the baby was crying ... When I had an offer to move back [to the accommodation service] *I went for it ... I stayed for a couple of months and then felt better able to try again."*

"I found it hard [independent living] *but the second time around* [after a second term at the supported accommodation service] *I felt better able for it."*

"It was all a lot to take on [independent living], *especially after being so well looked after ... It was probably too much for me at that point, but knowing that I could move back and then out again was great."*

Being able to access childcare locally

Following the transition to independent living, access to childcare was very important for many of those clients who had made a successful transition. Indeed, several clients suggested that this access to childcare was one of the key factors which had helped them to sustain their tenancies, advance their career-related goals and to parent their children more effectively.

"It [affordable childcare] *meant that I could keep up my job, which meant that I had a bit of extra money for all the things we needed."*

"With a place in childcare I didn't have to give up college."

"I was trying to do my first-year exams at the time … so having someone to look after the baby was really important … It meant I could go to college and do some study as well … She [key-worker] *helped me get set up* [with childcare]*."*

"I would have gone crazy without it [childcare] *… Just a few hours a week gave me a break … and it didn't feel so claustrophobic … I don't know what I would have done without it."*

"When we first got word of the flat, she [key-worker] *got me set up with a part-paid childcare place, which meant that I wasn't at home 24/7 with the baby … It just meant that I could go off and do a shop or have a shower … I don't know what I would have done if I hadn't had that."*

"I had suffered from depression after the baby was born so they [staff at the service] *helped me a lot with her … They used mind her for me a lot until I 'sorted myself out' … She* [key-worker] *suggested it would be good if I had some time to myself when I moved out … It* [childcare] *was only for four, maybe five a hours a week … but it was a lifesaver."*

"It [childcare] *was good for us both* [mother and child] *… It gave us a few hours away from each other a week … It gave me ideas for how to get on with her* [child]*."*

Increased confidence in their ability to parent and lead an independent life as a result of their stay in the service

Women who had successfully made the transition to independent living very frequently looked back on their experience with supported accommodation as an opportunity to gradually re-build their own low levels of confidence. Many of the women indicated that they had felt very alone, vulnerable and suffered from low self-esteem when they entered the supported accommodation services. Over time and with the support of their key workers and other staff at the services many of the women recognised that their own sense of well being, confidence and ability to develop and manage personal relationships more effectively had improved considerably.

"I was very shy and didn't like dealing with people when I got here … Over time I came out of my shell more … I got better at talking with people … less likely to get in a fight with them."

"It [improved confidence and self-worth] *is the thing I got most out of my time here."*

"Before, I couldn't have spent more than an hour with someone without getting in a disagreement … I suppose living in a place so close to people forced me to learn how to get on with people and not to 'fly off the handle' so much."

"I felt better about myself as a person after living here … She [key-worker] *showed me that I was important as well and that my needs mattered as well … Before … I was very down on myself."*

"Where I lived before [with father of child], *he was in charge … I did everything he asked … What I wanted didn't matter … I was always nervous really … still am probably, but much less so … and now I feel much better about myself … I have a beautiful baby who I am looking after on my own … She is doing great … I am much happier now than I have ever been in my life … I want to give her the best life that I can."*

"You feel very alone at first [when entering supported accommodation] *… like nobody else is going through what you are going through … like you have made a real muck up of things … but just being around other people who are going through the same issues as you … getting on with those people and with the people in charge gives you confidence … That was really nice … We just all got on … well, most of the time … and looked after each other."*

Learning how to develop plans and seeing how goals can be achieved

Many of the women who had made the transition to independent living spoke about newly adopted ways of planning their own schedules and daily lives. These women often reflected on the short-term approach that they used to take to life in general prior to entering supported accommodation. Working with a key-worker on the development of a care plan was clearly a first opportunity for many of the women to engage in the setting of short-, medium- and long-term goals and a plan to achieve those goals. Often this planning focused on acquiring certain basic skills necessary for living independently such as budgeting, cooking and hygiene, as well other 'softer' skills, such as building and maintaining positive relationships.

"I had never really set targets for myself … or looked at things that I needed to work on … but when you have a baby to look after you have to 'up your game'."

"I have used the experience I got there … While I was living there [at the supported accommodation service] *I learned all about looking after the baby … cooking, shopping, how to shop, how to manage a budget … I learned a lot … Now I am trying to learn about new stuff … to get myself set up for working … I thought about what I wanted to be … and then I put myself down for a course in hairdressing."*

"It [the planning process] *was good discipline … It was really rewarding to see how I got on … I have tried to take that and use it … I have just signed up for a secretarial course now … I had done an ECDL course before that."*

Unsurprisingly, the women interviewed as part of the research had a wide range of different goals, objectives and plans for the future. Interestingly, and perhaps in line with the planning in which they engaged with their key workers, most described both short-term and long-term plans. Women spoke frequently of their desire to secure comfortable, independent living accommodation. This appeared to be the priority 'action' for the majority of women interviewed. Some of the women, and particularly those with medium-to high-level needs, put forward very specific ambitions to maintain or secure custody of their child once again. It was also very striking to hear of the firm, long-term training and career-related plans which many of the women had, or intended to, put in place.

"I just want to make sure I don't mess up again ... I want to get more access with my child ... I really would like us to live together again."

"It will depend on the social worker and the court ... but I am getting more access hours so maybe I will end up with her again."

"I know there is a meeting again in a couple of weeks' time so hopefully they will see that I am doing ok and I will get more time with my daughter ... She is in foster care at the moment."

"I knew it was right for the child to be with foster parents ... but I am back with her now and seem to be getting more [access] *visits ... I would like to see more and more of her ... I have even been allowed to have her for an overnight ... which was great ... so hopefully in time ..."*

"I can't wait until I get my own place ... I am on the [housing] *list and I think I should have something soon."*

"I can't stop thinking about getting my own house ... so that I can be independent again ... I'm going to study tourism at college.''

"I'm studying childcare at college now."

'I got my Leaving Cert ... For the next few years I want to be with the kids and then study something to do with computers ... With goals your kids see mum is happy and that gives them confidence.''

"I want them to see that their mum did their best for them ... I want to finish out this course and get a job so that they see me working and so that I can provide for them ... It's important that the children see me working."

"I want to become a social worker and am signed up for a course starting in September ... They even have a childcare place set up for me so that I can go to class and study."

"I don't want my child growing up and seeing that I just got by on social welfare ... I want to work and set a good example."

"I'm studying for my Leaving Cert. and want to do a four-year social-care course afterwards.'"

"I'm doing a full-time restaurant skills course."

6.3.7 Gaps in service delivery / Key criticisms of the service experience

In identifying the gaps in current service delivery the following factors were emphasised by clients and former clients alike:

While clients had in the main very positive relationships with staff, in some cases, they felt that their parenting behaviour was being judged

Clients recognised that they very often looked to staff of the supported accommodation services for guidance and advice on caring for a newborn child and were very appreciative of the support provided. However, it was suggested that the living environment associated with being a resident in supported accommodation often contributed to a perception that one was being 'watched' or 'judged' in respect of one's approach to parenting.

"The staff were great ... They were always there for you when you needed help or some advice ... but you did always feel you were being judged and so were always 'on alert' when you and the baby were around the staff."

"I understand the baby has to be at the top of their list [of priorities] *but you do sometimes feel they* (staff members) *don't approve of the way you deal with a situation."*

"They [the staff*] are amazing ... They always want to help you ... but it's just not the same as being at home ... in your own space ... It is just very different ... You are always thinking, 'What are they thinking?' ... You do feel like you are being watched ... judged even."*

"I am more confident now [as a mother] *and I think I make the right decisions most of the time ... but I still feel like I am under supervision."*

Parenting norms as espoused by staff and management could often be at odds with the parenting norms of the clients

This was particularly notable amongst, and frequently articulated by, the non-Irish national, ethnic minority women who participated in the research. Many of these women suggested that certain parenting norms - such as co-sleeping with an infant, or the choice of clothing for the infant - were often challenged and advised against by staff at the supported accommodation services.

"They said I shouldn't be sleeping with the baby [in the same bed] *... but that's how we* [in my country of origin] *do it ... I didn't understand it ... I was very sad."*

"They made a big fuss that I shouldn't have the child in the bed with me at night ... It is safe ... I wanted to be close to the baby ... I didn't want it in the cot."

"I am cold at night and I know the baby was ... but they [staff members] *said I shouldn't put a hat on the child at night."*

"They [staff members] *didn't like my friends bringing in food from home* [West Africa] *for the baby."*

"I understand we [mother and staff member] *have different ways but it's not ...I am wrong and you are right...We both are right."*

Mandatory group-based parenting courses were often not thought to 'work'

Many clients suggested that they felt 'pressured' to attend particular group-based parenting courses organised by the supported accommodation services and were therefore less than enthusiastic about the effectiveness of such group-based programmes. A small number of clients also suggested that they felt 'uncomfortable' and in some cases 'inadequate' in group-based programmes as they drew comparisons with the perceived 'superior parenting abilities' of fellow participants.

"When they organise classes you do feel as if you should attend but it reminds me of being back at school ... It can be embarrassing."

"I didn't like the group classes ... they kind of made you feel like you were doing a bad job."

"I came away feeling less confident ... all the others seemed to be much better mothers ... seemed to understand their babies more."

"I think I learned more on my own ... You feel as though you are on show [at the group-based classes] *... and that you haven't being doing things properly."*

The lack of coordination of client information amongst service providers and agencies operating on behalf of the same client base was viewed as 'frustrating'

Clients spoke of the 'journey' they had taken from life prior to being a resident in supported accommodation and their progression to independent living. Many were clearly frustrated with the lack of co-ordination and, in particular, information-sharing between state- and non-state-provided services. Clients were particularly critical of the need to frequently re-tell the story of their often troubled and chaotic background experience to service providers.

"Every time you go somewhere new [support agency] *you have to start all over again … Go back over the same ground … and sometimes out where everyone can hear you."*

"It's a real pain having to tell them everything again."

"When you haven't met this person you then have to tell them your whole life story… It can be a bit embarrassing."

"It's a waste of time but it's also embarrassing."

"Everything is delayed because they don't have pieces of information they need so you have to wait another week or more until they get a form from another agency. You think with computers it [decision making] *should be a lot quicker."*

6.4 Research results - Voices of the service providers and other key stakeholders

6.4.1 Changing demand and impact on services

Based on discussions with management and staff representing the various services it would appear that overall demand for supported accommodation from women experiencing a crisis pregnancy has stabilised and in certain services has decreased in recent years, in some cases significantly. This was most noticeable in the case of 'Sonas' in Limerick, which, due to falling demand in recent years, closed operations during the course of this research study and merged with the other Limerick based service, 'Altamira.' A small number of other services operating across the country expressed concern that their client numbers had also fallen over the last five to ten years. Such services were clearly concerned that it may prove challenging in the future to justify funding at levels similar to that received in recent years.

In parallel to this recent trend it is important to note that there has been a very noticeable change in the profile of the women presenting to the various services. According to service providers, clients are presenting with more complex and high-level needs in recent years. Meeting the increasingly complex and demanding set of client needs has introduced significant resource related challenges for many of the services. Several of the service provider representatives suggested that the resources, time commitment and skills involved in meeting the needs of medium- to high-needs clients go far beyond what would be required in meeting the support needs of low-needs clients. The criteria involved in measuring the success of a service will therefore need to be reassessed, as traditional measures such as 'client throughput' and 'length of stay' will not always provide an accurate picture of how well services are meeting the needs of clients. Resource- and skill-related gaps are also becoming more noticeable across the network of supported accommodation services.

Several of the services have identified that they are simply not in a position to respond to or successfully accommodate clients with medium- to high-level support needs. Other services have recruited additional staff and specialist skills in a bid to respond more successfully to the needs of such clients. Service providers across the sector have stressed their concern that the supported accommodation sector is not yet in a position to serve certain medium- to high-needs client groups such as women experiencing combinations of crisis pregnancy and homelessness along with an ongoing substance abuse issue, a significant mental health or self-harm issue or a serious illness, such as HIV.

"In the past women would have been either 'sent' from the family home or would have left a difficult partnership. In previous decades many of the children born to mothers who were staying here were put up for adoption. This has changed dramatically in the last decade. Pregnancy out of marriage has become more culturally acceptable and if women choose to have their baby they usually choose to stay in the family home or have their own accommodation."

"We are seeing less and less of the traditional case of the teenage daughter who has been sent away by her parents because they are embarrassed and want to conceal the pregnancy ... But now there are different types of girls looking to come to the service ... Girls with alcohol or drug problems, girls with mental health issues, with significant learning disabilities."

"A different type of client is coming through the door now than would have been the case ten or even five years ago ... much more complex cases now."

Meeting the needs of an increasingly complex client base with higher support needs has introduced a number of resource- and skill-related challenges for many of the services operating in the sector:

- In a number of services the changing client profile has led to the need for more round-the-clock care and supervision and for the facility to respond quickly to crisis situations that can occur at the supported accommodation unit. Some services have felt the need to recruit additional overnight staff to address relevant safety standards when accommodating clients involved in child protection cases and clients with mental health and/or self-harm or substance abuse issues.
- There is an increasing requirement for systems and staff that are equipped to deal with more complex and demanding caseloads, which tend to require a significantly more involved level of planning and intervention. Often there is a need to recruit (on a full-time or contract basis) additional specialist counselling / psychology expertise when accommodating such clients. There is often a requirement for very significant, additional 'hand holding' with clients on very basic tasks and a requirement to attend external meetings with or on behalf of clients (with relevant state-provided support services such as social welfare, immigration, housing and court appointed social services).

- Requirement for more additional time to be allocated to critical child-protection issues such as facilitating supervised access visits for mothers involved in child protection / parenting assessment programmes.
- Requirement for more resource-intensive facilitation and care in providing one-to-one support for clients who do not respond to less labour-intensive 'group based' approaches.
- Parallel increase in stakeholder management and reporting requirements, as services are required to facilitate, interact with and report to an increasingly complex set of external stakeholders: court appointed social workers, case conference teams, general medical practitioners, counsellors / psychologists, foster parents, birth fathers, family members involved in conflicts/disputes, social welfare, immigration, housing, interpreting services and charitable bodies.
- 'Aftercare' has assumed additional and often critical importance as a dimension of the service offering as medium- to high-needs clients will require significant and often intensive aftercare support to allow them to successfully effect the transition to independent living and to sustain their tenancies in follow-on accommodation.
- Parallel increase in reporting requirements to funding bodies.
- Increase in requirement to generate additional funds through fundraising and/or the development of submissions to other sources of funds.

"That kind of client [medium to high needs] *takes up a huge amount of time and commitment from the service … In the past it was usually about providing a safe place for a pregnant teenager or young girl who really just needed somewhere to stay … Now you are involved in so much more … You have to be closely involved with the client, attending case conferences for those involved in child protection or parent assessment programmes, developing reports for social workers and social care team leaders, facilitating access visits, bringing girls to every appointment they need to go to because they wouldn't cope on their own."*

"It's probably silly to try but I would estimate that the service would allocate at least five times the resources to a medium- to high-needs client as they might give to a low-needs client who can just get on with things and just needs a little help or advice here and there."

"The numbers are probably down overall but you are dealing with a much more complex caseload [than would have been the case five to ten years ago] *… We are getting a lot more referrals and direct requests to take in girls from the social workers … Girls involved in child protection cases … They take up a huge amount of time and require a lot of attention … It is much more challenging than it used to be."*

"We are stretching ourselves … but when a child's safety … either as a mother or a young baby is at risk … You have to make a good call … Can we take her? There are gaps [in service provision] *… I wonder and worry where girls who are pregnant and*

are still using drugs go. We can't accommodate them … and I wouldn't know where to refer them."

"There has been a lot of change [in the client profile] *in recent years … even simple things like trying to deal with a client who has very little or no English at all … or the girl who might have serious mental health issues, or girls on a methadone programme … It all means additional time needs to be spent with the client, a lot more hand-holding is required … From a practical point* [of view] *it would mean we now need night staff for health and safety and insurance reasons … That's costly."*

"It [client profile] *does change over time … Over the last five years we have seen a lot of Eastern European and African girls who mightn't have had English, had limited social welfare entitlements and so we would have spent a lot of time with them in attending meetings with the social welfare, immigration officials, organising interpreters … I think we are going to see less of that type of client group over the next few years … But definitely we are seeing more clients referred to us through the courts system* [involved in child protection / parenting-assessment programmes] *and by social workers for young pregnant girls who have recently come out of a lifetime in care … and clients with mental health issues or learning disabilities … These tend to be very vulnerable young women who need a lot of support from us."*

"Ok … numbers of clients coming through may be down but the type of client is much more complex … We had to take on night staff … We had to have somebody on the premises 24/7."

"We have to link in with counsellors, psychologists … We are currently advertising to recruit for such a position on a contract basis … If we are going to serve these clients properly we need these kinds of skill sets … The time involved in working with each client can also be very significant … With a higher needs client a lot has to be done on a one-to-one basis … They just wouldn't be able to work in a group with other clients … They wouldn't absorb the information."

"You have to have enough staff on site all the time … It's just a 'must have' if a client is involved in a child protection case … or if there are clients who may be aggressive or violent … You have to have the staff there who can respond."

"There is a lot more reporting required … working with and reporting to social workers, to the case conference team, to medical teams … facilitating access visits for mothers involved in parenting assessment."

"We have had to pay a lot more attention to aftercare in recent years … It would be just irresponsible for us not to provide it … These women [with medium / high needs] *really need it … but it's not resourced or funded at all … We just do it in our spare time … A couple of us spend our evenings and afternoons off doing it."*

"We have to cast the net further … develop submissions for additional funding, try to get funding wherever we can so that we can pay for the additional resources we really need."

"Where does the woman who is pregnant and on drugs go, or who is involved as a sex worker…? We [the supported accommodation sector] *need to look at these groups and see if they are being looked after … Maybe Rendu in Dublin or Bessborough in Cork would be able to accommodate them, but that's it."*

There is also some evidence to suggest that an inappropriate mix of clients - combining very high-needs clients with low-needs clients - can put pressure on available capacity at any one service and can also risk a successful outcome for other resident clients.

"We are constrained [in being able to accommodate clients with higher support needs] *… We have to think of the safety and security of our* [existing] *clients when we are asked to take on a higher needs client … Would it put them or their children at risk? Would we able to devote sufficient time to them?"*

"It's very difficult to place one or two higher needs women in amongst a group of clients who are quite low needs … It can create a real imbalance and we aren't able to provide an equal level of service for all our clients…"

"I think there should be certain services that ought to be better able to meet the needs of high needs clients … We simply can't do it in our service … so we might refer these women onto Bessborough or Rendu."

"Our standard of care would drop or it would be very patchy if we were to mix client groups together … It wouldn't be fair to put a woman with ongoing substance misuse issues in with the other girls … We just wouldn't have the round-the-clock care to provide a sufficiently secure environment for them."

"From a health-and-safety perspective … in an environment where there are young vulnerable mothers and children you couldn't drop in a woman who could create a very disruptive or chaotic environment or who might end up putting other clients and their children at risk."

Currently, the majority of services operating in the supported accommodation sector would not have the resources (a sufficient number of staff with specialist training) to accommodate more complex cases.

"We just wouldn't have the resources to cater for clients with high needs … We would need to provide round-the-clock care … We would need more staff as the clients would require more one-to-one work."

"Even with the type of building we have here [shared house with communal kitchen and bathroom facilities] *it just wouldn't work … Higher needs women would need more secure private accommodation … There would need to be space available for overnight staff … We just don't have that space available."*

"It [accommodating high-needs clients] *requires really specific … specialist skills and experiences. I would imagine an organisation like Rendu would have them* [relevant skills and experience] *… We simply don't."*

"It comes down to skills and expertise and resources … We wouldn't have enough staff to provide sufficient one-on-one care for a client with high support needs … It just wouldn't be appropriate."

"Life in Galway, Bessborough in Cork and Rendu in Dublin might be able to make the shift to dealing with more high-needs clients but it would be too much of a stretch for us … It would put our existing clients at risk."

"To respond appropriately [to high-needs clients] *a service would need access to very specialist skills in counselling, psychology, protocols around methadone programmes, sufficient staffing volumes and more."*

Changing societal attitudes mean that pregnancy on its own has become less of a potential crisis event, so that women presenting to services will increasingly have a range of needs that put them at risk of homelessness. They may welcome the pregnancy but need support for other life issues.

6.4.2 Benefits of supported accommodation

Providing an expecting/new mother with the time, 'safe' space and opportunity to make an informed decision

Management and staff spoke at length about the value that the services provide for vulnerable clients who are experiencing a crisis pregnancy while also at risk of being homeless.

"Dealing with a crisis pregnancy is challenging enough … traumatic even … if you have somewhere to live … a home and possibly the support of family … but the women who come here very often have no-one and may be dealing with other issues as well … So the first thing that we can provide them is a safe and calm environment where they can think about their situation and plan for the future."

"Above all they [the clients] *need time and space … Many of them still come in thinking they will put the child up for adoption or perhaps travel for an abortion … but that rarely happens … With the time and space to think and to consider their situation … without any pressure from us … they can see that in many cases they can make a fist of it* [proceed with the pregnancy and care for the baby themselves]*."*

"Shelter … a safe place … Many of them [clients] *are coming from rough or unsafe backgrounds … domestic violence, maybe even prostitution … They need a safe place to stay … and a chance to consider their future and the pregnancy … whatever that might be … as long as they have the time, space and all the relevant facts and information to be able to make the decision."*

"As so many clients come from quite chaotic backgrounds … alcohol, drugs, limited education … they need somewhere calm, quiet and safe to consider their future … they need to be informed [about all the possible options]*."*

Facilitating the new mother to develop skills necessary to respond appropriately to the needs of her new child

Ensuring that mother and baby are both safe and well was often described as the key goal for all service providers. In particular, service providers highlighted their increased involvement with clients who are in turn involved in child protection cases and parenting assessment programmes. In such cases the stay in supported accommodation provides the client with the opportunity to demonstrate their ability to care for the child and to look after its needs. The client will be provided with support and advice on bonding with the child, providing appropriate care for the child, understanding the child's needs and responding to those needs, as well as other basic parenting and household management skills.

"Many of the clients accommodated by the services may have come from troubled family environments, may have spent a lot of time in care themselves … so they wouldn't necessarily have had many positive role models for parenting … Very basic help and advice in bonding, nurturing and understanding the baby is very often required."

"A lot of the girls would not have had strong bonds or any bonds at all with their own parents … therefore it's a lot to expect that they will instantly form a strong bond and understanding of their new child's needs … It can often take time and a little help … That's why we are here."

"Being a mother for the first time can be hard at the best of times … even when you have a supportive family and partner … but when you are in an unfamiliar environment, are worried about your future, maybe troubled by a dysfunctional relationship with the father of the child or indeed your own family … it's very hard … Add other issues into the mix such as a learning disability, difficulties with the immigration services, a substance abuse issue or maybe involvement in a child protection case and then it becomes much harder for the new mother … We try to help the new mum, as much as we can, develop a good bond with their baby and to do so in a caring, stress-free environment … Giving them [mother and child] *the best chance possible to stay together."*

"We are involved in a lot of parenting-assessment programmes … We try to provide the mother with an opportunity to develop their own skills and abilities and to prove that they can care for their own child … These cases don't always work out … in that the mother won't always end up with the child … but it is very important that we provide them with an opportunity to see if they can … It's important that there is a safe environment for the child and an outcome that is in their best interest … That's got to be our first priority."

Providing an expecting/new mother with an opportunity to remain in education/training

Service providers spoke of the importance of the care planning process and the need for the client to set goals for themselves in terms of what they want to achieve. Facilitating access to education and training was often very much to the forefront of these plans. The ability of the mother to remain in education or to commence a new course or training programme was often dependent on the availability of childcare. Service providers put childcare forward as an increasingly important and even vital dimension of the service offering.

> *"You have to have childcare in place … It's really vital … Apart from providing respite for a tired new mother … childcare gives the mother a chance to stay involved in education and training … to finish their school or college or to allow them do a course that might lead to a job … It's very important for their own self-esteem and confidence … but also it helps them to secure their own future."*
>
> *"There is a cycle in place … a cycle of early school-leaving, early pregnancy and then long-term dependency on social welfare … By providing childcare you are giving the mother a chance to stay in school or college, to advance their own chances of getting a job … It is really critical for their futures."*
>
> *"We sponsor a couple of places in a local crèche so that new mothers can stick at school, or do a course … We see it as being very important."*

Helping a new mother to develop the necessary independent living skills

Equipping a new mother with the skills required to sustain an independent tenancy was put forward as a key goal by the majority of service provider representatives. Carefully facilitating the client through the transition to independent living and providing an appropriate level of aftercare was put forward as critical in providing clients with the ability to successfully sustain independent living and their tenancies in the rented sector.

> *"It's not always possible or appropriate for mother and baby to stay together, but it's our mission to provide them with as many of the tools as possible for them to stay together … to equip the new mother with the skills she will need to sustain her tenancy successfully."*
>
> *"Commonly it can come down to giving them* [clients] *as good a grounding as possible in the very basic parenting and home management skills as we can … things that will help them sustain their tenancies … things like budgeting, planning how to shop, cooking, cleaning … how to play with your child, how to better understand your child's needs … If they can master those issues they will have a better chance of staying out of supported accommodation."*
>
> *"We want new mothers to have the necessary skills to be able to make a successful transition to independent living … With a changing client, and in particular an*

increase in the number of new mothers who themselves have spent large chunks of their own childhood in care, it's very important that we provide them with very basic skills … That often requires a lot of hand-holding and simple one-to-one facilitation … bringing them shopping, showing them how to write a shopping list, playing with the child and showing them how to play with the child."

"Aftercare has become much more important in recent years … We are trying to help clients sustain their tenancies … so they aren't bouncing back and forth with their child between private and supported housing … so that they have every chance of keeping their child … so that the child has the chance of growing up in a stable environment."

"Aftercare, if you are to do it properly, can be very resource intensive … With the type of clients we are seeing now [with higher level needs] *it has become much more important … Clients will simply fall back into the system* [of supported accommodation] *… A lot* [of clients] *wouldn't be able to make it on their own … they need a little help …The big danger would be that they end up spiralling into a destructive or chaotic living environment … they may even lose [custody of] their child … We need to pay more attention to aftercare … It needs to be resourced much better … There are more crises out there waiting to happen."*

In describing the barriers to affecting a successful transition for women to independent living the following factors were frequently put forward by service providers:

- Limited availability of appropriate and affordable housing.
- Absence of affordable childcare.
- Insufficient investment in aftercare for clients making the transition.
- Limited opportunities for clients to access education, training and employment.

Other structural gaps in service provision, which service providers frequently cited, were:

- Insufficient focus on prevention, particularly in the context of young women exiting state-provided care.
- Insufficient focus on the support needs of young fathers.
- Absence of common assessment tools and shared policies and protocols.

During the course of the research a number of services in the wider homelessness sector closed and/or were absorbed into larger, existing accommodation services. In one case a supported accommodation service was absorbed into a larger homeless services provider as part of the reconfiguration of homeless services in Dublin. The decline in overall demand and the policy shift towards the 'Housing First' model described previously may mean that further reconfiguration of services will take place.

Services that participated in this research were frequently anxious to stress the differences between this specific population and the general homeless population and the

primary requirement to secure the wellbeing of the newborn child and the need to protect them from all forms of harm and ensure that their developmental needs were responded to appropriately. It was in this context that the relevance of a 'holistic needs assessment,' which is both child- and family-focused (whereby parents and families are assessed first and foremost from the child's perspective) was stressed. These issues will be important when considering any prospect of a 'forced fit' between this niche subset of the supported accommodation sector and the broader homeless support environment.

6.4.3 Housing stock

One of the key risk factors regarding potential homelessness is the lack of affordable and appropriate housing available for women and their children. In recent years the lack of available housing has also been a factor 'silting up' homeless and supported accommodation services. That is, women are staying in transitional and supported accommodation longer - sometimes more than two years longer - than is actually required simply because housing is not available. An overly long stay in supported accommodation can make the transition more challenging and daunting for the client. Women staying for unnecessarily long periods in supported accommodation are at risk of becoming overly dependent on the support and structure provided within the services. The lack of appropriate permanent housing can be particularly challenging for women, usually non-EU residents, who do not have access to income support and other relevant social welfare supports. Despite the increase in the availability of housing in the rental sector in recent years there can also be difficulties and delays in securing social welfare rent subsidies.

"It all comes down to housing and the availability of decent tenancy arrangements … If the housing isn't available or if the woman isn't able to get some form of welfare or income support she will be stuck here [in the supported accommodation service]*."*

"We have women who stay here longer than they need to or indeed want to … In the past it was down to the lack of available housing … That's still a factor, but now it can be difficult to get rent supplement approved … It is very difficult to get a non-EU woman moved into housing … She often won't qualify for rent allowance, which means she will stay with us until something comes up somewhere … We have had girls who are perfectly good mothers, have all the skills to live on their own, but just can't move on because there is nowhere for them to go."

"The housing officers in the housing associations and local authorities are very good … but it can take a long while for rent allowance or social welfare to be approved, so that can add considerably to the woman's length of stay."

"There have been women staying here that didn't need to be staying here for so long … Eighteen months, two years, longer even … There was just no other options for them."

The 'Pathway to Home' strategy, designed to end long-term homelessness in Dublin by the end of 2010, aimed to provide 1,200 long-term tenancies to move homeless people out of emergency hostels, disperse homeless people from Dublin city centre across all of the four Dublin local authority areas and reconfigure the services offered by up to thirty voluntary and statutory agencies. In resourcing the plan the Minister for Housing provided €20 million as part of a social housing leasing scheme (SHIP) in an attempt to source tenancies. Under the scheme landlords are offered long-term leases with guaranteed rents for up to twenty years for social housing. The tenancies will then be managed by local authorities. Public funds are also available for social housing bodies to buy housing to provide long-term tenancies for homeless people.

However, a significant question-mark hangs over the Government's ability in the short term to deliver on its commitment to ending long-term homelessness. Despite the many thousands of homes lying empty in Dublin, home owners and landlords have been slow to engage with the scheme. People in the sector have pointed to reluctance on the part of landlords to lease property to the homeless for fear it would depress the value of the property when the twenty-year lease expired. Banks also appear to be unwilling for developers to sign up to long-term leases for social housing when loans were originally agreed on the expectation of speedier returns. This difficulty in sourcing tenancies now threatens to delay or partially undermine the 'Pathway to Home' strategy, which, for a number of years, has involved and is continuing to involve very intensive negotiations between different voluntary and statutory bodies in the homeless sector. The successful implementation of the plan will depend on the ability of Government, local authorities and social housing bodies to source viable tenancies to house the homeless.

6.4.4 Standards

All of the services that participated in the research work to a range of principles of good practice and have developed written policies on many service-delivery and organisational actions. The majority of services, however, do not have a formal quality standards framework in their organisation. This is a key area that the services operating in the sector would be advised to address, ideally on a collective basis. The benefits of having a quality standards framework in place are described in some detail in Section 8.0. Some excellent case examples have already been developed by other organisations operating in comparable fields of service delivery. Indeed, much of the required content knowledge is available across key personnel operating within this sector.

6.4.5 Service model – Case management and care planning

There is a strong emphasis both globally and in Ireland on case management and care planning as critical, good practice elements of the model of service provision. Case management and care planning involve a series of good practice principles that encompass the entire journey of a service user from prevention/intervention through to entry and exit from homelessness. These principles, with detailed information and pro-forma sheets, are contained in the recently published Homeless Agency Case Management Guidebook, featured in the bibliography of this report. Prior to the

development of the Case Management Guidebook there had been no single, coherent, written package that services could use to support their existing practice. These good practice principles will have a very strong relevance for services operating in the supported accommodation sector and can be easily tailored to suit the needs of individual services.

It was evident that all of the services work from some form of case management and care planning practice. Key features evident across the various services included the following:

Have clear referral protocols

Many service providers highlighted that the volume of inappropriate referrals that they were required to investigate and process could be challenging. Service providers in part attributed this to the high staff turnover of social service workers and an absence of clear knowledge of services' referral policies. Several service providers felt that there was a real need to secure greater involvement on the part of the referring social worker, as they could become disconnected from the process in certain client cases. There was a general call articulated by service providers for closer, ongoing engagement between referring social workers and the accommodation services. This was thought to be particularly important in the context of the changing client profile served by the various accommodation services.

Agreed and written protocols between agencies

A key part of effective case management involves the clarification of roles and levels of engagement between services as they work with and on behalf of their service users. Given the spread of supported accommodation services operating in this area this will need to be introduced and engaged with on a nationwide basis.

Have clear induction processes for service users

Each service has its own procedures and written information that is given to the new service user. Some good practices examples are already in place and can be easily replicated, tailored and enhanced to meet the needs of new or existing services.

Keyworking

Keyworking is a clear part of case management practice and is used in the majority but not all of the services that participated in the research. Each service user ought to have a key-worker who provides tailored support and care/exit planning with them.

Formal, written care plans and progress/planning

Formal, written planning and progress records vary from service to service. Some good practices examples are already in place and can be easily replicated or tailored to meet the needs of new or existing services.

Ongoing formal and informal connection between agencies

Effective linkages between agencies are needed in order to provide a seamless service for those women experiencing crisis pregnancy and homelessness. This is a key aim of

the national homelessness strategy. Service providers indicated that their linkages with different agencies varied from positive to 'average' depending on the individuals involved.

Exit planning

Exit planning is a key dimension of service delivery in each of the services and is usually started a number of months before a woman transitions to independent living. Service providers stressed that further investment in both 'exit planning' and the provision of aftercare was required in order to provide women with the appropriate skills and abilities to sustain their tenancies.

Post-exit support

Post-exit support is provided on a time/needs based process. The intensity and duration is negotiated with the service user. This is a resource area that will be receiving attention under the National Homeless Strategy and was consistently put forward by service providers as an area that would require further attention and resourcing.

6.4.6 Performance measures and evaluation

Currently the majority of evaluations and data-collection processes concentrate on process evaluations that provide information on:

- **Inputs** – Quantitative data about the amount of money, time and people invested in the services.
- **Activities** – Details of what the service does when it delivers to service users.
- **Outputs** – Quantitative information on what resulted from the service's activities; e.g., number of women using the service; specific and real cost of services; length of time in service; training days provided, etc.

Gathering, storing and analysing all of this data can put a strain on small organisations. Further stress is added when different funders have different record-keeping demands. The depth and quality of information and data collected by the different services varied very considerably. The development of a single reporting structure would be advisable, as it would help to create efficiencies in reporting at the individual service level and would assist considerably in future service planning for the wider sector.

A new challenge is being added to the mix as nationally and internationally government departments and other resourcing agencies are moving increasingly towards an outcomes/performance measure form of monitoring and evaluation.

6.4.7 Partnerships and networking

Nearly all of the services participating in this study are involved in a range of formal and informal partnerships to ensure smoother service delivery to their service users.

Partnerships at local, service-delivery level appear, in the main, to be positive, and management and staff know who to contact at a local level for information and linkages. The majority of services were represented and participated on their local homeless

fora. Challenges, however, often arose when personnel changed and relationships and knowledge needed to be rebuilt.

There is still, therefore, a pressing requirement to put in place clear and formal protocols between agencies when working in partnership on case management and care planning.

The key goals for any partnerships and networking should be:

- Service integration.
- Shared development of good practice.
- Development of clear policies that inform practice and resource allocation.
- Improved communication.
- Development of protocols between services.

The Supported Accommodation for Mothers and Babies Alliance (SAMBA), the development of which was facilitated by the HSE CPP, has met infrequently. Service users stated that these meetings were very beneficial, if somewhat sporadic. It is clear that no one service has the time or resources to coordinate SAMBA meetings. However, the forum itself would appear to provide considerable opportunity for valuable sharing of information, knowledge and contacts, for approaching work on a collective basis and for the development of a more integrated, efficient network of services working to meet the needs of those women who are experiencing crisis pregnancy and are at risk of homelessness.

7.0 International strategic responses to homelessness

In this section the key elements of the national homeless strategic plans for the UK, Australia, and the USA are described. Key plans and issues from the 'youth' and 'domestic violence' sectors are also noted.

7.1 Introduction

While each country has different legal structures, funding channels and service delivery systems, there are a number of interesting commonalities to the history of the development and delivery of homeless services:

- Twenty years ago the initial response to homelessness was to treat it as a temporary condition and provide emergency accommodation through shelters and private accommodation. Most shelters would not take in homeless people with multiple needs, resulting in increasing numbers of rough sleepers.
- In Ireland specifically, the work of the Homeless Initiative (subsequently renamed the Homeless Agency in Dublin) since 1997 has resulted in substantial changes in the quality and service delivery in emergency accommodation. Specific population shelters have been developed and in many cases they have taken a low threshold/ harm reduction approach. Depaul Ireland is an excellent example of an NGO providing emergency shelter to the most marginalised people in Dublin and Belfast - alcohol users, drug users, women leaving prison, rough sleepers and long-term homeless men and women who have been not been accepted by other services.
- In the 1990s the response involved a continuum of care for homeless people that provided stages of emergency, transitional and eventually permanent housing when people were deemed 'housing ready'. This has also been termed the Linear Treatment approach to dealing with homelessness.
- In the last decade there has been a move internationally to longer term, strategic plans that aim to end chronic homelessness through prevention, early intervention, and permanent housing (with or without supports).
- A Housing First model is being adopted as a matter of national policy in Ireland, the USA, the UK and Australia. Essentially, 'Housing First' models of supportive housing incorporate strategies that minimise barriers to housing access or pre-conditions of housing readiness, sobriety, or engagement in treatment. They assist participants to move into permanent housing quickly and provide the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition. These practices seek to 'screen in' rather than 'screen out' and end homelessness for people with the greatest barriers to housing success (*Opening Doors*. USA National Homeless Plan 2010, p20).
- There is a strong emphasis on partnership between agencies and what is known as 'joined-up thinking', where the homeless person is at the centre of service development and delivery.

- Formal protocols are being developed regarding interagency working to ensure clarity of service development and delivery between the range of services working with a homeless person/people.
- A case management approach underpins service delivery in all of these countries.
- Homelessness has received substantial increases in both capital and revenue funding in the last decade internationally. Even in the current recession there have been increases in funding in the USA, Britain, Ireland and Australia in order to resource and action the strategic plans that have been developed.
- Service providers are now expected to work to service agreements as well as standards and evidence based performance measures.
- Information systems to collect relevant data are being developed in all four countries in order to make more informed resourcing, policy and service development decisions.

A more detailed description of each country's strategic homelessness focus is provided below.

7.2 UK

The UK government published their national homelessness strategy in 2005 and this has affected policy, practice and resourcing to local council level. (With the change of Government in 2010, it is not known if the policy stance on homeless strategy will change).

One of the core targets of the strategy was to halve the number of households living in temporary accommodation by 2010. The strategy also placed a strong priority on prevention and increasing access to settled homes.

It is worth noting that the Homeless Act 2002 in England provides an enforceable right to settled accommodation for homeless people.

Since 2002 the long-term use of B&Bs as an accommodation option has been ended, and sanctuary schemes for women and children experiencing domestic violence have been introduced. The number of rough sleepers has dropped and rent deposit schemes have been introduced.

In order to decrease the number of households living in insecure temporary accommodation the government policy has focused on:

- Preventing homelessness.
- Providing support for vulnerable people.
- Tackling the wider causes and symptoms of homelessness.
- Helping people move away from rough sleeping.
- Providing more settled homes.

In England, people who are accepted by local authorities as being officially homeless and who are deemed to have a priority need are referred to as 'statutory homeless'. Local authorities have a duty to accommodate people who are statutory homeless, as long as they also have a local connection and have not made themselves homeless intentionally.

Many NGOs will provide services for people who would be termed non-statutory homeless. That is, they do not fit into any priority-need category. The priority-need groups include households with dependent children or a pregnant woman and people who are vulnerable in some way, for example because of mental illness or physical disability.

In 2002 an Order made under the 1996 Act extended the priority-need categories to include: applicants aged 16 or 17, applicants aged 18 to 20 who were previously in care, applicants vulnerable as a result of time spent in care, in custody, or in HM Armed Forces, and applicants vulnerable as a result of having to flee their home because of violence or the threat of violence (http://www.osw.org.uk/info/statistics.asp).

Britain is one of the few nations that explicitly states that pregnant women and their households are a priority-needs group.

A report published by the Joseph Rowntree Foundation (Youth Homelessness in the UK. A decade of progress? Deborah Quilgars, Sarah Johnsen and Nicholas Pleace. Joseph Rowntree Foundation. 2008) provides a very useful overview of the homeless sector generally and the issue of youth homelessness specifically across the UK.

The Government's five-year national homeless strategy (2005-2010) had some specific measures to tackle youth homelessness:

- 16 to 17 year olds will not be placed in B&B accommodation.
- Improved access to family mediation services.
- Establish supported lodging schemes across the country.

Some key insights into the precipitating factors that can make a young person homeless were put forward:

- Low incomes.
- High housing rents.
- Shortage of social housing.
- Inability/unwillingness of parents, friends and relatives to provide accommodation.
- Lack of support from family and friends.
- Lack of emotional and financial skills and supports to live independently.
- Lack of family mediation services across the country.
- Confusion regarding welfare rights.
- Confusing homelessness service system.

While the overall number of young people accepted as homeless in the UK rose when the priority-needs categories (particularly 16 and 17 year olds and care leavers aged between 18 and 20) were extended in the early 2000s, levels of youth homelessness have fallen since 2005.

(Note: Priority-needs categories mean that certain young people gain priority access to homeless and housing services. Young people with priority status could include young families, 16 and 17 year olds, care leavers, young people at risk of sexual or financial exploitation and substance misusers. The categories vary across countries.)

More young women will be statutorily homeless and more young men (18+) will be non-statutorily homeless.

Poverty and childhood trauma, including the breakdown of relationships within the family, will be the key at-risk factors for homelessness in young people.

When young people become homeless they are more likely to experience mental health problems and substance abuse issues. They are also more likely to not be in education, employment or training.

Paradoxically, many homeless young people feel more supported when they become homeless through the connections that are developed with support workers.

In terms of service provision, there is a view that over the last decade it has improved and developed in two key dimensions:

- Improved prevention, with an emphasis on family mediation.
- Providing housing with supports.

The lack of availability of suitable, permanent, long-term accommodation was identified as a problem, although there has been a UK-wide move to provide supported lodgings. Floating support schemes were available and were seen to be assisting with long-term tenancy sustainment.

While education, employment and training schemes had improved, it was recognised that there was still a major disconnect between the welfare benefit system and employability initiatives.

The research also found that:

- Developing homeless strategies had helped address youth homelessness.
- There was more joint working between service providers.
- Monitoring and reviewing protocols had improved.
- Three-year local area funding agreements had been introduced.
- Prevention strategies needed to be expanded and needed to recognise that family conflicts were often years old before a person became homeless.

- There was a need for affordable housing pathways for young people.
- There was a shortage of high-quality temporary accommodation for young people.
- Housing benefit restrictions on rent levels made it very difficult for young people to study or work.
- Certain age groups were seen to have benefited more from recent policy development, with 16 and 17 year olds benefiting more than 18 to 24 year olds.
- Service responses differed on the basis of whether or not a young person had dependent children.

The review of policy and legislative change across the UK stated that:

- All countries have developed homelessness strategies, which provide a very real guide for local authorities and service providers.
- There is a strong emphasis on preventative strategies, including housing advice, family mediation, school-based education programmes, tenancy sustainment and rent deposit guarantee schemes.
- Supported lodging schemes to meet the needs of care leavers and other young homeless people are being developed across the UK.
- In Scotland the priority-needs categories will be abolished by 2012 and all homeless people will have the right to permanent accommodation.
- Wales and England are both reducing the use of B&Bs as emergency accommodation.
- 'Supporting People' programme funding has provided resources to housing related support services for at-risk groups. Recent reviews of the seven-year-old programme have included an emphasis on people-centred support models as well as outcome and performance evaluation and monitoring.
- Across the UK social services now have to provide care leavers with accommodation until they are 18.

Essentially, homelessness is now viewed as a last resort by local councils. This represents a very significant cultural and social policy shift. In previous years the focus would have been on making assessments regarding whether a person was homeless or not. Now staff members are more likely to look at housing options and preventative measures.

The research specifically mentions supported temporary/transitional accommodation for young mothers. Support (both staff and peer) and security was valued. Some mothers were frustrated by the perceived constraints of certain rules, particularly those regarding fathers visiting outside of official visiting hours. It also appears that the needs of young homeless fathers warrants further research.

There are two other key forms of temporary accommodation for homeless young people in the UK:

- **Foyers** – High-quality, hostel-type accommodation with onsite education, training and employment services targeted at young people with low support needs. There has been some debate regarding tying up resources in supporting large hostels as well as lack of move on to permanent housing.
- **Supported lodgings** – A model that places young people with host families so they can make the transition to independence or return to the family home within two months to two years. It is a model that has not received systematic evaluation but has been included in national strategies. Service providers see this as a model for young people with low-to-medium needs who might be at risk of homelessness.

Current homelessness thinking lends a high priority to spending as little time as possible in temporary accommodation before moving to permanent housing. In the Rowntree research many respondents:

> *[…] highlighted the positive role of high-quality supported accommodation settings (including, but not limited to, foyers) in providing young people with 'transitional' accommodation where they could acquire life skills. This was regarded as particularly the case for 16–18-year-old (and sometimes older) young people who often needed a supportive environment for a significant period of time before moving onto independent living.*

The risk of young people losing their motivation if they stayed too long in these forms of accommodation was also identified.

Moving on to permanent housing was a problem for many young people for a number of reasons:

- Relatively high cost of rent.
- Lack of availability of social housing.
- Sense of tenure insecurity in private rented sector.
- Difficulty in sourcing private rent deposits. Rent deposit/guarantee schemes have decreased this problem to some extent.
- Private landlords reluctant to rent to homeless young people.
- Lack of affordable housing pathways.

Tenancy sustainment that provides practical and social support was seen as a positive service to young people. Floating support services in the UK are seen to be widely available and working well.

Positive social networks are seen to positively reduce young people's feelings of loneliness, isolation and incidences of recurring homelessness. In the UK, a range of mentoring and befriending initiatives have been developed.

The 'Supporting People' programme and funding has ensured that local councils develop their own homeless strategies through homeless action partnerships. Many of them place a strong emphasis on prevention; many councils also focus on youth homelessness.

This funding (and assessment process that provides ratings and can put a service at risk of losing their funding if they are not up to standard) would appear to have ensured more cross-agency and organisational linking and cooperation. It is not always clear how different national strategies link – education, employment, homelessness, youth, etc. – and their impact on local development funding and service provision can be confusing and uncertain.

A Common Assessment Framework (CAF) is in the process of being developed in England for young people's services. Joint protocols between agencies are also being developed to ensure more effective delivery of housing and support services to young people.

Outcomes and performance measurement was identified as needing further refinement, with the introduction of a mix of hard (e.g. length of tenancy) and soft (e.g. eating well, developing a social life) measures.

7.3 USA

In 2009 the US Administration published the national strategy to end homelessness 'Opening Doors.'

At its core are a series of values, principles and goals:

> *The President and Congress charged USICH (United States Interagency Council on Homelessness – made up of 19 Federal Government Departments) to develop a national strategic plan to end homelessness with enactment of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in May 2009. This Federal Strategic Plan to prevent and end homelessness reflects agreement by the agencies on the Council on a set of priorities and strategies including activities initiated by the President in the budget for fiscal years 2010 and 2011.*

The Council affirmed six core values to be reflected in the Plan:

- Homelessness is unacceptable.
- There are no 'homeless people,' but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- Homelessness can be prevented.
- There is strength in collaboration, and USICH can make a difference.

The Council decided the development of the Plan should be collaborative, solution-driven and evidence-based, cost-effective, implementable and user-friendly, lasting and scalable, and measurable, with clear outcomes and accountability.

There are four key goals that will drive the plan:

- Finish the job of ending chronic homelessness in five years.
- Prevent and end homelessness among veterans in five years.
- Prevent and end homelessness for families, youth, and children in ten years.
- Set a path to ending all types of homelessness.

7.4 Australia

The Australian Federal Government's response to homelessness - The Road Home: White Paper on a National Approach to Homelessness in Australia - was published in 2008 and reflects many of the international approaches cited in this report. Two particularly interesting approaches that were stated in the white paper were:

- 'No exits into homelessness' from statutory, custodial care and health, mental health and drug and alcohol services.
- Helping women and children who experience domestic violence to stay safely in the family home.

The 'no exit into homelessness' strategy is critically important, as evidence in the Irish homeless sector has shown that many people are made homeless as a result of leaving institutional services without any exit or support strategy being in place.

The second response is particularly innovative when we remember that crisis pregnancies can be the trigger for domestic violence and that the usual response to this violence is for the woman (and children) to leave the family home while the perpetrator stays.

In Australia a number of states (Western Australia and New South Wales specifically) are developing what are known as 'Safe at Home' programmes.

These programmes have a number of key elements:

- Women and their children remain in the family home and the perpetrator of violence is issued with an exclusion order.
- Risk assessment and safety protocols (locks, phone-alarm systems and security doors) linked to agencies are put in place, usually with the support of local police.
- Specialist workers provide support and assistance, including court support and advocacy.
- Protocols between key agencies are formally agreed and written.
- Local community campaigns to inform people about the option of staying at home safely.
- Resourcing to conduct assessments and outcomes-based evaluations to gather information on good practice and the real results of the programme.

This response has been shown to be particularly positive where the perpetrator is not

deemed to be a serious risk to the safety of the rest of the family. The Australian Federal government's response to homelessness will be implemented through three strategies:

1. Turning off the tap: Services will intervene early to prevent homelessness. Initiatives under this strategy include:

- Increasing support for people in public and private rental housing to maintain their tenancies.
- Assisting up to 9,000 additional young people between 12 and 18 years of age to remain connected with their families. Assisting up to 2,250 additional families at risk of homelessness to stay housed.
- 'No exits into homelessness' from statutory, custodial care, health, mental health and drug and alcohol services.
- Helping women and children who experience domestic violence to stay safely in the family home.
- Delivering community based mental health services under the Personal Helpers and Mentors Program (PHAM's) to 1,000 difficult-to-reach Australians, including people who are homeless.
- Establishing a network of 90 Community Engagement Officers to improve access to services for people at risk of homelessness.

2. Improving and expanding services: Services will be more connected and responsive to achieve sustainable housing, improve economic and social participation and end homelessness for their clients by:

- Introducing a workforce-development strategy for specialist homelessness services.
- Testing new funding models that reflect the complexity of clients' needs.
- Improving information technology systems for services.
- Developing quality standards for specialist homelessness services.

3. Breaking the cycle: People who become homeless will move quickly through the crisis system to stable housing with the support they need so that homelessness does not recur. This will be done through:

- An increase in the supply of affordable housing and specialist housing models that link accommodation and support.
- 'Wrap-around' support that addresses all the needs of people who are chronically homeless.

8.0 Quality standards frameworks

8.1. Introduction - Developing a good practice framework for services

In the last decade organisations and sectors internationally have been embedding standards frameworks into their services. In the UK it is a condition of funding under the 'Supporting People' programme that funded organisations (NGOs and local authorities) are externally assessed against a Quality Assurance Framework (QAF). There are limited preconditions in the Republic of Ireland regarding whether organisations should use standards frameworks or indeed which frameworks to use. The clear exception is for residential services provided for older adults, young people and people with disabilities.

More and more sectors are developing standards frameworks to demonstrate that there is an explicit set of good practice principles they will adhere to in order to deliver the best services to the people they serve.

In terms of NGOs delivering services to people who are marginalised and have multiple needs, a standards framework ought to encompass the key parts of the journey a service user makes.

Figure 8.1 below shows the service user journey with some good practice examples, based on this current and previously conducted research, of the quality areas that need to be acknowledged.

Figure 8.1: Key quality requirements and the service user journey

8.2 Elements of a standards framework

All frameworks include a number of key elements:

- **Core quality areas** –These are the areas in an organisation that are required to operate effectively in order for quality services to be delivered. Different frameworks have different ways of configuring and organising these areas (see Table 8.1: Examples of standards frameworks).
- **Quality standards** – Each core quality area will include a series of statements about the standards that should be met in order to provide a quality service.
- **Levels** – In some frameworks the quality standards are presented as a series of levels of achievement (e.g. 1, 2, 3, etc.) that an organisation works towards over a period of years.
- **Assessment** – All frameworks have assessment sheets that allow the user to assess current practice, gaps in service delivery and options for service development. Some frameworks use grading and rating systems, while others involve qualitative statements. Organisations use this information to assess whether and how well a standard is currently being met. Many frameworks now build in action-planning sheets to allow the organisation to decide what needs to be done in order to improve their performance.
- **Evidence** – Many frameworks have moved towards an evidence-based form of assessment. This links to broader developments in sectors regarding outcomes and performance assessment requirements of funders.

An organisation will therefore demonstrate how it is achieving a standard by providing evidence (quantitative and qualitative). For example, if the standard was related to service user development of 'Life Skills' then some of the evidence could include interviews with service users, rating on quality of life assessment tools, analysis of care planning logs to show improvements and conversations with key-workers. Many of the frameworks have developed lists of examples of evidence.

8.3 Opportunities and challenges

8.3.1 Opportunities

There are a number of clear benefits for an organisation and sector having an agreed standards framework:

- It is a key tool to assess current standards and performance in order to improve service delivery to the people that count – service users.
- It provides an explicit framework for defining the elements of quality service delivery.
- Funders, workers, board members, service users and service users' families will all have a clear idea of the standards an organisation is setting and aspiring to achieve. It can work as an effective communication tool and shows the complexity and challenges of service delivery.

- It helps define what an organisation currently does well and what areas need improvement.
- It helps organisations plan, prioritise and action key activities.
- It focuses on the needs of service users.
- It can help communication within the organisation, as everyone will be clearer about areas of achievement and what is expected in their work and organisation practice.
- It aids accountability and reporting to all stakeholders.
- It helps to define and agree the purpose and direction of services.
- It aids monitoring and evaluation.
- Assessments can directly inform strategic planning.
- It helps teams work together, as there will be a clearer sense of the work and expectations involved.
- It aids in deciding where to prioritise time, money and energy.
- It can provide evidence of work undertaken and real results and outcomes achieved.
- It can help track progress on a range of complex areas across the whole organisation.

8.3.2 Challenges

The challenges in developing and implementing a standards framework can include:

- Deciding which standards framework to use. An organisation (and sector) has a plethora of options when it comes to frameworks that they could use. There is also the option to develop a customised framework.
- Time is needed to communicate, develop and implement a standards framework in an organisation (and/or sector). It is useful to set up a working group that will guide the process and provide time (usually up to a year) to develop and implement the framework.
- Securing buy-in and engagement from key stakeholders. A new process requires time and good communication to inform and engage stakeholders. A small pilot to test elements of the framework is useful. Keeping people updated on progress and giving them time and space for feedback is essential.
- Some frameworks cost money to buy and train people to use it. Other frameworks are free and organisations may decide to hire an external advisor to coordinate the development and implementation of a framework. Even if internal staff members are used, there is the opportunity cost of their involvement. Some funding agencies provide small grants to help organisations with this process.
- Sustainability is a critical process, in that organisations will want the framework to become a core part of the organisation's assessment, evaluation, planning and action systems. Sustaining enthusiasm and commitment to the framework on an ongoing basis is an important challenge.

- Complexity can be a real challenge. Trying to capture all the complexity of good service practice into a standards framework is difficult. The frameworks can therefore look very complex at first (and even second) glance. It is important for the organisation to look on the framework as providing the 'big picture' of good service delivery that can then be broken down into clearer, distinct parts. An organisation is not expected to achieve every standard in every area all the time. Instead they will undertake an initial overview and then decide where to prioritise resources and energy.
- Support is needed when developing and implementing a standards framework. If it is developed within a sector then there are often a range of supports available that can be included – peer mentors, workbooks, training sessions, online assessments, online networks, grants for assessment costs, etc. If it is developed by a single organisation then they may feel isolated unless they are purchasing a framework that has built-in support provided.

All of these challenges are surmountable and need to be taken into account when developing and implementing a standards framework.

8.4 Options for use in organisations

Standards frameworks come in different shapes and sizes; organisations (and sectors) need to determine what the best fit is for them.

Self assessment vs. external assessment

Self assessment can involve individuals and teams completing assessment sheets internally. Managers and teams choose which parts of the framework to focus their attention upon.

External assessment can involve an assessor talking with people in an organisation and assessing standards from those discussions, as well as looking at evidence of good practice.

A hybrid form of assessment could involve the organisation undertaking an initial self assessment and then bringing in an assessor/advisor to act as a facilitator and give an external objective view.

Voluntary vs. compulsory

Most sectors that have standards frameworks in place operate on a voluntary assessment process.

Some sectors do have compulsory assessment processes for the organisations they fund. In Ireland this would include residential services to older people and people with disabilities. There are social services inspectors that assess the funded services against a series of standards. Many of the organisations conduct self assessments before the official assessments take place.

Free vs. costly

Organisations that are funded and part of a compulsory assessment process are usually provided with the frameworks for free and do not have to pay the assessors.

Some sectors have developed standards frameworks that are made available free to the services in their sector.

Some frameworks cost money to buy and may have a fee for accessing training and secure assessment and accreditation.

Customised vs. generic

There are many frameworks that have been customised for a sector. Examples include the youth sector good practice framework currently being piloted in Ireland and QuADS – a framework for the drugs sector in the UK.

Generic frameworks are often developed and made available across sectors and countries. Examples include – PQASSO (for small to medium NGOs in the UK) and EFQM (European Foundation for Quality Management), and IIP (Investing in People).

Online vs. offline

A few frameworks are available with online assessment sheets.

Table 8.1: Examples of standards frameworks

Framework title	Brief description	Core standards	Self assess	External assess	Cost
Putting People First (PPF) Ireland http://www.homelessagency.ie/Research-and-Policy/Putting-People-First.aspx	From the Homeless Agency website. Developed by the Homeless Agency in 1999 for use in the homeless sector. Under review as part of the national homeless strategy in 2010. *Vision* The vision for all organisations is that they are enjoyable, supportive and empowering to work in, have a clear sense of direction and commitment to providing a high-quality, effective and efficient service to meet the needs and aspirations of service users. *Purpose* The role of organisations is to provide services and interventions which will ensure that the needs of the target group are met in an effective, efficient and responsive manner. *Values* Dignity and respect - Everyone has the right to be treated with dignity and respect. Accessibility - Everyone has the right to equal access to services and information in accordance with their needs. Person-centred - The diversity of those who use the services is to be accepted and welcomed. Services should be flexible to respond to their individual needs and aspirations. Privacy and confidentiality -Everyone has the right to privacy and confidentiality. Safety and security - Everyone has the right to safety of person and security of belongings.	*ood centres* - Service user care - Physical standards - Food standards. *Hostel and temporary accommodation* - Referrals - Induction of new residents - Accommodation - Food - Assessment - Information - Support and advice - Specialist help - Health and safety - Settlement. *Organisational standards* - Planning and review - Human resources - Health and safety - General. *Advice and information* - Providing information materials - Providing advice - Telephone - Face-to-face interview - correspondence. *Settlement* - Assessment - Building relationships - Providing information to service users - Developing settlement plans - Accessing housing - Advocacy - Follow up support. *Outreach* - Making contact - Providing material resources - Maintaining contact - Assessment	Yes.	Not obligatory.	Available through Homeless Agency. PPF may be used in a revised and updated form as the national standards framework for homeless services.

Framework title	Brief description	Core standards	Self assess	External assess	Cost
	Freedom of information - Everyone has the right to access information that is held about them. Autonomy - Everyone has the right to make decisions about their own lives. Fairness - Everyone has the right to be treated fairly and to redress when things go wrong. Honesty - Everyone has the right to an honest assessment of their situation and the options available. Participation - Everyone has the right to have their voice heard and to participate in decisions that affect them. Social inclusion - Everyone has the right to feel a full part of the society in which they live and to achieve their potential and rights as citizens. Accountability - Services should be accountable to those who use them, to funders and other stakeholders.	- Communication and building relationships - Providing information - Enabling access to accommodation and services - Advocacy.			
Practical Quality Assurance System for Small Organisations (PQASSO) UK http://www.ces-vol.org.uk/index.cfm?pg=172	Developed for use in the homeless sector in the UK by Charities Evaluation Services. Is used in Ireland and PQASSO mentors are available in Ireland. The third edition was launched in 2008.	Structured around 12 topics: - Planning - Governance - Leadership and management - User-centred service - Managing people - Learning and development - Managing money - Managing resources - Communications and promotion - Working with others - Monitoring and evaluation - Results. Three levels of achievement for each standard. Includes list of evidence/ performance indicators for each standard. Includes an action planning sheet for standards.	Yes.	Quality Mark awarded by external mentors / assessors. Can become a PQASSO mentor. Two-day training course in London on how to use PQASSO.	PQASSO work-pack costs £98. CD-ROM £54. Acquiring quality mark can cost £1055 to £2055 plus expenses.

Framework title	Brief description	Core standards	Self assess	External assess	Cost
Supporting People QAF Quality Assessment Framework UK http://www.supportingpeopleinbrightonandhove.org.uk/index.cfm?request=c1148004	Developed as an accountability and assessment tool for all organisations (local authorities and NGOs) funded under the Supporting People programme in the UK. Supporting People officers use the framework when carrying out reviews of services. The QAF sets out standards that are required to meet grade A, B or C. It also sets out the evidence required to award each grade. All services must achieve C as a minimum standard. It is designed to aid continuous improvement; an action plan is provided as a result of the assessment.	Five core areas: - Assessment and support planning - Security, health and safety - Safeguarding and protection from abuse - Fair access, diversity and inclusion - Client involvement and empowerment. Marked by QAF inspectors at A, B or C grade. C is minimum standard achievement.	Yes.	Yes, by QAF inspectors.	No.
Quality in Alcohol and Drugs Services (QuADS) UK http://www.drugscope.org.uk/resources/goodpractice/treatment/raisingquality (scroll to end of page)	Developed by Alcohol Concern and Drug-Scope; widely used in the UK by alcohol and drug treatment services (1999).	37 standards listed under the following headings: - Governance - Management - Human resources - Care environment - External relationships - Performance monitoring and review - Core service user charter standards - Access - Planned care - Service specific standards - Target group standards. Each area includes a set of criteria to judge whether a standard has been met, as well as suggested sources of evidence. Awarded at two levels – minimum standards and good practice standard.	Yes.	No.	£25.

Framework title	Brief description	Core standards	Self assess	External assess	Cost
Excellence Through People (ETP) Ireland http://www.fas.ie/en/Employer/Excellence+Through+People/default.htm	Developed by FÁS to provide a framework for organisations to enhance performance and realise strategies through the management and development of people.	Includes eight criteria for business improvement: - Business planning and quality improvement - Effective communication and people involvement - Leadership and people management - Planning of learning and development - Training and lifelong learning - Review of learning - Recruitment and selection - Employee well being. Features three levels of assessment – standard, gold and platinum. A number of questions are asked by assessors. Starter pack is available from 'Excellence Through People' unit in FÁS.	Yes.	Yes. One-day assessment required for assessor.	Assessment costs €500 per assessment day.
Quality Standards Framework for the Youth Work Sector Ireland http://www.omc.gov.ie/viewdoc.asp?fn=/documents/youthaffairs/qualityframework.htm	Developed by the Department of Education and Science and piloted in 2008 with youth services and VECs. It is expected that the framework will 'go live' in 2010.	Three core areas with sub headings: Practice - Policy, planning, education, assessment and evaluation, participation, progression. People and relationships - Young people, recruitment of volunteers, leadership, workforce development, partnership and networking, equality and inclusiveness. Organisation management and development - Governance, operational management, strategy, sustainability and accountability, culture and learning, quality assurance.			

Framework title	Brief description	Core standards	Self assess	External assess	Cost
Investors in People http://www.investorsinpeople.co.uk/Facts/Pages/default.aspx	Developed in the UK and available to businesses and non-profit organisations.	Includes four core areas: - Strategic planning - Effective management - Culture and communication - Managing performance. Three levels of recognition – bronze, silver and gold.	Yes.	Yes.	Cost will be tailored. Assessment process priced to a maximum of £750 per day and expenses. Number of days required will depend on size of organisation.
Service Excellence Programme (SEP) Australia http://www.dfc.sa.gov.au/pub/tabId/267/itemId/654/moduleId/997/About-the-Service-Excellence-Program.aspx	Developed in South Australia by the Department of Families and Communities; aimed at supporting NGOs to improve and sustain service excellence. Features two levels: - Standards Certificate Level - Standards Award Level Organisations are supported through tailored training workshops, access to online resources and workbooks, step-by-step guide, peer support, choice of external assessment.	Includes three categories: - Leadership and management - People, partnership and communication - Service provision. Each category has topics with specific standards. Each standard has a set of requirements linked to examples of evidence. Includes workbooks and blank templates that organisations can complete, as well as a document that provided examples of evidence.	Yes.	Yes, through external trained assessors. Not compulsory.	All resources - including a continuous improvement network - are free. External assessment ranges from 4,000 to 5,000 dollars.
Standards for Community Services Australia http://www.communityservices.qld.gov.au/community/strengthening_ngos/=initiatives/standards.html	Developed by the Queensland Government [2007]. It outlines the minimum expectations of NGOs providing services funded by the Department of Communities. From October 2007, implementation of the standards will be a condition of all service agreements between the Department of Communities and funded organisations. Two phases of implementation were planned as part of the process: Phase 1, 2008–11: The first three years of implementation include a developmental phase, with a focus on self-assessment and quality improvement rather than compliance. Phase 2, 2011 onwards: This phase will focus on compliance with the standards. All organisations	Includes eleven standards organised into three focus areas: (1) People using services (standards 1 to 6) (2) People working in services (standards 7 to 9) (3) Governance (standards 10 to 11). Resources and support include: - Booklet regarding evidence collection. - Manual outlining standards and process of self assessment. - Workbook for re-coding evidence with step-by-step guidelines. - Online guides and templates. - Small grants to assist in self assessment and implementing improvement plans.			

Framework title	Brief description	Core standards	Self assess	External assess	Cost
	receiving more than $100,000 per annum in triennial funding from the Department of Communities (except licensed childcare organisations and organisations recognised under another quality system) will have their compliance with the standards monitored.	- Sector-based support workers through the Queensland Council of Social Services.			
You're Welcome Quality criteria for making health services young people friendly UK http://www.dh.gov.uk/ Type in 'You're Welcome' in Search and will be directed to pdf Toolkit.	Developed by the UK Dept of Health in 2007. Sets out principles to help health services become 'young people friendly'.	Covers ten topics: - Accessibility - Publicity - Confidentiality and consent - The environment - Staff training, skills, attitudes and values - Joined-up working - Monitoring and evaluation, and involvement of young people - Health issues for adolescents - Sexual and reproductive health services - Child and adolescent mental health services. Features an online assessment tool - http://yourewelcome.dh.gov.uk/Assess/Default.aspx	Yes.	No.	Free.
National Quality Standards: Residential Services for People with Disabilities Ireland http://www.hiqa.ie/functions_sh_ss.asp	Developed by the Health Information and Quality Authority in 2008. HIQA has also developed standards for residential care settings for older people, standards for assessment of need, draft standards for residential and foster care services for children and young people. Developed for the purposes of the registration and inspection of residential services for people with disabilities. Can assist service providers to assess the quality of the service they provide in advance of inspection. Acts as a guide to individuals and families as to what they can reasonably expect of a residential service.	Organised under seven sections with a total of 19 standards: - Quality of life - Staffing - Protection - Development and health - Rights - The physical environment - Governance and management. Standards are made up of standards statements and criteria that set out how a service may be judged (i.e. has the standard been met). Criteria are indicative rather than prescriptive.	Yes.	Yes. Assessed by inspectors of the Social Services Inspectorate.	N/A.

Framework title	Brief description	Core standards	Self assess	External assess	Cost
The Center for What Works USA http://whatworks.org	Helps the social sector benchmark their performance and results.	Provides a range of tools online: - Outcomes Framework Browser - Impact Measurement Framework - Seminars on performance and outcomes measurement - Non-profit taxonomy of outcomes - Outcomes and performance indicators for 14 specific program areas - Building a common outcome framework to measure non profit performance (with the Urban Institute Washington).			
European Foundation for Quality Management (EFQM) http://ww1.efqm.org/en/	A not-for-profit foundation with over 600 members from private and public organisations. Have developed the EFQM Excellence Award (reviewed in late 2009). The most widely-used organisational framework in the EU and the basis for the majority of national and regional Quality Awards. Used as a tool for assessment, it delivers a picture of how well an organisation compares to similar or different organisations. Three-day training programme available for members (€1400), non-members (€1750).	EFQM Excellence Model is a non-prescriptive framework of nine criteria, of which five are 'Enablers' (what an organisation does and how it does it) and four are 'Results' focused (what an organisation achieves). Each of these areas provide criteria for assessing an organisation: Enablers - Leadership - People - Strategy - Partnership and resources - Processes, products and services. Results - People results - Customer results - Society results - Key results. The whole framework is based on RADAR: - Results required - Approaches to planning and development - Deploy approaches - Assess and refine approaches and deployment.	Yes.	Yes. Member price €1,720. Non member price €2,150 ex VAT.	Toolbooks: Members €40; non-members €50. Scorebook for self assessment €25.69 for members; €32 for non-members.

This current research study has indicated that many of the precipitating and risk factors regarding homelessness are very relevant to women experiencing crisis pregnancies. However, the study also demonstrates that there are very specific and significant differences between this population and the general homeless population, which very often introduce additional complexities and challenges to service providers in this area. Providing a 'holistic needs assessment,' which is both child- and family-focused, whereby parents and families are assessed first and foremost from the child's perspective, will be most important in this context. As the duty to safeguard and promote the welfare of the newborn child will be a primary priority, frameworks such as the Department of Health (UK) 'Framework for the Assessment of Children in Need and their Families' and the Australian Parents Under Pressure (PuP) intervention programme will be of considerable relevance to the Irish-based service providers operating in this area.

8.5 Principles that should inform the development and choice of a standards framework

Some of the principles that should inform the choice of standards framework for a supported accommodation service operating this area would include:

- Person-centred approach.
- Results/outcome focused.
- A holistic approach to needs assessment, which is both child-and family-focused, whereby parents and families are assessed first and foremost from the child's perspective.
- A keyworking / case management approach.
- Clear language.
- A range of examples of evidence.
- Easy-to-use assessment sheets.
- Capacity to build in planning.
- Holistic approach to service development and delivery.
- Support mechanisms in place.
- Based on values and principles that drive the sector.
- Respects the diversity and range of services offered by organisations.
- Recognises expertise within organisations and their capacity for self assessment.

Organisations (and sectors) need to build a process that:

- Increases awareness, understanding and commitment to the process at all levels of the organisation.
- Communicates the benefits to people and allows them to talk about their excitement and fears.
- Identifies and supports 'quality champions' - people at all levels of the organisation who will support and drive the process.
- Continually monitors process and progress and makes the relevant adaptations.
- Allocates the relevant resources (time, people, space, energy and money) to ensuring that the process is a good one.

9.0 Future service provision – Conclusions and recommendations

9.1 Introduction

The environment is changing, not only in the area of women experiencing crisis pregnancy but also in areas relating to policy and service delivery of supported accommodation and the strategic service focus for citizens at risk of homelessness.

The HSE CPP and those services providing supported accommodation to women experiencing crisis pregnancies do not work in a vacuum. The changes within the broader homeless sector that have been described within this report will impact on the nature, quality and focus of services provided in the future. The researchers suggest that it may be relevant for the HSE CPP to become more closely linked to the national homeless sector and its consultative structures. This would allow the HSE CPP to share its specific expertise and experience on issues relating to women and crisis pregnancy and the supported accommodation service providers operating within this niche area. These consultative relationships would also allow the HSE CPP to become more informed on sectoral developments that will potentially impact on the funded services.

The service-design and delivery-related issues that the homeless agencies and services, the HSE CPP and the various supported accommodation services operating in this area will need to consider include:

- The need to further prioritise prevention and early intervention programmes - to include family mediation and rapid re-housing - for those women experiencing crisis pregnancy who may also be at risk of homelessness. It will be important that such programmes focus on the particular needs of young women who have recently or are about to leave long-term, state-provided care.
- The need to prioritise resourcing of appropriate support and aftercare services to ensure more effective and speedier transitions to independent living.
- The need to address a key gap in the existing model of service delivery - women experiencing crisis pregnancy who may be at risk of homelessness and who also have multiple, high-level needs. Working with multiple-needs women experiencing crisis pregnancy is, and will continue to be, more resource-intensive in terms of the range and number of skilled staff and the flexible model of service delivery required.
- The need for a more co-ordinated approach in linking services to the support required and the development of shared work-practice tools and information. The existing supported accommodation service-provider forum, which has been facilitated by the HSE CPP to date, provides a very useful starting point in this area.
- The need to develop common assessment, quality standards, case management and care planning good-practice models. A very considerable amount of work has already been undertaken in this area, both at an individual service level and at a wider sectoral level. There will be no need to 'start from scratch' on this work. Good practice already exists and can be tailored relatively easily to meet the needs of the existing service providers and their clients.

- The need to develop a range of qualitative and quantitative performance outcome measures to assess service effectiveness. The development of a well thought-out quality standards framework, case management and care planning model will facilitate the development of relevant measures.

It is important to note that the service providers funded by the HSE CPP offered very positive feedback and views regarding the role of the HSE CPP and the support that it provides in this area. The involvement of the HSE CPP has partly helped to address the lack of coordination of funding for services in this area. HSE CPP funding provides some much-needed certainty for services and facilitates greater involvement in long-term planning. Funding has also allowed for additional focus to be devoted to the critical and under-served area of aftercare for women moving to independent living. HSE CPP support in resourcing and coordinating the Supported Accommodation for Mothers and Babies Alliance (SAMBA) has also assisted greatly in encouraging and facilitating much needed information-sharing amongst existing providers.

9.2 The changing national context and the potential impact on HSE CPP-funded services

9.2.1 Implications of changing Irish homeless strategies on women experiencing crisis pregnancy

The strategic focus of the relevant plans that have been developed in this area are complex. It will be important for individual services to actively engage with the changing policy in this area because – as is already evident in Dublin – over time the policy shift will impact on individual services and ultimately on the services that are available for service users.

In terms of service users, women with existing multiple needs who are at risk of homelessness, or are already homeless, will potentially benefit from the developments, particularly in terms of:

- **Prevention**
  A range of actions have been put forward in the national plan to prevent people becoming homeless. These plans include identifying people at risk and developing specific preventative interventions.
- **Assessment**
  A holistic needs assessment has already been developed and is in use in Dublin homeless services. This will, potentially, be rolled out on a national level and could provide a consistency in assessment that currently does not exist. Service providers offering supported accommodation services for women experiencing crisis pregnancy now have the potential to influence and advise on the ongoing development of such tools. The requirement for a 'holistic needs assessment', which is both child- and family-focused, whereby parents and families are assessed first and foremost from the child's perspective, will be most important in this context.

- **Case management**
  Certain models have already been developed in the Dublin region and will be a key feature of the service agreements made with supported accommodation providers. Organisations will be expected to coordinate and work with other agencies on both a local and national basis. A woman would then not have to engage with a plethora of agencies and would benefit from early introduction of key support and a coordinated, tailored plan.
- **Move-on**
  Part of expected good practice will be to prioritise the development of a clear move-on plan for each homeless person, which is started at an early stage in the person's stay in supported accommodation.
- **Housing supply**
  A range of options are set to be developed to utilise existing housing stock as well as provide new housing. In particular the Rental Accommodation Scheme (RAS) will need to be more fully utilised.
- **Settlement and tenancy support**
  The provision of relevant support is set to be a key part of a person's move-on plan. Aftercare is expected to be a key feature to allow high-needs women in particular to sustain their tenancies.

While some services provide these processes as a matter of good practice, they have not been mandated on a national basis until very recently. Supported accommodation services will have to engage with these policy responses or they may run the risk the risk of being 'frozen out' from future funding opportunities.

9.2.2 Implications of Irish homeless strategies on organisations providing services to women experiencing crisis pregnancy

The implications of the national strategy on organisations, local authorities and local homeless fora will be substantial:

- **Improved coordination of funding arrangements**
  The national plan recognised that the Homeless Agency had developed an excellent model of good practice regarding funding of services. A review will be conducted and it is very much expected that this model will be extended on a national basis. As the Agency states:

  > *The review will aim to make any necessary adjustments to the funding arrangements to make them applicable nationally, will address any confusion of responsibility between local authorities and the HSE and will address the issues of headquarter costs and unit costing and benchmarking of services.*
  >
  > *The new financial arrangements will replace all existing schemes for voluntary and statutory agencies. It will include funding arrangements for agreed core services as well as arrangements for innovative and new services.*

The new funding system will allow for the phasing in of service contracts / service-level agreements which will apply equally to voluntary and co-operative bodies and statutory services.

The new arrangements are intended to provide a single point of access for information about funding and for receipt and assessment of applications. They will also allow for the streamlining and coordination of monitoring and evaluation. ('The Way Home'. P57)

- **Devolved responsibility to local authorities and local homeless fora**
  The expectations and responsibilities for these structures will increase. In particular they will be required to:
  - Ensure local service delivery is streamlined, integrated and does not involve duplication.
  - Examine and approve funding for projects.
  - Develop a local homeless action plan.
  - Support standards, evaluation and monitoring of services.

  In the future there may also be a need to develop services on a regional basis if the demand for services at a local level is low.
- **Service reconfiguration**
  Service reconfiguration will involve re-structuring, merging, rationalisation and greater co-operation between services.
- **Re-designation of some emergency accommodation as long-term supported accommodation**
  This would have implications for funding under Section 10 of the Housing Act 1988. It would appear that a proportion of Section 10 funding will be re-designated for long-term rather than homeless accommodation.
- **Social Housing Investment Programme (SHIP)**
  This is a leasing programme whereby local authorities will lease properties from the private sector in order to accommodate households on their housing waiting lists. The Government has allocated funding for local authorities and approved housing bodies to lease or rent 4,500 residential properties from private owners. These properties will be used to provide accommodation to people who are currently unable to source suitable properties from their own resources. The Housing and Sustainable Communities Agency (Housing Agency) has been put forward as a central contact point for enquiries. An information booklet was developed to inform private landlords of the programme. Agreements will be for one to ten years (short-term rental) or ten to twenty years (long-term lease).
- **No new services**
  Emphasis will clearly be on working to resource and develop existing services to meet the aims of the national plan.

- **Service-level agreements**
  Many Dublin (and other) regional based homeless organisations are funded on the basis of service-level agreements. It is expected that all organisations receiving funding to provide homeless services will sign up to these agreements and report back on the specific commitments that have been made.
- **Information and data**
  A single integrated national data and information system on the use of homeless services is set to be developed. It will be a condition of service agreements that organisations participate in the system. It will be important as part of this process for both the HSE CPP and the individual services to advise on the need for specific statistics to be gathered on pregnant women and women experiencing crisis pregnancy.
- **National quality standards**
  It is likely that over time a standards framework will be developed that will involve an extension of the Homeless Agency 'Putting People First' pack. These standards will be used to help organisations develop their policies and practices and will be linked to resource allocations. In this context, frameworks such as the Department of Health (UK) 'Framework for the Assessment of Children in Need and their Families' and the Australian Parents Under Pressure (PuP) intervention programme will be of considerable relevance to the Irish-based service providers operating in this area.

9.3 Responding to service users' challenges and needs

9.3.1 Affordable housing

This has been consistently put forward as one - if not the most - critical element in responding to homelessness and in bringing about successful independent living. Access to affordable housing was cited again and again by the women consulted as part of this research as being of critical importance for both themselves and their child/ren.

While more private rental housing has become available, landlords are often reluctant to accept rental allowance. It is hoped that the Social Housing Investment Programme (SHIP) detailed in this report may make more housing available nationally in 2010 and 2011. As part of this scheme, local authorities and social housing associations will be able to lease or rent housing from private landlords for periods of up to 20 years. This will be a key dimension in beginning to re-balance the supply side of the supply/demand equation.

Rent allowance requirements will also need to ensure that women and their families can afford suitable housing.

Recommendations

The provision of affordable and appropriate housing is a matter for national structures and Local Authorities.

It is recommended that the HSE CPP consults with the Homeless Agency and asks to become a member of the Homeless Agency Consultative Forum in order to keep abreast of key developments in this area.

9.3.2 Affordable childcare and transport

Access to affordable and accessible childcare and transport is critical for women in establishing a successful independent life after moving on from being resident at a supported accommodation service. If a woman is to continue in education or training and/or seek and retain employment, she will need to be able to access and afford childcare. She will also need to be able to have access to either public or private transport.

The lack of childcare and transport are two major barriers that can prevent a woman from achieving the independent life that she wants.

This issue, however, goes beyond the direct control and remit of the HSE CPP and beyond the support that the funded services provide to women when they are in supported accommodation and aftercare.

9.3.3 Reconnecting with key family members and partners

Family conflict and/or conflict or abuse involving a partner were contributing factors in putting many of the women interviewed at risk of homelessness.

Recommendations

It is recommended that the HSE CPP engages with the HSE Social Inclusion Unit and the HSE Children and Families Unit on policy and practice that is being developed on reconnecting women with family and partners.

It is recommended that the HSE CPP and individual supported accommodation services work together to develop and share good practice approaches and programmes involving relevant preventative and conflict-mediation measures that empower women at risk.

It will also be relevant for the individual services to facilitate, where appropriate, the re-design of services that promote and facilitate access by the birth father. Evidence would suggest that current models of engagement introduced by supported accommodation services for fathers have proved to be very successful.

9.3.4 Employment

The current poor jobs market for clients moving onto independent living can make it very challenging for women exiting supported accommodation to break the cycle of poverty and combat social exclusion.

Recommendations

It is recommended that service providers and funding agencies explore relevant models operating in the area such as those sponsored by Business in the Community Ireland (the Ready for Work programme) and Focus Ireland (the Spokes programme) for potential collaborative approaches in training, mentoring and up-skilling clients exiting supported accommodation and equipping them for and exposing them to opportunities in the workforce.

The aim of the Focus Ireland Spokes programme is to assist people to move on from homelessness by providing an alternative way of learning, through education and employment that is tailored to an individual's needs. The Spokes programme presents educational achievement and progression as one option in blocking pathways to homelessness. The programme achieves its aims by providing a wide and varied individualised education programme, which includes intensive support of clients exiting supported accommodation as they aim to achieve their self-defined goals.

The Business in the Community Ireland Ready for Work programme includes a range of training supports and guidance which aim to help people affected by homelessness to move towards independent living by gaining and sustaining employment. Ready for Work was set up in 2002 by Business in the Community Ireland and to date has worked with in excess of 250 people in Dublin. The Ready for Work programme has received sponsorship and grant funding from organisations and bodies such as the Department of Social Protection, Marks & Spencer and FÁS. The Ready for Work programme is currently aiming to secure permanent statutory funding for the development of the programme and expansion to other regions including Cork, Limerick and Galway.

9.3.5 Accessing benefits

Women and service providers stressed that they very often experienced difficulties and lengthy delays in accessing what are understood to be 'standard' social welfare benefits. Reasons for these difficulties included:

- Whether the service users and providers had a positive relationship with community welfare officers (CWOs). Some participants believed that CWOs had discretion in deciding on the range of benefits that may be available.
- Long delays in certain HSE areas in processing applications.
- Long delays in processing social welfare applications.
- Specific difficulties for non-Irish nationals in receiving social welfare supports. In particular, the requirement to meet Habitual Residence Conditions impacted very significantly on social welfare benefit applications made by significant numbers of clients currently resident at the supported accommodation services.
- There is evidence to suggest that students are also experiencing difficulties in accessing social welfare benefits as they appear not to be entitled to a 'minimum income'.

Recommendations

It is recommended that the HSE CPP/the HSE Social Inclusion Unit and/or key homeless agencies assist the services in interpreting the often complex range of benefits that may/may not be available and the underlying application and assessment process. Changes in legislation, policy and service delivery by key agencies in this area could be usefully shared through the supported accommodation service provider network.

9.4 Delivering quality services – good practice challenges and opportunities for service providers

9.4.1 Working with complex clients

The decrease in overall demand experienced by several of the supported accommodation services participating in the research, coupled with the changing and increasingly complex client profile is creating a significant challenge for supported accommodation service providers operating in this area.

Ascertaining future demand in terms of numbers was not within the scope of this research. What this research did ascertain was:

- There are drivers that may increase demand in the future – referral blockages, child protection orders, lack of affordable and appropriate housing, young women leaving care without relevant supports.
- There are also potential policy and practice developments that could decrease demand – effective early intervention and prevention programmes, family mediation, increased availability of affordable and appropriate housing.

The national strategic response to homelessness is currently in transition and many of the recommendations in the national homeless strategy have not yet been implemented. Therefore, it is not possible at this time to predict with any degree of accuracy the nature and extent of future demand for these supported accommodation services.

Service providers put forward their concerns in terms of:

- The significant additional resources (experienced staff, specialist staff, training requirement, staff/client ratios) required to serve medium- to high-needs women experiencing crisis pregnancies.
- Trying to ascertain future demand. While many of the stakeholders agreed that overall demand had peaked, none were in a position to put forward predictions on future demand - with the very clear exception of a predicted increase in the number of women presenting with medium to high needs.

A range of supported accommodation options will therefore need to be available according to client need with a clear, time-based focus on transition to independent living. Long-term residential support services may only be needed for 'high-needs' women. Other women are likely to need only temporary accommodation or support in their own home.

Recommendations

It is recommended that research be commissioned that will specifically ascertain the demand characteristics, likely demand patterns and drivers for this specific population. This research would take into account the emerging national structural, policy and practice developments that are transforming the broader homeless sector.

In the medium to long term the HSE CPP and individual services will need to assess whether there is a requirement to work with larger homeless accommodation

organisations to develop specific service and support solutions for high-needs women experiencing crisis pregnancy.

9.4.2 Prevention and early intervention work

The key need for many women experiencing a crisis pregnancy is for safe and affordable accommodation and a process of reconnection with family and social networks. Prevention and early intervention strategies could ensure that these women do not become homeless or need any form of supported accommodation.

The national plan has put forward a range of actions to prevent people becoming homeless. These include identifying people at risk and developing specific preventative interventions. Such actions will have increasing relevance for service providers in the context of funding opportunities and the future alignment of services.

Recommendations

It is recommended that the HSE Social Inclusion Unit and the HSE Children and Families Unit engage with and inform the HSE CPP on relevant policy and practice that is being developed regarding prevention, early intervention and family mediation.

9.4.3 Case management approach

As has been stated elsewhere in this report, case management underpins good practice for service development and delivery. The recently published Homeless Agency Case Management Guidebook is likely to become the default guide for all services over time. This guide highlights elements of good practice and details the strategic and tactical steps that will be appropriate to services. It also provides a range of templates to support good practice, as well as a guide to homeless services in Dublin. There is considerable potential for the guide, or distinct elements of the guide, to be modified to meet the requirements of regional services, outside Dublin.

The Guidebook is a companion to the Holistic Needs Assessment (HNA) developed by the Homeless Agency Partnership. The HNA is person-centred and enables staff members and the person experiencing homelessness to work together to develop a plan out of homelessness.

Recommendations

It is recommended that:

- The HSE CPP engages with the Homeless Agency to discuss how the Case Management Handbook could include additional information and focus on the very specific issue of crisis pregnancy.
- The HSE CPP and individual services consider the (partial and, where relevant, complete) adoption of the Homeless Agency Case Management Guidebook as a tool of good practice for supported accommodation services dealing with women who may be experiencing a crisis pregnancy. This will require the review of the Case Management Guidebook and the addition of relevant good practice information - provided in other relevant standards frameworks - that is specific to working with women experiencing crisis pregnancy.

9.4.4 Partnerships

It is anticipated that increased responsibility for funding, action planning and the development and implementation of supports and evaluation of supported accommodation services operating in this area will be devolved to local authorities and homeless fora. It will therefore be important for service providers at a local level to engage and develop good working relationships with these key, local influencers and decision makers.

Throughout this report the excellent work of the Dublin-based Homeless Agency and its statutory, local authority and NGO partners has been described. Their model of partnership has resulted in positive and substantial changes for homeless people in the greater Dublin area. Many of the Homeless Agency's funding policies, standards framework elements and practice tools will be rolled out nationally in the next year.

It is important that the HSE CPP be involved in the conversations that are currently happening within the homeless sector in Dublin through engagement with the Homeless Agency. The HSE CPP has a deep knowledge and understanding of women and their experience of crisis pregnancy that would be of very considerable benefit to the broader homeless sector.

Recommendations

It is recommended that:

- The HSE CPP be invited by the Homeless Agency to participate in relevant consultative fora.
- The HSE CPP and individual supported accommodation services closely monitor the development of the National Homeless Strategic Plan that specifically deals with the development of the powers of local homeless fora.

9.4.5 Need for a quality standards framework

The development of national quality standards framework based primarily on the Homeless Agency's 'Putting People First' pack is likely in the medium to long term.

Recommendations

It is recommended that the HSE CPP, through the Homeless Agency consultative fora, closely monitors and potentially advises on the development of the National Homeless Strategic Plan that specifically deals with the development of a national standards framework.

9.4.6 Funding and cost-effective models of service delivery

Services ought to be provided, resourced and funded on the basis of an identified, evidence-based need rather than a perceived need. It is extremely challenging to predict that need or demand. A 'crisis' can occur at any time and service providers will need to be able to respond quickly and appropriately.

The implementation of the national funding strategy for homeless services is taking place at a time when available national resources are shrinking. This has the potential to impact further on the range of services that will be funded, and the ways they are funded.

Recommendations

It is recommended that the HSE CPP supports research that will provide a clearer sense of the resourcing environment for the provision of services to women experiencing crisis pregnancy. This could be linked to other recommended research on the nature and extent of future demand for services.

9.4.7 Staffing

In order to successfully meet the needs of women with complex, high-level needs there will need to be additional focus on the recruitment and retention of skilled staff linked to a competency framework.

Sufficient investment will be required in training and supervision. Fostering an appropriate culture and set of attitudes amongst all personnel will also be most relevant.

There is some evidence to suggest that the employment of male management and staff can help to 'normalise' the service experience and showcase positive male role models for women who are clients of the service.

Recommendations

Any further available funding for staff could most usefully focus on the implementation of preventative measures and the aftercare of women effecting the transition to full-time, independent living.

There is also a need for the HSE CPP and their funded services to investigate the specific staff expertise and skills required to work with medium- to high-needs women – and ascertain the financial costs of resourcing such staff.

9.4.8 Networking

The network of supported accommodation services that currently meet on an informal basis has considerable potential to:

- Share information on good service practice.
- Explore areas for collective action and advocacy on behalf of service users to inform policy and practice.
- Develop common tools for service delivery.
- Educate the broader homeless and supported accommodation sector on the specific needs of women experiencing crisis pregnancies and promote these needs.

Recommendations

The HSE CPP and supported accommodation service providers could usefully explore the nature and extent of activities and resource requirements required by the member organisations of the informal network currently in operation. The researchers suggest that the network will need resourcing support to allow it to meet at least twice a year.

9.4.9 Information systems

It will be important that the supported accommodation services have access to relevant IT equipment and skills and have developed and implemented clear and shared information-gathering, storage and sharing processes and protocols.

Recommendations

It is recommended that:

- The forum of service providers continues to assess the IT needs of services in terms of hardware, software and training requirements.
- Supported accommodation services research and share information on good practice with regard to data-management systems developed by organisations such as Rendu.
- The forum of providers monitors the development of the specific actions included in the National Homeless Strategy that involves the development of a national data-storage system.

9.4.10 Measuring effectiveness

This is an area that will be of critical importance for both funders and individual service organisations alike. The challenges in performance measurement lie in a number of areas:

- The skills required to undertake both process and outcome evaluations are not always available in small organisations.
- The time and resources required to maintain appropriate and meaningful records. This is why clear information systems, forms and data-management systems are so important.
- Providing resources to monitor performance. This needs to be included as a resource/budget line by funders and service providers alike.

There are two key forms of effectiveness measurement – process and outcomes evaluation. Both forms of measurement are required to give a full and informed sense of performance within a service.

Process evaluation is focused on the service activities, how they are delivered and what outputs result. Most organisations have been undertaking this sort of evaluation for some years. However, the introduction of clearer and co-ordinated information and data management systems will facilitate the compilation of more meaningful and accurate data.

Outcome evaluation is a little more challenging, as it aims to assess the impact of a programme or scheme, the extent to which project goals have been achieved and the impact it has had on the ability of young mothers to sustain independent tenancies. This requires the development of a series of indicators and data-gathering methods. This form of evaluation is set to become a more standard requirement for funding for services.

Outcome measures can cover both intermediate and longer-term goals.

The difficulty with outcome evaluation is that the development of indicators across and within sectors is in the early stages. Methods of data-collection can be both qualitative and quantitative.

Table 9.1 provides an example of a range of extremely relevant process and outcome evaluation indicators. The information is drawn from a paper, Guidelines for good practice in supported accommodation for young parents. 2001. Teenage Pregnancy Unit UK. (Developed by the Teenage Pregnancy Unit. UK. (pp 5, 6))

Table 9.1: Process and outcome evaluation indicators

Process evaluation indicators	Outcome evaluation indicators
Characteristics of resident population – age, ethnicity, levels of need on referral.	Tenancy sustainability and tenancy failure rates.
Throughput data – source of referral, length of stay, move-on.	Management issues generated by tenancies; for example rent arrears or neighbourhood nuisance.
Staffing levels, skills, attitudes and stability, supervision and support.	Levels of self-confidence and self-esteem.
Partnerships and input from external agencies.	Knowledge of and ability to access services like education and training.
Good-quality accommodation which is well designed and maintained and manages an effective balance between privacy and independence, intervention and support.	Community facilities for mothers and children, health services.
An empowering environment which has respect for residents and can respond flexibly to their needs.	Decrease in unplanned pregnancy.
Pro-active work to foster independent living skills and self-esteem.	Child protection concerns.
Health and well-being. Childcare and parenting skills.	Levels of continued contact with the scheme.
Access to education, training and employment.	Support networks, including continuing peer support.
Involvement work, peer support.	Quality-of-life indicators.
Engaging with men and fostering their role as fathers.	
Ability to provide resettlement and outreach work.	
Ability to support and promote diversity.	

Process indicators can be collected in a number of ways, using both qualitative and quantitative methods and will be dependent on the availability of resources. Monitoring could be implemented by project staff, although some aspects may be best conducted by an independent evaluator. Methods include regular interviews with staff to assess difficulties and achievements, collation of statistical data from assessment and case-review forms and feedback, comment books and exit questionnaires with residents.	Outcome indicators could be monitored through longer-term follow-up with ex-residents via self-completion questionnaires and feedback mechanisms from housing associations and local authorities. They might include scoring residents according to level of need on entry and exit from the scheme.

Performance assessment is often focused on the work of the service and the development of the service users. There should be additional focus in these assessments on identifying system issues and challenges that are affecting a service's (and their users') capacity to improve their performance and achieve positive results. System challenges that often need addressing include:

- Lack of joined-up delivery by agencies.
- Confusing information on rights and benefits.
- Multiple funding demands on services in terms of data-collection and performance assessment.
- Unclear or no policies / good practice guidelines from resource agencies and government departments.
- No overarching strategic approach by multiple agencies.
- Lack of policy and communication across key sectors that services and service users need to navigate – often called the silo effect.

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Please note: All the references in this bibliography are 'live'. That means that you can click on any reference and then download the pdf to your own filing system. Please be patient as some of these references are very long. All of the references were downloaded between May and July 2010.

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APPENDIX 1: Principles of service practice for homeless families

(Adopted from the National Center on Family Homelessness, USA)

Basic principles of care for families and children experiencing homelessness

At a minimum, all programmes serving families and children experiencing homelessness should implement policies and practices that promote and ensure:

- **Family unity** - Families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female-headed, male-headed, two-parent, same-sex parent, LGBT-parent, and extended families to be served together with their children.
- **Physical and emotional safety** - Services must be provided in a safe physical environment. Key safety features include adequate lighting inside and outside of the program's facilities, ensuring that clients can lock bathroom doors and have locked spaces for their belongings, and having a program security system. All clients should be treated in a respectful, supportive, non- judgmental manner. Ensuring client confidentiality during assessment, planning and service delivery is essential.
- **Rapid re-housing** - Every effort should be made to re-house families as quickly as possible, minimising their time in shelter.
- **Immediate needs** - Families experiencing homelessness often have complex needs. Programs must first work to ensure that families' immediate needs for safety, housing, entitlements/benefits, and pressing health, mental health, and substance abuse needs are addressed before engaging them in longer term care.
- **Linkages among housing, services, and supports** - For all families housing is essential, but not sufficient. Supports such as childcare and transportation are critical. In addition, many families need specialised services at various points in their lives. Programmes should work to connect families to mainstream services and natural supports in the community. All families - regardless of income - are interdependent and require supports to thrive.
- **Assessment and individualised housing/service planning** - Homeless families and children are heterogeneous, each with their own strengths and challenges. Programmess must assess the needs of each family member and develop individualised housing and service plans.
- **Effective, high-quality service delivery** - Services provided to families experiencing homelessness must be effective and of high quality.

All programmes should implement:

- **Evidence-based and promising practices** - Much is known about what works and does not work, but a gap often exists between research and practice. Programmes should use services and practices that have been proven to work best for families and children experiencing homelessness.

- **Family-oriented care** - Services should be family oriented and address the individual needs of parents and children, as well as the family as a unit. Programmes must support the role of parents within the family and make every effort to strengthen family routines during the chaotic and destabilising period of homelessness.
- **Strengths-based services** - Programmes must work in partnership with families and provide services that support their strengths rather than their deficits. Furthermore, families should participate in creating their own service plans and involving their social networks, especially natural supports. These plans should reflect the family's wishes.
- **Consumer involvement** - Involving consumers in planning, administration, and service delivery is essential.
- **Culturally and linguistically competent services** - Homeless families are culturally and linguistically diverse. Race and ethnicity are often viewed as the defining elements of culture, but other factors such as gender, faith, disability, and sexual orientation should also be addressed.
- **Trauma-informed care** - Most homeless families and children have experienced violence that may affect their ability to form trusting relationships, and access and use services. All programs should first "*do no harm*" and educate themselves about traumatic stress and its impact. Policies, programme environments and operations, staffing, and services must be evaluated through a "trauma lens" in order to ensure that programs are trauma informed.
- **Coordinated and integrated care** - Many families experiencing homelessness have diverse needs and require services from multiple providers and service systems. Viable referral networks with community-based providers must be established. The burden for accessing, navigating and coordinating these complex and often conflicting systems must be shared between case managers and families.
- **Address unique needs of children** - The needs of homeless children are often overlooked, particularly in settings with limited resources. Children are particularly vulnerable to the vagaries of homelessness; it is essential that their needs are addressed while in shelter and after. At a minimum:
  - Child-specific services and child-friendly settings must be provided.
  - Services must be developmentally appropriate.
  - Programs must help children access and succeed in school through partnering with schools and homeless education liaisons, informing parents of the educational rights of homeless children, and providing direct educational supports.
  - Medical and mental health services must be available for children.
  - Training to ensure a basic standard of care: All staff working with homeless families should receive basic training that supports the development of specific competencies. In addition, providing staff with appropriate supervision, continuing education, and career development opportunities is important. This will ensure that an acceptable standard of care is provided regardless of the location, size, and structure of the agency providing services.

APPENDIX 2: How domestic violence affects pregnant women

Domestic Violence and Pregnant Women in Ireland - Women's Aid, 2010

"Women's Aid is deeply concerned about the abuse of women during pregnancy and the post-natal period. We hear from women who are beaten and raped while they are pregnant, often resulting in miscarriage. We hear from women who are forbidden to breastfeed their child, who are raped in the weeks immediately following childbirth and women who are beaten while holding their baby.

Pregnancy does not offer protection against domestic violence. In fact, international research has found that 25% of women who experience domestic violence are physically assaulted for the first time during pregnancy." (RCM, 1997)

The Rotunda Hospital conducted research which found that 1 in 8 women surveyed were being abused during their current pregnancy. *(O'Donnell et al., 2000)*

The tactics of domestic violence used by perpetrators specifically against women who are pregnant include physical abuse (being beaten, thrown against walls or doors, being strangled, and being beaten to the point of miscarriage) and sexual abuse (rape and sexual assault). These tactics can extend beyond pregnancy into the post-natal period and can include women not being allowed, or being forced to give up breastfeeding, and removal of stitches.

A percentage of pregnancies are unplanned and are the results of rape or women not being allowed access to birth control. There are many effects of domestic violence on women who are pregnant.

Table A1: Effects of domestic violence during pregnancy

Effect on the woman	Effect on the pregnancy and foetus
Physical injuries	Unplanned pregnancy
Poor sleep patterns	Poor maternal nutrition
Fear	Miscarriage
Anxiety	Premature labour
Depression	Stillbirth
Death of the woman	Small for dates

According to research carried out in the UK, 70 of the 295 women who died during pregnancy or in the first 6 weeks after giving birth had a history of domestic violence. 19 of these women (27%) were murdered. (CEMACH, 2007) As well as the very serious consequences of abuse on women, there can also be serious consequences for the newborn infant too. These consequences can include prematurity and low birth weight. These complications bring with them additional challenges to the newborns, including poor temperature regulation, poor feeding patterns, and susceptibility to infection. (Women's Aid, 'Maternity Services Responding to Domestic Violence', 2009.)

APPENDIX 3: Examples of accommodation and support services provided to young women experiencing crisis pregnancies (Australia, Canada, USA)[7]

There are numerous examples internationally of supported residential services for homeless pregnant and parenting young women.

Examples of Australian service models

1. Othila's Young Women's Housing and Support Service, Brisbane, Queensland

Othila's is a community based organisation (funded by the Supported Accommodation Assistance Program (SAAP)) that works with young women under 25, with or without accompanying children, who are homeless or at risk of homelessness. Services are provided in a context that recognises the impact of age, gender and culture on young women's lives. Othila's provides:

- Short-term supported independent accommodation (3-6 months)
- Individual counselling and support
- Group work including support groups, life skills groups and creative arts groups
- A drop-in service
- Information and referral.

In collaboration with two other agencies (Carina Youth Agency and Anglican Women's Hostel) Othila provided the Single Women's Integrated Support and Housing (SWISH) program. This was a transitional programme to assist both single and parenting women to maintain safe, affordable and secure housing. This service is no longer operating, although informal connections between collaborating agencies have been maintained.

2. 'Glen Mervyn' Young Women's Health Program, Australian Red Cross, New South Wales

Glen Mervyn is an accommodation, support, and education service for young, pregnant or parenting women (19 and under) who are homeless or in need of intensive support. The programme is funded primarily through the NSW Health Department and the Australian Red Cross. Key features include intensive case-management, on-site antenatal clinic, trained volunteer mentors for clients, childcare provided by volunteers, childcare to provide mothers with time out, post-natal groups, transport, annual camp. Services are provided in three stages:

Stage 1

Stage 1 comprises a residential programme for up to 12 months, with 24-hour live-in support available. Supported accommodation is available for eight women and their children. There is a focus on antenatal and post-natal education. Where necessary, therapeutic interventions are arranged for drug and alcohol problems, or to address other

7 'Needs and service models for young women experiencing, or at risk of homelessness, who are pregnant and/or parenting, and experiencing violence.' Department of Human Services. Service System Intervention project. Young Parents and Family Violence, January 2007 pp. 34-42

issues. An individual development programme is established, covering living skills and parenting.

Stage 2
Stage 2 comprises semi-supported accommodation within close proximity to the Glen Mervyn Centre. Support is provided for 6-12 months (or as appropriate) through regular meetings with a case-worker, and access to other programs at the Centre. Clients are encouraged and supported to live independently, and to continue to achieve personal goals such as education and/or employment.

Stage 3
The third stage comprises transitional outreach support (for 3-6 months) to young women who are moving into their own accommodation.

Support includes:

- Assistance establishing a new home/community
- Establishing links to required services
- Assistance with maintaining parenting skills and abilities
- Support with housing issues
- General and emotional support.

Through the Network Program, Glen Mervyn offers the opportunity for women who have participated at any stage to stay in contact, access resources and advice, and attend social functions. Young women may also access the 'crisis bed' in the residential program if necessary.

The provision of 24-hour support enables young women who require high levels of supervision or support to be accommodated; for example, those with a diagnosed mental illness, alcohol or drug issues or who are under 16. Other benefits include one year of intensive support: continuity of support over the three stages, with gradual tapering of support during Stage 3.

3. Anglicare 'Choices' parenting support programme (North West Melbourne)

The Anglicare 'Choices' parenting support programme provides support to young parents under 25 in the north west region of metropolitan Melbourne. The programme has been running for about six years, and has assisted approximately 300 families.

Many of the young women using the service lack appropriate (parenting) role models, and have spent much of their lives in and out of home care. Previous experience of sexual abuse and violence is not uncommon. Intensive support is provided with the aim of reducing DHS involvement. The program includes a mix of group work, outreach and individual support. Young women are referred to Choices by schools, hospitals, and maternal and child health services.

A young mothers' group offers information and advice on parenting. The programme also aims to address other significant issues such as education, mental health, family violence and financial issues. The programme aims to enhance independent living skills, including budgeting, making housing applications, using public transport and other community facilities. Choices also provides a mentoring programme (involving volunteers).

4. Karinya Centre (Ballarat)

The Salvation Army Karinya Centre (Ballarat) offers a number of programmes for pregnant women and women with young children who are experiencing homelessness.

Emergency accommodation is provided for women experiencing homelessness, for up to six weeks. Services include assistance to find stable, safe and affordable housing, support services, case management, referral to required services, assistance with budgeting and managing finances, and childcare.

Medium-term accommodation (Crompton Flats) is provided for young women, who are pregnant or with children. Services provided include pregnancy support as well as assistance with budgeting and financial management, living skills, parenting skills, personal development, and education, training and employment.

An outreach service is available to women living in the community. Workers provide support to women in their home environment, in areas such as budgeting and financial management; advocacy to access services; family support; development of independent living skills; case management and referrals to required services.

Karinya Centre's children's services aim to provide individual support to children, support parents with children's behavioural issues, link children into community-based services and provide outreach support. The Community House offers a range of programmes including gardening, sewing, cooking, computer classes, self-defence, and school holiday programes.

5. CARA Young Mothers' residence (Morgan House)

Morgan House provides 24-hour support, accommodation and education to at risk young mothers and their babies. The Young Mum's support programme aims to reduce social isolation, provide education and early intervention strategies and reduce the necessity for DHS involvement. The programme also provides support to young mothers who currently do not access mainstream services. The length of support is based on need. There is a pre- and post-birth support group. An outreach support component provides direct support to young mothers on an individual basis, including designing individual education packages, attending and facilitating appointments and providing direct support.

6. Family Access Network (Eastern Metropolitan Region, Melbourne)

The Family Access Network (FAN) provides support and supported accommodation services to single, pregnant, and parenting families and couples, aged 16-25. Services include case management, transitional housing responses, assistance to access private and public rental housing markets, and a range of support programmes. Transitional

housing responses include lead tenant households, independent shared households, and other accommodation. FAN operates a private rental assistance scheme to enable young women to access and maintain private rental accommodation. FAN employs six staff, and has a number of volunteers. Volunteer mentors provide one-to-one support to homeless and/or at risk young people. The mentors provide advice and assistance and act as a role model. Volunteers also perform the role of lead tenants, and child play supervisors. FAN runs young mothers' groups, which focus on parenting and independent living skills. FAN also provides a range of practical assistance. FAN has close links and partnerships with other services.

7. Young Women's and Children's Support Services (Morphet Vale, SA)

The YWCSS is based in Morphet Vale in South Australia, and is also known as Coolock House. YWCSS is a SAAP funded program targeting pregnant and parenting young women up to age 25 who are homeless or at risk of homelessness. The service provides medium- to long-term supported accommodation based on two residential units, with 24-hour support. The service also provides outreach programmes and some support programmes, as required by clients. The service aims to assist young women to develop parenting and life skills and develop self-confidence and determination. It also aims to connect young women to community resources and establish/re-establish family links and support where appropriate. The service assists young women to obtain and maintain stable accommodation and provides information, advocacy and counselling services. Individual case management support is provided, as well as groups and other services. An antenatal program is provided addressing pregnancy, birthing and parenting. Other groups offer young women the opportunity to address domestic violence and other issues. Children's facilities include a playgroup, creche and respite care. An outreach programme is provided to young women who are pregnant and parenting and at risk of homelessness. This program includes weekly visits (as a minimum) from an outreach worker and a children's worker, and the client can contact the 24-hour site if required. YWCSS aims to be available to other homelessness agencies accommodating young pregnant women and young women with children. The service has a strong focus on addressing relationships, and allowing the young women to address issues in their own time.

8. MCM Young and Pregnant Parenting Program (Western Metropolitan Region, Melbourne)

The Young and Pregnant Parenting Program (YAPP) is a SAAP funded support program for young people (15 - 25) who are pregnant and/or parenting and are homeless or at risk of being homeless. YAPP provides outreach case management support for young, isolated parents and secondary consultation for other agencies (MCM services in particular). YAPP also has the capacity to assist other young parents through the establishment of parent/play groups. The aim of these groups is to assist parents with socialisation for themselves and their children, support them in their new role as parents and introduce them to options and ideas that may assist them in the future. Referrals are made, as appropriate, to health services, for maternal and child health, drug and alcohol support and other services.

YAPP provides programmes which include parenting skills, social activities and pathways into education, training and employment. MCM has a number of relevant programmes for young people and is the coordinating organisation for the Youth Employment Education and Training Initiative (YEETI), and the Family Reconciliation and Mediation Program (FRMP). YAPP is part of MCM's Family Services programme, and is included in partnerships with MetroWest and SASHS.

9. Mercy Family Services (Nudgee, Queensland)

Mercy Family Services provides antenatal and intensive postnatal support on an outreach basis to young women aged 15 - 25 in care or at risk and experiencing homelessness, and from six months pregnant. The service provides transitional support, with the aim of assisting young women to prepare for independent living. Intervention is based on the assumption that without the service the Department of Child Safety would assess the baby as being at risk of significant harm and in all likelihood remove the child from the mother's care. Services include a parenting skills programme, and programmes to help mothers overcome behaviour that may put the baby at risk, such as substance abuse, and exposure to violence.

10. Anglicare's Young Mum's Support Project (Perth, Western Australia)

The Young Mum's Support Project targets pregnant or parenting young women who are or who have been homeless. The service assists young women through outreach, assisted referral, and informal meetings with peers. This project is part of Anglicare's Youth Externally Supported Housing (YES) Program. The Project receives many referrals from the Anglican Streetwork Program, the Adolescent Unit at King Edward Memorial Hospital, and Youth Link youth counselling unit. This project receives funding through the Commonwealth Stronger Families Fund.

11. Brisbane Youth Service (Brisbane)

Brisbane Youth Service targets young women aged under 25 years who are pregnant and parenting and who are homeless, with problematic substance use and multiple needs. The service provides case management and coordination, housing assistance, practical support, drug interventions, short-term respite care, employment training and skills development, healthcare, antenatal care, peer support, play groups, recreational activities, and linkages with formal and informal support networks.

12. Early Interventions - Carramar Cottages (New South Wales)

Based in Parramatta, NSW, and operated by Anglicare Sydney, Early Interventions provides support to pregnant and parenting young women at risk of homelessness, aged 16 - 25. Support services include accommodation individual support, and group work. Women are supported in Carramar Cottages, and in other accommodation in the community. Carramar Cottages are located in the surrounding suburbs, and women need to be able to live independently with workers visiting weekly. Residents also attend weekly groups.

In 2002, the service assisted 32 young women and 35 children, and 12 of these young women were provided with accommodation in Carramar Cottages. The programme aims to work intensively with young women (sometimes for up to five years). Most clients access accommodation for 12-24 months.

13. Starting Out (Ringwood)

Starting Out 19 is a community-based support programme for pregnant and parenting young women in Melbourne's eastern suburbs who are at risk of homelessness. Starting Out offers counselling and information about pregnancy and becoming a parent; antenatal support and education (including group and social activities); individual support; supported accommodation; outreach support; advocacy and linking to community programs and resources; peer support from trained young mothers who have experienced similar issues during pregnancy and early parenting.

14 Lowana Young Women's Service (New South Wales)

Lowana provides crisis, medium-term, and long-term transitional supported accommodation for young women aged 12 to 18 years who are experiencing homelessness and who are pregnant and parenting. Lowana is SAAP funded and can accommodate four young women in medium- to long-term programmes, two young women in the crisis programme, and has provision for two emergency overnight beds.

Lowana offers a client-centred and therapeutic approach based on feminist principles. The residential component provides opportunity for workers to engage and support young women over time. Lowana provides a holistic response with access to health services, counselling, educational resources; referral to external services, development of social and living skills and role modelling.

Examples of US service models

Over the last five years the US government has established a programme to provide accommodation and support to young parenting teenagers, who are unable to live at home. Called the Second Chance program, there are now about 100 homes across 29 American states. Second Chance Homes are adult supervised supported group homes for teenage parents and their children, who are unable to live at home because of abuse, neglect, or family conflict. The operation of Second Chance Homes varies, but most include:

- Supported accommodation
- Pregnancy services and referrals
- A requirement to complete secondary education
- Access to support services including child care, health care, transportation and counselling
- Parenting and life skills classes
- Education, training and employment services
- Community involvement

- individual case management/ mentoring
- Services to promote a smooth transition to independent living (Dilworth, 2005, 41)

Dilworth reports that different approaches by residential maternity homes (e.g. Second Chance Homes) have led to mixed success. In some homes, excessive supervision and structure has caused some young women to drop out. Dilworth argues that residential accommodation needs to include socialisation, nurturing and support, as well as structure and discipline. Dilworth provides a detailed review of the elements of maternity group homes (Dilworth 2005:45).

Example of residential supported accommodation models include:

My Choice, Maine

Located on three sites in Maine USA, the service provides shared apartments, with a live-in 'foster mother'. Supported accommodation is available during pregnancy and post-natally, with ongoing outreach support for up to two years, to young women living in transitional housing. My Choice offers prenatal and parenting education, life skills training, and a range of follow-up services.

The Inn Home, Oregon

The Inn Home in Oregon, USA, provides supported residential services for 16 to 19 year-old young women who are homeless and parenting (approx. 25 young women per annum). The service provides case management support, assistance finding accommodation, subsidised rental, parenting skills programmes and access to required health services. A key feature of the service is the involvement of case aides (in addition to case managers). The service also provides opportunities to access education (including school programmes), training and employment. Ongoing outreach support is provided to young women once they exit the residential service.

Examples of Canadian service models

St Mary's Home, Ontario

St Mary's is a residential maternity home and outreach support service for high-risk pregnant and parenting women aged 13-25. The service provides independent living programmes and parenting programmes, attachment counseling and general counselling. Education is available through the local high school, which provides a satellite classroom.

Villa Rosa, Manitoba

Villa Rosa provides residential accommodation (25 residential beds and a nine-suite apartment). Support is provided to young single women during and after pregnancy. Support includes counselling, parenting support and relationship support. Antenatal preparation classes are provided.

Massey Centre, Ontario

A major facility for young women, providing residential accommodation - including prenatal residence - for 22 mothers. It also provides a post-natal apartment programme

(ten one-bedroom units); and transitional support (seventeen two-bedroom units). Massey Centre provides antenatal and post-natal supports, on-site health service, secondary school programme (70 young women enrol each year), employment and training programmes, computer lending programme, and a community programme.

Jessie's Centre for Teenagers, Toronto
Jessie's is a drop-in and residential facility. The facility includes sixteen two-to-three bedroom apartments (long term), together with a centre where young women (aged 18 or less) and children can drop in (including a nursery drop in). Services provided on site include counselling, healthcare, secondary schooling, parenting education, housing support, prenatal classes, support groups, and practical supports – travel and food vouchers and baby requisites.

APPENDIX 4: A description of the Housing First Model. USA

Housing First Model - A description from 'beyondshelter.org' (US website)

Housing First Methodology

"Housing first", or rapid re-housing as it is also known, is an alternative to the current system of emergency shelter/transitional housing, which tends to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programmes. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

For over 20 years, the housing first methodology has proven to be a practical means to ending and preventing family homelessness. Recognized as a dramatic new response to the problem of family homelessness, the housing first approach stresses the return of families to independent living as quickly as possible. Created as a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology:

- Provides crisis intervention to address immediate family needs, while simultaneously or soon thereafter assisting families to develop permanent housing and social service plans.
- Helps homeless families move into affordable rental housing in residential neighbourhoods as quickly as possible, most often with their own lease agreements.
- Provides six months to one year of individualised, home-based social services support "after the move" to help each family transition to stability.

The housing first approach provides a link between the emergency shelter/transitional housing systems that serve homeless families and the mainstream resources and services that can help them rebuild their lives in permanent housing, as members of a neighbourhood and a community. In addition to assisting homeless families in general back into housing, the approach can offer an individualised and structured plan of action for alienated, dysfunctional and troubled families, while providing a responsive and caring support system. The combination of housing relocation services and home-based case management enables homeless families to break the cycle of homelessness. The methodology facilitates long-term stability and provides formerly homeless families who are considered at risk of another episode of homelessness with the support and skill-building necessary to remain in permanent housing.

The housing first approach is implemented through four primary stages:

- **Crisis intervention and short-term stabilization:** This phase includes helping families access emergency shelter services and/or short-term transitional housing and addressing crisis needs.

- **Screening, intake and needs assessment:** The "needs assessment" results in an action plan for clients, which includes short- and long-term goals and objectives with concrete action steps. This can occur immediately or after families are stabilized in emergency services.
- **Provision of housing resources:** After the completion of screening and assessment, the next phase involves assisting families in moving into permanent, affordable housing in a safe neighbourhood. This is accomplished by helping them overcome various barriers to obtaining permanent housing.
- **Provision of case management:** Before the move into permanent housing, case management services help to identify clients' needs and to ensure families have sources of income through employment and/or public benefits. After the move, time-limited case management services focus on helping families solve problems that may arise and to connect them with community services to meet longer-term needs.

While acknowledging and addressing the personal factors that contribute to family homelessness, the housing first methodology was designed to address more effectively the economic root cause of the problem: the lack of affordable housing. The programme provides a critical link between the emergency/transitional housing system and the community-based social service, educational and health care organisations that bring about neighbourhood integration and family self-sufficiency.

The approach deals with the interrelated problems that homeless families face: poverty, economic development, social infrastructure and housing. Services are provided in an integrated, holistic manner to place families, primarily female-headed households, not only back into housing, but into communities. It involves them in a progressive set of economic and social services after they are stabilised in permanent housing and are no longer traumatised by the crisis of homelessness.

Central to the effectiveness of housing first is the concept that empowerment helps clients identify their own needs, recognise the choices they have, create options for themselves and plan strategies for permanent change in their lives.

Evolving in an era of shrinking resources, the housing first approach places great emphasis on reducing duplication of effort and maximising the effectiveness of community resources. By situating homeless families within the larger community, the programme fosters human connection. The methodology is a cost-effective model that coordinates many existing systems and services, rather than creating new ones.

APPENDIX 5: Information sheet asking women to consent to details being released to researcher

Dear _____

Hugh O'Connor, Liz Lennon and Clodagh Rock are researchers with independent research company, OCS Consulting. They are now carrying out a research study on the different types of supported accommodation services that are available for women in Ireland. Hugh, Liz and Clodagh have worked on many similar studies in the past.

The aim of the research is to develop a better understanding of the needs and experiences of women who are currently using these services and those women who may have used them in the recent past. It is hoped that the research will help organisations such as the Crisis Pregnancy Agency to support and fund these important services more effectively. It is also hoped that the research will put the services themselves in a stronger position and assist them in responding to the service needs of clients.

You can help by taking part in this research; you can give a real understanding of the kind of accommodation that is required and the support that is needed by women in similar circumstances.

In total the researchers are hoping that between eighty and ninety women will take part in the research – about half of these will be currently living in supported accommodation services across the country while the other half will be made up of women who have moved on from supported accommodation to another set up.

Taking part in the research would involve meeting with one of the three researchers for about a 45-minute interview that would be just like a conversation – telling the researcher of your experience living in the service and what was/is particularly good or bad about it. This can take place either in your home, in the service that you are/were a client of, or in another place you might prefer. If you would prefer the researchers could also speak to you by telephone.

Your conversation with Hugh, Liz or Clodagh will be kept strictly confidential. No one from the service, or outside it, will know what you say. In the research report, all the information women give will be grouped together so that no one woman can be identified or the service that she is speaking about. All records of the interviews will be deleted 12 months after the study is completed.

There are three stages involved

1. You tell me whether or not you agree to my giving the researchers (Hugh, Liz and Clodagh) your name and/or address and phone number so that one of them can contact you.

2. The next stage will involve Hugh, Liz or Clodagh contacting you to talk with you some more about the research and ask if you are willing to take part. There is no obligation, and

your decision will not affect your relationship with the service in any way.

3. The interview will be organised for a time and place that you are comfortable with.

Hugh, Liz and Clodagh have been involved in research studies such as this since the early 1990s. They have a lot of experience of carrying out interviews with women in a sensitive and caring way. The research is being funded by the Crisis Pregnancy Agency.

If you have any questions about this study at any time please feel free to contact me.

Or

Hugh OConnor at

OCS Consulting, 26/27 Upper Pembroke Street, Dublin 2,

Tel: 01 637 3928

Or

Sarah Ryan at

Crisis Pregnancy Agency

89 – 94 Capel Street, Dublin 1

Tel: 01 814 6292

Your Consent

I have received an explanation of the research and agree to allowing

_____

to release my name and contact details to the researchers. I understand that my participation in this study is completely voluntary.

Name _____

Date _____

Please keep a copy for yourself and return one signed copy in the stamped-addressed envelope enclosed.

Thank You For Your Help

APPENDIX 6: Clients and former clients – Interview guide

First steps

- How did you find out about the x accommodation service?
- What did you feel you needed at the time: What type of service did you feel you needed at the time and why?
- Was the service near your home or away from your home and did you have a preference?
- Did you feel it was well publicised? When did you become aware of it?
- How did you make your first contact with the service? Did somebody offer an introduction/referral? How did you find that process?
- How did you find your first contact with the service? Was it welcoming / helpful for you?
- Did you feel that it was this type of service you needed at the time or was it some other type of support that you needed?
- May I ask what prompted you to make contact in the first instance? What might make it difficult for prospective clients to make contact with the service?
    - Did you experience any concerns / barriers to making contact?
    - How could the service (and other accommodation services like it) address these concerns/barriers?
- What were your expectations of the service?
- How long did you expect to be using the service for?

The supported accommodation service

- What encouraged you to become a resident at the service?
    - Was there anything that might have discouraged you from becoming a resident?
    - How could the service (and others like it) address these issues?
- How long have you been/were you a resident at the service?
- When would you expect/have liked to leave?
- Did you have a specific key worker/s assigned to you during your stay? Did you develop a plan of support together? What worked well for you?
- What are your general thoughts on the accommodation service?
    - What needs did you have while attending the service? [Some prompts if required - emotional support; therapy/counselling; diet; financial support; legal assistance such as family courts/Gardai, etc.]
    - Did these needs change over time while you were at the service?
    - How easy / difficult was it to settle in?

- Where the rules of the service explained to you?
- What helped you in terms of feeling welcomed and safe?
- What ideas do you have that would make the entry into the service even better?
- What did you particularly like about living at the service?
- Were there things you did not like or enjoy while living at the service?

[If necessary prompt around quality of accommodation, staff/management interactions, interactions with fellow residents, services provided, availability and quality of after care programmes, policies and protocols in place, supports and challenges experienced.]

- What supports did the service give you in general? [Prompt around friendship, safety, financial, meals.]
- What particular support services (internal and external community services) have/ did you use(d) while living at the service?
  - How have you found these particular services? Were they helpful to you? How could they be improved?
  - How would you rate the quality of the information and support you received internally from the service / Externally from other services you used?
  - Were the needs you had prior to entering the service met by the service?
  - How did your needs change while you were using the service - for example, after you had your baby - did the service respond well to this change?
  - Did the service help you to access services in the community that met the needs you had while in the service?
  - Are there other services you would like/would have liked that aren't provided at present?
  - What are/were the rules/constraints in the service that you were aware off?
  - What is/was your experience of these rules/constraints of the service?
  - How would you describe the difference between where you were living prior to moving to the service and the experience of living in the service? What is different for you? [Possible prompts: costs, in-house support, friendship, reduced isolation, parenting supports, easier access to other support services, etc.]
  - Were you included in any case management reviews between services? If so, what was the experience like for you? If not, do you believe that clients should be included in case reviews?
  - Did you participate in any education, training and/or life skills programmes run by the service (or by external services)? How would you rate them in terms of giving you new skills and confidence? Are/were there any topics that you really loved ... or really disliked? Why? Any topics you think would be great to include in the future?

  - How do you/did you get on with other residents? What would be your overall impression of how other residents got on in the service? Did you feel that other residents were similar to you in terms of their life experience, etc?
  - Do you/do you plan to keep in touch with fellow residents?
  - Do you/do you plan to keep in touch with any staff of the service?
- Were there any big issues you have encountered/did encounter during your time at the service? Can you give me an example of the type of issues that might be experienced?
- What are your views generally on the strengths and weaknesses of the overall accommodation service?
  - Strengths – what worked well/positive experiences
  - Weaknesses – areas that could be improved/any less than positive experiences
- How would you describe the ideal supported accommodation service?
  - What are the things (services, systems, protocols, 'intangibles' etc) that are most important for a good experience in a service?

Aftercare programmes

- Could you describe what steps were taken to help you leave the service to set up on your own?
- Did you feel prepared to leave before you left?
- How have you found the transition to independent living?
- How has the service supported you in this transition?
- Is there anything that the service could have done to improve this transition?
- What support have you received from other agencies? How good (or not) have these services been as you moved to live independently?

Finally

- Are there ways in which the service could be improved for the benefit of other clients?
  - [Probe around particular areas if appropriate.]
- What would you say to another woman thinking of using the service that would help her have a good experience?
- Is there anything else you would like to add?
  - Any concerns?
  - Any other advice?

APPENDIX 7: Management, staff and funders – Interview guide

Describing the service

- What client groups is the service particularly focused on serving - i.e. target groups?
- Could you describe the accommodation that you currently provide?
  - In terms of facilities that are available - Number of places available, description of standard and quality of accommodation and facilities, other facilities and services that may be available [laundry, gardens, crèche, kitchen/catering facilities, other resources available].
  - In terms of managerial, staff and oversight support and the key roles (and responsibilities) performed by these various personnel.
  - Policies in place (tenancy agreement, visitors, length of stay, education, rule books, review documents) etc. [Ask for copies.]
- How would you describe the range of in-house and outreach supports available to your clients, to assist them in both coping during the time they are pregnant and during the period that they are considering whether to parent the child or to place their child for adoption?
  - Levels and types of in-house services and supports

    How do these services work and how do they support women experiencing crisis pregnancy? What are the most important supports to provide to clients?
  - Links outside accommodation/follow-on supports available when transitioning/ having transitioned to independent living

    What aftercare programmes are in place for those who have transitioned to independent living? How do these external support services work and how do they engage with your service to support women experiencing crisis pregnancy?

Client/service needs

- How does the service respond to the needs of women experiencing crisis pregnancy?
- How does the level of need impact on the response; for example, for clients with high support needs to those with medium and low support needs?
- In what certain circumstances can the occurrence of crisis pregnancy contribute to women becoming homeless?
- In your view does the availability of supported accommodation services make continuation of pregnancy more attractive for prospective clients?
- How would you describe the accommodation and support needs of pregnant women or lone mothers with young children who are homeless/in need of support?
  - What are their accommodation needs? What are their support needs?

    Whilst living in supported accommodation, when having transitioned/while transitioning from supported accommodation to independent living?

  - How do the service needs of service users experiencing crisis pregnancy differ from those of other clients?
  - Do different types of clients have different needs?

    Age, nationality, pre/post natal, high needs, etc.

- Are the service needs of clients - across the supported accommodation sector - being fully met?
  - Where/what are the gaps/shortfalls in provision (in the case of your own service and across the supported accommodation sector)?
  - What can be done to address these gaps?
- How would you describe the ideal supported accommodation service?
  - What are the things (services, systems, protocols, 'intangibles' etc) that are most important?
- How do clients hear of / get referred onto your service?
  - How would you describe the referral process? How could it be improved? Who are the key referral agents? How are relationships developed with referral agents?
  - Is there a sufficient level of awareness amongst relevant referral sources as to the service you provide? Are prospective clients, their partners and families fully informed about the supports available?
  - Is further promotion/awareness-building required? How should this work?
  - Do you think there are any barriers in place to accessing the services(s)? What about levers/facilitators?
- What are the key challenges involved in running a supported accommodation service such as this?
  - What are your key needs as an organisation and as a supported accommodation service provider?
- In your opinion is there sufficient supply (of services and places) to meet the current level of demand?
  - What thoughts do you have on the current distribution of supported accommodation services across the country?

Application process / decision-making process

- How do you assess and address client needs?
  - Particularly for those clients who access services as a result of crisis pregnancy.
- What criteria are in place when assessing applications for residence?
  - What procedures are in place to assess and address the needs of the service users, especially those who accessed services as a result of crisis pregnancy?
  - Could you describe the decision-making process that is involved in awarding

residence? Are there certain factors that may make an application for residence ineligible (e.g. mental heath issues/misuse of drugs or alcohol, more than one child etc)?

- Could you describe the referral procedure involved and what is required (Letter of introduction, application form, interview, social report, etc)?
- Can you describe the procedure for referring clients onto external support services?

- Not all of the supported accommodation services cater exclusively for women experiencing crisis pregnancy -
  - Where do these prospective clients feature in terms of prioritisation in your service? Do you think sufficient prioritisation is afforded to this client group across the various supported accommodation services?

Case and care management continuum of good practice

- Could you tell me about the key policies and practices that the service has developed and implemented?
  - Initial induction process for the service user
  - Allocation of key worker/s
  - Development of care plans; how often the worker and service user update the plans' progress
  - Case management protocols between the service and other agencies
  - Transition and resettlement policies and practices and tenancy sustainment support.
- Has the service developed advocacy and self-advocacy policies regarding working with the service user and external services?
- Could you tell me about how the service gathers, records and uses information on service users in order to work with them to make key decisions about resettlement?
  - What other broader organisational data is recorded?
  - How does the service utilise IT to record, store and share data?

Organisational management/governance

- In the area of organisational management/governance could you tell me about the service's policies and practices in the following areas?
  - Staff qualifications – what type of qualifications/backgrounds do staff come from in the main in your service; e.g., Social care background etc?
  - Equality and diversity policies.
  - Garda clearance procedures.
  - Staff training – Is certain training mandatory, such as child protection training

and are there opportunities in your service for staff to access ongoing training in relevant areas such as Children First, etc?

- Staff support and supervision (including learning and performance programmes).
- HR/people management in terms of work conditions, selection and induction of staff.
- Performance management in terms of planning, monitoring and evaluation.
- Development and review of relevant polices and procedures by a Management Committee/Board etc. e.g. Child Protection Policy.
- Service user involvement in development of policies and practices.

Funding

- How is the service currently funded?
  - What funding commitments are in place for the next x years?
  - What challenges does funding (and future funding commitments) present for you and your service?
  - How would you like to see services funded going forward?
- What does it cost to finance your service on an annual basis?
  - Staff costs, etc.
  - Other expenditure.
- Could you estimate what it will cost to finance your service on an annual basis for the next five years?

Strategic planning - Current demand/projected demand

- How many clients has the service accommodated over the last five to ten years (those experiencing crisis pregnancy/other clients)?
- How many clients would you expect to accommodate, on an annual basis, over the next five years (those experiencing crisis pregnancy/those not)?
- What advice would you have for the HSE CPP (formerly CPA) and other funding agencies involved in this area in planning for and supporting these services?
- If a strategic plan were to be developed for the supported accommodation sector what key areas would you like the plan to be based around?
- Is there much collaboration / cooperation between the different services at present? How could it be improved?
- Would there be merit in the services working together (or being facilitated) to develop a common set of standards and supports so as to better meet the service needs of clients?