

Review of Practices and Procedures currently used in B&B

March 2002

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Purpose of Review

The purpose of this review commissioned by the Homeless Agency is to:

- Describe and assess the procedures currently in place for assessing and placing people in such accommodation
- Describe and assess the agreement with contracted landlords
- Describe procedures for support and care of people while in this accommodation
- Make recommendations on what are appropriate procedures for assessment, placement and care and support in this accommodation
- Make recommendations on the general use of private leasing to meet the accommodation needs of people who are homeless

Introduction

The national strategy concerning B&B provision and usage is detailed in "Homelessness – An Integrated Strategy." The context of the strategy is outlined thus:-

*"Local Authorities, health boards and voluntary bodies use bed and breakfast accommodation when hostel or other accommodation is not available. Bed and Breakfast accommodation is intended to be used only as an emergency or short term accommodation. However, in the absence of hostel or other longer accommodation, the Local Authorities and particularly the ERHA, are forced to use more of this type of accommodation and to keep people for there for longer periods."*¹

The national strategy recognised that Bed and Breakfast accommodation "...apart from being relatively expensive, is not regarded as suitable in the long term particularly for families...The principal disadvantages of this accommodation is that people may have to vacate the premises during the day time and that self catering or washing, laundry facilities might not be available. There are major disadvantages where families with children are concerned. The absence of hostel accommodation for homeless families with children has resulted in bed and breakfast accommodation being used to accommodate such families, increasingly for longer periods is unsuitable for long term use, particularly by families."² The strategy also noted the "Considerable concern over the care being given to children in such circumstances where accommodation must be vacated during the day time"³

*Thus the strategy recommended "...that persons should not remain in emergency accommodation other than in the very short term."*⁴

In following through on the issues arising from B&B usage a number of important recommendations were made to address the issues and concerns identified. These are summarised thus:-

Establishing quality standards "It is recommended that the Eastern Health Board should establish quality standards for all accommodation and its uses and should subsequently use only accommodation which meets these

¹ Homelessness – An Integrated Strategy p15

² Homelessness – An Integrated Strategy p18

³ Homelessness – An Integrated Strategy p36

⁴ Homelessness – An Integrated Strategy p63

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standards”⁵

Support and follow up

“It is recommended that individuals and families, who are already known to the service, should be followed up by their key worker (e.g. PHN, CPN and social worker if they are rendered homeless until such time as they have another permanent address. At such time the case can be passed on”⁶ Support services and welfare services in particular should be available to those who need it”⁷

Monitoring standards

“It is recommended that the Eastern Health Board should request that the Local Authorities monitor these residences closely in accordance with the appropriate pieces of legislation”⁸

Service gaps and deficiencies

“Service gaps or deficiencies should be identified as should the ways in which appropriate responses are to be formulated”⁹

Localised services

“Localised homeless persons centre – jointly staffed by the local authority and health – will be established, in consultation with the voluntary bodies. The service provided will be enlarged, beyond simply finding emergency accommodation, to involve full assessment of homeless persons’ needs and to refer persons to other health and welfare services”¹⁰

Current usage of B&B

There is no collated detailed available data regarding the use of B&B by individuals or families. The following table shows the latest available information regarding the first time referrals from the NAHB Homeless Service to emergency accommodation in the past year.

	Number	% of total	Cumulative total	Number of children
Single male	1500	62%	1500	
Single female	361	15%	1861	
Couples – no children	105	4%	1966	
Couples – with children	139	6%	2105	
Single parent families	315	13%	2420	
Total	2420	%		827

Source NAHB

The table highlights that almost one fifth of those who are homeless are presenting with children and as such it presents a considerable challenge in sourcing appropriate accommodation and ensuring key supports are provided to this group.

While there is a welcome appreciation and valuing of the collection and use of high quality data in providing a better quality understanding of the background of those who avail of B&B in particular and homelessness in general, this approach must be urgently firmed up to enable detailed information be available on the numbers using B&B. Currently each agency has a number of information sources regarding the demand for and extent of direct use of B&B and the additional services provided through the various agencies. Some of this is computerised while other aspects are manually retained. There are different data capture and information

⁵ Homelessness – An Integrated Strategy p64

⁶ Homelessness – An Integrated Strategy p65

⁷ Homelessness – An Integrated Strategy p28

⁸ Homelessness – An Integrated Strategy p63

⁹ Homelessness – An Integrated Strategy p29

¹⁰ Homelessness – An Integrated Strategy p31

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systems among the various agencies including the creation of a database to record relevant information in relation to bed and breakfast usage within the HPU and an on line model developed through the Homeless Agency. It is clear there is active appreciation of the value of such information across all agencies in developing customised supports to clients and in the roll out of and implementation of a localised responsive service. It is thus essential that there is a common sharing of the information of the use and demand on all services across all service providers – facilitated through a common information and analysis mechanism. There should be an urgent emphasis on progressing the pilot project to being a real time action.

In progressing better knowledge management of the clientele it will enable clarity of what staff are working with which clients, thereby avoiding potential overlap or more importantly not engaging with those with the greatest needs. This is especially so given that there are staff from the City Council, local authorities and Health Boards undertaking direct work with clients in B&B.

Accommodation availability and use

Analysis of the B&B type accommodation shows there are 1691 beds currently available within 59 segments of property. The table below shows the composition of this accommodation.

	Number of Properties	Number	No of beds	% of all beds	Range of beds per room
Apartments	10 groups	57	300	17.7%	3.3 to 6.6
Other	4		137	8.1%	4.75 to 7.14
Hostel type	45		1254	74.2%	1.54 to 8
Total	59		1691	100	

Source DCC

Competition for accommodation between statutory services compounds the open market pressures for similar type resources and has resulted in premises being used that are larger in scale than preferred, as well as being subject to increased costs that arise from the market place pressures.

Demand for accommodation within the B&B sector is based on a number of sources and factors.

Key Demand source	B&B purchasers
General commercial business	Demand is accentuated by sports, musical and other events that creates significant pressure on availability for homeless persons
Indigenous homeless	Northern Area Health Board – Homeless Persons Unit Homeless Services Section – Dublin City Council
Asylum seekers	Northern Area Health Board – Homeless Persons Unit Homeless Services Section – Dublin City Council Dept of Justice, Equality and Law Reform

The increasing use of apartments is a welcome development that is being actively progressed. Other options under consideration are the leasing of apartments from landlords with these being managed directly by Dublin City Council as well as developments through the voluntary sector.

The majority of accommodation used is principally based in the city centre. The implications of rolling out the new health board localised service organisation and structure and the better understanding of the last known residence of those who have become homeless will enable a better informed delivery of locally based service including accommodation.

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This knowledge should in turn create the capacity within each local authority area for sourcing accommodation outside the city centre thus easing demand in a relatively small area and enabling a greater pool of property to be explored as to its possible potential to provide accommodation for homeless persons. The HPU has identified that "an increasing number of people presenting for B&B come from localities outside the city centre area. This means that they often cannot be suited in relation to schools and other supports they may have in their area of origin. This problem is reflected in the high number of travel supplements paid by this unit to facilitate clients to access these supports."

There is a specific emphasis across all services on putting resources to best use especially in the event of under use of accommodation e.g. single people in small apartments or beds not filled by the clients to whom they were allocated. This is a constant juggling exercise that will benefit from the developing information systems so that the appropriate accommodation is provided on a first time first contact basis and that relocation of clients and consequential disruption to their care plan is minimised.

Statutory staffing resources

Within the homeless specific services, 93 staff were identified in post as follows:-

Grade	Dublin City Council	Health Board	Total	Comment
General Manager		1	1	2 additional appointments due with localization of services
Asst Principal	1		1	
SCWO		2	2	
CWO		32	32	Includes Traveller Unit
Clerical Admin	3	5	8	
Outreach Worker	1		1	
Resettlement Workers	5		5	2 staff are assigned to work within the B&B sector. There are 12 posts and steps are in train to recruit to complement
Property sourcers	2 +1p/t		2 +1p/t	
Hostel staff	20		20	
Porters		11	11	
MultiDisciplinary team				This is to be increased by the establishment of an additional team
Social Work		2	2	
PHN		2	2	
CPN		2	2	
Outreach worker		2	2	
Team Leader		1	1	
Night time staff	Paid on an overtime basis			From overall Dublin City Council staff
Total	32 +1p/t	60	92 +1p/t	There are 18 posts to be added to current total i.e.MDT & Resettlement

It was noted in the course of this review that relatively few of the staff had formal qualifications. Notwithstanding this, there is a substantial amount of practical experience underpinning the workload. As a greater appreciation and understanding of the clients needs becomes more systematically available through the enhanced information systems and as a more focused client led needs assessment process is implemented the implications for a developmental human resource programme for staff will become clearer.

Staffing and organisational aspects

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Services within the Health Board for homeless persons have undergone significant change in the recent past, continue to do so and will face further significant change in the near future. There is a clear strategic context that will in an integrated manner provide future services. Locating the service within the Social Inclusion role of the Boards will provide a significant impetus to the practical integration across all health and social services.

Within the local authorities, the Homeless Support Services of the City Council, established late in 1997 is the largest service provider among the local authorities within health boards within the Eastern Region. Within this unit there is considerable operational autonomy. Monthly global statistical reports on homelessness were introduced by the HSS unit with effect from January 2002.

Within the Resettlement team – which currently has two workers assigned to the B&B sector – there are seven vacancies in a team of twelve and these are currently being filled. While all the staff have considerable practical experience of working with homeless persons – up to 15 years experience. There is no Team Leader post within this section.

The development of area based actions through the combined efforts of the statutory and voluntary sectors will create significant opportunities to progress harmonised action plans. The importance of strategic, professional, informed and synchronised actions is very strongly understood and appreciated. A critical feature will be the capacity to devote the appropriate time to undertake the significant range of individual tasks in an interlinked manner that ensures all partners in the process achieve their objectives and deadlines

Fundamental to the implementation of the localised service arrangements is the recognition across all levels, experienced by the author, that the full commitment and agreement by all staff, defined standards, a clear plan of implementation, defined outcomes, quality information, consistent review, and management that is focused on the complex range of demands that present within the service are integral to its success.

These requirements, if underestimated and inappropriately prioritised will result in diffusion of effort and inability to deliver the stated commitment to use B&B exclusively for emergency accommodation in meeting need.

Procedures currently in place for assessing and placing people in B & B accommodation

People present as homeless through one of the following ways:-

1. The dedicated offices of the Health Board and Dublin City Council and other local authorities
2. The Freephone service staffed by health board staff
3. The night service staff by City Council staff
4. Other offices of statutory services – these are referred to the dedicated offices
5. The owner of the property review also identified that requests from hospitals including St Brendan's and the Mater were made directly to him or the manager to keep a bed for a resident or if a bed for a new resident might be made available. The Gardai would also present to the hostel with a client asking if a bed could be made available

The statutory definition of homelessness contained in the 1988 Housing Act is the key criteria for assessment of those people presenting to services as being homeless. In practice the assessment is taken with a positive and helpful approach to need.

Where people present to the dedicated health board offices for homeless services, the assessment is based on a liberal view of the definition of homeless.

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The assessment is undertaken in the context of the presenting information being gathered by staff who have accumulated significant experience in this role. An application form is completed in respect of each applicant (Details in Appendix 4) to enable basic information gathering. This form, signed by the applicant, clearly states the applicant's right of appeal under the Social Welfare (Consolidation) Act 1993.

There is evidence that a holistic model of assessment is considered essential but the presenting pressures, of sometimes very chaotic clients, do not consistently or readily enable a comprehensive overview of clients needs at this initial stage. It would be beneficial to document the criteria, questions, issues and key objectives that staff use in these assessments. The development of a comprehensive overview though such a process would benefit all.

The immediacy of accommodation need makes for a pressurised and time constrained process, which when allied to the presenting numbers waiting for attention, can lead to a truncation of the assessment process. It is desirable that an alignment of staffing resources to peaks and troughs in demand times be integrated with the outcomes of the client's needs assessment process.

In the context of the Freephone service, depending on the time of calling, it can – from experiences relayed to the reviewer – be difficult to access and again it can be most difficult for clients and providers to receive/provide a service that goes beyond the immediate accommodation needs.

Despite the pressurised environment, the detailed knowledge of where accommodation might be available is a key knowledge resource of the staff concerned. However, on occasions, when due to demand generated by sporting or social events, accessing accommodation is almost impossible, the client is provided with a cheque to source their own B&B accommodation.

Developing follow on contact and support to clients in B&B is undertaken through the following sources currently:-

- A developing "patch" system provided through the CWO service in six areas initially and the planned roll out to all areas
- Resettlement worker services provided through two allocated workers

The services principally seek in a generic way to provide clients with linkages, advocacy, and information and to facilitate those who are able to do so, to move on to more permanent accommodation.

Additional supports to persons living within the B& B sector are available through the

- Support services from the MultiDisciplinary Team
- Support services from the local community care areas

Overall the range of individual efforts is clearly seen but it is hard to discern clearly in an individual or collective manner the effectiveness of these approaches and it would be beneficial for all if a review of the services and roles performed in the context of a client led needs assessment services was undertaken.

The night time service is staffed by members of Council staff who (are paid overtime and have on the job briefing) use a small minibus to collect homeless persons from a circuit of stops – including those referred from the Freephone service, clients at Mater A & E unit, Garda station – and bring them to available bed spaces for the night. Provision of sleeping bags to some clients is also undertaken. The service has operated from 10.00 p.m. to 2.00 p.m. but is planned to move to a 9.00 p.m. to 1.00 a.m. timeframe in the immediate future. Numbers availing of the night time service vary greatly from 8 to 10 per night and the range

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of people availing of this service can vary from 1 or 2 to 20/25. The average is approximately 10 to 12. The service is operational for approximately a year and is understood to be the subject of a review as to what it has achieved.

It is noted that proposals were made in the Action Plan for the introduction of a care manager system of working with people. Under this system, each person would be appointed a care manager. The role of this person would be to ensure that every one who becomes homeless is assessed and allocated a key worker, from one of the many services. The care manager would oversee the progress of a number of people through the homeless system and out into long term housing. He or she would also act as an advocate/trouble shooter/linkage person in the event that it was difficult for the key worker to access necessary services (such as drug/alcohol treatment, psychiatric care, and housing). The system was supposed to have been piloted from last March. I understand that some industrial relations issues have impeded its progression.

There are significant benefits attached to the introduction of a case management system that have been documented in a range of social services (see for example the SSI reports and UK Housing Association guidelines). It is highly desirable that the specific efforts to progress the implementation of the case management process in the case on those using B&B are progressed to implementation.

Description and assessment of the agreement with contracted landlords

Property is identified by property owners themselves or through the experienced staff within Dublin City Council who through their own networks identify potential properties. Following the initial contact and depending on need, arrangements are made to see the property which is assessed against a written set of criteria.

All properties are also referred to the Fire Officer and the EHO for their assessment. Within the HSS, inspections are carried out about every eight weeks. However, if HSS staff are visiting a premises for a number of other reasons the opportunity may be availed of for a brief check on the premises.

If there are concerns about a property – expressed by service users or any staff within the health board or local authority – there will be more frequent inspections by the HSS staff. These concerns are predominantly about the physical standards of the property e.g. if staff are not present when they are supposed to be or if an escape exit is not kept clear.

There are two written documents and a set of guidance notes (that have been committed to paper for this review) used within the HSS section, specifying the requirements of Dublin City Council (these are detailed in Appendix 1, 2 and 3):-

The inspection form used by the HSS to inspect applicant accommodation owners was developed from the practical experience of the staff concerned and in consultation with a range of other professionals. The content of the inspection form while comprehensive insofar as it goes needs to be reviewed to ensure details of additional aspects as may emerge from the finalised quality standards are recorded including, inter alia:-

1. Frequency of linen change
2. Rules and their content
3. Complaints procedures
4. Access to kitchen
5. Access to laundry facilities
6. Training provided and required for staff
7. Garda clearance arrangements completed
8. Maintenance arrangements

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9. Care staff implications
10. Type of client for whom accommodation is suited

Properties cease to be used by Dublin City Council where they do not or have not met the required standard. Approximately 200 bed places ceased to be used for these reasons in the last year. It is the wish of Dublin City Council to close a further 4/5 premises. The cessation of use of existing premises is constrained by the demand for accommodation and the difficulty of sourcing appropriate new properties.

No written contract between the statutory authorities and the owners of accommodation is currently in place. The verbal contract is to "give maximum room to manoeuvre" in making decisions on the current suitability of accommodation. Developing a written contract, should particularly, in the context of the extensive financial costs of rented accommodation be considered.

Negotiation of new accommodation costs has resulted in a reduction of costs and new landlords receive payment within the range £15 - £22 per person per night. In some instances, beds are block booked and payment made even if the persons booked in do not turn up. There is evidence of improved management of the vacancies within the past year to minimise vacancies and use available beds to best effect. Thus, for example, if a client is found by the night time service not to have a bed, and accommodation is available at one of the properties being visited, then subject to suitability of the person and other persons living there a bed is immediately provided.

Clarification of responsibilities

An important development in the provision of services has been the clarification issued by the Department of Health and Children and the Department of the Environment clarifying the respective responsibilities for local authorities and health boards. Local authorities now take responsibility for the capital cost and running expenses (light, heat, maintenance etc.) of hostels while health boards are responsible for the cost of all support staff, including care, welfare, housekeeping and administration as appropriate. This clarification of responsibilities is welcome and will, over time benefit from the better and greater synchronisation of action between the partners.

Within the recognition of the need for care staff in some of the properties three further aspects will benefit from consideration:-

1. The best way of providing staff to premises which are owned and operated by private landlords
2. The appropriate staffing levels for the differing client needs
3. Clarification of the standards acceptable and how they will be implemented uniformly according to client need

Currently staff employed in the properties are directly recruited by the property owner. Dublin City Council state it is policy to have Garda clearance checks performed on all working in the accommodations. This is not currently included in the check list.

The Health Board is now insisting from an accountability and quality perspective that it has the right to participate on interview selection processes for staff whom it will fund. This has yet to be given full effect.

The process and mechanisms for sourcing property has had at times the unintended effect of presenting the Health Board with a building which, if envisaged by Council staff as a service for providing care, the Health Board then has to consider how to provide funding for staff when such funding might not in fact be available. More detailed co-working arrangements would benefit the process.

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It would be preferable if clear written detailed standards were customised from the principles contained in the "Putting People First" document and other guidance such as the Barnardos document on working with families and endorsed by all participants in the services delivery. In this way there would result in clear operational guidance to enable the optimum property sourcing arrangements be in place.

Recommendations for appropriate procedures for assessment, placement and care and support in B&B accommodation

Assessment

The standards outlined in "Putting People First" should be the baseline operational standards which are customised by each agency in conjunction with their relevant partners in the delivery of the integrated service spanning all agencies.

Placement

The standards outlined in "Putting People First" should be the baseline operational standards which are customised by each agency in conjunction with their relevant partners in the delivery of the integrated service spanning all agencies.

Care and support

The standards outlined in "Putting People First" should be the baseline operational standards which are customised by each agency in conjunction with their relevant partners in the delivery of the integrated service spanning all agencies. A working document

Complaints

There is currently no standard or written down system for dealing with complaints made by those placed in B&B accommodation is in place. A range of informal mechanisms were identified:-

- Informal complaints made to staff in the Health Board and City Council services directly in the course of their work contact with service users
- Staff from the Health Board and City Council identifying matters themselves in the course of their visits to B&B establishments

Written complaints are encouraged where there are allegations of a more serious nature relating principally to the conduct and attitudes experienced by those using B&B from the staff working in these establishments.

No review of complaints received is made. The experience of Focus Ireland based on a review of 12 complaints received by them in the past year has identified physical standards of the property, attitude and approach of staff and allegations of harassment – including sexual harassment – as the principal features of those received. The wish for anonymity on the part of complainants is motivated through fear of retribution and a strong sense of disempowerment on the client's part.

A simple but clear system for making a complaint is detailed in the Maple House residents' handbook as follows:

- If you wish to make a complaint you should speak to the person on duty, at the time
- You can also speak to the hostel supervisor, if you wish, when he is present. In his absence the person duty has responsibility to deal with all matters that arise
- If you are not satisfied you should put your complaint in writing to the Admin Officer on the complaints form provided

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This model represents a concise and clear outline of the steps involved in a positive complaints system and should be customised for use in all services. In a wider context the development of a more broadly focused customer and staff satisfaction survey has strong potential for its insight into a broad range of issues in the delivery and receipt of services.

Recommendations on the general use of private leasing to meet the accommodation needs of people who are homeless

Short term

1. In the short term – 12 months – the reliance on private landlords to provide accommodation will remain the only viable way to provide accommodation for the current volume of those who require same
2. Leasing of apartments and domestic scale houses should be actively pursued in the short term to achieve a reduction in the number of high volume buildings in use
3. The closure policy with regard to premises that are not satisfactory from the perspective of the statutory providers should be ongoing
4. The quality information available from the Health Board regarding origin of those who are homeless should form the baseline targets within the appropriate local authorities
5. The Health Boards and Local Authorities should jointly develop an action plan for the rental, leasing or purchase of premises and any associated staffing costs that meets their agreed needs and which identifies agreed costs and time scales for bringing the service on stream

Medium term

1. Where private landlords are contracted to provide a service the agreed customised standards based on the "Putting People First" should be the baseline operational standards.
2. Acquisition of suitable properties in all local authority areas and bringing them on stream as soon as practicable
3. Identifying agreed staffing ratios and skills and experience for the posts
4. Reviewing all current facilities against the agreed customised standards and developing a plan of costed action to address the identified needs

Key achievements to date

Assiduous work has taken place to progress on a practical level the recommendations of the national strategy insofar as they relate to B&B usage. These include:-

- A range of Standards have been detailed in the Homeless Agency document "Putting People First" and a number of other working documents prepared under the auspices of the Homeless Agency relating to care and information issues
- Negotiations with landlords have achieved 24 hour live in capacity for all B&B premises used
- Negotiations to achieve access to waking hour (generally 7.00 a.m. to 9.00p.m.) kitchen facilities have been achieved in all but 4 premises
- B&B providers are now being asked to provide a play space for parents to supervise their children
- Exploratory discussions are being held with B&B providers to have access to a room to enable professional staff provide services directly to clients placed in the B&B
- Better quality information on clients including their last known address is being gathered to facilitate better individual provision and more localised service provision

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- Health and social service provision is being developed in a social inclusion model of service provision that is deliberately focused at integrating children, families, mental health, income support and community resource services
- Partnership at all levels is a key working process and accountability requirement
- More localised service arrangements are in the process of being rolled out within each of the health boards and supported by a dedicated manager for the homeless service
- A more extensive use of apartments as a source of accommodation
- Clarification by the Department of Health and Children of the respective responsibilities of local authorities and health boards
- A willingness to review and identify ways of improving the services being delivered
- The recognition across all levels, experienced by the author, that the full commitment and agreement by all staff, defined standards, a clear plan of implementation, defined outcomes, quality information, consistent review, and management that is focused on the complex range of demands that present within the service are integral to its success

Progression

There are clear strategic objectives

- "...that persons should not remain in emergency accommodation other than in the very short term."
- That quality standards be developed and implemented
- That "Service gaps or deficiencies should be identified as should the ways in which appropriate responses are to be formulated"
- That localised services be developed
- "Support services and welfare services in particular should be available to those who need it"

No change is recommended to the national and regional strategies for addressing the issue of B&B usage.

The emphasis should be focused on vigorously progressing the implementation of the action plans and activities already in train and absorbing the aspects identified in this review.

Key activities and actions to be progressed

Securing more and better quality smaller scale properties for use as accommodation

Short term

1. In the short term – 12 months – the reliance on private landlords to provide accommodation will remain the only viable way to provide accommodation for those who require same
2. Leasing of apartments and domestic scale houses should be actively pursued in the short term to achieve a reduction in the number of high volume buildings in use
3. The closure policy with regard to premises that are not satisfactory from the perspective of the statutory providers should be ongoing
4. Negotiation with landlords to secure services that meet the agreed standards
5. Customising and agreeing the accommodation standards across the service provision spectrum
6. Ongoing operational clarification of responsibilities

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7. The content of the inspection form while comprehensive insofar as it goes needs to be reviewed to ensure details of additional aspects as may emerge from the finalised quality standards are recorded
8. Developing a written contract, should particularly, in the context of the extensive financial costs of rented accommodation be considered.

Medium term

1. Where private landlords are contracted to provide a service the agreed customised standards based on the "Putting People First" and other standards should be the baseline operational standards.
2. Acquisition of suitable properties in all local authority areas and bringing them on stream as soon as practicable
3. Identifying agreed staffing ratios and skills and experience for the posts
4. Reviewing all current facilities against the agreed customised standards and developing a plan of costed action to address the identified needs
5. Harmonisation and synchronisation of actions in bringing new accommodation and services on stream on time and on cost
6. Within the recognition of the need for care staff in some of the properties identify the optimum :-
 - Way of providing staff to premises which are owned and operated by private landlords
 - The appropriate staffing levels for the differing client needs
 - Clarification of the standards acceptable and implemented uniformly according to client need

Quality standards be developed and implemented

1. In the context of assessment, placement, care and support to clients the standards outlined in "Putting People First" should be the baseline operational standards which are customised by each agency in conjunction with the relevant partners in the delivery of the integrated service spanning all agencies
2. Agreement by all partners on the guidelines of working with families who are homeless, commissioned by the Homeless Agency and prepared by Barnardos that includes the relevant legislation, development characteristics and needs of children, child protection issues, good practice in terms of family support models, HR, interagency working etc. The manual developed by the Dept of Justice, Equality and Law Reform has been positively quoted as a model package of procedures, practices and standards that would have particular applicability to the B&B sector
3. The implementation of a case management approach to all clients is highly desirable
4. Develop a positive complaints system customised for use in all services. In a wider context the development of a more broadly focused customer and staff satisfaction survey has strong potential for its insight into a broad range of issues in the delivery and receipt of services

That "Service gaps or deficiencies should be identified as should the ways in which appropriate responses are to be formulated"

1. Ongoing development and implementation – based on the model developed through the Homeless Agency – of information systems so that the appropriate accommodation is provided on a first time, first contact basis and that relocation of clients and consequential disruption to their care plan is minimised
2. Through enhanced information gathering and analysis capacity to provide clarity of what staff are working with which clients, thereby avoiding potential overlap or more importantly not engaging with those with the greatest needs

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3. It is desirable that an alignment of staffing resources to peaks and troughs in demand times be integrated with the outcomes of the clients needs assessment process
4. As a greater appreciation and understanding of the clients needs becomes more systematically available through the enhanced information systems and as a more focused client led needs assessment process is implemented the implications for a developmental human resource programme for staff will become clearer
5. Developing information and analysis systems so that the appropriate accommodation is provided on a first time first contact basis and that relocation of clients and consequential disruption to their care plan can be best be facilitated through a common information and analysis mechanism
6. Development of a structured and accountable system of care standards operated in the accommodation services used for B&B

That localised services be developed

1. The quality information available from the Health Board regarding origin of those who are homeless should form the baseline targets within the appropriate local authorities for accommodation for homeless clients and future service needs
2. The Health Boards and Local Authorities should jointly develop an action plan for the rental, leasing or purchase of premises that meets their agreed needs and which identifies agreed costs and time scales for bringing the service on stream
3. In rolling out the localised services model that adequate resource to plan and implement the individual actions is in place

Support services and welfare services in particular should be available to those who need it"

1. Using a client led needs assessment based service to provide high quality information to design client solutions
2. There is evidence that a holistic model of assessment is considered essential but there is not a standardised process for its implementation in place. The development of a formally agreed process common to all points of entry to the care system would benefit all
3. There is no clear understanding or overview of the effectiveness of "patch" system operated through the CWO service and the services provided through the resettlement teams and it would be beneficial for all if a review of the services, workload and roles performed in the context of a client led needs assessment services was undertaken

Appendix 1 – Guidance for property owners

This was last updated in August 2001 and is titled Ref: 00356/2001 G.F

1. The Landlord will be responsible for Light, Heating, all furniture including television, bed linen, cutlery, washing machine and utilities
2. The Landlord will be responsible for providing security on a 24 hour basis, to ensure that reasonable house rules are strictly adhered to, and in the interest of the health and safety of the residents, and to minimize annoyance and nuisance to neighbours
3. The Landlord will be responsible for all building insurance, contents insurance and public liability insurance
4. The Landlord will be responsible for all maintenance including the upkeep and periodic redecoration of the premises to maintain a standard that is deemed clean and lettable

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5. The Landlord must submit a current Tax Clearance Certificate and comply with all statutory requirements in relation to VAT, rates, etc
6. Dublin Corporation reserves the right to place any persons who are deemed to be in need of emergency accommodation in these premises
7. The Landlord must hold a legible register of occupants and allow any certified officer inspect these premises. This register should be made available to the emergency services in the event of an emergency
8. The Landlord must inform either the Northern Area Health Board or Dublin Corporation when any person leaves or if they are not in occupation for more than 24 hours
9. Section 18 (2) of the Fire Safety Act, 1981 places a duty of care on landlords to take all reasonable measures to guard against the outbreak of fire on your premises, and to ensure as far as it is reasonably practicable the safety of persons on your premises in the event of an outbreak of fire
10. Under the Health, Safety and Welfare at Work Act 1989, all organisations are required to compile a Safety Statement. This is, in essence, the document containing the manner in which safety and health is managed at the place of work. Section 12 requires:
 - The need for hazard identification and risk assessment; and
 - The need for organizational measures to ensure risk control
11. It is the policy of Dublin Corporation that all staff, contract or otherwise, working directly with our client group, should be cleared by the Gardai. It is the responsibility of the landlord to obtain Garda clearance
12. Since December 2000 Dublin Corporation operate a night bus service between the hours of 10.00 p.m. and 2.00 a.m. If there are emergency beds available in your premises, in liaison with the driver, you may be required to fill these beds on a nightly basis
13. If the landlord fails to honour the above conditions Dublin Corporation will have the right to terminate any existing agreement immediately without penalty

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Appendix 2 – Previously unwritten standards and issues

1. We emphasise reasonable house rules bearing in mind the mixture of clients referred
2. Bed linen should be changed every week and more frequently, if necessary. Bed line should be changed for every new client
3. Management are encouraged to report to the NAHB issues around the breaking of house rules, especially where barring is likely. This is to allow the NAHB staff (the placement staff) time to locate another accommodation for the clients. There are clients who are barred from subsequent accommodations and are repeatedly referred back to the placement service
4. We ask for a play area for the children to be supervised by the parents
5. We insist on no single men being placed in accommodation for families, as a child safety precaution
6. We facilitate moves and frequently move clients from one place to another, arising from a variety of needs/issues
7. We require weekly returns of the residents, which contain a daily record of occupancy of the properties

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Appendix 3 – Property inspection checklist

1. Property address
2. Date inspected
3. Time inspected
4. Inspected by
5. Bars on basement windows: Yes/No
6. Bars on other windows: Yes/No
7. General cleanliness: Excellent/Good/Reasonable/Poor/Very Poor
8. General Cleanliness comment
9. Smoke alarm present: Yes/No
10. Type of alarm: Wired/Battery
11. Fire extinguisher present: Yes/No
12. Date fire extinguisher present: Yes/No
13. Fire escape doors present: Yes/No
14. Fire escape doors working: Yes/No
15. Fire escape doors accessible: Yes/No
16. Fire escape signs present: Yes/No
17. Emergency lighting present: Yes/No
18. Is it overcrowded: Yes/No
19. No of bedrooms
20. No of beds per room
21. Total no of beds
22. Cooking facilities
23. No of toilets
24. No of toilets short
25. Toilet facilities
26. Cloths washing facilities: Yes/No
27. Showers: Sufficient/Not enough/None
28. Wash hand basins: Sufficient/Not enough/None
29. Supervisory staff: Sufficient/Inadequate
30. Staff on duty
31. Register of occupants checked
32. Register up to date: Yes/No
33. Has owner a fire cert: Yes/No
34. Copy requested: Yes/No
35. Fire Certificate displayed: Yes/No
36. Are all residents booked in using facilities: Yes/No
37. Overall condition of exterior: Excellent/Good/Reasonable/Poor/Very Poor
38. Condition interior comment
39. Is the premises now closed: Yes/No
40. Date closed
41. Comments

A separate page seeks information on ventilation in up to thirty rooms

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Appendix 4 – Details on Application form for SWA used by the Homeless Persons Unit (HB)

Client Details – also for spouse

Name
DOB
Mother's Birth Surname
PPSN
Pension number
Child Benefit Number
DSS number
Asylum Seeker Number
Medical Card Number
Current Address
Previous Addresses

Current Income category

Last employer	Employer Number	Date last worked	Date of last payment
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Child details
Last name DOB
PPSN
Resident

Reason Homeless 1
Reason Homeless 2
Registered Homeless Yes/No Local Authority
Space for more details

Client Contact Register

Contact name
Organisation
Contact Category
Phone
Fax

SWA payment record

Date
Scheme
Payment reason Amount
CWO

Client Accommodation record

Date from Date to
Accommodation name
Family composition
No Nights
CWO

Declaration and signature