

International Commentary: Family Options Study Observations From the Periphery of Europe

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Introduction

From a European perspective—and, more specifically, an Irish perspective—the Family Options Study offers crucial insights into how policy responses to family homelessness are theoretically framed and into the efficacy of the actual services constructed to meet the perceived needs of homeless families. The study identifies two dominant ways of thinking about family homelessness. The first sees family homelessness as resulting from income insufficiency, resulting in an inability to successfully compete in tight rental housing markets; the second sees family homelessness as a consequence of both income insufficiency and a range of other personal dysfunctions. The appropriate response to preventing and ending family homelessness, if family homelessness is understood as resulting from income insufficiency, is to provide financial subsidies (short- or long-term subsidies), to bridge the gap between family income and market housing costs, or subsidized social housing. The appropriate response, if homelessness and low-incomes are both seen as resulting from individual dysfunctions, is to remedy those dysfunctions prior to the provision of a housing subsidy. The perceived wisdom is that successful treatment is best provided in supervised transitional congregate settings that address these dysfunctions and adequately prepare families for independent living through a series of therapeutic interventions.

The seminal contribution of the Family Options Study is that it enabled the systematic evaluation of these different responses to family homelessness. Crucially, the study's long-term outcomes report (Gubits et al., 2016) concluded emphatically that the priority provision of long-term housing subsidies (the *SUB* intervention) is the optimal response to ending family homelessness, as opposed to emergency accommodation (the *ES* intervention), short-term housing subsidies (the *CBRR* intervention), or transitional congregate facilities (the *PBTH* intervention). It also finds that both long- and short-term housing subsidies are considerably less costly than emergency shelter or transitional congregate facilities, while also offering substantial additional benefits across a range of psychosocial domains. It is striking that, after emergency accommodation, the per-family monthly cost of transitional congregate housing was more than double the cost of long-term housing subsidies, coming in at \$2,706 versus \$1,172. This additional cost might be justified if the psychosocial outcomes were superior, as the theoretical basis of the transitional model argues. However, of

the 18 psychosocial challenges studied—grouped under the headings of housing stability, family preservation, adult well-being, child well-being, and self-sufficiency—Gubits et al. (2016: 103) concluded that, “[c]onsidering the set of 18 outcomes as a whole, even among families facing high levels of challenges, one would prefer the SUB intervention to the PBTH intervention regarding all the housing stability outcomes and regarding other dimensions such as child separations, number of schools children attended, and food security for which the SUB intervention had uniformly more positive impacts than the PBTH intervention across levels of psychosocial challenges.”

Although difficult to accurately quantify due to data limitations (Busch-Geertsema et al., 2014; Pleace, 2016), increases in the extent of family homelessness are evident in several European member states. In the case of Ireland, the extent of family homelessness has increased dramatically during the past three years. In this section, I look at the extent of family homelessness in Ireland, the possible reasons for the increase, the policy responses, and the evidence base for these responses, considering the Family Options Study.

Family Homelessness in Ireland: Trends, Trajectories, and Targets

Trends

During the week of March 20 to 26, 2017, 1,069 homeless families were recorded in Dublin and 187 were recorded outside of Dublin, for a total of 1,256 families.¹ These numbers compare with 411 in Dublin and 60 outside of Dublin during the week of March 23 to 29, 2015, an increase of more than 200 percent in a 2-year period. Of these homeless families in March 2017, 426 were adult couples with dependent children and 830 were adult individuals (almost exclusively women) with dependent children, with a total of 2,563 child dependents, giving a total of 1,682 adults and 2,563 child dependents. In March 2015, the 175 adult couples with dependent children and 296 adults with dependent children had a total of 1,054 child dependents.

The number of new family presentations to homeless services per annum in Dublin (data are not available outside of Dublin)—that is, families who had no previous contact with homeless services—increased from 183 in 2013 to 875 in 2016. Due to this rapid increase in new presentations, existing designated homeless services for families in Dublin quickly reached capacity, and families were increasingly placed in commercial for-profit hotels and bed-and-breakfast-type accommodation. In March 2017, in Dublin only, 815 families were in commercial hotels (with 1,641 child dependents), and 254 families were in designated accommodation for homeless families compared with 270 families in commercial hotels and 141 families in designated accommodation for homeless

¹ These data are generated by the PASS (Pathway Accommodation & Support System), a national bed management system for homelessness services, and allow for a monthly report on the number of households in designated homeless accommodation, starting in April 2014 and broken down by gender, age, and nature of accommodation. These data provide information only on households in specific state homelessness accommodation. Accommodation for those persons escaping domestic violence—a total of 21 residential services with a bed capacity of approximately 250—have been transferred from Housing Authorities to a separate Child and Family Agency, and have therefore not been enumerated in the monthly data, since January 1, 2015. Thus, the data on homelessness provided by the PASS system underestimate the extent of family homelessness.

families in March 2015. Because of the increasing reliance on private for-profit accommodation provision, in the fourth quarter of 2016, Dublin municipal authorities (who have statutory responsibility for meeting the needs of homeless households) expended slightly more than €14 million on commercial hotels and bed-and-breakfast accommodations for homeless families compared with slightly less than €3 million in the fourth quarter of 2013.

Trajectories

Analyses of the trajectories of families into homelessness established that most of the families cited the termination of their tenancy in the private rented housing sector as the key trigger for their immediate homelessness or eventual homelessness following a period of sharing overcrowded accommodation (O'Donoghue-Hynes, 2015; see also Focus Ireland, 2017, 2016a, 2016b, 2015; Walsh and Harvey, 2017, 2015). Increases in market rents at a time when rent subsidies were static and not keeping pace with market rents, rendering the dwelling unaffordable, and the sale of private rented dwellings by landlords, which allows for the termination of a tenancy, caused the termination of the tenancies. In the most detailed analysis of the housing careers of the families who entered homelessness in March 2016, Focus Ireland (2016a) identified three types of housing histories: (1) previous stability in the private rented sector, which accounted for nearly one-half of families; (2) precariousness in the private rented sector; and (3) prolonged housing instability and sharing with friends and family.

All homeless families in Ireland are entitled to a means-tested rent subsidy, which is delivered via a number of schemes that provide households with a cash payment to bridge the gap between household income and market rents for private rented dwellings. Homeless families are also eligible for social housing via the provision of a dwelling, a *bricks-and-mortar approach*, managed by either a municipal authority or a not-for-profit body known in Ireland as Approved Housing Bodies.

Until July 2016, rent subsidies did not keep pace with rapidly rising market rents, which rose an average of nearly 8 percent per annum between 2014 and 2016, particularly in urban areas. By the time the rent subsidies were increased, with an enhanced subsidy for families at risk of homelessness (the basic subsidy plus up to 50 percent), the supply of private rented dwellings had rapidly dwindled, with only 1,600 units available to privately rent in Dublin; by May 2017, slightly more than 1,000 units were available to rent.² These numbers compare with 4,500 dwellings available to privately rent in June 2012. To assist tenants in the private rented sector, a Tenancy Protection Service was established in June 2014. This service allowed for an enhanced rent supplement if a household was at risk of homelessness. Between June 2014 and December 2016, 9,900 households contacted the service, with more than one-half of the contacts identified as being at risk of homelessness. Slightly more than 2,800 households that contacted the service had their tenancies protected; only 40 households that contacted the service entered homelessness.

In the case of the provision of social housing, as a consequence of the bailout conditions imposed on Ireland in late 2010, the amount of public spending on capital projects such as social housing

² The 2016 census identified 114,462 households privately renting accommodation in Dublin, giving a vacancy rate of less than 1 percent.

was restricted.³ Between 2010 and 2015, slightly fewer than 6,000 social housing units were constructed nationally compared with an output of nearly 35,000 new units between 2004 and 2009. A statutory assessment of social housing need conducted in September 2016 enumerated 91,600 households that qualified for social housing. Commencing in January 2015, the Minister for the Environment, Community and Local Government issued a series of statutory directives to the four Dublin Local Authorities to the effect that 50 percent of social housing dwellings available for allocation be given to homeless and other vulnerable households and that 30 percent be allocated in the other four major urban centers. These directives expired at the end of April 2016 as a consequence of concerns raised by the chief executives of the four Dublin Councils, who argued that “[i]t is our view that this requirement is now having the effect of encouraging some households who are in housing need and who are awaiting social housing to enter the ‘homeless’ system in the mistaken belief that this will hasten the allocation to them of a social housing unit” (Keegan, 2016).

Despite the substantial increase in cash subsidies from July 2016 onward to households at risk of homelessness and seeking to exit homelessness, the rapidly declining availability of private rented dwellings, allied with little new social housing and the removal of priority access to such housing for homeless families, has resulted in unprecedented numbers of homeless families in emergency accommodation.

Targets

In May 2016, following a general election in February, a new Programme for a Partnership Government was announced, which stated that, “[i]t is not acceptable in 2016 to have families living in unsuitable emergency accommodation or to have people sleeping rough on our streets” (Government of Ireland, 2016: 19). The Programme committed to publish, within 100 days, a new action plan for Housing. In July, “Rebuilding Ireland: An Action Plan for Housing and Homelessness” launched. The plan stated that the “long-term solution to the current homelessness issue is to increase the supply of homes” (Department of Housing, Planning, Community and Local Government, 2016: 33). The plan promised to limit the use of hotels for accommodating homeless families by mid-2017, stating—

It is recognised that accommodating family units in hotel arrangements is inappropriate for anything other than a short period of time. The prevalence of homeless families and the utilisation of hotels for emergency accommodation is a much more significant issue in the Dublin Region than it is in the rest of the country.... Our intention is to move the existing group of families out of these hotel arrangements as quickly as possible, and to limit the extent to which such accommodation has to be used for new presentations. *Our aim is that by mid-2017, hotels will only be used for emergency accommodation in very limited circumstances.* (Department of Housing, Planning, Community and Local Government, 2016: 34; emphasis added)

Despite this commitment, as noted previously, the number of families in hotels and other privately provided emergency accommodation grew in the third and fourth quarters of 2016 and the first

³ In November 2010, the European Commission, the European Central Bank, and the International Monetary Fund agreed on a financial aid program for Ireland that placed limits on the capacity of the Irish government to deliver social programs.

quarter of 2017. By early 2017, the Dublin Local Authorities made a decision to manage homeless families through the provision of Family Hubs, with a capacity for 500 families and a budget of €25 million. In these hubs, families would share various facilities, described euphemistically as “co-living” in the promotional video for the Hubs, and would be time limited to 6 months. The first hub opened in March, operated by an Approved Housing Body, and was described in the press release as—

... our humanitarian response to address the needs of homeless families in Ireland today. Many of the families here need and now have proper facilities, especially for their children. Our 24-hour support services are tailored to the needs of individual families with key workers for every resident. This is interim accommodation—with the aim that families leave Respond in a better position than when they arrived and move into homes of their own. (Respond Housing Association, 2017)

No rationale for the establishment of, essentially, congregate transitional supervised accommodation for homeless families has been published, but it does seem to depart from the stated objective of homelessness policy in Ireland to move to a housing-led approach that would eschew the use of congregate emergency and transitional accommodation. The ideology supporting the hubs appears to be based on a view of homeless families as families who have underlying psychosocial dysfunctions that require therapeutic intervention to ensure that they are adequately prepared for housing at the end of their 6-month stay. In addition to the therapeutic logic for the establishment of the hub, a punitive logic is also possible, with the view, most openly expressed by the chief executives of the four Dublin Local Authorities, that families were entering homelessness to fast track their way to social housing. Thus, the provision of supervised and surveilled accommodation seeks to deter all but the most desperate families from accessing the homelessness system. As noted previously, however, repeated surveys of the trajectories of families into homelessness consistently show that housing market failure—rather than family failure—is the driver of family homelessness and that supplying affordable, secure housing, rather than placing families in transitional accommodation, will both prevent family homelessness and enable families to exit their currently unsuitable emergency accommodations. However, one possible successful outcome for the hubs is that families residing in hubs will no longer be classified as living in hotels (although some of the proposed hubs are existing hotels that will morph into hubs by the end of June), and thus a political promise can be partially kept.

Conclusion

The enduring popularity of congregate emergency, transitional, and shelter accommodation for homeless individuals and families is perplexing. Shelters for homeless people had their origins in the early 19th century, and their emergence was in parallel with the construction of a range of other institutions to manage low-income people, including workhouses, prisons, and a vast array of asylums and penitentiaries. The failure of these institutions to reform, rehabilitate, desist, or deter was clearly evident by the end of the 19th century, but it took several decades before most of these massive mausoleums of misery gradually fell into disuse and disgrace. However, homeless shelters not only have survived the welcome demise of other dismal institutions, they have thrived.

Across the European Union, despite some success in shifting policy toward housing-led, rather than shelter-led, approaches in Finland, Norway, and Denmark, the primary response to individual and family homelessness is the provision of emergency shelter in either congregate facilities with onsite psychosocial services or commercial hotels and other temporary accommodation.

From the data on Ireland outlined in this article, it is clear that the dramatic increase in family homelessness during the past 3 years reflects a dysfunctional housing market, wherein limited supply and skyrocketing rents in the private rented sector, and historically low levels of new social housing output, have coincided to push increasing numbers of families into homelessness with declining options to exit. However, the introduction of Family Hubs—when we know from the Family Options Study that such congregate transitional supervised accommodation for families is more expensive and less effective than long-term housing subsidies—seems an attempt to construct the issue as one of dysfunctional families rather than of a dysfunctional market. Some 20 years ago, Gerstal et al. (1996: 551) described what they termed the “therapeutic incarceration of homeless families” as a response to a lack of affordable housing and how “constraints on housing availability were translated into a language of individual deficiency and therapeutic remedy.”

Although the political and administrative concern to respond to the needs of the now-considerable number of homeless families, particularly in Dublin, living in unsuitable emergency accommodation is understandable, adopting a model of provision that is costly, ineffective, and stigmatizing, is not an effective response. The results of the Family Options Study suggest that prioritizing access to long-term secure housing for such families is a more optimal response.

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