

# HOMELESS TRUTHS

**Children's Experiences of  
Homelessness in Ireland**



**ombudsman**  
for children & young people

# About the Ombudsman for Children's Office

Emily Logan was appointed Ireland's first Ombudsman for Children in December 2003 and was reappointed for a second term in December 2009. Established under the Ombudsman for Children Act, 2002, the Ombudsman for Children's Office (OCO) is an independent statutory body with an overall statutory mandate to promote and monitor the rights and welfare of all children and young people under 18 years living in Ireland.

The Ombudsman for Children is accountable to the Oireachtas in relation to the exercise of her core functions. Provided for in the 2002 Act, these functions are:

- to receive, examine and investigate complaints made by or on behalf of children in relation to public bodies, schools and hospitals where children are cared for;
- to monitor and provide independent advice at Ministerial level on legislative and public policy developments concerning the rights and welfare of children; and
- to raise awareness of issues relating to children's rights and welfare, to be an independent voice on behalf of children, and to hear and highlight children's views and concerns.

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# HOMELESS TRUTHS

**Children's Experiences of  
Homelessness in Ireland**

Monitoring by the Ombudsman for Children's Office  
of Homelessness Services for Children

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“When you’re in care for that first time, you’re all over the place...and... one thing that needs to stay the same is the place you stay in...You get depressed over it because you feel ‘Does anybody care?’... You don’t feel like someone is caring over you. And no matter how old you are – people don’t admit it, but it’s true – you need someone to care for you...”

“When you’re waiting in  
a Garda station, you have  
to see other stuff happening,  
like... people might be coming  
in getting arrested.

Like, when I was there... I had  
to see them dragging a girl  
through to a cell and all that  
kind of thing...

I’m able for it, but if I was  
a younger child that had  
to have been waiting for  
out-of-hours, I’m not sure  
how they would cope.”

## Foreword

As Ombudsman for Children, I have a statutory mandate to promote and monitor the rights and welfare of children under 18 in Ireland. Included in this mandate is my obligation to consult with children and to highlight issues relating to their rights and welfare that are of concern to them.

Ratified by Ireland in 1992, the UN Convention on the Rights of the Child (UNCRC) sets out the rights that all children under 18 years of age are entitled to, without discrimination. The UNCRC emphasises the State's obligations to safeguard children's rights. Among these rights are the right of every child to a standard of living that is adequate for his or her physical, mental, spiritual, moral and social development (Article 27).

The issue of homeless children has come to the attention of my Office through our Complaints and Investigation function, and has been dealt with on a case by case basis and has been reported to the Oireachtas through previous annual reports.

The decision to initiate a consultation with young people who have experienced homelessness was made in light of my positive obligations under Section 7 of the Ombudsman for Children Act, 2002 to consult with children and on the basis that an awareness of the first-hand experiences and corresponding perspectives of young people would strengthen the OCO's understanding of issues that can arise for children experiencing homelessness.

The issues participating children were consulted on were identified through the OCO's work on youth homelessness in the context of the Office's complaint-handling function.



Following a review of emerging patterns and additional concerns, including the unavailability of comprehensive, accurate, up-to-date data on children accessing homelessness services, I decided to initiate a systemic examination of homelessness services for children. Once this examination commenced, the HSE informed me that they were taking steps to mitigate the actions that had caused concern. Therefore I decided to hold over the investigation to allow the HSE to make progress and initiated a regular reporting process where the HSE periodically informed my Office of progress being made. This process is ongoing and the outcome of this work will be published.

I hope that issues that have come to my Office's attention through this work will inform deliberations regarding the development of the proposed new Implementation Framework to address youth homelessness over the next five years. Equally, the experiences and viewpoints of children who took part in my Office's recent consultation with children and

young people should help inform the development of this Framework. It is essential that future policy and provision is underpinned by what is best for this group of children.

The aims of the Homelessness Strategy cannot be achieved without taking into account the experiences and corresponding perspectives of children and young people who are using or have used these services.

A handwritten signature in black ink that reads "Emily Logan". The script is fluid and cursive, with the first name "Emily" being more prominent than the last name "Logan".

Emily Logan  
Ombudsman for Children

“You feel...disgusting...  
Feels horrible, ...miserable...  
Feels like you’re a junkie or  
something like that. Not a  
junkie, but like it just feels bad.  
Just sitting in a Garda station  
and waiting for a hostel van  
to come and pick you up.  
That’s just wrong.”

“I went by myself...

I was real nervous.

I didn't know what to do.

It was my first time being  
homeless and I didn't really  
know what to do...

I just felt real nervous  
because I felt like people  
were watching me all the time  
and it just felt real weird.”

# State Obligations – Legislation and Policy

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**The Ombudsman for Children's is the independent national human rights institution with a statutory mandate to promote and monitor children's rights. One of the functions of the Office includes monitoring the operation of legislation in relation to children. The Child Care Act, 1991 includes a focus on the needs of homeless children. Under Section 5 of the 1991 Act, the Health Service Executive (HSE) has statutory responsibility for the provision of suitable accommodation to children up to the age of 18 who are homeless and in need of emergency care. Section 5 of the 1991 Act states that:**

*Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.*

A number of other provisions of the 1991 Act are also relevant to the issue of youth homelessness. Section 45 of the 1991 Act provides that, where a child in the care of the State reaches the age of 18, the HSE may continue to provide support to him/her in a variety of ways until s/he reaches the age of

21. In this regard, Section 45(2) provides that the HSE may arrange accommodation or liaise with local housing authorities in respect of housing for children leaving care. Furthermore, Section 8 of the 1991 Act requires the HSE to produce an annual report on the adequacy of childcare and family support services and includes an explicit requirement that the HSE give consideration to children who are homeless.

A wide range of government policies and programmes are relevant to addressing the issue of homelessness, including homelessness among children. However, the Youth Homelessness Strategy, which was published in 2001 and built on the then Government's broader strategy Homelessness: An Integrated

Strategy (2000) and the analysis and recommendations of the Report of the Forum on Youth Homelessness (2000), was the first national-level public policy initiative focused on addressing homelessness among children under eighteen years of age.

The stated overall goal of this Strategy is:

*To reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at reintegrating him/her into his/her community as quickly as possible.*

Among the objectives of the Strategy are: the prevention of youth homelessness; the need for a prompt, responsive child-focused service; and taking a coordinated inter-agency approach to tackling the problem.

The Strategy includes an emphasis on preventing homelessness among children and supporting families, schools and communities in this regard. It also promotes a localised approach to and identifies a key role for local services as regards addressing the matter of children at risk of homelessness. In addition,

the Strategy sets out an aftercare protocol that requires the HSE, in collaboration with local authorities and relevant statutory and voluntary agencies to develop a strategy for the provision of effective aftercare.

In December 2011, the Minister for Children and Youth Affairs, Frances Fitzgerald TD, announced that the Department of Children and Youth Affairs had engaged with the Centre for Effective Services to conduct a 'high level review of the 2001 Youth Homelessness Strategy and to make recommendations on a new Implementation Framework to address youth homelessness over the next five years.' This review, which includes a consultation process with relevant stakeholders, is due to be concluded by June 2012.

“I ended up staying there much longer than anybody had planned...”

When you’re in that situation, you don’t know what to think anymore...”

It can kind of mess up with your head. I could have been a person that was very fragile, you know?... I could have been depressed, you know, I could have committed suicide if I was somebody else...”

Really, I didn’t know what to do anymore.”

“You have to sort of put on  
a front...You have to sort of  
make yourself look, not make  
yourself look, but be strong, ...  
don’t be weak in front of them  
[your peers] because they’d  
eat you alive...You’d be bullied.”

# OCO's examination and monitoring of homeless services for Children

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### Examination of individual complaints

In her 2009 Annual Report, the Ombudsman for Children highlighted a number of concerns in relation to children experiencing homelessness and needing to avail of out-of-hours and crisis intervention services. These included:

- children availing of out of hours services for extended periods of time, either continuously or intermittently;
- social workers experiencing difficulties identifying or accessing suitable placements for children due to waiting lists or unavailability and children having to continue to access out-of-hours services during this time;
- in one case, a child having restricted access to out-of-hours accommodation;
- children not having an allocated social worker prior to or while accessing out-of-hours services; and

- children having difficulties accessing the appropriate supports, therapeutic interventions and placements to cater for their complex needs.

These concerns arose from complaints made to the Ombudsman for Children's Office either by or on behalf of individual children who were homeless or accessing out-of-hours and crisis intervention services.

Under the 2002 Act, the Ombudsman for Children can examine and investigate complaints and make corresponding proposals or recommendations in respect of individual cases. During the past number of years, the OCO has received and examined several complaints in which issues were raised regarding the HSE's provision of homelessness services and supports to the children concerned. These children have included children who were already in the care of the State and were accessing homelessness services following placement breakdowns as



well as children who were not in the care of the State and were accommodated under Section 5 of the 1991 Act, having been deemed homeless and on their own - not part of a homeless family unit. These individual complaints were submitted to the OCO either by children themselves or on their behalf by social work professionals or professionals working with the children through Empowering People in Care (EPIC).

The specific issues that arose in each of these individual cases were examined on a case-by-case basis. However, examination and review of the cases highlighted a number of key concerns regarding homelessness services and supports more generally, namely:

- the suitability of homelessness services/ accommodation to the specific needs of children, particularly those children in the care of the HSE;
- the length of time children spent accessing homeless services;

- the circumstances in which a child might be accommodated under Section 5 of the 1991 Act rather than being taken into the care of the HSE under other provisions of the Act;
- potential inequity in respect of the types of services and supports provided to children accommodated under Section 5 of the 1991 Act as opposed to children placed in the care of the HSE. For example, having access to an allocated social worker, care planning for and supports available to children once they reach eighteen years of age.

On the basis of these emerging patterns and additional concerns, including the unavailability of comprehensive, accurate, up-to-date data on children accessing homelessness services, the Ombudsman for Children decided to initiate a systemic examination of homelessness services for children.

The key issues identified as requiring investigation were:

- the range of accommodation services available nationally for children who are homeless, out of home or in crisis situations;
- accessibility of services nationally;
- the policy guidance available on service provision in homelessness hostels and other crisis intervention services locally and nationally;
- the availability of data as regards the number of children being accommodated under Section 5 of the 1991 Act;
- the appropriateness and level of services provided to children in the care of the HSE and using emergency accommodation / crisis intervention services;
- the availability of information on outcomes for children in respect of whom referrals were made to homelessness or crisis intervention services;
- national and local HSE management and governance of homelessness/crisis intervention services and review mechanisms in place to consider children accommodated through these services.

“The out-of-hours social  
workers take you into the car  
and... they just talk to you like  
you’re normal... It’s not real  
formal or anything...He was  
real funny. And he just kept  
telling me loads of jokes and...  
I swear to God, I don’t think  
I’ve ever laughed so much  
and nearly been crying at the  
same time ... They’re actually  
very good, they are.”

“I’ve come an awful long  
way... I’ve gotten an awful lot  
of support out of all of them  
services... I’ve a more positive  
outlook on life and I basically  
respect my life a lot more  
than I used to.”

# Consultation with Children with experience of using Homelessness Services

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## Background to the Consultation

### Statutory basis for the consultation

The consultation by the Ombudsman for Children's Office with children under 18 who have used out-of-hours, crisis intervention and emergency accommodation services was undertaken in accordance with the Ombudsman for Children's positive obligations under Section 7 of the 2002 Act to:

- encourage public bodies to develop policies, practices and procedures designed to promote the rights and welfare of children;
- collect and disseminate information on matters relating to the rights and welfare of children;
- consult with children and highlight issues relating to their rights and welfare that are of concern to children themselves.

## Overall aim of the consultation

This consultation took place between September and December 2011 and is part of a wider initiative by the OCO on the provision by the HSE of out-of-hours, crisis intervention and emergency accommodation services to children under eighteen years accommodated under Section 5 of the 1991 Child Care Act.

The overall aim of the OCO's consultation was to hear directly from children about their experiences of using out-of-hours, crisis intervention and emergency accommodation services and, on the basis of these experiences, to hear their perspectives on what, if any, improvements might be made in the interests of children who need to access these services in the future.

In fulfilling the overall aim of the consultation, the OCO worked to achieve the following objectives:

- to ensure that the OCO's understanding of the issues facing children experiencing homelessness is informed by the views and perspectives of children themselves;
- to highlight children's concerns and ideas for change in respect of service provision for children who present as homeless;
- to facilitate due consideration of children's viewpoints and ideas by those working at a policy level within the HSE.

### Focus of the consultation

Different approaches are taken by the HSE to accommodating children under 18 who present as homeless, including emergency fostering, supported lodgings and emergency beds in designated accommodation units. The Office's consultation focused on engaging with children with experience of:

- presenting as homeless on their own (rather than as part of a homeless family unit);
- service-based homelessness; and
- using designated accommodation units (currently provided in Dublin and Cork).

There were a number of key issues that the Office sought to explore with children and hear their views on. Identified through the OCO's work on youth homelessness in the context of its complaint-handling function, these issues were:

- accessing emergency accommodation;
- accommodation used by children including rules and procedures operated in the different units;
- supports available to children using the services; and
- what children do during the day while they are living in these circumstances.

Participating children were also afforded an opportunity to raise and highlight any additional issues which they felt were important. In respect of all the issues explored, children were also asked to share their views on what, if any, improvements might be made to the services provided in the future.

### Overview of accommodation units use by young people

There are nine different accommodation units used by the children and young people consulted by the Office, seven are currently in use. They are: Grove Lodge; Lefroy House; Sherrard House; Off the Streets; Echlin House. Each of these units is located in Dublin. River-view and Pathways are located in Cork city.

### Accessing Children

The OCO is very conscious of the difficulties in accessing homeless children because they are extremely vulnerable and generally live very chaotic lives. At the end of August 2011, the OCO issued a public request to professionals working with children experiencing homelessness to contact the Office if they knew of homeless children who might wish to share their experiences with the OCO. In addition, the OCO liaised with a number of organisations working with children at risk of or with experience of homelessness as well with services providing emergency beds in designated accommodation units. In doing so, the Office requested their assistance with

raising awareness among children of the opportunity to take part in its consultation and with facilitating contact between interested children and the Office in this regard. In Dublin, the Office liaised with the HSE (Grove Lodge), Focus Ireland (Off the Streets), Lefroy House, Sherrard House, the Peter McVerry Trust, Echlin House, Empowering People in Care (EPIC) and St. Catherine's Foyer. In Cork, the Office linked with the HSE's Liberty Street House service and with the two accommodation units in Cork city, Riverview and Pathways. The Office appreciates the time and support given by professionals working in these services to facilitate its engagement with children. 15 children between the ages of 16 and 19 took part in the consultation.

### Engaging with Children

Participating children were interviewed by a member of the Office's staff. The approach taken to engaging with the young people was consistent with the Office's ethical guidelines on working with children and young people and with its child protection policy and procedure. With the exception of two children who chose to be interviewed together, all of the young people were interviewed individually. A majority of the children chose to be interviewed at the accommodation unit where they were currently living or had previously lived when using the services while four young people chose to be interviewed at the Ombudsman for Children's Office. All of the interviews were recorded and transcribed.



“The social workers felt it  
would be a better place for me  
and I thought it would be as  
well. But the problem was it  
was so far away. I had to take  
two buses into school and I  
had to get up at...five o’clock  
in the morning...

It was just very, very tiring...  
It just made everything ten  
times harder because I didn’t  
have time to sit down and  
study... Sometimes I’d have  
to just hope I’d get into school  
early enough to do a bit of  
my homework.”

“You could be in a very bad  
place that you would trust  
anybody – or you’re looking  
for...some type of love because  
you don’t see your family most  
of the time...You’re looking for  
someone to hang around with...  
but that can be the wrong  
people and most of the time  
it is...I found people that prey  
around those places.”

“If you let town take over you,  
town will get you...Like I’ve  
seen people move...into town  
and...they just turn into dirt  
birds...It’s not a community,  
do you know what I mean?  
It’s a city...  
Town isn’t your home.”

“I got the bus to the train  
station, then I had to get the  
train into town, then I had  
to get the bus from town out  
to my school...I got home  
at about six o’clock...  
I used to be in bed by  
eight o’clock because  
I was wrecked.”

# Children's Experiences of accessing and using the Services

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### Accessing the services

The children consulted by the OCO had varying levels of awareness of out-of-hours, crisis intervention and emergency accommodation services ('emergency care services') prior to having to access them for the first time. While several of the children were already aware that such services existed, others first became aware of the services at the moment when they first needed to avail of them. Almost of all of the children had contact with social work services prior to finding themselves in the specific circumstances that required them to approach emergency care services. Accordingly, it was through social workers that the majority of participating children became aware of and were advised on how to access these services. In a small number of cases, children's initial awareness of the services and how to access them was through a family member or a friend.

Participating children in Cork all accessed emergency accommodation directly and on

the advice of their respective social workers.

In one case, the child presented at the unit alone while in two further cases the children were accompanied by their social worker and a family member. In this regard, their experiences differed from participating children who had accessed Dublin-based services. With two exceptions, all of the children who accessed emergency accommodation services in Dublin did so through a garda station. Most presented at a garda station on their own. A small minority of participating children were critical of how they were treated by gardaí, with two children recalling that their experience of presenting as homeless was made more uncomfortable because the gardaí they presented to were not adequately familiar with out-of-hours social work services. Most of the children, however, said that gardaí treated them with professionalism, respect and empathy.

It was evident from the children's accounts that accessing homelessness services was a much

more fraught experience for those who had to do so through a garda station. For several children, the most challenging aspects of this process were the uncertainty that surrounded how long they would have to wait in the garda station and, in some cases, the amount of time they ultimately spent waiting for out-of-hours social workers to arrive.

Several of the children queried the appropriateness of garda stations being used at all as a route for children to access emergency accommodation. Reasons for this varied. For example, one child noted that some of her peers would be unlikely to access homelessness services if it meant they had to 'walk into a garda station' because they 'have warrants and stuff'. Another child expressed concern about what children might be exposed to while waiting in a garda station for out-of-hours social workers and made the point that gardaí can only give limited attention to children presenting as homeless because they have many other duties.

Notwithstanding differences in how they felt about their treatment by gardaí and how long they had to wait, almost all of the children who

had experience of accessing emergency accommodation through a garda station recalled that having to do so had made them feel embarrassed, ashamed or anxious.

The majority of participating children who had accessed homeless services in Dublin had done so by linking with out-of-hours social workers in a garda station and being accompanied by them to the emergency accommodation where a placement had been found for them. A number of the children recalled how apprehensive they felt and, in some cases, how out-of-hours social workers tried to reassure them.

Similarly, several participating children recalled the practical steps taken by staff working in the respective accommodation units to help them feel more at ease when they first arrived.

The children clearly appreciated the immediate steps, however small, taken by staff in the units when they first arrived, with several participants indicating that these measures added to any sense of relief they already felt to get away from the circumstances that had prompted them to approach emergency care services in the first place.

### Time spent and placements in the services

There were significant variations in participating children's pathways through the services, for example the amount of time they spent using the services as well as the number and types of placements they were in.

At one end of the spectrum, one child's experience involved staying in an emergency accommodation unit for three nights prior to returning to live with relatives on a long-term basis. At the other, two of the seven children with experience of using Dublin-based services for more than six months had been in five or more placements during that period, with the duration of these placements ranging from a few days to several months.

Of the fifteen children interviewed, five had spent between one and three months in the services while seven had used the services for more than six months. Six children had been in one placement and six had been in up to three placements.

Although their respective pathways differed considerably, children who had used Dublin-based services for one month or more consistently identified uncertainty as an integral part of their overall experience.

Far less evident in the accounts of children who had used equivalent services in Cork, this underlying sense of insecurity and instability while using the services was an issue that several children highlighted. Speaking about their experiences of being in multiple placements, two children described the impact that such instability can have on an already vulnerable child's mental health. Those children whose pathways through the services were shorter and, in particular, less fragmented appeared to find the overall experience less disorientating and its impact on them less debilitating. For example, there was a marked contrast between those children who had been facilitated to stay in one placement for several months and those children who had moved between multiple placements during the same period. Indeed, it was notable that, notwithstanding their praise for supports they received from staff working in the services, children in the latter category tended to underscore the debilitating effects of enduring multiple placements while several of the children who found a stable placement felt that they ultimately benefited from their time in it despite encountering challenges.

### Location of accommodation

The location of accommodation arose as an issue primarily for children who had stayed in Grove Lodge or Lefroy House. Most of the children who had stayed in Grove Lodge commented on how remote it felt and indicated that its location on the outskirts of Dublin presented challenges, particularly as regards transport links and journey times for those attending school in other parts of the city. In the case of two children, the long journeys to and from school each day were a contributing factor to their decision to drop out of school. The focus of children's concerns about the location of Lefroy House was entirely different and centred on the risks.

### Facilities in accommodation

As regards the accommodation itself, participating children's assessments of the standard and range of facilities provided at Riverview and Pathways in Cork and Grove Lodge, Off the Streets, Sherrard House, Echlin House and Off the Streets in Dublin were generally positive. Grove Lodge and Off the Streets received particularly favourable

comments, with several children noting that these units felt homely.

As regards Lefroy House, those children who had lived in the supported flats felt that the accommodation was adequate, suited their needs and was helpful in facilitating their transition to independent living as young adults. By contrast, those children who had experience of using the Highlight service in Lefroy House were very critical of the standard of accommodation. Several considered the environment to be completely inappropriate for children in crisis.

### Rules and procedures in accommodation

As regards rules and procedures, children indicated that these were explained to them soon after they first arrived. The children's accounts suggest a considerable degree of consistency as regards the types of rules operated in the different units, namely: rules regarding children's safety and welfare (having to be back by a certain time at night, prohibition of drug and alcohol use on the premises); rules concerning individual behaviour (respect for the property, for staff



working in the unit, for other children using the service and for their personal belongings); and rules relating to daily duties and responsibilities (cleaning one's own bedroom, shopping and/or cooking). While several of the children acknowledged that they had found it challenging to uphold certain rules at times, all of the children understood the need for them and a number emphasised the importance of rules being enforced fairly and consistently by staff. Children indicated that staff did issue warnings and sanctions and several recalled that the prospect of barring might be presented to a child who persistently broke the rules or did 'a very bad thing'.

While none of the children had a clear understanding of where a child might go if they were barred, two children who had experience of using Dublin-based services identified Lefroy's Nightlight accommodation as a place of last resort for children barred from other services.

Of the various rules and procedures reference by children, the only one that was a focus of considerable criticism concerned the requirement that children using the Nightlight accom-

modation in Lefroy House have to leave at nine in the morning Monday to Friday and cannot return until eight in the evening. Several children were emphatic that this practice increases children's exposure to risk and the likelihood of their becoming involved in harmful behaviours.

### Time spent by children during the day

The information provided by the fifteen children consulted by the OCO indicates that eight were in full-time post-primary education when they first accessed emergency care services, two children were sporadically attending courses, one child had just completed a training course, and four children were not involved in any form of education, training or employment.

Only three of the eight children in full-time education continued to attend school without any significant interruption while using emergency care services. The challenges they faced in this regard were considerable and included having to cope with the stress and anxiety occasioned by the circumstances that prompted them to access the services in the first place as well as the

unfamiliarity and uncertainty of the situation they now found themselves in; long, and in some cases, complicated journeys to and from school each day; having insufficient time and/or being in inappropriate surroundings to study or do homework; and, in some cases, encountering insensitive attitudes and behaviours in school.

Although none of the children said as much themselves, the accounts of those children who continued to attend school and of those who persevered with education for quite some time while using emergency care services indicate that their participation in education is attributable in no small measure to their own personal resilience and determination. In addition, the practical and moral support they received from staff working in the services and from professionals working in their respective schools proved vital.

Those children who stopped attending school did so either because doing so presented too great a challenge or because, in their changed circumstances, education ceased to be a priority.

The encouragement and support of staff working in the services motivated several children who had either not been in education prior to accessing the services or who had stopped attending after accessing the services to apply for and participate in training courses. It was notable that Youthreach in particular seemed to provide a viable second chance at education for these children. From the perspectives they shared, it would appear that this was due to the types of courses offered through Youthreach, the approaches taken by teaching staff as well as the children's relationships with their peers.

Children also spoke about activities available during the day to children not attending education and training or doing so on an intermittent basis. Two of the children with experience of using Cork-based services noted that children staying in the Riverview and Pathway units who were not engaged in full-time education were expected to attend a 'day placement'. They explained that this involved attending a local centre that provided skills-oriented classes in areas such as gardening, cooking and personal health care. One of these children felt that, although these

day placements supported children to develop skills and gave them somewhere to go during the day, they were of limited value because they did not run throughout the day. The other child clarified that, while staff had expected her to attend a day placement, she did not go and instead spent the day 'hanging out with acquaintances'. A number of children who had used the services in Dublin referred to the CISP/Focus Ireland Extension Service as a place that children could go during the day. Three of the children who spoke in some detail about this service considered it to be a valuable support and praised the facilities provided to children and the commitment of staff working in the service.

Notwithstanding the availability of such daytime services and the organisation of recreational activities by staff in several of the units, a majority of the children spoke about how they and other children in their situation spent a considerable amount of time hanging around the streets. Many of the children in Dublin reported that they and their peers spent time drinking or taking drugs and several spoke about how they or their peers started becoming involved in criminal activity.

Several of the children's accounts highlighted the risks that children in these circumstances can face as regards exposure to intimidation, exploitation, violence and criminality and how, once exposed, children can become immersed in these aspects of life on the streets.

### Social work services

Information provided by participating children indicates that ten of them had an allocated social worker prior to accessing crisis intervention and emergency accommodation services for the first time, two children were allocated a social worker while using these services, and three children had access to duty social workers during their time using the services.

Most of the children had relatively little to say about supports received from their allocated social workers or duty social work services. While the majority of children reported being advised by social workers on how to access out-of-hours social work services and emergency accommodation in the first instance, a minority of participants identified specific social work supports received while using the services. These included guidance and assistance with accessing various

entitlements, allowances and support with finding and securing alternative long-term care placements. When asked about the support they had received from social work services, most of the children reported experiencing difficulties accessing their social workers and were critical of the level of support they received from them. Furthermore, many of the children felt that their social workers did not make a sufficient effort to understand them or give adequate consideration to their perspectives on their circumstances and needs. This may reflect the pressure on social work resources.

Irrespective of whether their experiences of social work services were positive or not, it was clear from the children's accounts that they needed and, in many cases, actively sought support from social work services. One child was particularly emphatic about the importance of children in crisis having access to effective social work services and that these services must demonstrate their interest in and commitment to children's welfare from the outset.

### Staff working in the units

Most of the children spoke in predominantly positive terms about the supports they received from staff working in the units where they had stayed. Where shortcomings were identified, they were usually attributed not to the staff themselves, but to the children's own circumstances or the parameters within which staff were working. For example, two children in Cork felt that their principal needs required specialist interventions that staff working in short-term accommodation units could not be expected to provide. Equally, several children who had used the Nightlight service in Lefroy House suggested that staff could only offer very limited support because the service was there first and foremost to provide emergency night beds and children could not stay on the premises during the day.

Viewed together, the children's accounts indicate that staff provided a range of practical supports to them. These included:

- assisting children to look after their physical and mental health and with accessing health services;

- encouraging children to continue with their education and providing practical assistance;
- making children who had dropped out of school aware of alternative education and training opportunities and assisting them with applying for courses;
- supporting children to develop basic independent living skills;
- organising recreational activities for children;
- advocating for children by supporting them to communicate their views and wishes to other professionals;
- supporting children to build more positive relationships with their families and, where possible, to move home;
- preparing children to make the transition to a longer term care placement, an aftercare placement or, alternatively, into independent living.

In addition to outlining the practical supports they received, children spoke about their relationships with staff working in the units, with most participants noting that staff members were available to provide day-to-day emotional support. Many of the children identified this support as vitally important. Moreover, it was evident from the accounts of several of the children that their positive relationships with staff provided 'a bit of stability' in otherwise insecure and sometimes chaotic circumstances; contributed to the growth of their self-esteem and self-worth; promoted their resilience and a more optimistic outlook on the future; and acted as something of a buffer against challenges, deficits and failings that children identified in the system.

### Peers in the services

In their accounts of their relationships with other children using the services, most of the children presented a mixed picture. Children noted that, where they forged friendships with peers staying in the same unit, these relationships offered a strong sense of solidarity and mutual understanding and provided an additional source of emotional and psychological support.

However, several of the children also reported that incidents of fighting, intimidation, bullying and theft did occur among children in the services. In this regard, one child felt strongly that a pivotal role for staff working in the services was to manage children's behaviour towards one another and to support respectful peer-to-peer behaviour and relationships through the enforcement of rules. Others identified coping strategies that they employed themselves, which including keeping to themselves or, alternatively, putting up a front.

### **Relationships with peers outside the services and the wider community**

Children generally said relatively little about their relationships with friends and peer groups outside the services. Those children who did speak about maintaining relationships with and confiding in friends about their circumstances saw these friendships as an important source of support. One child, for example, was very appreciative of the sensitivity shown by friends to her situation and welcomed the efforts they made to support her, keep in regular contact with her outside school and include her in

activities. Others, however, spoke about their reticence to let friends and, in particular, members of their wider peer group know about the situation they were in. This was particularly the case in respect of peers in school and related to concerns that they might be stigmatised or bullied because of their circumstances.

A small number of children also referred to their concerns about and experiences of being stigmatised by the wider community because of the circumstances they were in. One child was particularly vocal about what she regarded as the negative stereotyping of children in care, including children in emergency care services. She was of the view that work to improve supports and services for children in emergency care should include measures focused on combating the stigma associated with being in care by building broader public awareness and understanding of the issues facing children in these circumstances.

“It’s a kip...it’s cold and...  
it just looks proper like an  
orphanage, like you’re just  
being dumped there...It looks  
real scary...Like the staff in  
there are lovely, ...but just the  
look of the place. It’s a real  
rundown place.”

“I think they should have  
something better and  
something more for people to  
do instead of sitting around  
in the streets all day...I was  
just drinking, I was just doing  
whatever. They just go on the  
sniff. Go on the drink...”



“I suppose it does feel a little  
bit like a home...You have the  
shower, you had a washing  
machine there, you had your  
own room and there was  
a sitting room, it looked a  
lot like a home, you know?...  
couches and TV you could  
watch and things like that.”

“It was challenging because  
I didn’t have a uniform and  
everyone in school was just  
looking at me and I was  
wearing the same clothes, but  
the staff used to wash them  
for me every night. But I just  
felt real scruffy. Like I knew I  
was out of place in school, but  
it was the best thing for me.”

# What matters to Children

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## Use of garda stations to access services

The lack of out of hours service means that children needing emergency accommodation in the Dublin area have to present at a garda station and wait there for out-of-hours social workers to link with them has to be addressed. Some children will not seek support from emergency care services if doing so requires them to go through a garda station, while others find the experience of presenting at and waiting in a garda station frightening and humiliating, even though the majority stated that they were treated with professionalism, respect and empathy by the gardaí. Furthermore, children should not be expected to wait for hours in a garda station for social work services to link with them. From participating children's perspectives, acceptable alternatives to this practice include:

- Facilitating children to access emergency accommodation during the day rather than having to wait until the evening;
- giving children the option of presenting as homeless in a less intimidating setting;
- enabling children to contact social work services directly through a freephone number;
- supporting children to go directly to emergency accommodation and link in with social work services there;
- asking children to present at a garda station in the first instance, and only where necessary, but enabling them to wait for social work services in an alternative setting that is appropriately staffed and equipped for use by children under eighteen.

## Placements

The sense of insecurity and instability that children feel while using emergency care services can be profound. The experience can be particularly debilitating and damaging for children if they have to access emergency

accommodation on a day-to-day basis for any length of time or if they experience multiple placement moves within the services. Children who cannot return home and for whom an alternative medium- or long-term care placement cannot be found quickly should be offered some measure of stability. As such, where it exists, the practice of requiring children to present on a day-to-day basis should cease. In addition, care planning should seek to minimise not only the amount of time that children spend in emergency care services, but also the number of placement changes that children need to make during their time using the services. A vital step in this regard is for social workers and staff working in the units to arrive at a clear understanding of children's perspectives on their needs and circumstances and to take their views and preferences on board when planning for their care.

### Accommodation

Short-term, hostel-style accommodation is not a suitable model for children under eighteen and should never be used to accommodate children under sixteen or children who are particularly vulnerable. The practice of

accommodating children in Dublin city centre should cease because it exposes children to unacceptable risks and increases the likelihood of their involvement in harmful and criminal behaviours. Equally, emergency care accommodation should not be located in remote areas as doing so can isolate children and create barriers, including to their continued participation in education. Ideally, emergency care accommodation should be located in or close to children's local communities. Doing so would facilitate children to maintain links with existing support networks and to continue participating in education or training. It would also curtail the risks associated with children hanging around in the city centre. The practice of providing night beds to children should end. While it is important to encourage children to participate in education, training or an alternative programme of activity during the day, doing so should not involve preventing children from spending time in accommodation units during the day. All accommodation for children, however short-term, should be appropriately equipped and adequately comfortable. In the interests of children's safety and welfare, it is important that staff

working in the units enforce rules and do so fairly and consistently.

### Activities during the day

It is important to support children to participate in education and training. Day-to-day practical and moral support from staff working in the units where children stay is vital in this regard. While children may be reticent to talk about the circumstances they are in and may wish to have their privacy respected, their continued participation in education also requires the support of and a sensitive, flexible approach from education professionals. As such, children should be encouraged and supported to bring their circumstances to the attention of the principal or head of their school or education or training centre. Even if they are attending school or training or have access to an alternative programme of daytime activity, vulnerable children in crisis are at risk of drifting into street culture and of becoming involved in harmful criminal activities.

In Dublin, the risk of children's exposure to intimidation, exploitation and violence is

considerable. In addition to ending the practices of accommodating children in Dublin city centre and providing night beds, measures that could help to mitigate this risk include:

- establishing additional and more varied daytime programmes of activity for children in emergency care and equipping accommodation units with as many activities as possible to help keep children occupied during the day;
- setting up a mentoring network that enables children to link in with and get additional support from young adults who have been in and got through similarly challenging circumstances;
- providing children with access to professional counselling and psychological support services as soon as possible after they first access emergency care services;
- Investing further in preventative initiatives relating to drug use among children and making drug cessation and counselling programmes readily available to children using emergency care services.

### **Relationships with and supports from professionals and peers in the services**

Children need and want support from social work services. They want to feel that social workers are approachable, available and responsive to children.

Professionals working in the units provide a wide range of practical supports to children. Staff working in the units can also provide emotional support and their day-to-day involvement in the children's lives can offer a sense of security in otherwise unstable circumstances.

Relationships with peers in the services are an important source of additional support. Correspondingly, it is important the staff working in the units promote respectful relationships between children and manage incidents of bullying, intimidation, violence and theft.

### **Relationships with the wider community**

Societal stigma and negative stereotyping are an additional challenge that children in these circumstances often face. On a day-to-day basis, this can take different forms – for

example, children can be marginalised or excluded by their wider peer group; wrongly suspected or accused of criminal actions; be treated as if they, and they alone, are responsible for the circumstances they are in; and belittled through insensitive comments and behaviours. Correspondingly, it is important to build public awareness of the circumstances that can lead to children becoming homeless and sensitivity to the challenges they face when they are in this situation.

“You need someone from the  
HSE to not just sympathise  
with you, but empathise with  
you, know what you’re really  
going through...and not try  
and push you in a different  
way...It’s important to have  
somebody there to do the best  
thing for you... instead  
of having...such a struggle  
with them.”

“I changed social worker  
which wasn’t easy because  
I had my old social worker  
a year straight which was  
great because I’ve had a good  
few social workers over the  
years...I’ve been chopping and  
changing social workers so  
I thought, here we go, back  
on the swap again...That was  
hard, her leaving me...I used  
to always text her if I needed  
something and she’d ring  
me five minutes after me  
sending the text.”



“I ran away...and I was on  
the streets for three days...  
We had about twelve jumpers  
on us and two pairs of  
tracksuit bottoms on us  
to keep us warm and we’d  
just keep walking around  
to try to keep our blood  
flowing and not get cold...”

“Like you can’t be indifferent  
about it. You have to love it or  
else you don’t do it... It’s one of  
them jobs...It can’t be a half-  
hearted job...I think it really  
matters with social workers,  
...especially when it involves  
children that can’t talk to  
their own family...Because  
they’re the first people that  
the kids see...If you’re social  
worker doesn’t care,  
...you’re not going to think  
anybody does....”

# Conclusion

# 46

*“The right to housing should not be interpreted in a narrow or restrictive sense which equates it with, for example, the shelter provided by merely having a roof over one’s head or views shelter exclusively as a commodity. Rather it should be seen as the right to live somewhere in security, peace and dignity.”*

**Committee on Economic, Social and Cultural Rights (CESCR) General comment 4, the Right to adequate housing (Art.11 (1)) : 13/12/1991.**

This is very much reflected in the comments of the children the OCO met. Home to them was not about bricks and mortar or any physical structure rather it was about dignity, security and having a sense of belonging.

In sharing their first-hand experiences with the Office, the children who participated in this consultation provided valuable insights into how children accessing emergency care can experience different aspects of the service as it is currently operated. In addition to

illuminating the various challenges and risks that this vulnerable group of children may face, their perspectives draw attention to the practical and emotional supports that can assist children to cope in such difficult circumstances. The children’s experiences, and the suggestions for change that they have made on foot of these experiences, will inform this Office’s work in this area.

Through this report, the Office is highlighting the children’s experiences and perspectives so that they can be given due consideration by and inform the decision-making of those working at both a policy and practice level to develop and improve services and supports for children requiring emergency care and accommodation.

“The system needs more stuff  
put into it, more facilities for  
people...The staff help you and  
they give you lots of support  
and they really try. But they  
don’t have enough... they need  
more...They’re working with  
nothing, pretty much nothing.  
...It’s the staff that are being let  
down as well because how can  
they work with nothing?”

“Even people I would know,  
some of my old friends, don’t  
talk to me because I’m in care.  
It’s all on you and you’re just  
a person...And I think it’s  
not right...I just don’t think  
you can blame a child for  
everything, do you know?  
...I think a lot of kids in care  
are...very misunderstood...”

