

Towards inclusive service delivery through social investment in Ireland

An analysis of five sectors, with a particular focus on social housing and homelessness

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Introduction

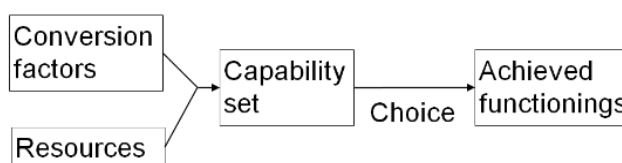
RE-InVEST: social investment, human rights and capabilities framework

RE-InVEST, a H2020 funded project under Euro 3 Europe after the Crisis, involves 19 organizations (universities, research centres and civil society organizations working with vulnerable groups). RE-InVEST aims to investigate the philosophical, institutional and empirical foundations of an inclusive Europe of solidarity and trust. To this end, it draws on capability and human rights based participatory approaches to examine how the European Union Social Investment package can be strengthened.

Human rights form a common European basis of values and describe core elements of what constitutes well-being and a good life. Human rights are the basic rights and freedoms that belong to everyone. International law, including treaties, contain the provisions, which give human rights legal effect. Specific groups are protected in specific treaties such as women, children, and people with disabilities, minorities, and migrants. Human rights are transformative. For vulnerable groups the usage of a rights-terminology has changed perspectives, by empowering people, by increasing awareness and creating tools to address compromises of these rights.

Capability approach as developed by Sen (1999) and Nussbaum (2011) defines a person's well-being in terms of 'what a person can do' or 'the beings and doings (the functioning's) a person achieves and her capability to choose among different combinations of such 'functioning's'. Resources and conversion factors are preconditions or necessary for leading a life one values and has reason to value (figure 0.1). Resources refer to the material conditions of a person: her income, the goods and services she disposes of. Conversion factors help her to convert resources into 'doing and being well'. Both the achieved functioning's as well as the freedom to choose a life one values matters.

Figure 0.1 Resources, conversion factors, capability set and achieved functioning's



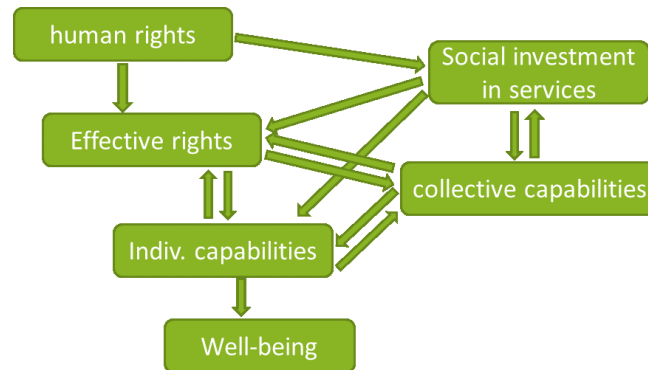
A human rights and capability framework for social investment in services

Our model builds on human rights¹ and capabilities as building blocks for the social inclusion/wellbeing of individuals. (Formal) human rights (e.g. right to work, right to social protection) are values and social norms, which do not automatically result in improved wellbeing. For the implementation of such rights (mainly in the field of economic, social and cultural rights), different types of policy measures need to be implemented: legislation, organisation of (public) services, subsidies, social transfers, inspection, judicial enforcement... Although some legal measures may establish effective rights (e.g. a guaranteed access to basic services), most policies necessitate additional 'social investment' in individual and collective capabilities. This can be through public or subsidised service provision (e.g. ECEC, health care) and the transfer of power and

¹ Sometimes also referred to as fundamental rights or basic (social) rights.

resources, either directly to individuals / households (e.g. social housing), or to companies and civil society organisations (e.g. subsidies to housing companies, water distribution, ECEC providers). These ‘collectives’ in turn interact with households and may invest in their capabilities.

Figure 0.2 From human rights and capabilities to individual wellbeing



European Commission Social investment Package

In 2013, the Commission issued a communication on social investment for growth and cohesion, the *Social Investment Package*.² The Package provides guidance to Member States to help reach the Europe 2020 targets by establishing a link between social policies, the recommended reforms in the European Semester and the use of relevant EU funds. The European Social Policy Network (EPSN) argue the EU approach to social investment in the package is largely consistent with the scientific debate on the issue. However the Commission puts more emphasis on dimensions focusing on effectiveness and efficiency. These include policies to raise the human capital *stock* (e.g. through ECEC, vocational training, education and lifelong learning), *flows* (through policies supporting employment, active labour market policies) and *buffers* protecting people through risky transitions (such as adequate unemployment benefits and minimum income support schemes). Social investment strategies are seen as a package of policy measures in a life course perspective that are complementary and mutually reinforcing.³ It is clear that the approach in the SIP covers more policy measures than social services, that form only part of the social investment strategy, but social services play an important role. The 2013 EU SIP includes a specific assessment of homelessness which stresses the role of prevention and the cost effectiveness of policies that prevent homelessness through targeted investment, with particular reference to vulnerable groups.⁴

RE-InVEST define social investment as *investment of resources into people – more precisely, into the sustainable enhancement of individual and collective agency*. The criterion to assess success becomes the *sustainable impact on capabilities* rather than the *source or nature* of the investment.

² Communication from the Commission, COM (2013) 83 final, 20.02.2013.

³ Denis Bouget, Hugh Frazer, Eric Marlier, Sebastiano Sabato and Bart Vanhercke, Social Investment in Europe, a study of national policies, ESPN, April 2016.

⁴ Social Investment Package 2013 Confronting Homelessness in the EU Brussels, 20.2.2013 SWD(2013) 42 final.

1. Overview of social investment in Ireland

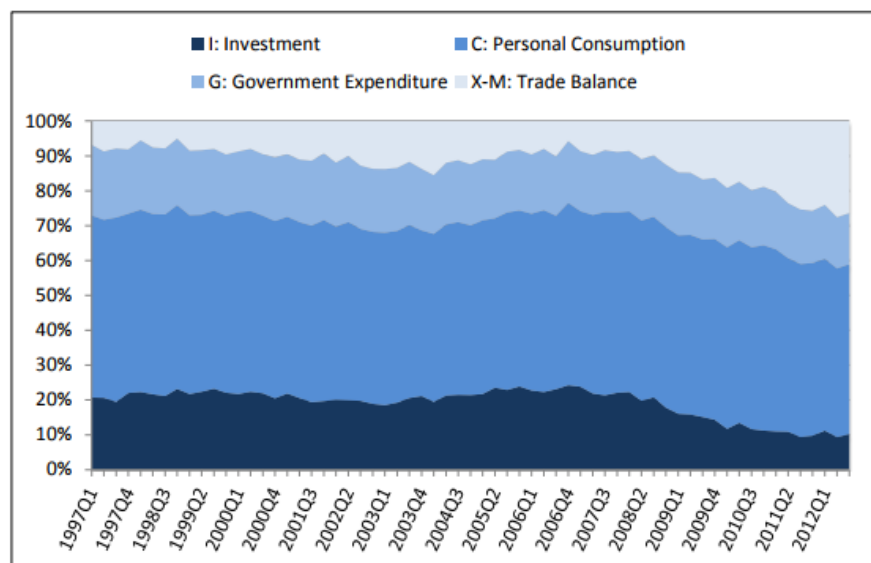
The Irish welfare state is hybrid in nature, while frequently classified as liberal with strong market reliance; it also exhibits strong secondary Christian-democratic principles associated with Catholicism, corporatism and mixed delivery of welfare services (Ferragina & SeeleibKaiser, 2011). The private market is dominant in many sectors, with minimal social rights to services. For example the for-profit sector dominates child care provision and housing, and plays a strong role in health care, whereas education is a strongly public system (although the Catholic Church still plays a strong management role within the primary school system and owns much of the older school building infrastructure).

Over the economic crisis, Ireland experienced significant spending cuts. Economic collapse saw unemployment rise from 4% to 15% alongside increased poverty and a range of negative social impacts (Hardiman & Regan, 2012). Alongside this, social disinvestment in housing sparked a severe social housing crisis and, for the first time, a significant family homelessness crisis (DHRE, 2017).

In terms of longer-term trends in investment, Ireland's public investment as a percentage of GDP has been in decline since the late 2000s and disinvestment is now hindering the delivery of public services and depressing living standards. Ireland's level of capital spending and social investment as a proportion of national income is well below the European average with consequent failures in delivering social goals of adequate housing, healthcare and education services. During periods of fiscal retrenchment, governments invariably slow or stop capital investment first, finding this to be a far more politically amenable approach than either raising taxes or reducing current spending (e.g. Morgenroth, 2009). Government voted capital spending in Ireland fell from its 2008 peak of €8.6bn to €3.5bn in 2012.

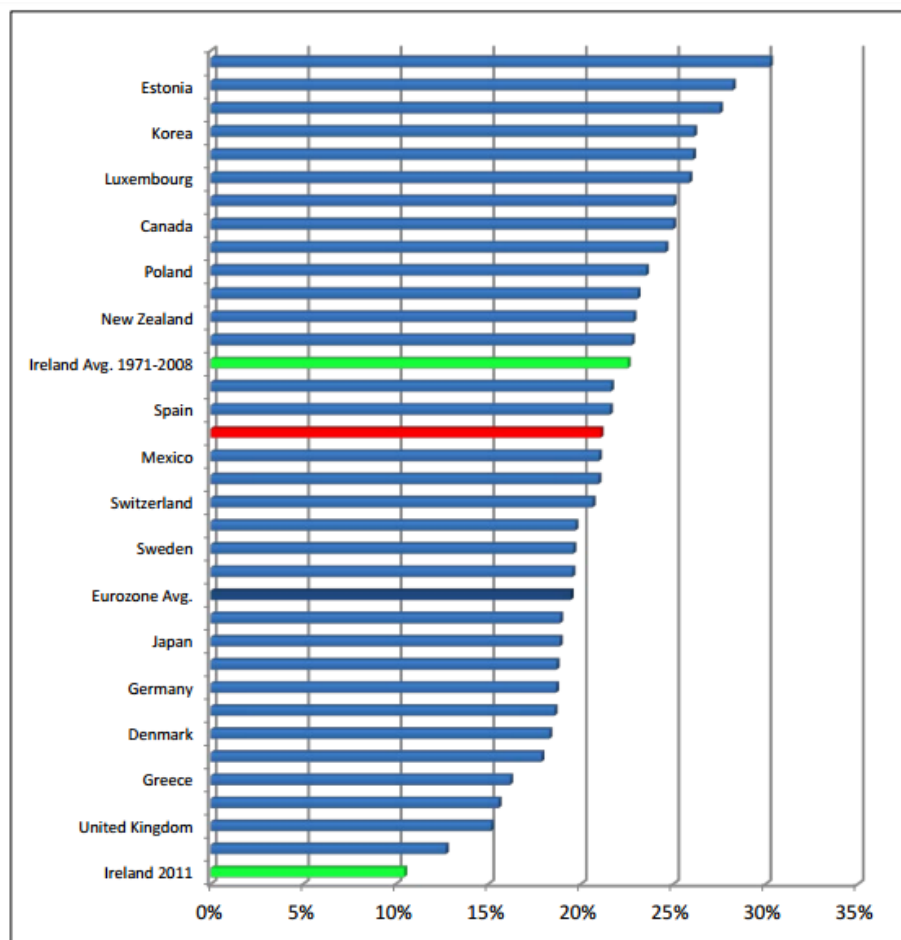
The investment component of Irish GDP suffered a dramatic 62.4% peak-to-trough drop to below 9.5% of GDP, and has since shown little sign of recovery (see Figure 1.3). Ireland's overall investment rate (public and private sector), which averaged 22% of GDP over the 1971-2008 period, fell to a low of circa 10% in 2011 and 2012 and was still just 17% in 2014. Even in the 1980s, by comparison, the investment rate averaged 22.5% and never fell below 18.6%. At 10%, the Irish investment rate in 2011 was less than half the OECD average. Figure 1.2 shows how Irish investment compares very poorly to investment in European states.

Figure 1.1 Composition of Irish GDP 1997-2012



Source CSO

Figure 1.2 Investment in European States



Source OECD

Ireland has developed extensive Public-Private Partnerships in areas of water, transport, housing and education, while pursuing marketisation in social housing investment, and outsourcing of services such as community development, homeless services, youth services, community health to NGO and not-for-profit sector. In recent years aspects of a number of services (e.g. community inclusion, activation, youth care) have been contracted out to the commercial for profit sector. Outsourcing via NGO can be seen as the start of a process that can lead to marketisation within public social services. Ireland faces infrastructure gaps that constrain economic recovery and social cohesion in green energy, next generation broadband, secondary roads, water treatment, and waste management and social housing and education facilities for all ages (including refurbishing, rebuilding and retrofitting schools and social housing stock). SJI (2016) predict Ireland's level of public investment is 2.05% of GDP in 2017; well below the European average of 3.9% in 2015 (Eurostat, 2016) and argue that without social investment the gap in services and infrastructure between urban and rural Ireland will grow as will poverty rates. While marketised social policy was a feature in the pre-crisis Irish welfare state, the crisis is associated with a marked intensification in Ireland of quasi-markets in, not only activation and housing but also water, health and pensions policy. While the overall ideational preference of the state is for enhancing market led welfare provisions, it is interesting that not all policy decisions to create quasi markets succeed. For example, Irish proposals for a private universal health care system did not progress and attempts to create a commodified water policy failed (Murphy & Dukelow, 2016).

2. Overview of Irish social investment policies in selected service sectors

2.1 Early Childhood Education and Care (ECEC)

2.1.1 Basic sketch of the Irish ECEC system

Ireland has been implementing both targeted and universal measures to overcome disadvantage through ECEC, however this has not been a consistent, comprehensive and coordinated effort (Fallon 2005). In Ireland, all children aged between 3 years 2 months and 4 years 7 months are entitled to two free pre-school years (15 hours per week, from September to June) that can be delivered in centre - or home - based settings, and parents are expected to financially contribute to meals and any additional hours of provision (Eurydice, 2014). A Single Affordable Childcare Scheme is in the process of being introduced, which will provide a means-tested subsidy for families towards the costs of childcare and a universal payment. It is unclear the extent to which they will significantly reduce costs for families of childcare in Ireland and how different groups will be affected. Compulsory schooling starts at the age of six, which creates a gap in the provision of publicly provided ECEC.

Inequalities are evident within children at ECEC ages in Ireland reflecting economic inequalities and segregation. At aged just three children in higher income families perform, on average, better educationally than children do from lower income families with a difference of at least 10 points in the average scores on the Naming Vocabulary tests between children in the lowest income quintile and the highest income quintile. This follows into primary school where by age nine children in the bottom income deciles are disproportionately more affected by learning disabilities (Hearne & McMahon, 2016). Reducing school segregation (class, ethnicity, religion and disability) is an important aspect of overcoming inequalities in the later lives of children as the problem of segregation and inequality is clearly still present in Ireland. Disadvantaged children progress less to post-secondary education (DG EAC, 2016).

2.1.2 Recent reform(s) over the crisis

A 2006 move to integrate childcare and education was the co-location of the Childcare Directorate and the Early Years Education Policy Unit within a new Office of Minister for Children [OMC] in 2006 and in 2011 a full Department of Child and Youth Affairs, however Irish macro-economic policy continues, structurally and conceptually, to distinguish childcare from early education.

In response to the economic crisis the Irish Government sought reductions in a universal Child Benefit, and in 2009 abolished a universal Early Childcare Supplement of 1,000 pa child 0-5 but ring-fenced some of the savings to provide the Free Pre School Year for all children aged between three years three months and four years seven months, a move which aligned Irish ECEC policy more closely in line with international policy development. Over 90% of eligible children have participated in FPSY each year but funding of services for children of four to six years compares poorly with primary school, FPSY service is under resourced and staff employed are low paid and on seasonal contracts.

Ireland, to increase childcare places rapidly from a low and poorly resourced base, strengthened its a mixed model of private and community based ECEC provision so ECEC is 70% private. Over reliance on market solutions to tackle, the ‘childcare problem’ defers an integrated ECEC policy (O’Donoghue-Hynes & Hayes, 2011).

2.1.3 Impact on vulnerable groups, human rights and capabilities

The (expensive) childcare market approach benefits rich family is more than poor ones (OECD, 2013). The average fee for childcare nationally was €152 per child per week, amounting to almost €16,000 per year for a two-child family. As a percentage of wages, childcare costs are higher than in any other EU country (EC, 2015: 59) and second highest in the OECD. Furthermore, poor children, when they do attend, are more likely to receive poor quality care. A recent report from the *Growing Up in Ireland* study found that among the infant cohort studied ‘the most common main form of childcare was that provided by a relative (42%, predominantly grandparents), followed by non-relatives (31%, predominantly childminders), with centre-based care such as crèches coming third (27%)’ (McGinnity *et al.*, 2013:8).

In the *Irish Country Report* (EC, 2015: 64), noted that there has been ‘no progress on improving access to affordable and full-time childcare’ where costs of ECEC in Ireland are higher than any other EU country and quality of the service ‘remains a problem’ (EC, 2015: 59). The direction of investment remains to increase the number of childcare places to facilitate women to access employment. Absence of a strong link between the development of ECEC places and support for quality practice has contributed to the poor practices and lack of integrated policy engagement to supporting and enhancing ECEC for the purpose of facilitating children’s development and early learning. This approach is characterised as a ‘split-system’ typical of more liberal states in which early education services, with professional qualified staff, for over-threes are supported by the state in order to enhance and develop the ‘human capital’ of children (Heckman & Masterov, 2007). By contrast subsidised services for the under - threes are supported only to facilitate the employment of targeted parents, and funding supports are limited to care with no identifiable educational aim - a failure to recognise the crucial developmental importance of this period of early learning and the educative nature of care (Hayes, 2008, 2010; O’Donoghue-Hynes & Hayes, 2011).

The participation in ECEC of 96% (from 4 years onwards) is higher than European average, but there are still shortages in full-time provision as well as problems with affordability (DG EAC, 2016). The rate is 79.3% when it comes to the participation of 3-5 year-olds together, and only 35% for 0-2 year-olds, according to the 2014 figures (OECD). The participation rate of disadvantaged children is even lower especially for the younger age group (DG EAC, 2016).

The recent Eurofound Quality of Life in Europe research found that access to affordable quality childcare is a major issue here. Quality of childcare is rated highest in Malta, Finland, Austria and Sweden but is rated the lowest in in Greece, Romania, Italy and Ireland.

2.1.4 Recommendations

Fulfilling social rights of children and parent and develop their capabilities and functions, and particularly for low-income families, lone parents and those living in deprived areas) requires a substantial increase public investment in ECEC in Ireland in order to provide affordable childcare and early education and extend access. This is also required in order to ensure professional suitably qualified staff are employed in the childcare centres. A well-developed and funded, quality ECEC system would allow parents access employment, training and education with the assurance that their children are receiving high quality ECEC in quality learning environments equipped to meet their needs in the company of well-trained staff.

2.2 Ireland – Water provision

Following abolition of local authority rates in 1977, Ireland is unique in Europe with no domestic water charges⁵. Water investment is resourced from central taxation with underinvestment in Irish water infrastructure and pressure to engage with the ‘polluter pays’ principle of the European WFD. In this policy vacuum, a severe fiscal deficit and EU austerity policy, the 2010 EU-IMF (Troika) Bailout Memorandum⁶ included introduction of water charges and establishment of a centralised semi state agency ‘Irish Water’ to replace the water functions of Irish local authorities.

A private company was contracted to install domestic water meters. By late 2016, 873,000 meters out of 1.4 m domestic dwelling had been installed. The Water Services Act (2013) implemented water charges and this, along with concerns for the future privatisation of public water in Ireland, prompted local community protests and civil disobedience. Charges, potential privatisation and water meters became a focal issue in the June 2014 local and European elections. In July 2014 the Commission for Energy Regulation regulated a water charge (€278 pa for a family of 4) In Sept 2014 Right 2 Water ‘a citizen’s campaign’ was launched to become one of Ireland’s largest social movements in recent decades, with over 150,000 attending protests and 1m or two thirds of households not registering with Irish Water. In November 2014, government capped charges until 2018 (at €260 for family, €160 for individual) and alleviated the financial impact with a universal €100 water conservation household grant. By January 2015 only 760,500 (57%) of the 1.5 million liable households had fully registered with 650,000 (43%) remaining unregistered. By 2016, with the Troika departed, water metering and charges were suspended as an outcome of the pressure exerted by the Right2Water campaign, the 2016 general election and subsequent recommendations of the parliamentary Expert Commission on Domestic Public Water Services (ECDPWS, 2016). The Water Services (Amendment) Act 2016 became law in July 2016. It suspended the issuing of domestic water bills for the second quarter of 2016. It also suspended domestic water charges for 9 months, from 1 July 2016 to 31 March 2017, with no charging or billing of domestic customers during that period. This suspension was then extended further, up to 31 December 2017. The Water Services Act 2017 has repealed the system of domestic water charging and provided for refunds to be paid. A threshold of 213,000 litres per year has also now been set, to promote water conservation. In general, a dwelling with water usage above this threshold amount may be regarded as having excessive water usage. The Oireachtas (Irish parliament) approved the ECDPWS committee’s report recommendations.

- Domestic water charging under the Water Services Act 2014 should be discontinued and replaced by alternative arrangements, as outlined in the committee’s report.
- Domestic water use should be funded through general taxation.
- The Water Services Act 2007 should be amended to ensure that wastage, excess use or wilful abuse of water can be addressed, using incentives, levies and other measures proposed in the report.
- Conservation of water resources should be embedded as a principle of water policy and a cross-departmental strategy should be developed to increase water conservation.
- The principles of equity of treatment and equivalent financial support should be applied equally between households The most effective combination of metering (including the existing stock of domestic meters) should be used in order to promote conservation through leak reduction.
- All new domestic buildings should incorporate water conservation fittings.
- The role of the Public Water Forum should be further developed and the legislation establishing it should be reviewed.
- An overall review of the strategy based on this report should take place after 5 years.
- A referendum should be held on the issue of water services continuing in public ownership.

5 There are charges for 60,000 industrial users.

6 Ireland (2010) Memorandum of Economic and Financial Policies and Technical Memorandum of Understanding, Dublin: Government of Ireland, p. 30. 532.

The Water Services Act 2017 was enacted on 17 November 2017. Decades of capital under-investment in water infrastructure means continued reliance on significant levels of Public Private Investment with persistent issues of water quality. Remedying leakage rates (40%) requires significant infrastructural water investment of approx. €600 pa.

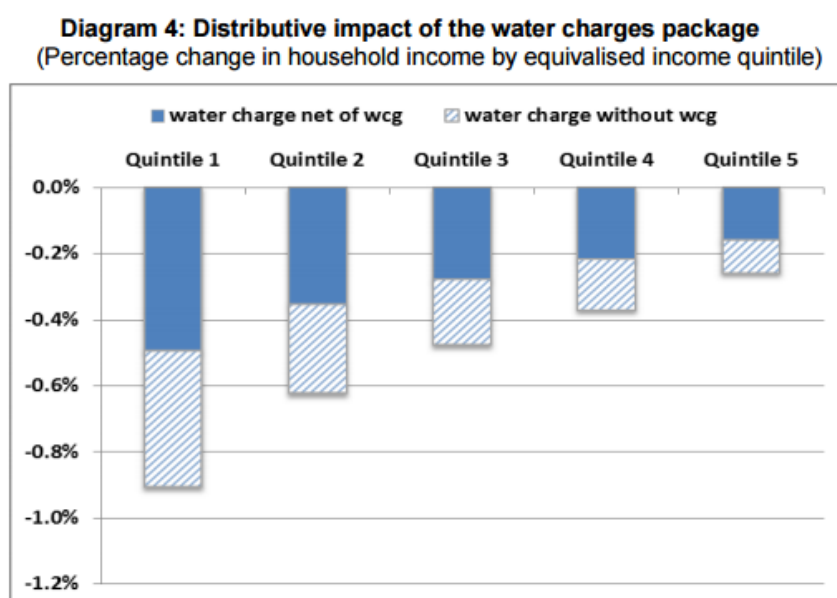
2.2.1 Impact on vulnerable groups, human rights and capabilities

The Irish Human Rights and Equality Commission (IHREC)⁷ affirm that lack of access to clean safe water impacts on guarantees essential for securing an adequate standard of living⁸, right to health, and capability to be and do, as well as impacts on food poverty, as evidenced by Irish statutory assessments.⁸ The ICESCR Covenant stresses the principle of equity, and affordability for socially disadvantaged groups⁹.

Quality: under-investment impacts on quality of water with specific regions restricted to purchase bottled water for human consumption and a disproportionate distribution in rural western Ireland of ‘boil notices’ and water restrictions, lack of progress in implementing Water Safety Plans for each public water supply,⁹ and no fully comprehensive assessment water policy to ensure clean and safe drinking water. The ECDPWS (2016) reports 180,000 properties at risk of failing EU guidelines on the maximum levels of lead in drinking water and 38 untreated urban sewage outflows and in 2017, 20% of the population access drinking water from small private wells, where contamination, poor monitoring and weak enforcement create public and private health problems including higher E.coli contamination levels.¹⁰

Affordability: ICESCR obliges governments not to disproportionately affect low-income households. A 2013 affordability assessment of water charges found the percentage of net disposable income was 0.2% for average, 0.3% for median and 1.2% for lowest decile; all well within the 3% poverty index threshold.

Figure 2.1 Regressive impact of change in water prices



7 https://www.ihrec.ie/app/uploads/download/pdf/icescr_report.pdf.

8 Department of Social Protection (2015) Social Inclusion Monitor 2013, Dublin: DSP p. 39.

9 Irish Water's Drinking Water Safety Plan: Implementation Plan 2014-2016.

10 Environmental Protection Agency 2017 Focus on Private Water Supplies, Dublin EPA.

A 2015 SIA shows the distributive impact of proposed charges had a greater impact on lower income households, with the bottom quintile losing 0.9% compared to 0.3% for the top. IHREC questions whether the principle of equity is met in absence of policy to specifically target low-income households, the disproportionate impact of an additional utility bill on low-income households and issues affecting Travellers and rural dwellers. Given Irish domestic charges are suspended (and unlikely to return) there is no macro issue of household affordability or water poverty.

Rural Dwellers: affordability and equity issues remain for up to 30% of Irish households, rural dwellers who pay sinking well and maintenance costs and/or the cost of small group schemes. The National Federation of Group Water Schemes (NFGWS) welcomed the Nov 2016 Commission recommendation for ‘equity for those who are not served by public water supplies’.

Travellers: despite UN guidance over 2,700 Travellers (an indigenous nomadic ethnic minority), some of whom live on halting sites, have no access to piped water supply. Census 2011 demonstrated that one-third of Traveller households living in mobile or temporary accommodation had no access to sewage facilities while a fifth had no access to piped water, 2016 census data has not yet been published.

Collective agency: Ireland saw considerable mobilisation around and resistance to metered water charges and privatisation of water. Support for water charges expressed from some rural dwellers and Group Water Schemes, environmental and other activists demonstrates a pluralistic civil society. Fears of privatisation of statutory centralised agency ‘Irish Water’ have led to a strong campaign for a constitutional referendum to keep Irish water in public ownership and a recommendation in November, 2016 (ECDPWS) expert commission report for a ‘suitable constitutional provision on public ownership of water services’, reflecting strong domestic demand for democratic accountability.

2.2.2 Recommendations

The state level response against privatisation of water in Ireland and the assertion of the right to water through a historic citizen mobilisation, raises significant questions about how reflective EU policy is of citizen and state views on water services, but also importantly, about sources for future investment. The Irish government should, as per the Oireachtas committee recommendations, hold a referendum to enshrine water as a human right and water to remain in public ownership as a public good. There is a requirement for a significant increase in investment in water infrastructure in Ireland, this will be a real challenge in the context of EU fiscal rules, greater flexibility is required. Opposition to water charges by the majority of Irish citizens raises the challenge of Ireland meeting water cost recovery EU obligations while also respecting the democratic wishes of its citizens.

2.3 Health care

Healthcare in Ireland dates back to the establishment of charitable hospitals in the 1720s. The workhouse system introduced by the British in the nineteenth century provided infirmaries and dispensaries for the very poorest and local government provided limited health services during the first decades of the Irish Free State. In the 1940s ambitions to establish a Beveridge like universal National Health Service was opposed by the medical profession, the Catholic Church and the Department of Finance on cost grounds. Instead, a two-tier health service developed with a limited role for the public sector alongside voluntary and private insurance provision. The 1970 General Medical Scheme (GMS) was limited to the poorest 40% of the population (children, poor people of working age and older people). A complex system of subsidised services, state and private health insurance alongside user charges evolved. During the late 1990s, a decentralised system with relatively low levels of public spending on health was replaced by a single National Health Service organisation, the Health Service Executive (HSE). HSE is responsible for implementing

policy decisions made by the Department of Health and administering and managing health care provision in a mixed system of healthcare. Provision is through public (including publicly supported voluntary hospitals) and private sectors and 75% funded from general taxation with the balance from private provision either through private insurance or out of pocket spending (Nolan et al, 2014). Outside the GMS scheme primary care (typically costs €45-70 to access a doctor), remains under-developed.

2.3.1 The financial crisis, austerity

Ireland was significantly impacted by the financial crisis of 2007. There was a sharp rise in unemployment, household incomes fell by more than 10% in three years and the state's finances rapidly deteriorated. The 'Troika's' Financial Support Programme signed in late 2010 required significant cuts in public spending including healthcare to be implemented in return for the IMF funded loan, with a 9% fall in health spending from the peak of €15.4bn in 2008 to €13.6bn by 2013 and a shift in the balance between public (down 77 to 67%) and private spending even though the number of household purchasing health insurance has declined (Nolan et al, 2014).

Healthcare coverage was cut in terms of breadth (automatic entitlement to a medical card for those aged 70 years and over was abolished) as well as the scope (what people are covered for) and depth (how much public funding is available). The most significant cost savings have been achieved through a general freeze on recruitment and promotion, reductions in pay for medical professionals including general practitioners and hospital consultants and a reduction of around 10% in the number of people working in healthcare. The percentage of the population covered by the general medical card scheme has increased from just over 30% of the population in 2008 to just under 40% of the population by 2013 because of the impact of the financial and economic crises (Nolan et al, 2014). This growth in coverage attracted the attention of the European Commission in 2012 when their report 'Economic Adjustment for Ireland' identified an estimated overrun on health spending of €370m and highlighted the need to restructure and reform healthcare provision to improve efficiency (EC, 2012). A system of 'money following the patient' for hospital budgets replaced annual allocations for specified levels of activity based largely on historic patterns of spending along with a commitment to make all acute public hospitals into independent, non-profit making trusts. Hospital care is subject to charges of €80 per night up to a maximum of €800 per year for people who are not eligible for a medical card. Similarly, attending an emergency (A&E) department without referral can lead to a charge of €100. There are also out-of-pocket payments for prescription medications capped for both medical cardholders and their families as well as the general population.

A recent OECD found high rates of hospital admissions for chronic conditions such as Chronic Obstructive Pulmonary Disease and asthma could not 'be explained by a higher prevalence of these conditions'. Rather high admissions were more likely due to the 'fragmentation of the health system in Ireland which creates substantial barriers to better care integration', which in turn 'is hampered by the 'two-tier' financing system, the absence of universal health coverage as well as the lack of integration of different state agencies'.

2.3.2 Impact on vulnerable groups

The impact of the crisis and austerity on vulnerable groups is ongoing and is almost inevitably going to be negative as rates of poverty and deprivation have increased will influence health outcomes and inequalities over time. A €2.50 prescription charge per item had been particularly difficult for those with multiple weekly prescriptions who now pay a maximum €25pw for prescriptions. Healthcare provision has been restructured as part of the programme of fiscal consolidation and is likely to be more cost efficient than before the crisis hit although how sustainable this improvement can be is certainly open to question when pay restraint and reductions in staff numbers have been key elements of the programme. While public healthcare provision has been, reformed and somewhat eroded in the context of public health spending cuts '*... a crucial safety net*

for vulnerable groups has been maintained via the medical card scheme (Nolan et al, 2014: 26). Despite the severe constraints placed on healthcare and wider public spending there is a Government commitment to gradually move to universal free at point of use access to primary care service with the extension of the GP visit card scheme to all children aged 6 years and under (HSE, 2017).

2.3.3 Recommendations for policy makers

There needs to be a reversal of the devastating cuts to the public health system imposed in the 2009-2014 austerity measures, particularly to primary care and community services, which benefit disadvantaged groups such as home help, public health nurses, and social care. There are huge inequalities between accesses to health care for those reliant on the public system and those able to access the private for profit health care system. Investment is required in the public health system in order to move it towards a universal public health system that ensures equality of access and outcome in health services.

2.4 Financial services

Financial exclusion in Ireland leads to social exclusion and restricts the access of the marginalised and socially excluded communities to the benefits of a growing and modern financial sector. Ireland is a clear example of a two-way dynamic relationship between social exclusion and financial exclusion, typical of medium-high financially excluded countries. Ireland has a high level of financial exclusion considering that its per capita income is very close to the EU average. Pre-financial crisis liberalisation and internationalization of the Irish financial sector had led to *‘significant structural change domestically, through the de-mutualisation or conversion of building societies into banks ... [that enabled] such organisations to convert from member-ownership to for-profit shareholder ownership, thereby undermining attempts to encourage more socially inclusive forms of delivery for personal financial services.’* (Stamp, 2016, p. 119).

Pre-crisis changes to personal banking shifted from a traditional personalised, branch-based, community-centred network to one, which increasingly relies much more on remote, impersonal, internet-based access. This disadvantages and discriminates against, thus excluding further, those living in rural areas with poor access to internet, older people who may not be familiar with the use of internet banking, the Traveller community, etc.

These developments increased the role of licensed and unlicensed moneylenders to offer credit to those who could not access the banking sector and credit union. The sub-prime market exists would charge interest rates of up to 188% APR. (Stamp, 2016) On the other hand, the establishment of Money Advice and Budgeting Services (MABS) has become an important source of support to those with financing and debt problems; the majority of MABS clients over the years have been social welfare recipients. Electronic banking and branch closures have also had their effects on the poor. Whilst ‘free banking’ for electronic banking has been introduced, charges for branch services has increased prohibitively for the poor. (Corr, 2006, p. XVI.). With regard to access to credit self-exclusion was a factor on the basis that banks would not deal with low-income customers or fear of high interest rates, whilst the credit unions had saving conditions (not suitable for low-income people who could not save) and they had strict repayment rules. The other areas of concern were promotion of savings, affordable insurance, financial education and money advice and budgeting services (Corr, 2006, pp. XX – XXIII).

Before the crisis Ireland had a medium - high level of financial exclusion, where about 12% of adult population lack at least one type of financial EU (2008a, p. 20) with 19% ‘un-banked’ compared to EU27 11.6% (EU2010, table 1, p. 6.) and 21% ‘marginally banked’. 41% have ‘no transaction bank account,’ the second highest rate in the EU15 countries, after Greece at 78% (Ibid.) albeit; EU figures over-estimate the

percentage of population without ‘transaction account’. (EU, 2008a, pp. 23-24) in the context of the high usage of credit unions in Ireland which do not offer transaction facilities.

2.4.1 Post crisis -financial exclusion

The financial crisis also affected the not-for profit Irish credit unions that provided finance outside the banking sector, that resulted in reduction in interest income and loans granted. As far as debt repayment and insolvency are concerned the Personal Insolvency Act of 2012 provided ‘Reasonable Living Expense Guidelines’ on how repayment should not unduly punish the debtors. This follows the works of social advocacy groups on minimum living standard.

A low level of financial exclusion in the EU is associated with the high level of per capita income or consumption, and low level of inequality. However the Irish index of per capita consumption level in 2016 was 97 just below an EU-28 average of 100 (EU, 2017a) and Ireland has a Gini coefficient of inequality is 0.30 (in 2015) compared with an EU average of 0.31 (EU, 2017b), but with a financial exclusion rate above the EU15 average. 51% of the Irish adults had ‘no revolving credit’, 34% had ‘a loan’ and 21% had ‘no savings’. (EU, 2008a, p. 27), this compares poorly to EU 15 averages of 40% (‘no revolving credit’), 18% (have ‘a loan’) and 30% (‘no savings’).

The poor in general are therefore less ‘banked’ than the non-poor are. Of those without a bank account in Ireland 14% of them had income more than poverty line of 60% of the median income, whilst the figure for the income poor (below 60% of the median income) was 32% and for materially poor (those ‘deprived of 3 of 9 items’) 45%; which are well above the EU averages of 22.5% and 36.2% respectively (SILC, 2008). The vast majority of the un-banked, whether poor and non-poor, declared that the reason was ‘no need-prefer dealing in cash’ (EU, 2010, tables 2-3, pp. 8-9).

2.4.2 Impact on most vulnerable

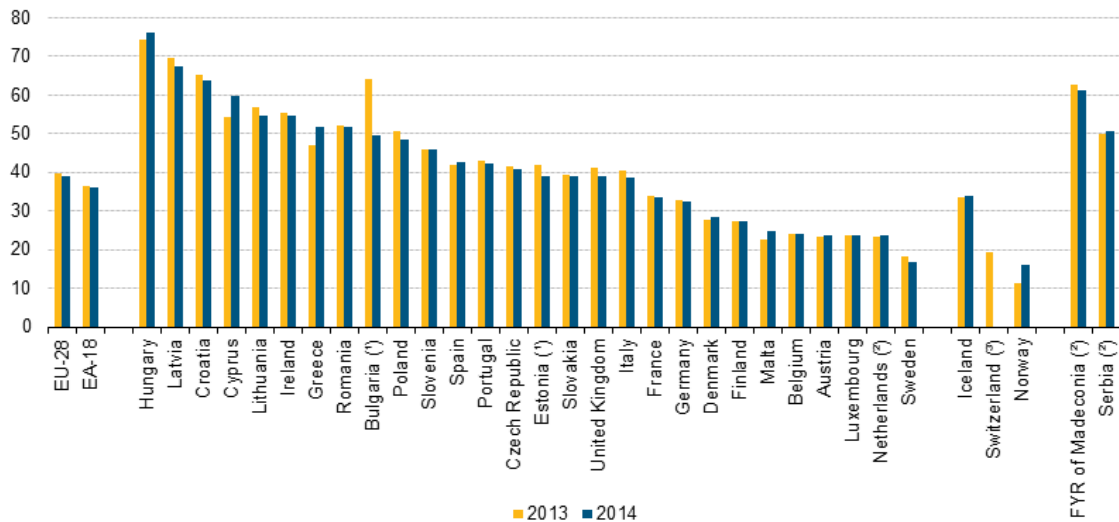
Certain banking legislation to reduce money-laundering, rules such as identification requirements for opening bank accounts has effectively discriminated against poor, while homeless families for example are unable to open bank accounts. These marginalised communities cover a wide range of people living in Ireland: those on low income, Travellers (‘Romas’ or Gypsies), immigrants (including refugees and asylum seekers), lone parents, non-home owners living in private rented accommodation, welfare recipients, homeless people, etc. This can have an implication for the payment of some social benefits, although it is not required to have a bank account to receive social welfare payment.

In 2012 Ireland, over 8% of the poor are in ‘critical situation’ compared with just over 4% of the total population. A quarter of ‘income poor’ reported that they did not have any need to borrow, whilst the corresponding figure for the materially poor was 14.6%. Friends/family were a source of credit for a small proportion of the poor - 5.2% of the income poor and 3.9% of the materially poor who dealt with barriers to credit - ‘application for loan turned down,’ ‘loan facility withdrawn,’ or ‘banks refuse credit to people like us’. 4.9% of the income poor and 15.3% of materially poor reported being exclusion. The materially poor appear to be in a much more precarious position than the income poor are - 24.5% reported that could not ‘repay’ as a reason for not having credit, compared with 15.3% of the income poor. While they had more need to borrow (about 85% compared with 73% of the income poor), and could only rely marginally on family and friends (3.9% compared with 5.2% of income poor) (EU, 2010, tables 10-11, pp. 20-21).

By 2009 ‘one in ten Irish households have been described as ‘credit excluded’ in that they lacked three forms of credit (credit/loans; overdraft facilities and credit/store cards) for reasons other than ‘not needing to

borrow’ ... As with financial exclusion more generally, groups experiencing the highest levels of credit exclusion were social tenants (38%), those who were ill/disabled (31%), lone parents (27%), those who were unemployed (21%) and those on a low income (21%). Using an amended category termed ‘credit constraint’, ... over a three year period (2010-2013), refusal of credit, either in full or in part, combined with the expectation of an application being rejected, resulted in almost a fifth (18.4%) of Irish households being credit constrained. (Stamp, 2016, p. 122).

Figure 2.2 Inability to face unexpected financial expenses, 2013 and 2014



(*) 2014: break in time series.
 (*) 2014: provisional data.
 (*) 2014 data not available.

Source EU (2017). Europe 2020 indicators - poverty and social exclusion. Figure 5

2.4.3 Recommendations

Financial exclusion requires further research and study in Ireland, in particular the impact of changing nature of banking and exclusion of certain areas from banking services. Poverty and financial exclusion are linked, with access to credit reduced due to income poverty. There is a need to ensure those in poverty have access to financial services. The wider structural causes of poverty and inequality must be addressed as both a contributing factor to, and result of, financial exclusion of the most vulnerable in Ireland.

3. Case study of Irish social investment: homelessness, a participative rights and capability perspective

3.1 Research question: Irish social investment and homelessness

While housing is not an EU competence the Social Investment Package includes a module on homelessness and the ESF extends funding to states to realise social housing rights of vulnerable groups. The 2013 Commission Staff Working Document (CSWD), as part of a wider SIP argues for more urgent concerted action to take preventative measures that can reduce the risk and magnitude of homelessness. In keeping with a social investment perspective, the argument is for prevention and targeted, integrated policies that mitigate the impact of homelessness and serve as investments with high rates of return.

Consistent with a capability framework it is clear the EC accepts homelessness has a grave impact on and cost to individuals and society in integration, social cohesion, health, education, employment, family functioning and wellbeing. Indeed housing is recognised as a core need in the ‘housing first’ philosophy, and the individual, social and economic costs of not addressing homelessness are agreed as immense. Since the onset of the crisis, the composition of the homeless population has begun to change across the EU with lack of access to affordable housing supply an increasingly common cause of homelessness. Inadequate levels of construction of new social housing, and inadequate and affordable social and private rental housing means homeless people are waiting longer for social housing. 65% Europeans consider that housing is too expensive with only one third able to find decent housing at a reasonable price in their area.

The primary objective or question of this research is to examine the Irish evidence on the impact of social investment on human rights and capabilities in social housing and homelessness and to demonstrate the negative impact of liberalisation or disinvestment in social housing.

3.2 Methodology - Participatory Action Human Rights and Capability Approach (PAHRCA)

RE-InVEST makes the links between rights and capabilities, with capabilities or resources and conversion factors understood as essential to turn abstract rights into real entitlements, ‘to have the capability to make rights real and live a life one values’. Central to such concepts are key human rights principles including agency, participation, and voice, which can be realised at an individual and collective level. This theoretical framework translates into our choice to work, to much as possible, within a transformative and participative methodology paradigm to answer core research questions, conduct our analysis and formulate potential solutions. This qualitative, participatory research is not suitable as a means to ‘validate’ or ‘prove’ hypotheses and we make no such positivist claim. Rather we combine qualitative research with quantitative data to deepen understanding of precisely how social investment in services and social policies relate to rights and capability. As participative research, the validity of our methodology lies in the co-construction of knowledge by a mixed group of researchers: academic researchers, NGO is and people experiencing poverty working through an iterative and ongoing process of action, knowledge creation and reflection. This practical utilisation of a capability approach in research methodology is a core outcome of the project. It is not just instrumental in facilitating a more grounded empirical answer to research questions but permeates our whole project. NGO’s or civil society organisations and the representatives of vulnerable groups

participating in the process enhance not only validity but also our collective capacity to transform social environments; as such, they are a core and valued part of our approach.

Participatory action research views participants as co-researchers who have special knowledge about their own situation. Hence they are not only ‘interviewed’ but take part in research by engaging in, examining, interpreting, and reflecting on their own social world, shaping their sense of identity. Crucial for this kind of knowledge generation is the ‘merging’ or ‘crossing of knowledge’. Scientific knowledge as gained by researchers; knowledge which the poor and excluded have, from their firsthand experience, of the twin realities of poverty and the surrounding world which imposes it on them; and the knowledge of those who work among and with these victims in places of poverty and social exclusion (Figure 3.1).

Figure 3.1 Merging of knowledge



While flexible, PAHRCA entails a process of seven steps (Murphy & Hearne 2016) including commitments to action and outcomes, to ensure PAHRCA engagement is significantly deeper than data extraction.¹¹ This participatory approach commits to document specific problems but also work toward change using the empowerment principles associated with PAR. This approach is adapted to engage with specific research questions, examining different areas of policy relevant to enhancing social investment, human rights, individual capability and collective agency.

The research was conducted by a research team of two researchers from Maynooth University and supported by three peer researchers who were tenants of an Irish housing association. The research team met fortnightly to analyse data and to identify emerging themes and began to draft the report in mid-May completing this penultimate draft in late June. To execute the research we worked with a wide range of stakeholders including high level policy makers, those involved in programme design and implementation, academics of other policy experts who may have studied or research these sectors, NGO’s in an position to observe impacts and of course vulnerable people the end users of social services in question. Core to the methodology is a merging of knowledge between these stakeholders. The qualitative approach included five phases.

1. We worked with 10 families living in emergency accommodation, over ten weeks using the e seven steps outlined in the Participatory Action Human Rights and Capability Approach (PAHRCA).
2. We engaged in 15 Qualitative interviews with key policy experts (with knowledge of policy formation, design implementation and evaluation of the service).

¹¹ 1. Identify and meet collaborate NGO/gatekeeper, 2. Preliminary ‘meet ups’ (for trust building if necessary), 3. First meeting with participants – trust building, 4. Developmental: implement developmental human rights & capability approach, 5. Inquiry/data gathering, 6. Identifying patterns (key issues and themes of concern to the group) and 7. Undertake action/outcome.

3. We used quantitative methodologies drawing on statistical analysis to understand the impact of ‘social investment policies’ on social inclusion including cost benefit analysis.
4. On June 23, 2016 in the offices of the Irish Human Rights and Equality Commission, we facilitated action research and a dialogical merging of knowledge where policy experts, NGO’s and vulnerable groups came together to create new forms of understanding and policy formulation and ultimately new knowledge.
5. We disseminated findings through a 40-page research document and held a ‘policy brief’ in the national parliament on July 10; this was attended by over 50 participants and received a significant level of national media coverage. We subsequently presented the research findings to the national parliamentary committee on housing on September 20, 2017.

We proceed by assessing the shift in an Irish context towards use of the private housing market as the primary mechanism to deliver social investment in the Right to Housing (RtH) for homeless families. We examine contemporary Irish housing policy, specifically the policy to introduce a Housing Assistance Payment (HAP) a private rental-housing subsidy as the primary vehicle to address the deficit in Irish social housing need and in the context of its adequacies the emerging use of emergency family hubs to address growing family homelessness.

Part One examines the right to housing and briefly maps the historical evolution of Irish social housing policy from a focus on the state as the primary social housing provider to the present day with the private rental sector as the primary vehicle to deliver social housing. We then assess, from a rights perspective, various vehicles to address social housing and ask whether housing governance processes over the crisis were consistent with human rights principles. Part two narrows the focus to the experience of the homeless HAP in operation as a pilot project since 2015 and review the practical experiences of those administering HAP and those using homeless HAP to escape homelessness. To do this we complement a human rights framework with a capabilities framework to understand how people experience trying to access HAP while living in emergency homeless accommodation. Part three examines the recent development of co-living’ in family hubs. Using a capability and functioning approach we examine how the experience of homelessness interacts with and impacts on people’s capability to compete for private rental accommodation while continuing to parent and live in difficult circumstances dealing with stigma and discrimination. Part four concludes and draws out policy recommendations which focus on; restoring the balance by reducing the primary role afforded to market based solutions to social housing; addressing issues of security for those who have no choice but to access their right to housing in the private rental sector; and enabling and empowering to people live their life with dignity, autonomy and choices while they are homeless.

3.3 Irish social housing provision: social housing policy rights since the crisis

Human rights are indivisible and the housing is intrinsically linked to other rights, including health, work, leisure, family and children’s rights. Rights that only become real when people have opportunity and supports to make choices about education, employment, and where and how they want to live their lives. The Right to Housing has been codified by a wide range of International legal instruments under the umbrella of the United Nations beginning with the non-binding Universal Declaration of Human Rights 1948. Article 25 (1).

‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.’

Specific elements of the right to housing have been further developed in two main general comments (1991 and 1997) adopted by the UN Committee on Economic, Social and Cultural Rights. In addition the UN Special Rapporteur on housing adequacy has established that ‘the human right to adequate housing is the right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity’, includes Legal security of tenure, Availability of services, materials, facilities and infrastructure, Affordability, Habitability, Accessibility, Location and Cultural adequacy.

3.3.1 Irish housing rights over the crisis

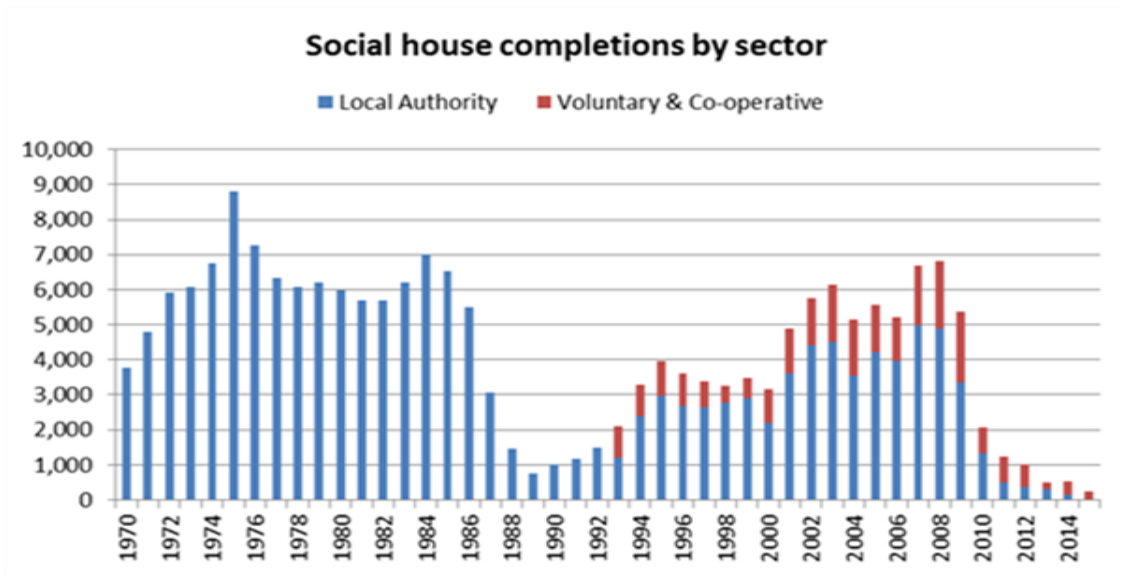
The Irish Constitution does not contain a fundamental legal right to housing (Jordan, n.d.-a: 61-62). Nevertheless, dimensions of the right to housing are covered in the 1966 Housing Act (the right to adequate housing) and the 1988 Housing Act (legal definition of homelessness). Local authorities have an obligation under the first act, but not the second. The most significant development in 2009 was the enactment of the Housing (Miscellaneous Provisions) Act, which extends and amends the Housing Acts 1966 – 2004. The global financial crisis has impacted significantly across a wide range of housing rights causing inter alia, a house price crash and the collapse of the housing market; increased mortgage arrears for homeowners as well as for investors in buy-to-let properties; a significant growth in repossessions and/or restructuring of housing debt as well as several other policy instruments to address housing debt, such as mortgage-to-rent scheme and the a 2012 Personal Insolvency Act.

The impact of the crisis can be seen in the shifts in housing indicators between 2007 and 2015, both for above and below the 60% median poverty line. We see key shifts in ownership tenure, which declined for both groups along with an increase in tenant status. The biggest decline in home-ownership levels have been among the younger generations (aged 35-44), but in particular amongst lower socio-economic classes (NESC 2014). The homeownership rate of professionals for this age group only fell by 9% proportionally between 1991 and 2011 but fell by 25% for unskilled backgrounds. The inequality in home-ownership has, in fact, grown between the classes over this period - from a gap in home-ownership levels between unskilled and professionals of 26.1% in 1991 to a gap of 31% in 2011. Home-ownership rates for those above 60% of the median income (falling from 82.9% to 72.7% - proportionally a 12.3% decline) and for those below 60% of median income (from 55.1% to 47.6% - proportionally a 13.6% decline). Clearly, however, the fall for those below 60% is more significant as it brings home-ownership rates in that category below 50%. These households are going to face much more difficulties in covering rent affordability in the private rental sector than those on higher incomes. We also see increases in arrears on utility bills and heavier financial burden of the total housing cost on lower income groups (Hearne, 2017).

The 2011 Housing Policy Statement announced a reform of housing policies away from the strong support of homeownership towards more tenure neutral support for housing and an increased role for the market as the primary social housing provider. Other policy shifts see an increased role for voluntary and co-operative housing associations in the role of social housing provision from the local authorities.

Ireland has traditionally delivered on the right to housing through the provision of local authority homes, social houses traditionally built or procured and managed by the local authority, and more recently also by approved housing bodies (not for profit housing associations). Over the past 20 to 30 years – social housing has changed from being directly provided (built) by the state (through local authorities) to predominantly provided through the private market (private rental & purchased from private development) & increased role for housing associations. While in 1975 – local authorities built 8,794 social housing units, by 2005 this build reduced to 5,559, and by 2015, the state built only 75. The decline of direct build of social housing provision is illustrated in Chart 1, which shows the impact of the recent crisis (and the 1980’s crisis) on social housing completions as well as the growing role of housing associations in the provision of social housing.

Figure 3.2 Investment and disinvestment cycles in social housing

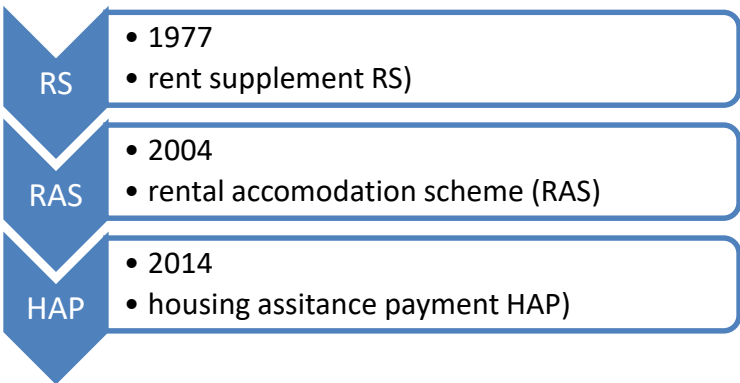


Source Hearne & McMahon, 2016

3.3.2 The shift to the private market: Irish private rental subsidies, RS, RAS and HAP

In the context of the disinvestment and decline in direct social housing build, private rental market subsidies have played an increasing role in provision of social housing moving over decades from a residual to a primary role. Here we chart the historical evolution of three different Irish private rental subsidies for social housing.

Figure 3.3 Evolution of private rental housing subsidies



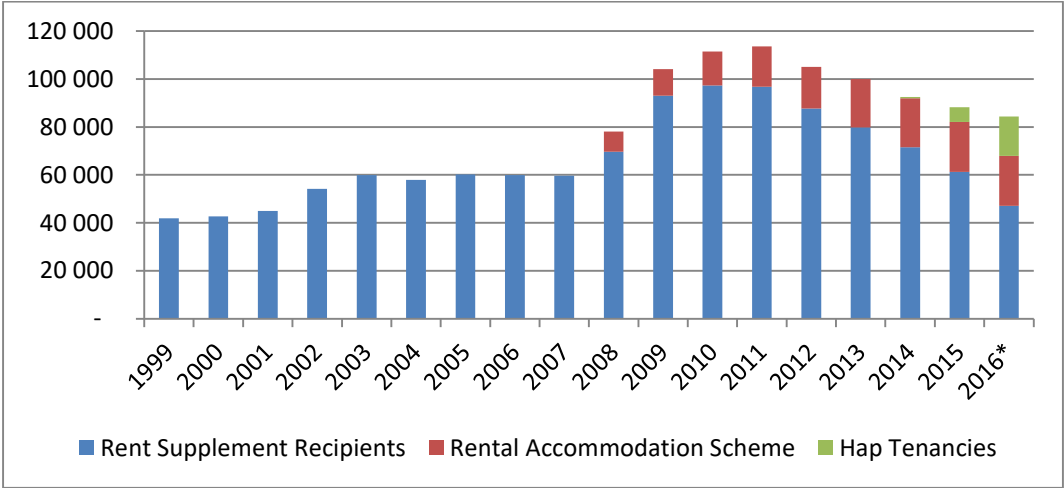
Rent supplement: since 1977, a rental subsidy was available to private rental tenants who, due to unemployment, part time or under-employment or illness, were unable in the short term to afford to pay private rent. This costly scheme undermined the right to work and caused unemployment and poverty traps. In 2000 it was established that RS would remain as a short term income support while those relying on the private rented sector to meet longer term housing needs (18 months +) would transfer onto a new Rental Accommodation Scheme (RAS) which differed from the RS in a number of respects. Despite RAS, which was introduced in 2004, RS continued as a primary housing support and, during the crisis, as consequence

of the dramatic increase in take-up under the scheme the level of expenditure increased from just over €250,000 in 2010 to expenditure in the region of €420,000 in 2012.

Rental Accommodation Scheme: RAS was introduced in 2004 to cater for people who are in receipt of rent supplement and living in the private rented sector for 18 months or more. While an improvement on the previous RS and enabling the right to work, in its implementation the RAS model unravelled and failed to develop into the long term social housing programme it was envisaged to be (partly because the crisis caused reduced capacity for local authorities) to administer RAS). In this context, the Housing Assistance Payment (HAP) emerged in 2011 but was not formally introduced until 2014.

Housing Assistance Payment: under HAP, eligible households source their own accommodation in the relatively insecure private rented sector and make their own tenancy agreement with the property owner. When the tenancy is not renewed, the local authority has no obligation to rehouse the tenant. HAP is understood as a long term social housing support within legislation and HAP recipients, unlike those on RS, are not entitled to be on the social housing list (but can be recorded on the LA transfer list this maintaining some connection to future local authority social housing).

Figure 3.4 Chart two RS, RAS and HAP 1999-2016



The different policy vehicles the Irish government uses to realise social housing have different impacts from a rights perspective with regard to security, affordability, choice, autonomy etc. Using Bengtsson (2001), Ireland follows a largely selective housing policy, which necessitates a largely legal approach to social housing rights, which has had drawbacks including residualisation and stigma. The shift to a more market approach causes a diminution of legal rights particularly security of tenure, while also opening up access to other rights available to all private rented tenants including the stronger right to redress through the Private Residential Tenancies Board.

3.4 Experience of the HAP & the homeless HAP –evidence from the research

The shift to the market leaves vulnerable families reliant on the private rental sector and the Housing Assistance Payment. A variant of this payment, the Homeless HAP Scheme, is implemented through the Dublin Region Homeless Executive (DRHE) on behalf of the four Dublin local authorities where family homelessness is acute; it has been operational since February 2015. The scheme allows additional discretion to the DRHE to pay a rental subsidy for homeless households, which is up to 50% above the general HAP limits in 3 Dublin Local Authority areas and 25% above the limits in South Dublin Council. The DRHE

have made it clear that HAP will continue in the coming years as the *primary* mechanism for assisting persons to exit or avoid homelessness with supplementary supply coming from the Local Authority or Approved Housing Body housing stock. However, it is clear from the increase in the numbers of homeless families in emergency accommodation, and the escalation in the length of time being spent in that accommodation, that the supply of homeless HAP properties is not meeting the growing need of homelessness. The following section provides an analysis of the homeless HAP in terms of housing rights and security of tenure and in terms of ability to access private rental accommodation in a competitive market. It also provides a cost benefit analysis and an assessment of the advantages and disadvantages of HAP.

3.4.1 HAP and security of tenure

We find HAP is inappropriate as the primary vehicle for housing provision for homeless families. The private rented sector in Ireland, as it is currently constituted, is unable to provide adequate security of tenure to tenants. Homeless families believe that the exemption provided in the Residential Tenancies (Amendment) Act 2015 allowing landlords to terminate leases by declaring that the property is to be sold or is needed for a family member, effectively limits security of tenure and this makes HAP less than ideal for social housing provision for families with children. The issue of security of tenure is particularly important for homeless families given their experience of acute housing insecurity through becoming homeless. They are terrified about re-entering the private rental sector and of putting their children at risk of becoming homeless again:

'I don't want to keep moving my daughter around all the time ... and then I'm afraid that I will end back up in the homeless services again after my lease is up ... I would take HAP if I was guaranteed to be able to stay in the accommodation for a five year lease or whatever, and that I would be guaranteed somewhere else after that lease was up ... once it's not back to the homeless services. I will not keep putting my daughter through the same situation - it's not fair on her.' (Emilia).

'The problem with HAP is it there is no security. You are there six months and you are worried and stressed about having to move again.' (Sandra).

Families when asked to describe what, for them, are the key aspects of having the right to a home and what a home should provide, identified security, stability, safety and freedom as key defining factors. A secure home is the base from which families can provide stability, safety, security and normality essential for childhood well-being. HAP does not provide such security:

'Security for families? No HAP does not give it. If they are looking for social housing, they know they are getting to have a long-term tenancy and that is their long-term goal - if they take HAP its 1 year or 2 years - 1 year goes by very quickly. It is huge especially when you have children - the security. ... Families are saying to us they want a minimum of five or ten years security - an obvious thing you need.' (Key Worker).

In contrast to the private rental sector, the security of tenure in the social housing sector is well protected by the provisions of the Housing Acts 1966 (and 2014) and social housing tenancies are generally lifetime in nature, and evictions can only take place in very limited and prescribed circumstances. Families' preference is for a council house (local authority social housing) is motivated by its capacity to provide a long-term secure home for their children. Parents are not willing to leave their children exposed to the possibility of continual relocation (with school moves, loss of social networks, disorientation etc.), and may trade a longer wait in emergency homelessness against the likelihood of achieving longer-term security through traditional social housing. Duncan (2004) refers to this process of 'gendered moral rationality' to show how lone parents place child well-being at the centre of decision-making. Parents and lone parents in particular, need to be housed in the area close to their essential supports from family and community networks. They fear loss of priority on the social house waiting lists because of taking up a short-term HAP tenancy:

My big worry is not those small number of individual cases where something goes wrong - but my worry is what happens at the end of the first two years, are we going to get at some point in 2017 - to get hundreds of HAP tenancies coming to an end, all at the one time - at the same time where the rental market is already HAP saturated?’ (Public Representative).

The fear of becoming homeless from HAP properties is not an irrational fear. Department of Housing data demonstrates the insecurity attached to HAP as a form of social housing. Since the HAP scheme commenced in September 2014, to the end of Q4 2016, 1,737 households exited the scheme. Table 3.1 shows that a quarter of the exits related to the landlord withdrawing the property, causing 435 HAP tenants in the last year to find alternative HAP accommodation.

Table 3.1 Self-reported reasons for exits from HAP scheme

14%	Transfers to other forms of social housing
14%	Compliance exits, which include non-tax compliance by a landlord, non-payment of rent contribution by a tenant, failure to meet the minimum standards for rental accommodation (which all landlords must adhere to)
24%	Landlord exits, which include a landlord giving notice to a tenant, and a landlord selling a property; and
48%	Voluntary tenant exits, which include working in a different area, medical, education, change in household composition and deceased tenants.

Source Department of Housing

3.4.2 Experience of competing in the private rental market for HAP accommodation

The HAP and Homeless HAP schemes are reliant on supply from the private rental sector. However, the Irish private sector is in an unprecedented crisis with dramatic demand for rental housing in recent years, combined with the lack of new private rental supply and significant rent increases. HAP recipients find it extremely difficult to compete for the limited (and increasingly expensive) new private rental accommodation available on the market. While the DHRE provides a rental subsidy that is close to market rents, the consistent increase in market rents means that the limits are insufficient for homeless families to access housing. While a further top-up is available for homeless families to pay, provided by the DHRE, in some cases this does not meet the rent being charged. They compete against tenants with recent work and landlord references, access to social networks, and capacity to negotiate (engage in ‘bidding wars’) rent tops ups, ‘hello money’ or offer higher rents than those advertised and, consequently higher than the HAP limits. Our research found that the homeless families are experiencing what we have described as a *structural exclusion* of homeless families from the private rental market in Dublin, which is in some instances reinforced by the HAP system.

I am up against professionals and I don’t stand a chance in getting it.’ (Chloe).

Most families report that they are filtered out of the private rental search at the first hurdle, often unable to get emails, phone calls or texts returned and unable to access viewing appointments. While a Placefinder service is operated by the DHRE whereby workers contact landlords directly and ask are they interested in taking on a HAP tenant. There appeared to be a gap between accessing these services and the homeless families in emergency accommodation, with the Placefinder service prioritising new presenting homeless families and those in commercial hotels over those in Family Hubs. Furthermore, as the operators of the Place Finder service told us, we are exhausting the same pool of properties, we are ringing the same property owners as the families, it is nothing new we are getting. The properties just are not there. Homeless mothers described it as *‘extremely difficult’* and *‘soul-destroying’* trying to find HAP accommodation:

I have sent out numerous emails on Daft over the last two months. The majority of these emails that I sent have not even received an acknowledgment.’

'I have tried very hard to get us a home on the HAP and I am really finding it impossible. The very few replies from my emails I do receive are asking for current work reference and landlord reference.'

'I feel like I am at a loss trying to find a home for my kids and I simply do not have what they are looking for. It seems to me HAP does not help in my situation, as I am getting no luck in even getting to a viewing stage of a property, not even once in the past two months.'

'It is very disheartening for me. All I want is a little apartment -even it does not have to be a house -for the kids near their schools. I do not have a car. I am literally finding it impossible. I am trying so hard ... I feel like I am getting nowhere.' (Amy).

'The demographics of the lower income end of the HAP tenants – such as migrants, single parents - in terms of people with other complex issues going on in their lives such as families with children with special needs. Very clearly, you can see there is not a level playing field in terms of accessing properties. The fact that HAP also puts responsibility for identifying the property on to the tenant creates additional difficulties. For Travellers, for those with limited literacy, people without access to computers regularly, people whose income is so low, ringing around property owners is additional cost. Across a whole range of layers those people are not given equal access to compete in the private rental market.' (Public Representative).

Failing to compete in this competitive housing market has severe socio-emotional impacts on the homeless families:

'You can only go on so many viewings before your mental health is affected. It knocks you back every time you go see a place and you aren't successful.' (Chloe).

'You get your heart broke because you don't hear anything back from them' (Laura).

'Some families here have been to 35 viewings. How hard it is being turned down all those times. They just cry afterwards. What does that do to your self-esteem? They have learned not to tell the kids until they have the keys in their hand...it's just knock back after knock back for them ...' (Key worker).

Some families have a greater capacity to pick themselves back up again after a rejection from a property owner or estate agent and they go back looking again. However, others are more vulnerable and lack such resilience, and reducing their effort in searching for a property becomes a form of self-protection against further rejection. The vulnerability of the most socially excluded families is further exacerbated by the market approach in HAP to accessing housing. Practical barriers also mean travelling long distances with the additional expense of travelling with children to multiple viewings of properties to rent. This has a major toll on the families as Emilia explains:

'It's really hard. Getting up at six ... to get the kids on the two-bus journey to school, I get €30 a week for travel and I spend €70 on it. I have to take the baby on the bus – on all those journeys. ... It is so hard trying to view places that know you are not going to get. They never ring me back. I just feel like giving up.'

3.4.3 Discrimination and stigma as single mothers

Homeless families already experience feelings of stigma. However, these feelings are reinforced and deepened by the search for private rental accommodation through HAP. The families, two thirds of whom are female lone parents, and 40% of whom are migrants, identified a double aspect of stigmatisation as they were discriminated against within the private rental sector for being both single mothers and homeless. Property owners asked them if they were single, if they were in relationships, and asked their age.

'Landlords keep saying they do not take children and they do not allow children in the house. When I tell them that I am a single mom - they say the viewing list is full, but there is a waiting list and they will put my name on that. But I never get back a reply. They are saying they are not taking me because I am a single mom because they think I can't pay.' (Sandra).

'I went to a place and was told that I would have to give €1000 on top of the rent and deposit – because I was on HAP - that it wasn't my money and I'd only wreck the place – so I would have to give this extra money.' (Laura).

The research highlighted the need to challenge the assumptions of policy makers. One policy maker expressed the view that HAP works because individuals are 'more motivated' to find housing than a local authority official:

'If you really need somewhere to live you will be highly motivated to find somewhere ... and you will keep putting in effort until you do. The local authority official behind a desk is not as motivated.' (Policy maker).

Our research found an underestimation on the part of policy makers of the inequalities inherent to the private market approach in HAP. In particular, the severe negative impacts on families' mental health from the rejection and failing to secure HAP accommodation within the private rental sector. The assumption that low income, socially excluded, families and lone parents can self-secure accommodation in the private rental sector is wrong. It places the responsibility of housing on to the homeless family and assumes their success in achieving this is down to their level of motivation (i.e. the more motivated will access housing more quickly. This approach brings social policy down a path of dividing between the deserving and undeserving poor, with all the attendant injustices that brings. This ignores the structural exclusion resulting from market competition and the way in which HAP as. Lone parent families inevitably fail and suffer from such policies.

3.4.4 Cost benefit analysis of HAP

A Cost Benefit Analysis (CBA) of HAP used current market rents to compares HAP with the cost of direct social housing building and state provided cost rental housing provision. Reynolds (2017) shows that over a thirty year period the provision of a typical HAP dwelling in Dublin is €274,128 more expensive per unit than if it was provided through state funded local authority building of social housing. This means that the Rebuilding Ireland target of providing 87,000 private rental units will be €23.8bn more expensive than providing these units via local authority building, over a thirty-year life span.

Table 3.2 Cost benefit analysis of HAP via local authority provision of social housing

	HAP	Direct Build
State Monthly Payments	€1,244	€800
Residual Value	0	€180,000
Additional cost per HAP unit vs direct over 30 years	€94,128	
Total additional cost per HAP unit	€274,128	
Total additional cost for 87,000 Rebuilding Ireland private rental units over 30 years	€23.8bn (€800M per annum)	

3.4.5 HAP strengths and weaknesses

There are a number of advantages and disadvantages of HAP, it offers some useful features, particularly the homeless HAP which offers 50% more than the HAP limits and thus makes private rented property realistically affordable (€1,800 pm for a basic two bedroom apartment). For some families HAP offers an attractive housing route with greater choice of location and more mobility as well as providing the ability to work. However, there have been implementation issues and administrative errors by local authorities in paying rent to property owners causing HAP tenancies to fail in some instances. Crucially however HAP also results in a reduction in the human right to housing in relation to the security of tenure which is provided under traditional social housing and the RAS scheme, meaning a shift from providing social housing as a permanent form of housing, or 'housing for life' to a more temporary response.

'The HAP introduction – was done in a way to keep people off the social housing waiting lists, so that they don't expect to get social housing. It is, trying to remove the aspiration of social housing as legitimate.' (Policy maker).

In this context, it is interesting to note that 95% of those taking up HAP have opted to go on the social housing transfer list – which shows the high level of aspiration and desire for the traditional form of social housing among HAP recipients. The greatest obstacle to making homeless HAP work is the deficit in private rental housing supply and the degree to which homeless families find themselves structurally excluded from the private rental market as they are at the bottom of the queue in a highly competitive housing market, and vulnerable to class, gender, ethnic or family status based discrimination.

3.5 Emergency accommodation and family hubs

In May 2017 over 1,312 families was living in emergency accommodation nationally, with 1,099 families in the Dublin region. Irish studies of the impacts of living in emergency accommodation (Hickey & Downey, 2003; Smith, McGee & Shannon, 2001; Halpenny, Keogh & Gilligan, 2002; Hickey & Downey, 2003) found issues for families managing and storing food, food poverty and vulnerability to poor nutrition and underweight amongst the homeless population in Dublin shelters. Studies that are more recent report the negative impact of living in emergency accommodation and the feelings of stigma associated with poor quality services. A 2015 Housing Agency review of families' experience of homelessness found that living in emergency accommodation was traumatic and stressful with the many varied rules leading to disempowerment for parents, and with the additional costs of purchasing food and extra transport very expensive (Walsh & Harvey, 2015).

Fallon (2016) found that public health nurses observe significant impacts on child development with gross motor delay, speech delay, infections and behavioural problems as developmental delays. They also found difficulties in accessing services as constant movement meant follow up appointments fall through leading to inadequate monitoring and support for families. Various newspaper articles, television documentaries, radio reports and social media coverage documented the reality of hotel living, including lack of facilities for cooking and food storage, lack of internal space, lack of external space for children to play, arbitrary termination of occupation without procedural safe guards, and distance from schools, services and social networks. Various children's NGO's have also made representations concerning the unsuitability of such accommodation for children (Children's Rights Alliance, 2017). Various national and international rights institutions have made observations concerning the degree to which longer stays in emergency accommodation violates family and child rights.

Table 3.3 Rights based institutions concerns regarding emergency accommodation

Rights institutions	Source
United nations Committee on the Rights of the Child	2016 CRC/C/IRL/CO/3-4 para 61, 62
Ombudsman for Children	Annual report 2016 p 45
Office of the Ombudsman	Annual report 2017 p 58
Human Rights Council	Report of UN Special Rapporteur Magdalena Sepulveda Carmona Mission to Ireland
Irish Human Rights and Equality Commission	Policy statement The provision of emergency accommodation to families experiencing homelessness June 2017

3.5.1 Families experience of emergency accommodation

Harvey and Walsh's (2017) review of 25 families' experience of living in emergency accommodation found the day-to-day reality of living in homeless accommodation over an extended period had caused them significant stress, in turn affecting their sleep and ultimately their mental health. While dependency on others

for food compromised nutritional and mental health (Share and Hennessy, 2017). Life in emergency accommodation also effects on capacity to parent effectively, and on child and parental well-being. The period September 2016 to February 2017 saw a significant escalation in the length of time families are living in emergency accommodation in the Dublin region, with the numbers 18-24 months increasing from 42 families to 138 families.

Table 3.4 Family duration in emergency accommodation (EA) in the Dublin region

Duration in emergency accommodation	Sept 16	Feb 17
Families in 24 months +	22	40
Families in 18-24 months	42	138
Families in 12-18 months	192	220
Families in 6-12 months	278	231
Families in 6 months or less	385	374
Total	919	1003

Source DRHE

3.5.2 Family hubs

In 2016 a political commitment was given to cease long-term use of hotels as emergency family homeless accommodation, while the commitment was to build social housing the policy shifted over time to develop 18 ‘family hubs’ with basic shared cooking, laundry and child play facilities and a physical environment that is better than a commercial hotel or B&B. However many have questioned the degree of potential trade-offs in terms of increased institutionalisation and loss of personal autonomy. Ireland has a shameful legacy of institutional failures and some fear history may repeat itself, while the Irish Human Rights and Equality Commission (2017) have highlighted the absence of a human rights proofing of homeless policy and pointed to issues of participation, redress, regulation and inspection. Particularly worrying are plans to build family hubs in Cork, Limerick and Kildare, where there is no significant problem of family homelessness.

These hubs have to date been developed outside the normal planning process and with little consultation with elected councillors. There is a considerable variety of building types (ranging from former religious institutions, student accommodation, offices, warehouses and former B&B’s and hotels), variety of size ranging from 9 to 50 families, various locations as well as the range of providers (including Salvation Army, Respond, Cross Care and the Sons of the Divine Providence, and others yet to be identified). This leads to immediate concerns about consistency of standards and the likely experiences of hub life for families.

‘I’m afraid hubs might wind down the political pressure to address homelessness and the system will turn into a new form of direct provision.’ (Political Representative).

A key concern for this research is whether, in common with other jurisdictions, family hubs may lead to an entrenched longer-term institutionalised response to family homelessness where the rehousing need of families living in family hubs is considered less urgent, or is even forgotten, as the public at large assume such families are relatively well accommodated. A second concern is that the reality of institutional life will, over time, damage families’ ability to function independently. This could cause families with housing problems to, over time, become ‘problem’ families who are then blamed for their homelessness, which they did not create and could not solve. A third concern is the general absence of public plans concerning the design model or operational principles for managing family hubs. Former hotels are likely to be managed by private operators with key worker support and child services provided by specialised non-government organisations. The different model for hubs is potentially problematic in the context of dual roles of organisations that have accommodation management functions while also providing key supports for families to assist them exit the hubs. It is not clear that these organisations have the appropriate skill-set or experience in providing key work support or services to families with children, and there is a potential conflict of interest

where behavioural conditions can be imposed on residents by accommodation managers who are, at the same time, a first source of family support.

The public are concerned with the quality of lives of families in homeless accommodation and have expectations of improvements following political commitments to end the use of hotel based emergency accommodation. Many are hopeful that family hubs will live up to their promise of increased living space, childcare facilities, and cooking and laundry facilities. This study, the first to capture the experience of living in Irish family hubs, is limited in scale and to the degree that it captures family hubs early in an evolutionary stage, our reflections are offered with the purpose of enabling early collective learning. We proceed by using Burchart's (2017) capability framework to conceptualise the impact on homelessness through three lens: Autonomy, Treatment, and Functioning.

3.5.3 Autonomy, choice and ability to plan

Rules and conditions attached to family hub type emergency accommodation mean a significant number of practical restrictions on 'capability to live the life one chooses and values'. Like Paquette and Bassuk (2009) we found families who are homeless have many strengths and seek to love, protect, nurture, guide and detach children to grow, develop and thrive. Homelessness undercuts parents ability to do all this and can leave mothers and fathers depressed, anxious, guilty and ashamed (ibid p. 292), and finding it very difficult to protect children from adult realities.

We find that the dual role of the accommodation manager and key support worker can present a conflict of interest as homeless families who find strong conditional co-living rules imposed and monitored by key workers who are also the first source of support to the families. In particular, the imperative on management to implement child protection guidelines determines the dominant approach to management. It is common to have living behaviour monitored with strict curfews (11 pm), no accommodation of visitors in any part of the building, overnight leave rules (with a maximum three days per month permitted absence from the emergency accommodation), restrictions on movement (a ban on being in others bedrooms), and parental rules (including a ban on holding and/or minding each other's children).

I feel my parenting is checked all the time ... I got a warning, its feels like an institution instead of a home ... we don't need our authority taken away from in front of our children ... our parenting is questioned in front of our children ... Management are taking the parenting role off the parent ... when someone speaks down to you like this you feel you are on the bottom.' (Various parents).

After a number of weeks, working with families living in a family hub the peer researchers reflected:

Participants expressed a fear of being threatened with social workers being called, for child neglect, for silly things like leaving a child with a friend when going to the bathroom – parents are fearful of social workers and afraid to make mistakes. Take Liz, for example, she told us how her little fella goes to bed at 7.30pm ... so she has to stay in the room from 7.30 until the child wakes up in the morning ... she got a warning because she went and made a cup of tea in the kitchen'.

'Since we met them they all have gone downhill ... the first week they were happy, they were bubbly - now it's all negative - every time we see them something new is happening that they don't like - it is really unfair not being allowed to talk to each other in corridors and in each other's kitchens, they cannot even socialise with each other - it is affecting them because they have to stay in their room constantly. Now they are miserable –now a lot of them want to give up.'

When I came here first I was much happier. Spending time here takes something away from you. I'm just fed up (visibly upset, crying) ... now I don't want to talk to people anymore ... I just want to be on my own ... it's the system ... coming to live in a place like this it would make you not leave your partner (even where there is domestic violence) ... my child asks me when are we going to live in our own house and have our own toys - I say I don't know ...you have to keep the children inside. You cannot bring your friends here ... what is it like that your children remind you to "sign out" when you leave this place

in the morning – what kind of life is that? In addition, with all the stress you have to stop yourself from yelling at the children. You have to be in the room with your children so when they go to sleep, you cannot watch the TV, you have to go to sleep too. It is not right for a mother and two children - a boy and a girl - in one room here. All the time.' (Karina).

3.5.4 Treatment, stigma and discrimination

Families in institutional settings are open to greater degrees of scrutiny and environmental stressors. Positive maternal identity is a key identity for working class women (Edin & Kefelas, 2005, p. 204). When emergency accommodation limits capacity to parent or, even worst, questions one is worth as a parent it strikes at the core of maternal identity. Parents described the undermining of their role and capacity to parent as a key factor leading to depression and low esteem. Conditions in hubs limit their capacity to parent effectively and cause downward spirals of well-being. Parents reported feeling 'demeaned' and 'spoken down to', 'like a child', 'in school' and being 'in prison'. This has consequences for physical and mental health leading to increased use of anti-depressants and other prescription medications.

'Then there is the way people look at you because you are homeless. My children on the bus and talking ... and I could see people over hearing it and staring at me ...' (Chloe).

For Wang (2017) family homelessness is a 'severe form of poverty' leading to increased vulnerability to traumatic life experiences and systematic challenges, which rob children and families of their basic human rights and capabilities, disrupting family functioning (routines, parenting behaviours, developmental outcomes). Policy options for addressing family homelessness are filtered through differences in attitudes to or assumptions about homelessness and families own capabilities, often with paternalistic assumptions underestimating what families are capable of achieving and valuing.

'Coming to a service like this cannot just open the door and let your children play outside, you can't let your next door neighbour mind your child while you go down to the shops ... we understand that it is difficult. Child protection comes up the front of everything we do here.' (Key worker).

'I was about to step into another person's room on our floor and the worker said you can't go over the line of the door into the others persons room ... Children can't run around - they can't be free. She says to me mommy when we can go to our house ... I tell her that this is our home now ... - this is no good for her ...' (Liz).

'It's all about child protection but what about child development and the parent's mental health.' (Sandra).

'I really feel my mental health is suffering ... my state of mind is deteriorating, my child is seeing that and it is causing anxiety.' (Kelly).

Milburn and D'Ercole (1991) find homeless mothers are in close contact with social relationships and that this is important for resettlement strategies, parents often stress the importance of location in their search for housing as they seek to maintain social relationships. Rules banning visitors undermine such social relationships.

'It's very hard for us as a service to manage them wanting people to come in from outside of here for babysitting and for visitors – we have to protect all the families that are here – families find that difficult themselves.' (Key worker).

'My sister comes over, but I have to talk to her outside the door, what she to do is, she is gone in twenty minutes.' (Chloe).

'This place is restrictive – it is like a prison, we have to keep the children inside ... we can't have friends over ... in our culture we like to socialise.' (Laila).

'My dad was going to help me bring in stuff but they would not let him in, he was not allowed carry stuff into the corridor.' (Sandra).

3.5.5 Parenting efficacy and family functioning

Policy makers assume families have problematic backgrounds and relatively high support needs, however in common with international trends 80% of Irish families entered homelessness in the context of private market rental failure. Milburn and D'Ercole (1991) find homeless mothers are likely to be similar in characteristics to other (poor) mothers albeit with fewer instrumental resources (lower income). Market failure is compounded by low income and poverty, and often loss of virtually all possessions. Most families will not need high support to transition into mainstream housing, but they do need practical supports to minimise the impacts of homelessness. This includes, for example, storage space to keep possessions, adequate provision of household goods in hubs (cooking equipment and tableware) and meaningful transport support in moving goods from accommodation to accommodation.

Strict shelter rules can undermine parent's self-respect especially when they cannot set and maintain rules for their children and are effectively required to parent in public. Monitoring and rigid rules means living in circumstances that can undermine their parenting practices and capacity to parent autonomously (Milburn & D'Ercole, 1991, p. 295), with related issues of stigma and discrimination and what parents report as humiliating and dehumanising experiences (ibid p. 295) which impact on parental stress and mental health. Hubs mean a lack of private space or structured environment within which to effectively parent. Parenting efficacy, confidence in ability to influence one's child's development, and related competence is undermined by environmental factors with negative implications for child adjustment, with some homeless accommodation sites more facilitative than others in helping parents resolve issues (Gewirtz et al., 2009, p. 341).

'Some people can be institutionalised after 3 months - if you are institutionalised - you are dependent on the staff - you are not learning anything, you are losing skills, there is a question of over reliance ... don't make the client become dependent on the key worker.' (Amy).

The cruel irony is that effective parenting is a critical protective process predictive of resilience in high risk children (Gewirtz et al., 2009 p. 337) but parents need to manage their own wellbeing and mental health in order to be able to help their children cope and manage adversity (Rafferty & Shinn, 1991). Gewirtz et al., (2009) find a significant impact of homelessness on children is functioning with risk factors including maternal psychological distress, mental ill health and parenting practice. Effects of homelessness (disruptions, loss of possessions, instability) can be mediated by ecological factors, parental responses and access to wider family networks. The practical environment of emergency accommodation matters as well-being and functioning is limited by lack of privacy, intimacy and security, and presence of negative stressors such as a sense of powerlessness (Lewinson, 2010 p. 181).

'Sometimes you just want quiet but the child is beside the adult all the time, they are getting into bed with you clinging, wanting to feel safe but you are exhausted, it is essential to be able to walk away when you feel stressed but we can't, we have to stay in the bedroom, we cannot leave the bedroom at night.' (Laura).

'Children are seeing everything - watching it' - It's the impact on the children -especially as they get older in school, they can't bring their friends back, can't tell their friends where they live, they're embarrassed and teased about it .I find that very difficult ... a teenage boy sharing a bunkbed with his mother ... that's hard for the parents to cope with that ... we won't know the effects on these families until the children are older themselves.' (Key worker).

3.5.6 Contextualising family hubs as therapeutic incarceration

An 1834 Poor Law principle 'less eligibility' determined that, to deter people claiming poor relief, conditions in workhouses had to be worse than conditions available outside, this principle informs how Irish policy manage homelessness. Fearful of creating 'moral hazards', Irish emergency accommodation is made difficult to access and conditions in emergency accommodation are made relatively uncomfortable lest people might choose to make themselves homeless and/or stay longer in homeless accommodation waiting until they are offered social housing. The policy maker's motivation to avoid 'perverse incentives' is underpinned by a

core assumptions about how families act but these assumptions do not reflect the reality of how families put long-term ambition and needs for their family and their children's well-being at the heart of housing decisions. Homeless families have little opportunity to select optimal solutions, rather they 'satisfice' by making decisions that meet their highest-priority needs and are satisfactory for the given time and context (Simon, 1956).

Gerstal et al (1996) coined the term *therapeutic intervention* to describe the move of voluntary homelessness agencies into service-intensive programs with unintended consequences for personal autonomy of the homeless residents. Issues of autonomy, hidden conditionality and surveillance are common in analysis of various types of institutional care settings and welfare policy (activation, prisons, elder care and also homeless services), where use of enforcement and greater degrees of interventionism are often typically justified on the grounds of 'service resistant' individuals who are not responsive to policy 'offers'. There has been an international trend toward increasing levels of 'interventionism' in support services. British policy, for example, reflects an escalation in expectations that homeless people 'engage' and/or change aspects of their lifestyle or behaviour (Dobson, 2011; Whiteford, 2010).

While US research does not necessarily translate into an Irish context, pertinent observations can be drawn from US literature on the impact of homeless emergency accommodation on parenting, child wellbeing, and parental autonomy. Milburn and D'Ercole (1991) and Culhane et al (2007) observe that in the US, like Ireland, housing market failure rather than family inadequacy is the cause of homeless for 80% of homeless families. However, US policy makers assume that homeless families are needier of more intensive forms of support and consequently design regimented services that ultimately undermine the very social networks all families need to survive. In the Irish context, we argue that family hubs are erroneous and distract from the underlying supply or affordability issues, which are the real problem, while also having real potential to undermine family self-sufficiency (Culhane et al., 2007 p. 24-25).

Our findings reflect the real difficulty of developing an institutionalised living experience that both respects child protection guidelines and enables autonomous parenting and family functioning. The impossible task of delivering these two competing objectives leaves us to conclude that the only answer to family homelessness lies in an urgent building programme and a functioning property market. For this reason, we argue that even limited use of family hubs requires time limits on any one family's stay and that there should be a sunset clause on the existence of family hubs as a policy option, as well as immediate policies to mitigate the negative impacts of forced institutional living.

3.6 Conclusion and policy recommendations

Having reviewed the Irish experience of how social disinvestment in social housing and a shift from the state to the market to meet social housing need has led to an acute rise in family homelessness and the use of emergency accommodation and the emergent use of family hubs both of which have particular impacts on rights and capabilities of families to participate, to have autonomy, to be treated with respect and to be able to function well. We argue that HAP is a form of social disinvestment and a way to privatise social housing policy. We outline a number of recommendations, which aim to restore rights and capabilities under three headings; building social houses, housing assistance payment and family hubs.

Restore the role of the state as primary provider of social housing and invest in social houses:

- The right to housing should be provided for in the Irish Constitution and legislation enacted to realise this right in practice, with the right to housing guiding housing policy and practice.
- Increase capital funding for building significant amounts of social housing rapidly: triple direct capital exchequer funding to €1bn per annum to enable within 16 months 5,000 additional social housing units.
- Ensure social housing is providing for homeless families and excluded groups.

- Emergency legislation is required to enable rapid procurement to facilitate the above rapid building programme and to make effective use of state-owned land in Dublin.
- Establish a new semi-state Irish Affordable Homes Company as proposed by both the National Economic and Social Council (NESC 2015) and the Nevin Institute (NERI 2017).
- Increase use of vacant housing for social housing through the combination of incentives, a vacant homes tax and a compulsory leasing order of vacant housing.

De-emphasis the use of the private rental sector in providing social housing:

- Legislate to address security of tenure. Amend Part 4 section 34 of the PRTA and introduce a minimum 5 year tenant protection/lease for homeless HAP tenancies.
- Local authorities as duty bearers should have the obligation to source and offer HAP accommodation and tenants should retain the place on the social housing list.

Hubs:

- There needs to be a clearer rationale and policy intent about use of family hubs within a clear strategy to eliminate family homelessness based on stable long-term housing. This should include a legislative sunset clause whereby all hubs close by December 2019.
- Any form of emergency accommodation including family hubs can only be a very short-term solution. A rights based perspective requires regulatory and legislative safeguards in Section 10 of the 1988 Housing Act concerning maximum time limits on residing in a family hub.
- Choice and autonomy are important principles in the design and management of hubs, the design and operational model should separate landlord management functions from support roles.

4. Conclusion

The Irish case study research into homelessness and housing policy provides some important lessons for social investment, not just in the homelessness and housing sector but also for broader sectors, and indeed social investment internationally. In the first instance, there is a clear requirement for the participation of vulnerable groups who are directly impacted by policies in policy development. Our human rights and capabilities participatory research co-constructed new knowledges about the impact of marketisation of housing policy on the rights and capabilities of vulnerable lone parent families. This knowledge had hitherto been given insufficient attention in social housing policy development in Ireland. As a result, policy had a devastating impact on the rights and capabilities of vulnerable populations. The research suggests also that just involving vulnerable groups in policy dialogue is insufficient to actually address the power inequalities surrounding structural social exclusion, and in order to enhance the rights and capabilities of such groups requires more on going capacity support through longer term Participatory Action Research approaches such as PACHRA.

In addition, the experience of the marketisation of social housing policy in relation to homelessness in Ireland also has some important lessons for social investment. It highlights potential damaging impacts on the rights and capabilities of vulnerable groups of marketisation policy where vulnerable groups are exposed to the inequalities and failures of the market in key social investment areas such as housing. It points to the necessity of the state playing a key role in both strongly regulating markets (such as providing private tenants protection from eviction) and in directly ensuring the provision of social services (such as directly building and financing social and affordable house construction on a significant scale in order to address market inequalities and failure).

This report also highlights the legacy impacts of the economic crisis and harsh austerity regimes implemented in bailout countries such as Ireland. Providing adequate social investment that meets the social and economic rights of citizens has been one of the areas where Ireland has been historically quite weak, and the austerity period unfortunately exacerbated that weakness with the strongest retrenchment taking place in the areas of investment in social housing, health care, community services, water and transport infrastructure. Processes of marketisation have further exacerbated associated inequalities. Despite the recent economic recovery in Ireland, the austerity decade casts a long shadow on society and substantial economic and social infrastructure is needed in construction of social housing units, and investment in water infrastructure, primary care facilities and early education facilities as well as investment in current expenditure to support education, childcare housing and health services. However, given fiscal constraints (both EU and domestic enforced), the government has limited its capacity to address these policy challenges. In this context, a more flexible fiscal policy is required to provide much needed social investment along with innovative funding instruments and new institutional capacity are required such as a new national social and affordable housing delivery agency, a development bank and a national universal public health service (NERI, 2013; Hearne, 2017).

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RE-InVEST - Rebuilding an Inclusive, Value-based Europe of Solidarity and Trust through Social Investments

In 2013, as a response to rising inequalities, poverty and distrust in the EU, the Commission launched a major endeavour to rebalance economic and social policies with the Social Investment Package (SIP). RE-InVEST aims to strengthen the philosophical, institutional and empirical underpinnings of the SIP, based on social investment in human rights and capabilities. Our consortium is embedded in the 'Alliances to Fight Poverty'. We will actively involve European citizens severely affected by the crisis in the co-construction of a more powerful and effective social investment agenda with policy recommendations.

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