The Delivery of Quality Public Services

Report to the NESF Project Team

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Section 1   Introduction and Background to the Report

1.0   Introduction

This report documents the outcome of research into the delivery of quality public services. This research was commissioned by the National Economic and Social Forum's Project Team on quality public services and is a contribution to the work of that team.

The terms of reference of the Project Team, which also shaped the design and implementation of the research, are set out in Annex 1. In brief the, the Project Team sought to make practical proposals aimed at improving the delivery of quality public services, with particular emphasis on the links between better public services delivery and equality, social inclusion and the rural/ urban dimensions. The Team sought to adopt a problem-solving approach with a focus on identifying potential implementation barriers and challenges and making recommendations on how these may be addressed.

Specific policy themes included:

(i)   A medium- term five–year 'public value' approach to the planning, funding and provision of public services (which establishes more clearly what the public wants, provides increased user choice, utilises better techniques to appraise policy options , explores the benefits of new modes of public service delivery, improves accountability and encourages innovation);

(ii)   A more personalised approach to the design and delivery of public services giving people more choice over the supports that best meet their needs and the implications of this for statutory and non statutory bodies ;

(iii)   Effective approaches (in the light of national and international best practice) involving the user/ customer (particularly vulnerable groups) in the design and delivery of quality public services ;

(iv)   The effectiveness of the present Quality Customer Service initiative in setting standards for improving the delivery of

public services for different socio-economic groups and in providing appropriate redress where there are failures in such delivery and the scope for improvement.

1.1   Objectives of the Research

The Terms of Reference for the Research were:

1. To identify good points and bad points in the present delivery of public services at local level.

2. To explore the scope for more co-ordinated and personalised services to meet individual needs (particularly of the most marginalised and vulnerable groups) and the possible involvement of client user groups in their delivery and barriers to this.

3. To provide an indication of how the present Customer Services Initiatives are improving services and providing redress when things go wrong.

4. To identify examples of best practice approaches and / or elements within these approaches.

While the overall objective of this research was to highlight issues at a generic level for public services, the Project Team wished to pursue this in a more concrete manner by looking at the delivery of services to two target groups in two locations. Consequently, this research explored the delivery of quality public services to homeless people in Dublin and to older people in Westmeath.

The focus on provision for homeless people and older people introduced a considerable degree of diversity to the study, deriving from the circumstances of the two groups, the social contexts within which their need of public services arises and the policy frameworks within which their needs are addressed. The implications of this diversity are looked at in more detail in Section 2, but it should be noted here that the primary concern of this research was not to investigate current service provision for older people or homeless people per se, but rather to explore and assess the implications of the experiences in these two diverse sectors for the delivery of quality public services more generally.

1.2   Methodology

A number of methodologies were deployed to generate data for this research. These were:

Focus Groups
Focus groups were conducted in each of the two study areas. Initially, two focus groups in each area were planned: one comprising service providers and one comprising service users and their representative organisations. However, for very different reasons, just one focus group was held in each area.

In relation to care of older people, focus groups were scheduled to take place in the morning (service providers) and afternoon (service users) of the same day. However, because of the nature of provision for older people in County Westmeath and particularly the fact that a good deal of community sector provision is delivered by voluntary peer groups, many of those who represented their own organisations as service providers were also the service users of other organisations. Consequently, the morning Focus Group which had a total of 34 participants, represented both service users and service providers.

In relation to provision for people experiencing homelessness, seventeen organisations representing both the statutory and the voluntary sectors participated in the service provider focus group. A number of these organisations had been asked for help in securing participants for the service user focus group. All organisations agreed to assist, but had advised of the likely difficulties in securing participation from amongst their client groups. In the event, these difficulties did emerge and the focus group for service users did not take place.

Telephone Interviews
Subsequent to the Focus Groups, a number of in-depth interviews were held with participants in the focus groups and with other relevant personnel.   The purpose of these interviews was to explore in greater detail the issues arising and to provide an opportunity to discuss recommendations. In total twelve interviews by telephone were conducted.

Documentary Analysis
As part of its overall work in relation to Quality Public Services, the NESF had invited submissions from interested organizations. A total of 122 submissions were received and analysed by the NESF. Key

findings from this analysis are also used to inform the discussion in this report.

Policy and Literature Review
Finally, the discussion in this research is contextualized and informed by a brief overview of policy and practice developments in relation to quality public services in general and by recent reviews and evaluation of the effectiveness of policy in relation to elder care (i.e, the NESF report on Care for Older People, 2005) and homelessness (i.e, Review of Homeless Strategies, Fitzpatrick, 2005).

The limitations of the above methodology, and particularly the limitations in the generation of primary data, must be acknowledged from the outset. It must be stressed therefore that this report does not claim to present a comprehensive or exhaustive exploration of issues relating to public service provision in respect of older people or homelessness. Instead, it should be seen as the outcome of a consultation process with key actors in each of the two sectors, which (a) highlights the issues they raised in the context of the delivery of services to their respective target groups and (b) draws out the implications of these for the delivery of quality public services more generally.

1.3　　　　Structure of the Report

The findings of the study are reported on in the following sections. In keeping with the NESF focus on the links between better public service delivery and equality, social inclusion and the rural / urban dimensions, these sub-themes are prioritized in the discussion, as is a focus on problem solving approaches.

Section 2 traces the origins and evolution of quality public service in principle and in practice. This section also looks at the more recent policy innovations in the concept of the developmental welfare state (NESC, 2005) and draws out the implications of this concept for quality public services, in relation to homelessness and older people and more generally.

Section 3 details the results of the research into the delivery of quality public services for older people in County Westmeath. This section provides a brief overview of the context for the discussion, notes the points raised at the focus group and subsequently in interviews and draws conclusions on this basis.

Section 4 details the results of the research into the delivery of quality public services for homeless people in Dublin. Again, following some context setting, the issues raised at the focus group and subsequently are presented.

Section 5 presents a discussion of the more generic issues arising from the research, in relation to quality public services per se, provides overall conclusions and presents a number of recommendations.

Section 2 Quality Public Services: Origins and Milestones

2.0   Introduction

The origins of the concept of quality public services can be traced to the Strategic Management Initiative (SMI) which was introduced in 1994 with a view to modernizing the public service sector. The aims pf the SMI were to ensure:

- That public bodies would contribute to economic and social development
- That an excellent service to the public should be provided
- That resources should be used effectively by public bodies.

The following year, the NESF published its report on Quality Delivery of Social Services (NESF, 1995) which identified the main deficiencies across all public services as:

- Lack of client participation in policy making and implementation
- Lack of administrative coherence
- Lack of integrated delivery of services
- Lack of clear information
- Lack of independent appeals procedures.

The NESF made a series of recommendations to address these deficiencies, as outlined below (Box 1).

Box 1: Recommendations for Quality of Delivery of Public Services (NESF 1995)

- Greater consultation and participation between clients and providers prior to policy decisions, extended to the point of service delivery with local mechanisms to support this.
- Better information and advice with the emphasis on clarity, simplicity and accessibility for marginalised groups, proactive information targeted at particular target groups.
- More choice in areas such as payment methods, timing and location of contact, simplicity in rules qualifying conditions and application procedures.
- Improved access through more client-friendly reception areas, flexible opening hours, free or reduced cost lines.
- Redress including the right to be presumed to be honest, the right to appeal decisions and the right to independent grievance procedures
- Integrated planning at national level.
- Integrated delivery at local level.

2.1   Key Milestones in the Quality Delivery of Public Services

In the years following the publication of the NESF report, there was a number of important milestones in the move towards greater excellence in the delivery of public services.

1.   In 1996 the SMI Co-ordinating Group of Secretaries issued a report entitled Delivering Better Government. The report identified the main areas for change as:
      - Delivering quality service to customers and clients;
      - Reducing "red tape";
      - Delegation of authority and accountability;
      - Improved "human resources management";
      - Improved financial management and ensuring value for money;
      - Use of information technology;
      - Improved co-ordination between Departments.

2.   The same year a Quality Customer Services Working Group was set up to draw up proposals for quality service to customers and clients. Subsequently, in 1997, the Quality Customer Service (QCS) Initiative was launched and a set of principles for Public Servants in delivering quality public services were drafted.

3.   Also in 1997, the Public Service Management Act was introduced which established a new management structure for the Civil Service on a statutory basis. The purpose of the Act is to enhance the management, effectiveness and transparency of Departments and Offices and to put in place mechanisms for the increased accountability of civil servants. The Act also provides for the administration of other activities including the appointment of advisors and the assignment of cross-departmental functions.

3.   In 2000, the original quality customer service principles were revised to take account of a number of significant changes that had occurred in the intervening period, including the enactment of equality legislation. The outcome was the introduction of 12 Quality Customer Service Principles (Box 2) which echo to a great extent the recommendations of the NESF report into Quality Delivery of Public Services.

Box 2: Principles Of Quality Customer Service For Customers And Clients Of The Public Service

Quality Service Standards
Publish a statement that outlines the nature and quality of service which customers can expect, and display it prominently at the point of service delivery.

Equality/Diversity
Ensure the rights to equal treatment established by equality legislation, and accommodate diversity, so as to contribute to equality for the groups covered by the equality legislation (under the grounds of gender, marital status, family status, sexual orientation, religious belief, age, disability, race and membership of the Traveller Community).
Identify and work to eliminate barriers to access to services for people experiencing poverty and social exclusion, and for those facing geographic barriers to services.

Physical Access
Provide clean, accessible public offices that ensure privacy, comply with occupational and safety standards and, as part of this, facilitate access for people with disabilities and others with specific needs.

Information
Take a proactive approach in providing information that is clear, timely and accurate, is available at all points of contact, and meets the requirements of people with specific needs. Ensure that the potential offered by Information Technology is fully availed of and that the information available on public service websites follows the guidelines on web publication.
Continue the drive for simplification of rules, regulations, forms, information leaflets and procedures.

Timeliness and Courtesy
Deliver quality services with courtesy, sensitivity and the minimum delay, fostering a climate of mutual respect between provider and customer.
Give contact names in all communications to ensure ease of ongoing transactions.

Complaints
Maintain a well-publicised, accessible, transparent and simple-to-use system of dealing with complaints about the quality of service provided.

Appeals
Similarly, maintain a formalised, well-publicised, accessible, transparent and simple-to-use system of appeal/review for customers who are dissatisfied with decisions in relation to services.

Consultation and Evaluation
Provide a structured approach to meaningful consultation with, and participation by, the customer in relation to the development, delivery and review of services.
Ensure meaningful evaluation of service delivery

Choice
Provide choice, where feasible, in service delivery including payment methods, location of contact points, opening hours and delivery times. Use available and emerging technologies to ensure maximum access and choice, and quality of delivery.

Official Languages Equality
Provide quality services through Irish and/or bilingually and inform customers of their right to choose to be dealt with through one or other of the official languages.

Better Co-ordination
Foster a more coordinated and integrated approach to delivery of public services.

Internal Customer
Ensure staff are recognised as internal customers and that they are properly supported and consulted with regard to service delivery issues.

The introduction of the Quality Customer Service Principles was an important and positive development in the delivery of public services. But it is important to note a number of limitations, both in the articulation and implementation of the principles. Firstly, the Quality Customer Service Principles are required to be implemented by Government Departments and Local Authorities. However, they are not required to be implemented by Government Agencies or by NGOs involved in delivering services funded by the state, some of which are effectively core statutory services. The exclusion of these organizations from the remit of the Principles results in their partial application to public service users.

Secondly, the Principles make no reference to the quality of services per se, just to the quality of delivery. The implementation mechanisms of public services can, at an analytical level, be differentiated from the content of service provision, and can in their own right be the object of best practice standards. But in practice, defects in the content of provision (including gaps in services) will have serious implications for the quality delivery of those services that do exist.

At a more fundamental and problematic level, is the issue of how the Principles posit the user of public services. The Principles evoke the concept of customer to encompass the relationship between service users and the state. This concept may have some value is so far as it carries intonations of 'customer care' borrowed from the private sphere. However, the concept of customer also implies self-selection at a point in time: people are customers only when they actively become so by requesting a good or service. The nature and the level of need which must be met by public services (including the needs of those who cannot articulate them) is not properly accommodated within the concept of customer.

An alternative concept to describe the users of state services is that of citizen, a concept which embodies not just rights but also responsibilities on the part of both the state and the citizen. This is a more satisfactory concept in that it implicitly incorporates the responsibility of the state to its citizens and allows for an understanding of public services that goes beyond meeting expressed needs. Theoretically, it also acknowledges the obligation of the state to meeting needs at the point where they arise, regardless of whether they are articulated as requests. On the negative side, however, the concept is exclusionary in that it delimits entitlement to state services on the basis of civil status rather than need.

More recently, attempts to find an appropriate basis for the articulation of the relationship between the state as service provider and the users

of these services have evoked the principle of social and economic rights. Rights based approaches can be diverse but generally have the following elements:

- Explicit links to human rights
- Accountability
- Empowerment
- Participation
- Non-discrimination and attention to vulnerable groups.

In 2005, however, the publication of the NESC report on the Developmental Welfare state marked a significant new development in relation to public services, in effect superseding the Quality Customer Principles and their limitations.

2.2 The Developmental Welfare State

The NESC's ground breaking report entitled The Developmental Welfare State proposed a model for the development of social policy and a framework for the development and delivery of quality public services in the future. The model comprises three core elements: public services, income supports, and activist measures/social innovation. Of these, services are seen as by far the most important. The NESC regards the radical development of services as the single most important route to improving social protection and notes "in the changed economic and social circumstances in which people now find themselves, access to this wide set of services has acquired a wholly new resonance; they underpin the social and economic participation of an increasingly diverse population and enhance labour market flexibility and competitiveness" (p.155).

The report also argues that quality delivery of services requires quality services, stating that high standards must be achieved in public services both in relation to their nature and adequacy as well as their mode of delivery. Further, the establishment of standards is explicitly linked to a rights based approach when the report notes that vindicating social and economic rights is not in the power of courts or governments acting on their own, but requires wide societal engagement in creating the policies and institutions that establish their content and meaning in a specific context (NESC, 2005). In this context, the NESC points to the importance of concentrating on specifying, attaining and monitoring the standards that should govern public service provision. (p207).

In moving towards the DWS model "the first public policy challenge therefore, is to ensure that every member of Irish society has access to the level and quality of service they need *from the system*, with quality and equity being assured" (p.159). Within this model much strategic value is placed on ensuring that all members of population use the *same* set of services. This near universal access is to be seen as a dividend of a social model is built on high employment levels. A service user population which fully reflects the diversity of society would also attract higher levels of public support for the provision of quality public services and play a significant role in strengthening social cohesion and social inclusion.

Hence the concept of *tailored universalism* is central to the DWS model – services that are universally accessible, but tailored to the needs and circumstances of each individual. A range of actors can be involved in providing services, but all must operate under the principle of accountable autonomy, whereby providers have the autonomy to adjust provision to better respond to the needs of the local community, while remaining publicly accountable for both expenditure and outcomes achieved. In this framework of social protection, these high quality services must be capable of tailoring provision to the needs of every individual, so that everyone has an equal opportunity to benefit from the services available. This route is preferred to the alternative of developing wholly separate service provision for atypical groups (p.203). Within the Development Welfare State, quality public services should be able to underpin, support and facilitate people to live their lives within norms of society, to identify and address issues which alter over the course of their lives and to respond to crisis issues. To achieve this, the NESC propose a shift in the paradigm of service delivery (Box 3)

Box 3: Overview of the Shift in Paradigm Governing Service Delivery	
Former Welfare State	**Developmental Welfare State**
Service defined by agency	Service jointly defined by centre, agency and user
Crisis-oriented	Seeks balance between prevention and intervention
Centre sets detailed directives	Centre sets strategic directives
Service deliverer accountable for inputs and compliance	Service deliverer accountable for outputs and quality
Compliance with rules	Attainment of standards
Annual budget	Multi-annual budgeting
Provides categorical services	Provides integrated services
Services delivered through credentialed professionals	Services delivered through teams of professionals, non-professionals and users representatives.
Funds isolated projects	Levers local innovations into improvements in mainstream services
Public bodies with customer service ethos	Autonomous bodies with public service ethos
One size fits all	Assumption of need for diversity
Insulation from competition	Exposure to competition

NESC (2005). P.169

**2.3   Quality Public Services and the
          Developmental Welfare State: implications for
          services for older people and homelessness**

As already noted, two very different areas of public policy were chosen
for this research. As a result and notwithstanding the limitations of the
methodology, they provide a very rich context within which to explore
issues of quality public service delivery in the contemporary period.
This is largely because of (a) the significant differences in the
circumstances and needs of the service users of the two policy areas and
(b) the very different policy frameworks that currently operate in each
area.

a.   Circumstances and Needs of the Target Groups.
The category 'older people' applies to those aged 65 years and over.
This population segment is increasing as an overall proportion of the
population: in the future there will be greater numbers of older people in
our society, and amongst these there will be more of the very old (i.e.
those aged over 85). At the same time, older people are maintaining
healthy and independent lives for longer.

In terms of their needs for public services, older people can, at the risk
of oversimplification, be categorized as follows[1]:

- Those capable of living full and independent lives in their own
  homes in their own communities. Their need is for public
  services to underpin, reinforce and prolong their independence
  and well being. For example good public transport, appropriate
  leisure and recreational facilities, preventative health care and so
  on.

- People who require some support in enabling them to live
  independently or quasi independently. This could range from
  limited supports to stay in their own homes and communities (for
  example Public Health Nurses, Home Helps) to more significant
  supports to maintain a degree of independence in community /
  sheltered housing (e.g. security, on-call support, etc)

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[1] There are also older people in specific circumstances which may increase their level of
need, or reduce their likelihood of having their needs met. There are, for example, older
people who are homeless, disabled, have mental health problems, experience addictions
and so on. While these are an important group for policy and service provision, within the
constraints of the current research, it has not been possible to include a specific focus on
these.

- People who cannot live independently or quasi independently and who require full-time residential care.

Research has found that generally the quality of life and morale amongst older people living in the community is high (Garavan et al, 2001) and that most have strong social networks (Tracey, 2004). Older people also have a slightly lower than average risk of being in consistent poverty (7.0 per cent in 2003) although older women experience higher risk. Nonetheless older people may experience social exclusion deriving from factors other than poverty, such as poor health, lack of mobility, fear of crime and loneliness. Public attitudes are also important in influencing the social well-being of older people. Ageism and stereotyping contributes to a devaluing of their role and contribution to society and can lead to marginalization within their own communities as well as having an adverse impact on policy development (NESF, 2005).

Unlike the category of older people which is constituted by normal life cycle processes, the category of homelessness is constituted by socio-economic processes including, in some instances, the failure of mainstream public policy. Notwithstanding this, homeless people are also quite heterogeneous. Again, at the risk of over-simplification, they include the following[2]:

- People who are without a home at a specific point in time. In general these will be people with adequate life experiences and skills who through some specific crisis find themselves homeless. For this group, the appropriate response is the provision of suitable accommodation.

- People who are intermittently homeless. These people may have a range of personal and social difficulties which results in their having difficulties in maintaining a tenancy. This group needs not just accommodation, but a range of supports over varying time frames.

- People who are chaotically homeless, with multiple and complex needs and who present very significant challenges for service providers.

In contrast to the diversity amongst older people in relation to the risk or experience of social exclusion, people who are homeless have in common the experience of extreme and totalizing forms of social

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[2] There are also groups amongst the homeless population with specific difficulties and who may be very vulnerable. This includes young people out of home, immigrants, young prostitutes, etc. Again, it has not been possible to include a specific focus on these groups.

exclusion, marginalization and stigma. This can be reinforced or even caused by gaps in the services (see later section) some of which can have the effect of turning what should be a brief stage in someone's life into a prolonged state. The extended duration of homelessness in turn can have the effect of homeless people internalizing this negative self-definition and reinforcing their own marginalisation. Again, public attitudes can have adverse implications for homeless people, perceiving them as contributing to their own predicaments and as undeserving of public support, thereby delimiting the public space for policy making.

b.   Contemporary Policy Framework

The contemporary policy frameworks within which services to older people and to homeless people are provided are very different. One area of commonality across the two policy areas is that the Local Authorities and the HSE are the main statutory providers. Outside of this, however, the two policy areas have little in common. Indeed, it is not too much of an overstatement to suggest that public services for older people remain firmly within the paradigm of the former welfare state identified by the NESC while those for homelessness have in some respects taken on many of the elements of the new paradigm. Among the most significant differences, is the fact that since 2000 the national Homeless Strategy has been implemented which provides a coherent framework for policy development and service implementation, while in 2003 the national Prevention strategy was introduced.

In contrast, the policy framework for older people has been described as fragmented and lacking vision (NESF, 2005). In its report on Care of the Elderly, the NESF noted the following defects within the current policy framework for older people:

- Ageing has a low and fragmented policy profile and lacks contemporary strategic vision
- Age limits are an important aspect of how services are planned and delivered
- The primary focus is on crisis interventions and institutional responses
- Departments and agencies are working independently of each other
- There is a lack of user involvement and consultation
- Informal carer involvement and support not prioritized
- Lack of focus on care staff training, accreditation and career progression
- Lack of focus on impact of services on older peoples quality of life
- Budgets not adequate to needs
- Lack of voluntary and private sectors input to policy and service development.

In contrast policy development for homelessness has become increasingly cohesive since the introduction of the Homeless Strategy and the Preventative Strategy. The Homeless Strategy embodied twenty four actions, many of which related directly to the delivery of services as well as to enhancing the effectiveness and comprehensiveness of provision. Among these actions were:

- The L.A.s and the HSE will draw up action plans for the delivery of services to homeless people by statutory and voluntary agencies on a county basis.
- A Homeless Forum consisting of representatives from Local Authorities, Health Boards and the voluntary sector to be established in every county.
- The establishment in Dublin of a new joint executive homeless services centre (Homeless Agency).

In addition to the establishment of new structures, a wide range of service related actions are included in the strategy including provision for specific groups among the homeless, outreach strategies and settlement programmes. In a recent evaluation, Fitzpatrick (2005) noted the success of the strategy in relation to reducing the number of people sleeping rough, the numbers in emergency accommodation including bed and breakfast, the setting up of homeless persons' centres, the undertaking of research into the causes and nature of homelessness and the development of outreach services. The following priorities for future action were identified:

- The need to refocus on longer-term accommodation solutions and in particular the availability of suitable outlets for single people
- More clearly explicit funding mechanisms with agreed multi-annual funding from the local authority and the health services
- The establishment of annual reviews and a system of monitoring in order to encourage local homeless forums to be more active and focused.
- The establishment of a case management approach for addressing the needs of homeless individuals
- Improved data collection and analysis on the extent, causes and nature of homelessness across the country under an agreed definition of homelessness.
- The need to provide accommodation solutions for homeless people requiring long-term supported care due to mental health and other issues.

2.4   Conclusion:

The concern with the delivery of public services has been on the policy agenda for over ten years. Much progress has been achieved in that time, in clarifying the concepts of quality delivery and in seeking to ensure these are evidenced in practice. The recent report of the NESC on the Developmental Welfare State potentially provides an entirely new context within which public services will be developed and delivered, putting these at the centre of ongoing socio-economic progress and the achievement of social inclusion. Against this backdrop, the two public service areas looked at in this report provide two very different arenas in which to explore current issues in the delivery of public services. This difference was evident in the Focus Groups in the weight given to various issues that were discussed.

These issues re presented in the following sections. Section 3 presents the findings of the research in relation to public services for older people, while Section 4 presents the findings in relation to services for homelessness.

Section 3   Quality Public Services for Older People

3.0   Introduction

The findings of the research in relation to quality public services for older people in Co. Westmeath are reported in this section. Prior to presenting the issues arising from the Focus Group and subsequent interviews, a brief overview of the circumstances of and services for older people in Westmeath is provided.

3.1   Older People in Westmeath

Co Westmeath is a predominantly rural county with over half of its population of 71,858 living outside the two main towns of Mullingar and Athlone (CSO, 2002). Almost eleven percent (7,898) of the population of the county is aged over 65 with women predominating among the older age groups.

Table 1: Population of Westmeath, over 65 by gender.

	Total	Women	Men
65 plus	7898	4459	3439
65 – 74	4400	2318	2082
75 Plus	3498	2141	1357

CSO: 2002

Amongst those aged over 65, 31 per cent (1,427) of women and 21 per cent (715) of men live alone (CSO, 2002). Almost one quarter of the over 65 population (1,827) are in receipt of minimum social welfare payments.

A recent survey of older people in Westmeath, which asked people to indicate issues that caused them particular concern, produced the following list of issues identified by respondents:

> ➢   Their concerns were being defined by others not by themselves
> ➢   Loneliness and the breakdown of social networks
> ➢   Poor quality of housing and security.
> ➢   Need for social housing / sheltered housing

➢ The limited capacity of older peoples groups to pursue their agenda
➢ Age discrimination in relation to employment and self employment
➢ Problems with transport and access to services.
➢ Lack of local services
➢ Need for more healthy living programmes
➢ Lack of awareness of entitlements and supports
➢ Closure of rural services
➢ Communication gap.

3.2   Provision for Older People in Westmeath

In Westmeath, there are a large number of organizations providing services for older people. Most provision remains within the remit of the statutory sector, and specifically the Local Authority and the HSE. The Local Authority has a role in relation to housing and the environment, the HSE in relation to health and medical needs. Some community sector groups are funded to provide services to older people and peer groups operate throughout the county, as do local branches of NGOs. There is a tendency for statutory provision to be located in the larger towns and to be reactive to need. Community provision tends to be more dispersed at local level and to have a strong social / recreational dimension.

The Westmeath Strategy for Economic, Social and Cultural Development (2002 – 2012) contains a number of goals that impinge on older people as part of the overall population. These include objectives in relation to transport provision and social inclusion. More specific goals for older people include the following:

- To put in place mechanisms to ensure that older people are consulted with regard to their needs.
- To improve the health and quality of life of older people in Co. Westmeath
- To support and encourage the continued provision of housing for older people by the local authorities
- To put in place mechanisms which ensure the timely and full disclosure of relevant entitlements for older people
- To support and encourage representation from the Community and Voluntary Forum on the Regional Consultative Forum for Older People
- To support independent living and ensure good quality and affordable residential care is provided for all older people in need of such care.

In 2004, the Integrated Target Group Plan for Older People (2005 – 2007) identified a number of specific actions to achieve positive outcomes for older people under the headings of Work, Self, Family, Community, Transport, Information and access to services and Spiritual. To date a number of actions within the Plan have been successfully completed, some of which are noted later.

3.3   The Delivery of Quality Public Services to Older People

Participants in the Focus Group on services for older people represented a large number of organizations in both the statutory and voluntary sectors, reflecting both the heterogeneity of the target group itself and the diverse nature of provision. Participating organizations included:

- Statutory providers which provide services for the population generally, and older people as one group amongst the wider population.

- NGOs which work with and on behalf of specific groups (eg., those with disabilities) some of whom may also be older people.

- NGOs which work exclusively with older people.

- Community groups which cater for diverse target groups including older people.

- Peer led groups who cater exclusively for older people.

A very wide ranging discussion, which was subsequently complemented by telephone interviews with a number of Focus Group participants and others, produced a considerable degree of insight into issues relating to the delivery of quality public service for older people. Before looking at these issues, a number of more contextual points which arose during the Focus Group discussion are presented. These highlight aspects of the contemporary social and institutional context within which services for older people are developed and delivered.   Again it must be stressed, that this discussion does not claim to be a comprehensive or exhaustive review of the issues that currently prevail in the delivery of quality public services to older people. It is, rather, a summary of the issues that key actors in the sector who participated in the consultation chose to raise.

3.3.1 Contextual Issues in the Delivery of Public Services for Older People.

As already noted, while much of the statutory provision for this target group is located in the larger towns, the greater part of the population is living in rural areas. Issues of rurality, therefore, were to the fore in identifying aspects of the contemporary social context.

- In rural areas, the limited infrastructure from which to deliver services results in provision being clustered in urban areas. At the same time, the withdrawal of public services and some commercial services is causing problems both for older people themselves and for those who seek to care for them. Both issues are exacerbated by inadequate public transport for people needing to travel from rural areas to the locations of services[3].

- In both urban but more especially in rural parts of the county, social networks are being dismantled as a result of ongoing socio-economic developments. The reduced involvement in farming, the greater numbers of women entering the workforce, new patterns of migration and immigration all result in informal care in the home and in the community being far less available to older people than was the case previously. In consequence, older people are more reliant on public services to support their ability to live independently and to underpin their social inclusion.

- Coinciding with what for some older people is this growing reliance on public services, is the fact that older people as a group display certain characteristics and have had certain experiences / expectations which mitigate against their capacity to draw down support from public service providers. Among these characteristics / expectations is the following:

  ➤ Older people may not always interpret the experience of a personal or social difficulty as a 'need' that can be addressed by public services, instead seeing such problems as part of the ageing process that must be tolerated.

  ➤ The contemporary generations of older people have grown up at a time when public services were less well developed than they are now. Consequently they may be unaware of the fact that certain public services do now exist which could be beneficial to them.

- [3] The NESF (2005) has noted the enabling role which public transport plays in ensuring effective delivery of public services for older people.

> ➤ The more elderly amongst the contemporary generation of older people may have a specific orientation to public services – a tendency for example to see the use of public services as indicating their dependency on the state – with a consequent reluctance to acknowledge their needs for public services.

> ➤ Older people have been identified as being less demanding as users of public services: through lack of familiarity with dealing with officialdom, through personal disposition or through fear of reprisal.

The implications of these, together with the more specific issues raised in the Focus Group relating to the delivery of quality public services to older people are discussed in the following sections, under four headings as follows:

- Issues relating to the implementation of services at local level.
- Issues relating to the adequacy of the services themselves.
- Issues relating to engagement with service users
- Issues relating to strategic planning and co-ordinated delivery.

3.3.2 The Implementation of Public Services for Older People

Under this heading, the following issues are examined: (a) the provision of information, (b) courtesy, flexibility and timeliness in the delivery of services and (c) to barriers to access to services.

a. Information Provision

The large number of organizations providing services for older people in Westmeath has many positive aspects. But it can also lead to confusion about what agencies are responsible for what services. A considerable amount of effort is expended by service providers in both the statutory and community sectors to ensure the availability of good information, some examples of which are outlined in Box 4.

Box 4: Examples of Information Dissemination

- Using local media, including press and radio, to highlight the availability, location etc, of services.
- Disseminating information through other local information sources, such as community newsletters, parish newsletters etc.
- Making direct contact with potential client groups through sending material in the post to those on mailing lists and by making presentations to community groups catering for potential client groups.
- Disseminating information through other professionals engaging with potential beneficiaries, for example, GPs and public health nurses.
- Providing information on services to other organizations working with the same target group: home help organization, carers organizations.
- Developing and maintaining web-sites to disseminate information.
- Leaflet drops into the homes of older people.

Despite these very varied approaches to information dissemination, Focus group participants identified problems which continue to be experienced by older people seeking to access information and / or services. Gaps between the dissemination of information on the one hand and the potential beneficiaries' *real* access to that information on the other hand pertains to all target groups that are the subject of public policy, but for older people there are a number of factors which can make particular forms of information dissemination ineffective.

- Older people who have eyesight problems or literacy issues are unlikely to read newspapers or other printed material.
- Older people who have limited social networks (for example people living in isolated rural areas, people living alone or people in poor health) may have little access to work of mouth.
- Older people (and particularly the most elderly) are unfamiliar with new technologies including automated telephone systems and tend to be uncomfortable in using these to access information (again this may be exacerbated by failing eyesight or hearing, poor literacy, limited manual dexterity). While this situation will change over time, it is unlikely to alter significantly for the current population of elderly people. Consequently for this group, internet based information is largely inaccessible and will remain so.
- Staff in service provider agencies and particularly statutory agencies often do not have good and accurate information on the provisions of their own organization. In consequence, older service users experienced frustration in trying to get information, received inaccurate information and frequently were unable to avail of entitlements as a result of this.

Overall, it was noted that there can be a layering effect with regard to the provision of information, whereby people who are already receiving

services or are in touch with service providers receive the same information from multiples sources while those who are not in contact with service providers are also out of the information loop and at risk of exclusion

B. Flexibility, Timeliness and Courtesy.

Timeliness in the delivery of public services is intrinsically linked in the first instance to the availability of comprehensive and adequate service provision, and (assuming such provision is in place), in the second instance to the ability of the system to respond with speed and flexibility to meeting needs. Currently it seems, neither of these situations prevails in relation to services for the elderly.

- There was a general consensus that older people tend to approach service providers only when their needs have become urgent. Agencies do not always, if ever, have the resources necessary to respond immediately to high levels of need, often resulting in long delays.

- More generally, it was also noted, that lack of resources hinders the speedy delivery of services, even when the level of need is less acute and the situation less urgent.

- Some service providers are overly bureaucratic, causing significant delays for service users. It appears that there is little sense of urgency amongst some providers, with priority given to observing protocols rather than responding quickly.

Against this backdrop, people frequently resort to politicians to secure entitlements and services. There were mixed views amongst Focus Group participants regarding clientalism, some viewing it as a valuable service in so far as it does actually speed up the delivery of public services, while others felt it was allowing public representatives to make political capital out of problems in service provision.

As noted above, flexibility in the delivery of services at local level is intrinsically linked with timeliness. Currently, it seems there is very limited flexibility at local level amongst statutory providers. Individual statutory providers can try to overcome this by referring people to other statutory agencies. Often, however, this process is very procedural (by letter, rather than phone) which adds to the time delay. While voluntary sector providers are seen as more flexible in theory, in practice limited resources restricts their potential in this area.

Finally, Focus Group participants expressed the view that service providers are not always courteous to or respectful of older people, that

they can be ageist in their dealings with older people and that they do not make any extra effort to facilitate those with problems in communicating. It was proposed that all those dealing with older people should be properly trained and in particular should be trained to listen to people who for various reasons can not always articulate their needs clearly.

C.   Barriers to Access

A number of barriers to accessing services were identified, most of which are already well documented. They included:

- Lack of good information on what services are available
- Eligibility criteria based on age and lack of flexibility in applying these criteria
- Waiting lists which are of such duration as to constitute a barrier
- The protocols regarding some entitlements. For example, the need to have a registered builder to avail of grants for home improvements usually put the costs of the improvements beyond the coverage of the grant, or the inability to use transport passes in taxis.

Again, the location of many services in the larger towns, combined with the lack of public transport was frequently referred to as a major impediment, not just in relation to accessing public services but more generally in terms of social participation. In this context, the possibility of using existing community infrastructure, such as GAA facilities, to deliver services was proposed.

3.3.3   Adequacy of Public Services

A key determinant of the adequacy of public services is the extent to which they can meet the full range of needs among potential beneficiaries. Amongst older people, the full range of needs is quite extensive, ranging from pro-active supports to maintain full and active lives, to full-time residential care. In all settings, however, older people will also have personal preferences regarding how their needs should be met.   Against this backdrop, a number of general deficiencies within the policy framework were identified as follows:

- The failure within policy development and service delivery to recognize the potential of older people.

- As a result, service provision tends to impose dependency rather than being enabling.

- The extent to which services react to problems rather than pro-actively supporting wellbeing.

- The tendency to enforce a medical model of provision on older people, to the neglect of more social models.

- The growing reliance on private sector provision and the increased risk of social exclusion amongst those who cannot afford to enter the market.

These deficiencies were seen to impinge on the adequacy of service provision for older people in general, regardless of their level of need or their personal preferences. In the following discussion, the issue of adequacy is looked at in relation to services for people living independently; services for people requiring supports; and services for people requiring residential care.

Delivering Public Services to People living independently

In relation to people living independently, the main points noted by Focus Group participants related to the fact that provision for older people tends to be reactive or crisis oriented. There is little acknowledgement of the need for proactive public services to underpin the well-being of older people. Specific points noted included:

- There is little recognition of the different personal preferences amongst older people with regard to how their needs should be addressed, instead people are required to fit themselves into service providers boxes.

- The dominance of reactive and or medical models of provision for older people means that (a) social needs are ignored and (b) those without medical needs are under provided for. As a result, there are few public services that cater for the needs of independent, healthy older people living in the community.

- There was an overall perception that the lack of social provision is contributing to exclusion, undermining the wellbeing of older people in the community and ultimately contributing to greater dependency.
- Community organizations are attempting to address these gaps in services by providing recreational and social opportunities for more diverse categories of older people (Box 5). Their efforts, however, are limited by scarce resources.

Box 5: Ageing with Confidence Group Programme

The Ageing with Confidence group programme is a holistic approach to health promotion aiming to enhance the development of older people by providing education for health, developing life skills, promoting positive mental health and self-confidence. Programme content includes:

> Self confidence and ageing
>
> Components of self and physical ageing
>
> Psychological aspects of ageing
>
> Self knowledge and stress in later life
>
> The emotional self
>
> Improving self confidence
>
> Isolation, loneliness and sexuality in later life
>
> The Spiritual self

Delivering Public Services to People needing Support to live Independently

Older people needing support to remain in their own homes are both a specific and diverse category of people. While all, by definition, require some support this could range from a very simple one-off intervention, to more extensive supports in a custom built facility. Again, in relation to this group, the dominant view is that at all levels, the services that are currently in place are not adequate. The main points are as follows:

- Two of the main services available to people who require supports at home are Home Help services and Public Health Nurse services. Home Help services were viewed as being too limited in terms of the time provided to older people and not always sufficiently attuned to the needs of the older person. The Public Health Nurse service was generally regarded as a good service, meeting social and informational as well as medical needs. However, it too was considered to be over stretched and under resourced.

- Grants for housing adaptation and refurbishment are available to older people, who meet the eligibility criteria. These criteria, however, are usually based on age rather than need. Moreover, other requirements associated with the grants (for example that of needing a registered builder) introduces anomalies that render the services almost valueless to potential beneficiaries.

- For people requiring some support to maintain independent living, the problems associated with the location of services causes particular difficulties, exacerbated by poor public transport and the inability to use travel passes in taxis.

- For people requiring something in between independent living and residential care, the consensus was that provision is very poor in this area. While the Dublin region has a number of specially built facilities to provide a secure and supported environment for older people who can continue to live independently within this context, there are no comparable facilities in Westmeath. As a result of this, people are coming into residential care sooner than they need to, with adverse consequences for themselves and additional costs for the system.

- The issue of older people leaving hospital without adequate support at home was also identified in the context of there being inadequate linkage between hospital services and care of older people services.

- People requiring support in their own homes are also the most likely to have or to need careers. Many carers are themselves elderly and do not have access to necessary support services. Their experience of social exclusion can be significant and the social, financial and health implications of caring frequently mean that carers are worse off in their own old age.

- Identifying people who move from healthy independent living to requiring support and ongoing support is not always straightforward. Some people may slip through the net, with the result that their needs may not be addressed – a situation which some organizations are particularly focused on (Box 6):

Box 6: Community Links Workers

Community Links Workers are employed by Congress Information Centre under the auspices of FAS. They offer a range of services to people in need, including older people, and communicate these through leaflets in the villages and townlands of county Westmeath, with a particular focus on isolated rural areas. A recent case involved an elderly man, living alone in what was perceived as 'a good community', but nonetheless experiencing a very high level of need. His accommodation was inadequate, his health was poor, his income support was less than it should be and he had no contact with the services. Following the intervention of the Community Link Worker, on a casework basis, his house was adapted and refurbished, his pension entitlements amended, his health needs addressed and a Home Help now visits him daily.

Delivering Public Services to people in Residential Care

In relation to the adequacy of services for people living in full-time residential facilities, the following points were made:

- Diversity amongst older people tends to be ignored within care settings with a single model of provision dominating both within and across specific residential centres.

- There was perceived to be a particular lack of consultation with older people in care settings which sometimes reflected a lack of resources and sometimes reflected ageism and the assumption that they would all want the same thing.

- The medical model was again perceived to dominate within care settings with the consequent neglect of the social needs of older people. The irony that people can experience intense forms of social exclusion while having physical or health needs met, was noted and were some examples of efforts to combat this (Box 7).

Box 7: Dream a little Dream with Me; Intergenerational Project

This is a collaborative project, which involves music students and early school leavers from The Mullingar Training and Development Association and the residents of St. Mary's Hospital and the Day Care Centre. It commenced in March 2006. The objective of this project is to explore and develop the inter-generational relationships between these groups. The project is centred on the participants, their experiences, home life, routine and environment. By using music and song this aids interaction and creates a group dynamic. It also gives the residents of St. Mary's and the Day Care Centre the ability to discuss and recollect memories from their past. They have the opportunity to impart their knowledge onto the younger people. It gives the students insight and an understanding of social exclusion that many elderly people are subjected to. This initiative hopes to counteract these attitudes.

3.3.4   Engagement with Service Users

Two main issues were discussed in relation to the manner in which service provides formally engage with service users: these were consultation mechanisms and complaints mechanisms.

Consultation Mechanisms

Under the Quality Customer Service Principles, the key objective of consultation is to provide a structured approach to meaningful consultation with, and participation by the customer in relation to the development, delivery and review of services and to ensure meaningful evaluation of service delivery.

Over the past number of years, many agencies operating in Co. Westmeath have begun to consult more widely with their client group regarding the delivery of services. This appears to be more frequent where the client group is small and easily identified and accessed – for example in a residential care setting. An exception here is the Consumer Panels established by the HSE whereby service users and their representative groups can give feedback on service delivery and bring forward other issues affecting them

Despite developments in relation to consultation, the following points were noted:

- Older people are not consulted at all, or they are not properly consulted about what services they wanted. Instead services were developed and delivered based on assumptions on the part of service providers of older peoples needs.

- Within those assumptions, there is an inherent ageism reflected in stereotypes of dependency and lack of capacity or agency on the part of older people. This results in services that reinforced that supposed dependency rather than promoting autonomy.

- The issue of consultation is closely linked to that of choice. Without adequate consultation it is impossible for older people to exercise choice.

- Conversely, families often articulate need and choice on behalf of older people. This may be appropriate in certain circumstances, but it is not the optimum situation. Service providers need to consult directly with service users.

- Although there have been improvements, it appears that currently consultation with service users is patchy across agencies and is more frequently confined to reviewing services already in place rather than influencing the development or delivery of new services.

- Moreover, consultation tends to occur at agency level and therefore to be limited by the existing remit of particular agencies.

- There appears to be a lack of clarity regarding the extent to which the outcome of consultation feeds back into the service delivery system and that change, if it happens at all, happens very slowly. Moreover, there are no examples of service

providers feeding back the outcomes of consultation to the service users.

A particular form of consultation, linked to strategies to ensure clients can avail of services, is that being developed under the Rights Advocacy Service of the Alzheimer's Society (Box 8)

Dementia Rights Advocacy Service

This service was set up in January 2006 and aims to help people with dementia to effectively voice their needs and wishes, access their entitlements and assert their rights. The advocate helps the person to:

Access the information they need
Decide what they want to happen
Express their point of view to others
Access their entitlements
Protect their rights.

Complaints & Appeals Mechanisms

Within the context of the Quality Customer Service principles, the commitment to mechanisms of complaints and appeals is to the development and maintenance of a 'well publicized, accessible, transparent and simple to use system of dealing with complaints about the quality of service provided'. Currently, it seems that most service providers have attempted to respond to this issue in meaningful way (Box 9).

Box 9: Examples of current practices in relation to complaints and appeals

- The HSE have located complaint / comment boxes in visible places on the walls of their public offices.
- Town Councils have established a single point of contact within their public offices dedicated to customer services. These offices are staffed by trained personnel and provide a mechanism of complaint and appeal as well as providing a single point of information on all services and eligibility for services within the remit of the Councils.
- The Home Help service provides a phone number to clients which they can ring if they want to make a complaint about the service they are receiving.
- Statutory and voluntary agencies provide direct help to people who wish to make an appeal or a complaint, in relation both to the services of their own agency or to those of another agency.

A number of issues in relation to complaints and appeals were nonetheless identified:

- The monitoring of the use of complaint mechanisms with regard to the extent of usage by older people appears uneven across various agencies, consequently little is know about the extent to which older people are providing feedback to service providers.

- There is a lack of clarity with regard to if and how complaints feed back into the systems of the agencies.

- There was a very strong perception that older people are afraid to complain to the agencies in case this has a negative impact on the ability to secure services in the future.

- As noted earlier, many older people tend to have a specific orientation to service providers and to officialdom: they don't expect to have services provided at all and are mild mannered about seeking redress if services are inadequate.

In this context, it was perceived that the onus is on service providers to be more proactive in eliciting complaints and comments from service users (Box 10). They must make sure that formal complaints systems are in place at every level, that people are invited to make their views known, and that they are assured that complaining will not damage their future entitlements.

Box 10: Complaints mechanism of the Carers Association of Ireland

As part of its support to carers, the Carers Association of Ireland provides respite workers to enable the carers have a break. Each month, the Managers of the 16 regional offices of the Association randomly ring a minimum of four people who have availed of respite care in that month and ask a number of questions from the Monitoring Sheet. The results are compiled and contained in Monthly Reports from each office and are sent to the regional offices. At that level, the individual reports are further aggregated and become part of the Regional report. Individual complaints or issues are followed up by regional managers in consultation with office managers, carers and respite workers. More serious complaints are taken up at CEO level.

3.3.   Strategic Planning and Local Co-Ordination

Among the findings of the NESF (2005) report on care of older people were those relating to the fragmentation of the policy context, the lack of strategic planning at national level and the lack of integration at local level. The discussion at the focus group echoed these views and amplified some of the points in relation to Co. Westmeath.

- The lack of strategic planning at national level was noted as a particular problem. Moreover the lack of planning was seen by focus group participants to be a direct result of a reluctance amongst Government Departments with a remit in relation to older people to co-operate in the development of policy or practice.

- Instead it is perceived that territorialism at the level of Departments exist. This has two negative dimensions: (a) it inhibits interagency working because people guarding their own organization's remit, (b) it inhibits flexibility and leads to services users being referred on to other agencies whose remit they are seen to better comply with.

- An exacerbating factor here is the perceived reluctance of the policy context to absorb learning from outside its own framework: either from other national contexts or from other sectors. This leads to inertia within the system, which coupled with the lack of a national strategy, mitigates against leadership with respect to change and policy development.

- While there are attempts at local level to provide services on a needs basis and because different agencies are responsible for different services, this needs based approach requires co-ordination. It appears, however, that the co-ordination is somewhat ad hoc, it takes a considerable amount of time and it appears to be more concerned with procedural issues than with meeting the needs of older people.

- Nonetheless, it was also noted that where good inter-personal relationships exist, agencies can work well together at local level. But there is no support for co-operation at agency level from the national or departmental level.

- It was also perceived that there is a lack of parity of esteem between statutory and voluntary sector and that this inhibits co-ordination and integrated working. This was also seen to inhibit the transfer of good practice from the voluntary sector to the mainstream and to have the effect of reinforcing inertia within the system.

- As a result of the lack of integration, services are still fragmented across target groups.

- The lack of autonomy amongst statutory agencies at local level also causes problems and reduces the potential for fine tuning

provision to local needs. For example, funding for specific services may be agreed at local level, but overturned at national level.

- At the same time, there is also a notable unevenness across the country in regard to the services available to people. Sheltered housing is a specific example of this in Westmeath, but more generally it was also noted that for older people, where they live rather than their needs may determine the services they get.

Overall, it appears that while there are efforts at local level to promote integrated working, these are hampered by lack of support from national level and fall far short of being able to deliver joined up provision for older people.

3.4   Conclusion

The main providers of public services to older people in Westmeath are the statutory agencies.   There are also a very large number of community groups operating in the county. These are more widely dispersed than the statutory services and have a stronger focus on social provision. But their role is limited and their potential is not sufficiently recognised or resourced. The dominant medical and reactive model of provision, poor consultation and fragmentation of services were the main issues raised by service users. The lack of strategic planning at national level and the limited support for co-ordination at local level were identified as problems by service providers**.**

Section 4   Issues in the Delivery Quality Public Services for Homelessness

4.0   Introduction:

This section presents the findings of the research in relation to the delivery of quality public services to people who are experiencing homelessness in Dublin city. Prior to presenting the main issues raised by those who participated in the research, a brief overview of homelessness in Dublin and the policy response to this is provided.

4.1   Homelessness in Dublin

Quantifying the number of people who are homeless at any point in time, or over time, is problematic for a number of reasons and all the more so when the count is confined to a specific geographic area. Official data on homelessness is based on the numbers of people in contact with homeless services. The mobility of people who are homeless and the fact that some of them may not be in touch with the services present challenges in establishing the scale of homelessness at any point in time. Moreover the number and profile of the homeless population can be subject to significant change, as recent media reports on homelessness among immigrant makes clear (e.g., Irish Times, July 29th 2006)

One thing that is clear however is the concentration of homelessness in the Dublin area, which reflects both the population imbalance generally and the fact that people who become homeless in other parts of the country move to the city to avail of better services. Data for 2002 compiled from the Housing Needs Assessment and reported on in Fitzpatrick (2005) shows that 70 per cent of the country's homeless population is in Dublin and the vast majority of these are in the city area. The 2002 data put the number of homeless households in the Dublin area at 2,560 with the total number of homeless people at 4,060.

More recent data on homelessness in the city, collected over one week in March 2005 and which included people on housing lists, in emergency accommodation and sleeping rough put the total homeless population of the city at just over 2,000.   For methodological reasons, comparisons with previous data are unsafe, nonetheless, the compilers of the 2005 data note the decrease in the number of households reporting as homeless between 2002 and 2005 (Homeless Agency, 2006).

The following profile of homeless households is provided by the 2005.

No. of Homeless Households	1,361
+ Partners	169
+ Adult Dependents (aged 18 and over)	22
+Child Dependents (aged under 18)	463
Total	2,015

Source: Homeless Agency, May, 2006

Other key features of the 2005 data include the following:

- Men outnumbered women by a ratio of 2 to 1,
- Almost half of those included were between 26 and 39 years old,
- Single person households accounted for 77 per cent of homeless households
- Over one third had been homeless for over three years
- 38 per cent of respondents said they stayed mostly or entirely in private emergency accommodation
- 22 per cent reported staying in hostels
- 185 people reported sleeping rough, a decrease of 33 per cent, since 1999.

For reasons outlined earlier, people experiencing homelessness did not participate in the Focus Group conducted for this research. Consequently we do not have their views on public services. However, Fitzpatrick (2005) reported the following problems as among those experienced in relation to public services:

- Lack of good quality information regarding available services and supports
- Limited supply of long-term accommodation options
- Inconsistency in relation to the role and function of key workers and the limited duration of their input.
- Difficulties in accessing support services such as social workers, mental health services, counselors and drug addiction services.

4.2 Provision for homeless people in Dublin.

Services for homeless people can be differentiated between the provision of accommodation or housing and the provision of broader services:

Accommodation and housing projects include:

- Emergency hostels which have the objective of being able to respond quickly to the need for accommodation
- Women's refuges which cater for women fleeing domestic violence
- Transitional housing which provides interim accommodation for people prior to moving out of homelessness
- Long-term supported housing which caters for people who need ongoing support in maintaining a tenancy.

Advice and support services include:

- Food, day centres and practical support
- Homeless and housing advice
- Settlement services
- Street services
- Health and mental health services
- Alcohol and drugs services
- Helplines
- Education and training
- Counselling services.

There are a large number of organizations which cater for people experiencing homelessness in the city area. The principle statutory providers are the Local Authority and the HSE. Other statutory agencies that provide services to people experiencing or at risk of homelessness include FAS and the Prison Service. Voluntary organizations play a very significant role also and these range from large NGOs which provide a very wide range of services to their client groups to small organizations that cater for a specific need, for example providing meals. One of the consequences of the large number of organizations operating in the homeless sector is that there are multiple points of entry to services for homelessness.

In Dublin, subsequent to the introduction of the Homeless Strategy, the Homeless Agency was established. The Homeless Agency has responsibility for the management and coordination of homelessness services in Dublin city as well as for the implementation of action plans which aim to eliminate homelessness in the capital by 2010. The Agency

is a partnership of the voluntary and statutory agencies responsible for planning, funding and delivering services for homelessness.

The Review of Homeless Strategies (Fitzpatrick, 2005) noted that the establishment of the Homeless Agency has led to greater coordination of funding for homeless services in Dublin, has aided the development of skills within the homeless sector, has extended the range and availability of longer-term accommodations options, enhanced homeless services, engendered good partnership and led to the reduction of the scale of homelessness within the city. As the Homeless Agency is the only one of its kind in the country, the issues that were identified as relevant in the delivery of public services to homelessness in the Dublin context are not necessarily representative of those that prevail nationally.

4.3 The Delivery of Quality Public Services to People Experiencing Homelessness

Participants in the Focus Group on services for homelessness included a wide range of organizations in both the statutory and voluntary sector. These included:

- Statutory organizations with a broad brief which included services to homelessness

- NGOs operating exclusively in the homeless sector

- Agencies established and operating under the Homeless Strategy

The existence of the Homelessness Strategy and the Homeless Agency provides a very specific context for the delivery of quality public services to homeless people in the city. Despite the impact to date of both, a number of problematic issues were identified during the Focus Group[4] discussion and the subsequent interviews.

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[4] As noted earlier, in relation to provision for people experiencing homelessness, just one focus group was held which had participation from agencies involved in providing services to homeless people. A total of 17 agencies were involved, representing both the statutory and NGO sector, with large NGOs dominating amongst the latter (A full list of participants in this Focus group is contained in Appendix 2).

4.3.1   Contextual Issues in the Delivery of Public Services for Homelessness

Before looking in detail at these issues, the following section notes some contextual issues in relation to provision for people experiencing homelessness:

- Current legislation is considered by some key actors to be inadequate to underpin effective provision. Two main problems were identified: the definition of homelessness under the 1988 Act and the lack of a statutory right to a house. The former is seen as inadequate due to the failure to recognize the risk of homelessness experienced by some vulnerable groups as well as hidden homelessness, the latter is perceived to undermine efforts to achieve positive outcomes and to render the concept and practice of redress meaningless.

- Within the overall response to homelessness, greater attention is now being paid to measures to assist people move out of a state of homelessness, rather than helping them manage their homelessness. However, the lack of social housing along with inadequate supports to enter the private market is hindering this approach[5].

- Homelessness is a by-product of socio-economic processes. As these change over time, so too will the categories of people at risk of homelessness and actually becoming homeless. This presents ongoing challenges to the policy and service response, not just in terms of numbers but also in terms of new categories of people that may be difficult to identify, to reach and to cater for.

- At the same time, there is increasing specialization amongst agencies operating in the homelessness sector, primarily resulting from an attempt to fine tune provision to specific needs of certain groups amongst the homeless population. This has the positive effect of being better able to meet the needs of these groups. A negative consequence however is that other categories amongst the homeless population may be excluded from the services.

In the following sections, the implications of these and other issues relating to the delivery of quality public services for homelessness are

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[5] In 1975, the proportion of all housing units accounted for by private housing was 66 per cent. By 2004 this had increased to 93 per cent (Drudy, 2005)

discussed under the same headings as in Section 2. These headings are:

- Issues relating to the implementation of services
- Issues relating to the adequacy of services
- Issues relating to engagement with services users.
- Issues relating to strategic planning and coordinated delivery

Again it must be stressed, that this discussion does not claim to be a comprehensive or exhaustive review of the issues that currently prevail in the delivery of quality public services for homelessness. It is, rather, a summary of the issues that key actors in the sector chose to raise during the consultations.

4.3.2   The Implementation of Public Services for Homelessness

In relation to the implementation of services, issues pertaining to information provision, courtesy of service providers, timeliness of provision, flexibility of provision and barriers to accessing services were identified.

a. Information Provision
Overall, it was noted that information provision in relation to homeless services is a particularly problematic issue. In general, most people do not anticipate that they will ever require homeless services. Consequently, they tend not to take notice of what is available until such point as they need it. When they do need it, their overall vulnerability and the problematic issues they are likely to be dealing with can make it difficult for them to find good information, regardless of the adequacy of provision. The Review of the Homeless Strategy identified lack of quality information as a problem for homeless people (Fitzpatrick, 2005), a view that was echoed in this Focus Group.

Box 11: Examples of Information Dissemination

Putting information into places where people who are newly homeless are likely to go.

Sharing information across agencies so that comprehensive information on services can be provided

Cross referral by agencies to ensure people get linked into appropriate services.

Service providers try to work into this context in a number of ways (Box 11), in general, however, there is widespread acceptance that:

- There are deficiencies in relation to information provision,

- People who are at risk of homelessness or who are amongst the hidden homeless often don't have outreach information services

- Consequently, some particularly vulnerable groups may be outside the information loop.

- As a result there is a risk that some groups experience barriers to accessing services due to lack of information.

Over and above the issue of information on services, the lack of information on rights and entitlements was identified as a particular problem which results in people out of home not knowing what they can expect from public services. This is more than an information deficit, and is discussed further later.

b. Flexibility, Timeliness and Courtesy

The links between the overall adequacy of public services and the timeliness of delivery was already noted. In the area of homelessness, timeliness is particularly important in ensuring that people's needs are met quickly and that their overall situation is not allowed to deteriorate due to delays in providing services. A major impediment to the timely delivery of services to homelessness identified at the Focus Group is the lack of suitable accommodation or problems in accessing suitable accommodation. Included here is emergency accommodation, transitional accommodation and long-term accommodation. The inadequate supply of long-term housing in particular results in other forms of accommodation being occupied by people for whom they are not the most appropriate forms and access being blocked for those whose needs they do suit. This situation has many adverse consequences for the service users, one of the most serious being that their risk of long-term homelessness is increased.

The capacity of service providers to be flexible in the delivery of services also contributes to timeliness. This capacity was considered to be greatly enhanced both by the involvement of the NGO sector in service delivery and through the greater co-ordination of services brought about by the Homeless Agency. This flexibility was perceived to be reflected in the ongoing development of services and in the scope for innovation. Flexibility in service delivery has a macro dimension, for example, the ongoing modification or fine-tuning of services to better meet needs

identified amongst the service user population as a whole. But there is also a micro dimension: the capacity to meet the needs presented by any individual. Here, it was noted that the greater specialization (itself a form of flexibility) in the sector runs the risk of decreasing micro level flexibility by introducing new rigidities (for example, eligibility criteria).

The issue of courteousness on the part of service providers was also raised. The view amongst many of the agencies was that levels of courtesy amongst staff in the broader statutory sector (i.e., outside the homeless sector) was not always what it should be and that people experiencing homelessness were not always treated with dignity and respect. The view was expressed that there is sometimes a perception that homeless people are themselves to blame for their predicament, that their homelessness is a lifestyle choice and that they are therefore undeserving of public support. This attitude is seen as linked to negative public perceptions and media portrayals of homeless people and reinforced by the fact that equality legislation does not prohibit discrimination on socio-economic grounds.

c. Barriers to Accessing Services

Against the backdrop of the large range of agencies involved in providing services to homeless people and the wide range of services provided, there was considerable discussion of the extent to which homeless people have access to the appropriate services. We do not have the views of service users themselves on this issue, but from the perspective of providers, the following barriers to accessing services experienced by homeless people were identified:

- Definition of homelessness. The definition of homelessness contained in the 1988 legislation excludes those whose homelessness is hidden or who are at risk of homelessness. As a result, these categories do not have the type of outreach or proactive services that could reduce their risk of actually becoming homeless.

- Lack of information. As noted earlier, in general people do not anticipate homelessness and so when they do experience it, they are unlikely to know where to seek support or services.

- Specialisation. Growing specialization on the part of the agencies responding to homelessness means that increasingly services are targeted at specific groups among the homeless population. In consequence, those who do not fit into these groups, may have fewer services available to them.

- Agency Policies: As well as specialization, some agencies have policies of not working with people in particular circumstances, for example people under the influence of alcohol. While across the range of agencies operating in the sector, most categories amongst the homeless population are catered for, at a specific point in time some people may be unable to access services due to such policies.

- New Focus: The shift in focus to moving people out of homelessness, rather than managing them in homelessness, runs the risk of some homeless people (and particularly the more chaotic) being excluded from this new approach.

- Referral procedures: In some instances referral procedures are seen as too stringent, again resulting in delays or barriers in accessing services.
- Emergency beds blocked by long-term homeless: The situation in which beds which should be available for emergency responses are occupied by people who are long term homeless.

- Lack of appropriate accommodation: At the other end of the spectrum, the lack of interim and long term housing means that people cannot be resettled in a timely and appropriate manner.

- Finally, the stigma associated with homelessness and the negative perceptions of homeless people noted earlier can present barriers to accessing public services in the broader sphere.

4.3.3   Adequacy of Services

The adequacy of services for homelessness is best determined by the extent to which the services meet the full range of needs experienced by the target group. While people experiencing homelessness have in common the shared problem of lack of appropriate accommodation, in many ways they are quite diverse. It is useful here to recall the categorizations of homelessness noted earlier:

- Houseless people for whom appropriate accommodation is the most effective response.

- Habitually homeless people who will frequently require ongoing support to sustain a non-homeless state.

- The chaotic homeless with multiple problems and multiple needs who are acknowledged to be the most difficult and the most costly to cater for.

These different categories are themselves internally diverse and people within any one category will have very varied and very different needs. Consequently, the range of services they require to address these needs are also both diverse and extensive. In the following discussion, the primary focus is on the services that are provided by the homeless agencies themselves (for example, accommodation and support for re-settlement) with limited reference to the other services necessary to enable people experiencing homelessness to become re-integrated into mainstream society (for example education and training). The key areas of provision looked at in the following discussion relate to:

- Preventative services
- Emergency responses
- Transitional services
- Resettlement services

Preventative Services

As noted earlier, the legislative definition which underpins provision for homelessness is considered by some of the agencies in the sector to be inadequate in so far as it fails to take full account of the hidden homeless or those at risk of homelessness. This contributes to a situation where, not withstanding the existence of the Preventative Strategy and the progress achieved under this to date (Fitzpatrick, 2005, Box 12), it is perceived that the full range of pre-emptive or preventive measures that are required are not yet in place.

Box 12: Actions Progressed under the Preventative Strategy

Specialist unit established by the Prison Welfare Service and additional staff provided to assist offenders who are homeless.

Recruitment of staff by Trinity House and Oberstown Girls Centres to enable the pre-release / step down units becoming operational

Development and implementation of aftercare protocols by the health boards for all young people leaving care.

Source: Fitzpatrick, 2005

In addition to progress already achieved, ongoing developments in relation to prevention were noted including the development of a step-down facility for people leaving hospitals and a facility for people with

mental health issues at risk of homelessness. Notwithstanding these developments, the following contemporary problems were highlighted.

- There are a number of categories of people whose vulnerability to homelessness is recognized and even quantified, but for whom current services continue to be inadequate. For example, up to 30 per cent of prisoners are at risk of homelessness when they leave prison, but in the absence of step-down facilities to facilitate their reintegration, these people are placed in emergency accommodation, which is both inappropriate for their needs and blocks up access to emergency accommodation for others.

- Other categories whose vulnerability can be anticipated and their homelessness prevented through adequate outreach / preventative measures include people leaving care settings and people about to be evicted. For these categories too, current provision is inadequate.

- It was also noted that some categories amongst the population vulnerable to homelessness, remain hidden and have no services, for example immigrants including immigrant workers in precarious employment.

Emergency Responses to Homelessness

Two issues were predominant in the discussion regarding emergency responses to homelessness. One of these was a policy issue: i.e, the extent to which the provision of hostel accommodation is seen as dominating the policy response and the implications of this for the longer term wellbeing of homeless people. The other was a provision issue: i.e., the extent to which emergency beds are actually available and accessible to those who need them.

Some agencies perceived that the provision of hostel accommodation is accorded too great a priority within the policy response to homelessness. This priority is seen as linked to the statutory definition of homelessness and is considered inappropriate to address the broader needs of people experiencing homelessness, and particularly the need for more suitable accommodation in the longer term.

The second issue, the actual availability of emergency beds for those who need them, produced a number of points of view:

- Firstly, there was a perception that there are not enough emergency beds per se within the system.

- Secondly, there was a perception that there are enough emergency beds, but that these are not functioning as such because they are taken up by long-term homeless people for whom more appropriate accommodation is not available.

- Finally, there was a perception that while there are enough emergency beds access to these is blocked due to (a) the referral process required by agencies providing these beds being too rigourous and time consuming and (b) the fact that people considered to be chaotic or particularly problematic cannot access these beds.

Transitional Services

Increasingly, agencies involved in responding to homelessness are emphasizing the need to provide supports to enable people move out of homelessness rather than assisting them to manage their homelessness. Within this approach, transitional services play an important role in bridging emergency responses and long-term positive outcomes. Transitional services involve a wide range of provision, but can be categorized as follows:

- The provision of interim or transitional accommodation;

- Assessing the needs of individuals and identifying what services are required to enable them move out of homelessness;

- Ensuring that these services are provided.

Interim / transitional accommodation:
Interim accommodation provides a type of half way house setting for people who need further support before moving on to securing their own tenancies. Transitional accommodation is vital in allowing people an opportunity to address other problematic aspects of their lives and ultimately in underpinning a move out of homelessness.

In recent years there have been a number of very positive developments in the provision of interim or transitional accommodation.

- Nonetheless, there continue to be significant gaps in this area, including gaps in the provision of step-down facilities for specific groups, discussed earlier.

- This leads again to people being accommodated inappropriately in emergency accommodation. As this type of accommodation is

inappropriate for addressing their broader needs, this causes deterioration in their circumstances as well as blockages in the system.

Assessing needs

Assessing the multiple and diverse needs of people experiencing homelessness is increasingly part of an approach that is focused on moving people out of homelessness rather than helping them manage their homelessness. Needs assessment models involve a number of elements (Box 13), and an incremental process with three main stages.

1: Working with service users to identify and assess the level and nature of difficulties they face in moving out of homelessness. Currently, most agencies implement a needs assessment approach and work is underway, led by the Homeless Agency, to establish a common model across all agencies. It is anticipated that this model will be in place by the end of 2006.

Box 13: Elements of a needs assessment approach:

- Assign a key worker
- Engage in relationship building
- Assessment process – look at all aspects of needs
- Try to engage services around these needs
- Advocacy on their behalf
- Build self esteem
- Try to find most suitable housing solution
- Support person through process (eg, estate management)
- Maintain contact as appropriate.

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2. Following the identification of needs and working in conjunction with the service users, a care plan is drawn up detailing all the services and supports the person requires to address their needs and to move out of homelessness. The service user owns the care plan and can take it with them from agency to agency.

A care plan may identify the need for services that are provided by the agency which has worked with the homeless person to develop the plan as well as services that are required by external agencies including those in the broader public service sphere. Some agencies in the sector provide a very wide range of services to their user groups. For example, Focus Ireland as well as providing accommodation for people out of home also run programmes for teenagers and for children and well as family programmes and a crèche.

However many homeless people require a broad range of supports, for example in the areas of counseling, addiction supports, training etc. People who are experiencing homelessness have particular problems in accessing these broader mainstream public services. The following factors were seen to contribute to this situation:

- People who are experiencing homelessness may be reluctant to approach mainstream service providers or they may, for reasons of health for example, be unable to approach the service providers.

- Waiting lists for public services present particular problems for people who are out of home and who may be mobile or in transient accommodation.

- The lack of understanding of homelessness and the issues it presents for people on the part of some mainstream agencies, coupled with a perceived lack of respect, also leads to difficulties.

3. The third stage in this approach involves addressing these difficulties. This is usually achieved through providing advocacy to and on behalf of the service user. A very considerable amount of advocacy takes place in the homelessness sector and the dominant view is that without this it would be much harder for homeless people to secure public services. Two issues arise however.

- People who are homeless know what they want and need, but it is difficult for them to secure the relevant services. Advocacy must be empowering for these people rather than creating a dependence on the advocating agency. Models of self-advocacy are relevant here.

- While there are enormous amounts of advocacy work done on behalf of service users, this happens on the basis of individual cases with little learning for the system resulting from it. The result is a lot of repetitious work done on behalf of individuals without any knock on effect on the system itself.

Resettlement Services
Resettlement services are the ultimate outcome of transitional services and have the specific objective of enabling people to move out of homelessness and maintain tenancies in the longer term. In the area of resettlement services, however, the broader socio-economic context presents significant difficulties.

The main points noted are the following:

- Currently, there are a large number of resettlement projects operating throughout Dublin.

- Resettlement models have been developed and are currently being implemented (Box 14).

Box 14: Stages in Resettlement

Finding the most suitable accommodation

Negotiating a tenancy on behalf of the service user – with landlords or with estate management

Securing financial supports, for example rent allowance

Providing ongoing support to the service user as appropriate

- However, lack of social housing coupled with inadequate supports to people to enter the private sector makes it extremely difficult to actually move people out of homelessness.

- Currently, it can take up to two years to resettle a person from the time of their first contact with a resettlement agency.

4.3.4 Engagement with Service Users

As already noted, the different categories of homelessness have different implications for service provision. For some people, homelessness needs to be managed in the longer term, for some it should be about housing services not homeless services, while for others it is a combination of the two: i.e., resettlement with support. This provides a very specific context for engagement with service users.

The Quality Customer Service Principles do not extend to NGOs which are amongst the principle providers of services for homelessness. Nonetheless, within the homeless sector, there is a high level of awareness of the ethical and practical value of consulting with service users, both individually and collectively. There are a number of ways in which this occurs.

- Currently, needs assessment is a very prevalent form of consultation where the service user is central to the process of identifying needs and the appropriate responses.

- More general mechanisms of consultation with service users are also in place, including mechanisms to facilitate complaints.

- In some instances very comprehensive models of user participation are being promoted, facilitating the service users to contribute to service development and review at all levels (Box 15)

Box 15: Examples of Service User Participation: Simon Communities of Ireland

Developing effective channels of communication with residents and service users that enable complaints to be dealt with appropriately and speedily

Implementing an independent annual attitudinal survey for residents and service users to assess their level of satisfaction with the relevance and quality of the supports they receive

Implementing policies, procedures and supporting infrastructure and detailing the steps required to support service user participation at all levels.

Despite the prevalence of consultation, there are some limitations:

- In general, consultation occurs with those already using the services rather than with the broader population of potential service users – i.e., with 'customers' rather than with all those needing the services.

- It appears that consultation occurs around what kind of homeless services are required, rather than what kind of housing services are required. There is little or no choice in relation to the latter, so the sphere of consultation is limited.

- The extent to which consultation feeds back into the overall system is unclear, although the high level of coordination in the sector was noted as facilitating this.

Redress
While the value of consultation with service users is increasingly recognized and examples of good practice in place, the parallel issue of redress is much more problematic. This issue was discussed in the context of redress from the statutory sector. There were conflicting views as to whether (a) there are no redress mechanisms in place or (b) such mechanisms are in place but are inadequate. The lack of or inadequacy of redress mechanisms were attributed to the following factors:

- There is a relationship between standards and redress: if standards are not in place, redress becomes a particular problem.

- The lack of statutory entitlement to a house makes the concept of redress irrelevant for people experiencing homelessness.

- It is not clear what services and provisions homeless people are entitled to, therefore it is not clear what should happen if they do not get certain services.

- Currently, equality legislation does not prohibit discrimination on socio-economic grounds which limits the avenues of redress for homeless people.

4.3.5   Strategic Planning & Co-ordination

Since the establishment of the integrated Homeless Strategy in 2000 and the Preventative Strategy in 2002, there has been a considerable about of strategic planning in the homeless sector and in parallel with that a considerable about of co-ordination at local level particularly in Dublin. The homeless strategy envisaged that local interventions would be delivered through local homeless forums comprising local authorities, health boards and relevant statutory and voluntary bodies. In Dublin, the Homeless Agency was established to perform this function.

Strategic Planning
There was a strong view that since the introduction of the Homeless Strategy, there have been significant developments in service provision in the homeless sector (Box 16).

Box 16. Key Impacts of Homeless Strategy
➢   More funding is now available, particularly to the NGO sector
➢   More staff are available, allowing for more services
➢   Greater communication within sectors and between sectors now occurs.
➢   Greater cohesion across sectors now exists.

Strategic planning was also perceived to facilitate responsiveness and innovation and the capacity to redefine the core issues. It was acknowledged that strategic planning and the partnership model it embodies takes time and involves laying the groundwork as a necessary prerequisite to the full-on delivery of quality services.

At the same time, some ongoing difficulties were noted:

- Despite the existence and success of the Homelessness Strategy, there was a view that planning at national level is not satisfactory. This is primarily because the homelessness strategy is not cross referenced with housing action plans on the one hand and because of the inadequacy of data on homelessness on the other hand which inhibits the development of adequate provision.

- There is a perceived reluctance on the part of Government Departments to engage in a discourse of economic and social rights as the basis underpinning provision and entitlements.

- There is an unevenness throughout the country in relation to the implementation of the homelessness strategy. Some Local Authorities are very good, others not good. The weakness of the 1988 Act facilitates this unevenness.

Co-Ordinated Delivery

There was considerable consensus across participants regarding the roll out of coordinated delivery at local level. There was a general recognition that the Housing Agency had made a very positive contribution to greater integration and co-ordination across the service providers both in relation to planning and implementation (Box 17).

Box 17: Positive Impacts of the Homeless Agency

Convening meetings of resettlement agencies to synchronise models and share good practice

Developing common tools, e.g., needs assessment

Identifying and addressing gaps in services

Facilitating approaches that bring the client to the centre

Exploring international best practice

Outside of the framework of the Homeless Agency, other agencies are also developing methods of working involving inter-agency co-operation and co-ordination. For example, Park House Youth Service have weekly meetings with the managers of the relevant accommodation units in the city to identify which units can best meet the needs of individual young people out of home. While promoted by the HSE, the participating agencies also benefit as a result of the reduction in referrals going through social workers.

Notwithstanding the extensive progress in this area, and the models of good practice in place, some problems in relation to coordination were identified.

- Increased specialization in the sector and ongoing competition for funding between the NGOS resulted in some inter-agency tensions within and across sectors, although it was noted that the NGOS work very well together on policy issues.

- The ongoing need to define and clarify the relative roles and responsibilities across the statutory and voluntary sectors, particularly in the context of the shift in focus to moving people out of homelessness. There were some contrasting views on the role of the voluntary sector moving forward but generally, the dominant position seems that the preferred role for the voluntary sector is to play a greater role in preventing long-term homelessness by supporting people into sustainable tenancies and in identifying and working with high risk groups

4.4   Conclusions

The research into the delivery of public services to people experiencing homelessness highlighted a number of ongoing areas of weakness: an over-reliance on hostel accommodation, blockages within the system of provision, inadequate outreach mechanisms, too few transitional units and the overall lack of social housing were all identified as problems.

Overall, however, the perception was that the homelessness strategy was working well, that the coordinated delivery of services was working well and that the previous three years had enabled significant progress to be made. While acknowledging that there were still inadequacies and imperfections within the sector and within service provision, the consensus was that the impact of the three years of implementing the homeless strategy has brought things to the point where the capacity to bring things to the next level can now be identified.

Section 5:   Conclusions and Recommendations

5.0   Introduction

This study sought to explore issues in relation to the delivery of quality public services by looking at two specific and very different areas of service provision. The objective in looking at these two areas was to provide concrete examples of the issues that arise in delivering public services at local level. Thus the research was less concerned with provisions and problems in either sector than with what those problems can indicate about the delivery of public services at a more generic level. In this section, which draws together the conclusions from the research, the focus for the most part is on these generic issues.

The two policy areas that were selected for the research are extremely diverse as the previous discussion highlights. Most notably, the lack of strategic planning and co-ordination in the care of older people sector is in stark contrast to the cohesive and apparently effective national strategy, and local co-ordination, that exists in the homelessness sector. As already noted, it is not too much of an exaggeration to suggest that while the care of older people sector corresponds very closely to the current welfare state paradigm identified by the NESC, the homelessness sector is closer to the new paradigm associated with the proposed developmental welfare state.

This distance between the two sectors presents challenges for drawing out the more generic learning for the delivery of quality public services but it also facilitates insights into the strengths and weaknesses that can arise at different ends of the policy spectrum.

5.1   Findings of the Research

The main findings of the research are presented here under the headings set out in the terms of reference for the research. These headings are:

1. Examples of good things and bad things in the delivery of services at local level.
2. The scope for more coordinated and personalized services and possible involvement of client user groups in delivery.
3. An indication of the impact of Customer Service Initiatives
4. Examples of best practice.

5.1.2 Good and Bad Things in the Delivery of Services

The good and bad things in the delivery of services are discussed here under the four headings used earlier in Sections 3 and 4:

- Roll out / implementation of services;
- overall adequacy of provision;
- mechanisms of engagement with service users;
- strategic planning and co-ordination

Roll out / implementation of public services

- There is considerable effort on the part of service providers to ensure effective information dissemination strategies are in place and that information is easily available to service users. However, the most vulnerable amongst service users can also be most distant from the service providers and can be left outside the information loop. The use of new technologies to disseminate information to very marginalised groups appears to be of limited value. Notwithstanding current practice in this area, more work needs to be done to ensure total information coverage.

- The lack of clear information on entitlements and rights is highly problematic in so far as people do not know what they ought to expect from public services, which makes the concept of redress redundant. This is more than an information deficit: in many instances, there is no actual right to a needed service or support. The lack of a robust basis for public service development and delivery – whether articulated through the language of rights or through legislation – undermines the development of adequate services.

- The lack of courtesy and respect shown to service users by some service providers appears to be an ongoing feature of current provision. Again this seems to be most marked in relation to the most vulnerable or marginalised. Most service providing agencies do undertake awareness training for staff in relation to specific issues. Best standards in such training need to be identified, the scope of training extended to more thematic areas and ongoing evaluation to ensure that the experience of service users accords with the objectives of training.

- The location of public services continues to be a problem. Too often, services are delivered from where the service providers are located, rather than where the service users are located. People

living in rural areas are particularly vulnerable as a result. The possibility of multiple uses of public or social infrastructure should be explored.

- There are several rigidities within the service provision system. These include eligibility criteria, some of which appear almost ad hoc, while in others in others they may have a valid rationale, but nonetheless introduce barriers.   Service delivery can be slow due to being under resourced, due to blockages in the system, or due to agencies being too procedural. There continues to be a lack of flexibility at the point of delivery in the statutory services. Sometimes this may be due to eligibility criteria etc being set at the centre with little scope for local autonomy. Sometimes however, it is due to agencies being overly procedural. Overall, there appears to be a limited, if any, sense of urgency operating within the policy systems. A change in practice from delivering services (customer service ethos) to meeting needs (public service ethos), as articulated by NESC is required to address this.

Adequacy of Provision

- In some instances outreach practices / mechanisms are weak or absent, even when potential risk or vulnerability is already identified. However, there are also examples of good practice and innovation in outreach mechanisms: consequently there are models in place that could be replicated in other geographic areas and for other groups of service users.

- The tendency for a single model to dominate the policy response and service delivery results in a lack of diversity, a lack of choice and ultimately unmet needs. In line with this, services are often reactive rather than proactive and frequently overly task oriented with insufficient focus on ensuring long term equality outcomes.

- People with multiple needs experience very significant difficulties in drawing down the full range of services they require from the various agencies: again most marked amongst the most vulnerable. There is, however, considerable capacity at local level to identify new needs and to identify new ways of meeting these needs. Advocacy, case management and care planning are all examples of these.

- However, a problem remains with the capacity of the policy and service delivery systems to capture and respond to this learning as well as the capacity to respond more quickly to identified

needs and barriers to services. The inertia in the system, even in the context of good information on the nature of problems and the existence of good practice in responding, must be addressed.

- There are significant challenges to public services arising from broader socio-economic processes, including the impact of these processes on enabling provision. At a minimum, this reduces the effectiveness of public services and may actually exacerbate the problems being experienced by service users. Good public services need to acknowledge and as far as possible remedy these problems.

Engagement with Service Users

Engagement with service users was understood in terms of both consultation and complaints /redress mechanisms.

In relation to consultation, it appears that this is a growing feature of public service provision and can occur at several levels:

- Consultation with individual services users such as that which occurs through needs assessment and care planning.

- Consultation with customers, ie those who are already using the services of an agency.

- Consultation with the broader target groups which may include current and potential service users.

Currently, it seems the first two forms of consultation are the more common and more generally the following points about consultation can be noted:

- Consultation is more likely to involve service users already in the system

- Consultation is more likely to focus on reviewing existing provision rather than developing new provision

- Mechanisms to ensure receptivity to consultation and to provide feedback are uneven.

- Consequently, it is not clear how consultation impacts on the design and delivery of services.

- Complaint mechanisms are in place, but their effectiveness for very vulnerable and marginalised people may be quite limited.

- The issue of redress appears particularly problematic and ultimately linked to the lack of clear standards.

Strategic Planning and Co-Ordination

The lack of strategic planning at national level results in a lack of coordinated service delivery at local level. The lack of co-ordination at local level results in fragmented, delayed services and to significant gaps in provision. This is possibly the single biggest problem for the most vulnerable groups and especially those with multiple needs. From this study it appears that efforts at coordination at local level will be more effective if they are supported and reinforced at national level. The experience of the Homeless Agency shows that local structures of co-ordination can be effective not just in terms of greater integration but also in providing a space for innovation.

Within the terms of this study, it is not possible to explore fully all issues associated with co-ordination, however, the following questions merit further consideration:

- Are dedicated local coordination structures more effective than generalised structures?

- Can local co-ordination structures be fully effective if they are not located within a properly resourced national strategy?

- Are local coordination structures more effective when there is a good balance of responsibility between the statutory and the voluntary sector, (that is when the latter plays a central rather than a peripheral role in policy development and service delivery)?

5.1.3 Scope for More Personalised Services

The issue of more client centred or personalised services was a key point of discussion throughout this research and it appears that it is now widely recognised that delivering public services per se is not the same thing as meeting the needs of service users. In fact, the gap between what service providers provide and what services users need is often very extensive. Increasingly, however, that gap is being filled by new approaches to promoting co-ordination, integration, client-centeredness and consultation.

Co-ordination can take place amongst service providers at local level. This is the model best evidenced by the Homeless Agency and which has been positively evaluated. This model can provide a mechanism for shared learning, the development of common approaches, identifying gaps in provision and promoting innovation. Again, the implications of dedicated rather than generic structures of co-ordination needs further investigation.

An alternative, although compatible approach is to try to achieve integration at local level through case management and advocacy. In this model, a key worker or similar worker attempts to shorten the distance between the service user and service providers by helping them navigate the system and by acting as an advocate. This approach appears very effective in helping individuals and especially those with multiple needs to draw down the range of services they require. It is also effective for people who find it difficult to engage with public service providers. Advocacy and support for advocacy based approaches therefore is a long-term policy requirement particularly for vulnerable groups. However, two provisos are required.

For some service users advocacy has a dual function: it overcomes difficulties they themselves may have in engaging with the system; and it helps to overcome inadequacies in the system itself. In the longer term, as noted above, the former function will remain relevant and necessary for many service users. However, the latter function (managing the inadequacies in the system), ought not. Instead, the service provision system should be receptive and responsive to the issues coming forward from advocates and should be addressing and eliminating inadequacies on an ongoing basis.

Secondly, there is the question of how advocacy should be implemented. This study found three forms of advocacy operating.

- Highly structured, professionalised systems of advocacy evoking a rights based approach, such as that being implemented by the Alzeimer's Society of Ireland.

- Less formal but effective systems of advocacy practiced by local community organisations.

- The form of advocacy engaged in by public representatives, usually referred to as clientalism.

Within the public service delivery system, there is both the need and the scope for ongoing support and development of advocacy, particularly on

behalf of the most marginalised and most vulnerable and those with multiple needs. The role of public representatives in this needs further consideration.

The scope for greater use of client centred approaches is also evident from this study. Client centred approaches have particular value in that they involve the client at all relevant stages: from identifying what the problems and issues are, through needs assessment, to identifying the services and supports required to address these needs, through the development of a care plan and, usually through a case management approach which in conjunction with the service user, to identify and secure the services required.

This type of approach is premised on respect for the service user and securing the trust of the service user. It is also an enabling approach in that the service user is actively involved in identifying their own needs and how to respond to them and in owning the care plan. Client centred approaches, therefore, can be a very significant mechanism to alter the balance of power between service users and service providers. To be fully effective however, this approach needs to be paralleled by clear statements of entitlement and redress.

Finally, the issue of consultation is also relevant here. Again, this is an issue on which there appears to be considerable awareness of the ethical and practical benefits of having mechanisms of consultation in place. As noted earlier, there are a number of examples of consultation mechanisms now in place. The majority appear to be targeted at those people already using the services of specific organisations. An exception is the Consumer Panels of the HSE which involve participation from potential service users as well as their representative organisations, although as noted there is some lack of clarity regarding the extent of impact of these Panels on development or delivery of services.

Overall, there appears to be considerable scope for more personalised services particularly for marginalised groups. This is largely achieved through advocacy linked to needs assessment and care management. There is a need for more involvement of service users and their representative groups in designing and reviewing services. Such involvement needs to be a robust and well resourced participation with capacity to influence and shape service development and delivery.

5.1.4   Impact of Customer Services Initiative

The impact of customer services initiatives was addressed within the limitations of the research. CSIs are developed and delivered by individual Government Departments and Local Authorities. Given the narrow geographic and thematic focus of this research, together with the fact that CSIs do not extend to NGOs which are centrally involved in delivering public services for homelessness, it is not possible to draw emphatic conclusions on this issue. The follow observations can be made in relation to the public services that were covered by this research.

It appears that the CSIs have had an impact in certain areas, but that overall this has been uneven. Areas where positive impacts on service delivery were noted were the following:

- Efforts to provide information to all potential service users have improved. Problems remain in reaching the most vulnerable but this tends to derive from the circumstances of these groups themselves.
- Consultation mechanisms are growing in number and in nature and there is a generalised acceptance of the need for and value of such mechanisms.
- Complaints procedures have been put in place although the extent of monitoring of complaints and the responsiveness of the policy systems to complaints is unclear.

Areas of ongoing weakness where little impact appears to have been achieved were:

- There appears to be little impact in the area of choice and the related issue of diversity, although this is more marked in the care of older people sector.
- Flexibility also continues to be an issue, especially in the care of older people sector where the role of the voluntary sector is limited.
- Generally the issue of timeliness in the delivery of services appears very problematic.
- Courtesy amongst front line staff is an additional area of ongoing problems.
- Co-ordination remains a problem, again in the care of older people sector.
- Issues of redress are also problematic.
- The capacity of the service delivery system to be informed by consultation is unclear and in the absence of clear mechanisms to absorb issues coming forward, risks tokenism.

Against this backdrop, more work needs to be done to:

a)   Assess the extent to which CSIs are being effectively
      implemented across all the agencies currently involved.

b)   Identify barriers to the effective implementation of CSIs at
      agency level

c)   Identify best practice in implementing CSIs

d)   Establish the extent to which a single template is appropriate
      across the range of agencies involved in delivering public services

e)   Develop proposals for extending the coverage of CSIs to all
      relevant agencies.

5.2   Examples of Good Practice

Establishing what constitutes good practice requires a rigourous and
systematic evaluative approach that is beyond the scope of this study.
However, several examples of what appear, prima facie, to be
appropriate and effective responses to particular issues were referenced
throughout this report. These are briefly listed again here with contact
details for further information in Annex 2.

- Information dissemination: organisations in the care of older
  people sector engage in very wide ranging information
  dissemination exercise including some very specifically focused
  on the most vulnerable. Leaflet drops directly into people's
  homes was considered to be particularly effective in reaching the
  most vulnerable and marginalised.

- Ageing with confidence programme: This is a proactive
  programme aimed at promoting social and psychological well
  being amongst older people living in the community. The
  programme was first piloted in Northside in Dublin and
  subsequently in Westmeath. The programme was positively
  evaluated in 2001 and showed that participation was a positive
  experience for people, that they learned about ageist attitudes
  and that they felt more confident about the future.

- Community Links Workers. This model of outreach, advocacy
  and support appears to be very effective in ensuring that older
  people are not left out of the information and service provision

loop. This is a model of good practice that should be considered for widespread replication.

- Inter-generational Project: Dream a Little Dream of Me: a project that seeks to address the social needs of people in residential care also involving young people and seeking to combat ageism. The project is centred on the participants, their experiences, home life, routine and environment. Older people have the opportunity to impart their knowledge onto the younger people and it gives the students insight and understanding of social exclusion.

- Dementia Rights Service of the Alzheimer's Society. While developed in the context of the Disability Act 2004 which provides for the development of advocacy services for people with disabilities, the model being developed by the Society potentially provides blue print for similar provision for other categories and particularly for people who may have difficulty in articulating their needs. The model also promotes self-advocacy.

- Complaints mechanism of the Carers Association of Ireland. This is a rare example of a proactive mechanism to encourage and enable people to provide feedback, including complaints, on the service they receive. It is also linked to mechanisms to ensure that feedback is absorbed into the organisation and that complaints are addressed at the appropriate level.

- Needs Assessment. This is an approach which incorporates client centredness and comprehensive needs identification. Putting the client at the centre of identifying and responding to the issues they experience is empowering and particularly appropriate for very vulnerable people and those with multiple needs. Within the practice of tailored universalism, needs assessment is a central element.

- Resettlement Models. While obviously specifically relevant to services for homelessness, resettlement models provide an example of how services can underpin positive and sustained outcomes. By following the service user out of the compartmentalised sector in which they first made contact with the services, resettlement models show how public service delivery can escape the confines of categorisation and eligibility. Thus they have greater generalisability than at first appears.

- Service User Participation. The Simon Communities of Ireland strategy to promote service user participation at all levels of the

organisation provides an example of how service users can be actively supported, resourced and encouraged to provide feedback and participate in all aspects and at all levels of the agency's services.

- Homeless Agency. The Homeless Agency demonstrates the capacity and potential for local structures of co-ordination to achieve greater integration of services as well as other positive impacts.   This has not been the experience of all local structures of co-ordination, many of which have in fact introduced further fragmentation to the local delivery context.   The scope for the model of the Homeless Agency to be replicated in other policy arenas and other geographic areas should be assessed.

5.3   Conclusions and Recommendations

The delivery of quality public services needs to be underpinned by a clear setting down of the basis upon which these are developed and delivered and a clear statement of the rights and entitlements of services users and the mechanisms of redress open to them.   The negotiated identification of standards as advocated by the NESC is particularly relevant here.

Local mechanisms of co-ordination are unlikely to be fully effective if they are not resourced and supported by strategic planning at national level. At the same time, national strategies also need to be integrated to achieve maximum synergies. National policy strategies however are not the same as provision: without adequate resources to roll out comprehensive and quality services at local level, these strategies will not be effective.

The broader socio-economic processes within which public services are developed and delivered can be instrumental in both reproducing the needs which public services seek to address and in hindering their capacity to do so. In the homelessness sector, this is evidenced by current reliance on the market to provide housing: in the care of older people sector by the changing role of the family. Quality public services need to be fully articulated with these broader processes in order to minimise their negative impacts.

Information deficits amongst the most vulnerable and the most marginalised, while difficult to address, are an ongoing cause of concern. If quality public services are to be available to all, and especially if they are to play a significant role in combating social exclusion, it will be necessary to address this issue. Many contemporary channels of

information dissemination, which may be effective for the majority of service users, are not appropriate for very marginalised people. New mechanisms of information dissemination will need to be deployed to cater for all.

The ongoing and apparently large gap between what service providers believe they are providing and what service users perceive they are receiving (including the issue of courtesy despite awareness training) is difficult to explain but is extremely problematic in the context of delivering quality public services. More work needs to be done to investigate and address this issue.

The lack of urgency operating in the public service sphere was noted above. This is evident in a range of issues including timeliness and flexibility of service delivery, eligibility criteria that act as barriers to services, the location of services and so on. Meeting needs quickly, and particularly those that will lead to a worsening of a persons situation if they are not addressed, should be given greater priority. Standards and statements of entitlements should include a time frame within which service users can expect to receive appropriate support leading to positive outcomes. To facilitate this, the possibility of locating public service delivery in non-dedicated buildings at local level should become a principle of delivery.

Over-reliance on a single dominant model of provision undermines diversity, leads to gaps in services, reduces the overall effectiveness of services and can be disempowering to user groups. To address this, ongoing, robust and resourced consultation with user groups and with representatives is needed. Such consultation must be paralleled by mechanisms to ensure that the inputs into the consultation process do in fact inform both the development and the delivery of services.

Local structures or mechanisms of coordination are necessary if public services are not to be fragmented and incohesive at local level. As noted above, local coordination structures must be supported and reinforced by integrated strategic planning at national level. The experience of the Homeless Agency highlights the potential of this model: however additional work is necessary to establish the extent to which dedicated structures may be more effective than structures that seek to co-ordinate generic issues. In the context of a move to tailored universalism, and a reduction in targeting policy at specific groups in particularly, dedicated structures of co-ordination may provide a mechanism to ensure that specific groups are adequately catered for.

Finally, examples of prima facie good practice in the delivery of public services are widespread. This includes in particular models of delivery

for the most vulnerable, including needs assessment, case management and advocacy. This is a very positive resource upon which to build. To do so requires that good practice be supported in policy and in practice, that the mainstreaming of good practice become an integral part of policy development, and the regional imbalances in public services are eliminated.   The current apparent lack of receptivity to innovation and learning in the policy and service delivery systems must be addressed.

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Annex 1

Terms of Reference for the NESF Project Team

Terms of Reference
Project Team on Improving the Delivery of Quality Public Services

1. The overall aim of the Project Team will be to make practical proposals aimed at improving the delivery of quality public services. The project will place particular emphasis on the links between better public services delivery and equality, social inclusion and the rural/ urban dimensions.

2. The Project Team will adopt a problem-solving approach and pay particular attention to identifying potential implementation barriers and challenges and comment and make recommendations on how these may be addressed.

3. The project will be forward –looking rather than retrospective. It intends to learn from the considerable amount of review work which has already been undertaken and to build on agreed conclusions arising from this work. The Project Team will focus on the following specific themes:

   (i) a medium- term five–year 'public value' approach to the planning, funding and provision of public services (which establishes more clearly what the public wants, provides increased user choice, utilises better techniques to appraise policy options , explores the benefits of new modes of public service delivery, improves accountability and encourages innovation);

   (ii) a more personalised approach to the design and delivery of public services giving people more choice over the supports that best meet their needs and the implications of this for statutory and non statutory bodies;

   (iii) effective approaches (in the light of national and international best practice) involving the user/ customer (particularly vulnerable groups) in the design and delivery of quality public services ;

   (iv) the effectiveness of the present Quality Customer Service initiative in setting standards for improving the delivery of public services for different socio-economic groups and in providing appropriate redress where there are failures in such delivery and the scope for improvement.

4 To ensure that emphasis will be on practical solutions the Project Team will apply these proposed innovations to two policy areas i.e. homelessness; and care for older people .

5 The Team will conduct its work through analysis of existing reports and data and through a programme of consultations with relevant parties. Written submissions will be invited from organisations represented on the Forum and from the general public.

6 The Team will consider the scope of any new research work that may be required to support the projects completion including the use of focus groups.

Annex 2

List of Participants at Focus Groups

Participants at Focus Group, Mullingar, May 5th 2006.

Name	Organisation
Arthur Mary	Rochfortbridge Parish Social Services
Brady Kathleen	St Dominic's Council
Caffrey Sarah	Senior Helpline and Consumer Panel
Carroll Patricia	HSE
Clifford Jerry	Active Retirement Club
Conroy Frances	Home Help Organisation Portlaoise
Corcoran Annie	Home Help office, Tullamore
Corrigan, Stephanie	Congress Information Centre
Coyne Theresa	Young at Heart and Helpline
Doody Michael	ICMSA
Doyle Patricia	Golden Years Club, Killucan
Finnegan Mary	Home Help Organisation Westmeath
Foley Martha	Kinnegad / Coralston Social Services
Fox Maria	Disability Federation of Ireland
Gaynor Eileen	Killucan Area Services Ltd
Gibney Patricia	Westmeath County Council
Gilligan Anthony	Senior Citizen's Parliament
Harrington Ted	Consumer Panel for Older People
Heaney Catherine	Mullingar ICA
Hennessy James	Westmeath Community Development
Hyland, Kieran	Congress Information Centre Mullingar
Joyce Jacinta	HSE
Judd Brian	Active Retirement Ireland
Kearney Dympna	Senior Help Line
Lambe Colette	St Dominic's Council
McElwaine Betty	Older Women's network
McGovern Michael	1428 Active Retirement Club
Shaney Lilian	Young at Heart, Ballynacary
Smith John	Mullingar Lions Club
Swords Sheila	Rochfortbridge Parish Social Services
Tone Peter	Longford County Council
Walsh, Carmel	Alzheimer Society of Ireland

Participants at Focus Group, Dublin May 18th 2006

Name	Organisation
Ahearn Josephine	Homeless Agency
Cumiskey Aidan	Prevention and Welfare Srvice
Downey Daithi	Focus Ireland
Hartigan Noeleen	Simon Communities of Ireland
Jordon Bob	Threshold
Kerrins Liz	Children's Research Centre
McKinney Ciaran	GAY HIV Strategies
McClean Stephen	HSE
Mills Frank	HSE
Moore Jeanne	National Economic and Social Forum
O'Haire John	Focus Ireland
O'Halloran Paul	City Development Board
O'Sullivan Kathryn	Dublin City Council Resettlement Service
Traynor Paul	Dublin Simon Community
Shovelin Sally	Homeless Persons Unit
Stenson Kieran	Focus Ireland
Stone Des	Homeless Persons Unit