

ADULT MENTAL HEALTH SOCIAL WORK AND HOUSING

A Position Paper



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Table of Contents

	Pages
Foreword from Chair of IASW	4
Introduction	5
Background and context to the survey	5
Housing and the Irish Constitution	6
ETHOS	6
Why the <i>National Housing Strategy for Disabled People 2022-2027</i> (Government of Ireland, 2022), is important to mental health social workers	6-7
Housing, disability, and data collection	7
Older people, mental health, and housing	7-8
Ethnic minorities, mental health, and housing	8-9
Addictions and dual diagnosis	9
Domestic violence	9-10
LGBT	10
Education and housing	10
Study methodology	11
Data analysis	11
Ethical considerations	11
Study limitations	12
Survey findings	13-25
Discussion	26-28
Recommendations	29
References	30-32
Notes	33

Foreword

As the authors of this report state, *a key part of the social work role is to assist individuals and families with accessing housing and accommodation, so that they might have an opportunity to build their recovery on a secure base.* Given the current housing crisis and related challenges that affect a significant percentage of the population, this paper on the impact of housing issues for those using mental health services, as well as for social workers, is timely. Secure, appropriate housing is a keystone of all our lives, as well as being a particularly important prerequisite for addressing a range of issues, including mental health. On the basis of the housing-related problems faced by social workers and service users, reflected in record high levels of recorded homelessness for example, the present study sets out to gather baseline data regarding the extent of such work within social work caseloads and to offer key recommendations at practice and policy level, based on the findings.

While there was already anecdotal evidence of increasing housing-based referrals to social workers in mental health, the present study sets out to systematically gather baseline data on the extent of the issues concerned, and to consider those data in the context of the relevant research and policy literature. The study, carried out under the auspices of the Social Workers in Adult Mental Health (SWAMH) Special Interest Group of the Irish Association of Social Workers (IASW), confirmed that a significant proportion of social work caseloads include referrals for housing-related need or difficulty. The study also explores and highlights the range of related issues to be addressed in this context. Conclusions and recommendations in the report include the need for a constitutional right to housing, improved housing supply and policies, better data collection, interagency cooperation, and research, as well as incorporating relevant learning into social work education and continuing professional development (CPD).

I commend the position paper authors on behalf of IASW. A big thank you too to everyone who contributed to the generation of the study data and to the preparation of the report itself. I believe that this important paper will contribute positively to the ongoing development of mental health services. IASW will continue to work with social workers and other colleagues and professional bodies, with service users, their families and others, to build from the findings and to advance the recommendations arising from this report.



Vivian Geiran

Chair, Irish Association of Social Workers (IASW)

November 2022

Introduction

This position paper offers a viewpoint on the current housing crisis in Ireland from the perspective of adult mental health social workers. A key part of the social work role is to assist individuals and families with accessing housing and accommodation, so that they might have an opportunity to build their recovery upon a secure base. The paper begins with a brief review of literature related to the role of the social worker in this area. The methodology is outlined and followed by the study findings. The paper concludes with discussion and key recommendations for social workers, government, housing departments, council services, educators and others involved in this important field.

Background and context to the survey

Mental health social workers reported anecdotally of an increase in housing-based referrals, coupled with a growing difficulty in discharge planning from inpatient care, difficulties in securing placements in supported accommodation, and a shortage of both public and private housing units. SWAMH agreed to write a position paper, grounded in literature and supported by survey findings. Our aim was to gather baseline data regarding the extent of housing related work within adult mental health social work caseloads and to offer key recommendations at practice and policy level based on our findings.

The dearth of baseline data is reflective of the relatively recent increase in adult mental health social work posts in Ireland. According to Butler (2005), in 1965 there were only two psychiatric social workers (PSW) employed by the Dublin Health Authority. In 1972 there were 16 PSWs employed by the Eastern Health Board. The Office of the Inspector of Mental Hospitals (1996) informs us there were 21 PSWs in the Eastern Health Board (cited in Keogh *et al.*, 1999: 44). This had grown to 100 by 2014.

The most recent figures released from the Department of Housing (September 2022) highlight that homelessness has hit a record high with 10,975 individuals experiencing homelessness. The majority of those experiencing homelessness were located in Dublin. As social workers, we are particularly concerned by the increasing number of children, 3,342, accessing emergency accommodation (Department of Housing, Local Government and Heritage, 2022). Of similar concern is the lack of reliable data about the number of adult mental health service users with homeless and housing needs. A review of the literature concludes that adult mental health services do not routinely measure housing need among service users and the local authorities only have limited data on this population (Cowman *et al.*, 2022a).

Mental Health Reform (2017) noted that the poor availability of adequate housing and support posed significant challenges for mental health professionals to reach the objectives set out in the *Vision of Change* policy document. A study in 2016 undertaken by Tallaght University Hospital reported that every tenth day one of their patients was discharged into homeless services (Cowman & Whitty, 2016). SWAMH is deeply concerned regarding the poor availability of housing options for our clients and their families. Housing is a basic tenet of meaningful participation in society; Maslow's hierarchy of human needs (1943) classes shelter as a fundamental need for survival.

Housing and the Irish Constitution

The Irish Constitution does not offer an explicit right to housing. However, it does offer explicit protection for property ownership rights. The Housing Acts 1966–2014 set out certain rights in relation to social housing and the right not to be discriminated against. A right to housing in Irish law would help to offer basic protections that enshrine the dignity of the person, recognising the central need for a home to one's foundation in life (Mercy Law Resource Centre, 2016). Housing is a key determinant of how health disparities emerge and are sustained. Good housing policy and provision are based on four pillars: residential stability, affordability, housing quality and neighbourhood opportunity (Swope & Hernández, 2019).

ETHOS

The European Typology of Homelessness and Housing Exclusion (ETHOS) was developed by the European Federation of National Organizations working with the Homeless (FEANTSA) in 2005. It provides a useful classification to define and measure homelessness and housing exclusion. It now commands nearly universal acceptance across the EU and beyond. The European Commission and most commentators in Ireland recommend it as the framework to collect data on homeless and housing need in Ireland.

ETHOS provides a range of living situations which classifies the current housing type, ranging from rough sleeping to insecure living situations like being stuck in the parental home due to lack of appropriate housing, and inadequate living situations like over-crowding. It is easily adapted to collect, classify and measure homelessness on acute wards, among social workers' caseloads, attending outpatient departments, or accommodation at discharge, etc. ETHOS is an important tool in widening the debate on the understanding of homelessness and shifting our thinking from the traditional image of the alcoholic long-term homeless shelter user to involuntary sharing, sofa surfers, etc. The key message of ETHOS is homelessness should not just be classified in the first three categories, but also in the other nine categories, which include forms of houselessness and insecure and inadequate housing.

Why the National Housing Strategy for Disabled People 2022–2027 (Government of Ireland, 2022), is important to mental health social workers

In national policy terms, it pulls the relevant housing, disability and mental health national policies together in one strategic document. It incorporates and builds upon recommendation 4.7 of *Vision for Change* (Department of Health and Children, 2006), which states that the provision of social housing is the responsibility of the local authority, and that mental health services should work in liaison with local authorities to ensure housing is provided for people with mental health problems who require it.

It is where Ireland addresses its responsibility to meet Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD): To promote and protect disabled people's right to live independently and be included in the community, with choices equal to others. It promotes the local authority led Housing Disability Steering Group (HDSG) as the vehicle to implement the national strategy. Each HDSG must produce a local Housing Disability Strategy that is monitored and reported quarterly to the Local Authority Strategic Policy Committee and to the Housing Agency. The collated reports will be available on the Housing Agency website.

To develop a local strategic plan each HDSG needs to know the current and emerging housing need for people with mental health disabilities. Social workers have a key role here in identifying this need. It is acknowledged that local authority housing waiting lists vastly undercount people with mental health disabilities. For example, Dublin City Council rates are the lowest nationally. The figures for 2020 show 1.4% with a disability need, and 0.3% with a mental health disability need (Dublin City Council, 2022; Kenny, 2021). A useful interactive map showing rates of disability per local authority waiting list is available at:

<https://public.tableau.com/app/profile/research.team3976/viz/DashboardSSHADisabilityNeed/DisabilityNeed>

Housing, disability, and data collection

The *Analysis of Households with a Disability Basis of Need for Social Housing 2016–2020* (Kenny, 2021) provides data about people identified as having a disability on local authority housing waiting lists. It demonstrates comparisons between people with disabilities and all households. Most commentators have noted that the data gathered from local authority housing waiting lists and summarised in annual Summary of Social Housing Assessment reports should be considered minimum data relating to the actual prevalence of housing need (O'Sullivan, 2020; Hearne, 2020). However, administrative data collected over time does provide insight into housing need trends and the relationship between subsections of the data. The following comparisons between people with disabilities and all households are possible from analysing the waiting list data from 2016 to 2020 (Kenny, 2021). Households whose main basis of housing need is disability tend to be older, are much less likely to be employed and are about three and a half times less likely to have an income source from employment, putting them at a higher risk of poverty. Furthermore, they are more likely to be single adult households, are less likely to live in private rented accommodation, are more likely to live with parents, and spend longer on the housing waiting list. The evidence is that the wait time is increasing for these households but falling for all other households.

Older people, mental health, and housing

In the area of Old Age Psychiatry an older person is defined as a person over the age of 65 years. While there are many older people attending general adult mental health services, those attending Old Age Psychiatry are first time presentations over the age of 65 years, or in some areas, people over the age of 65 years who have not had contact with mental health services for a defined period of time. Those attending Old Age Psychiatry are predominantly referred for

reasons of memory and cognitive difficulties, followed by anxiety, mood disorders, and disorders of thought and emotion, often secondary to an emerging dementing process. These presentations typically have impaired ability to remember, think or make decisions. Also, these symptoms may not improve. In that context, while not impaired to the extent that they cannot live independently, the older person may be impaired to the extent that they are unable to undertake tasks that require complex thinking skills such as critical thinking, problem solving, concept development, conflict resolution, and moral and ethical reasoning and analysis. Thus, if this cohort encounters housing difficulties they will encounter challenges not necessarily faced by other groups.

While the majority of older people in Ireland are homeowners or are long-term social housing tenants, a very small minority do find themselves in housing need. Orr *et al.* (2016) found that 92% of older adults in Ireland live in owner occupied homes. The remaining 8% live in rented accommodation, with two thirds of these living in local authority houses. Poor housing can exacerbate physical conditions, increases the likelihood of stroke, increases the risk of accidents, injuries and inpatient admission, and is associated with poorer mental health (Orr *et al.*, 2016). Walsh and Harvey (2011: 33) reported that participants identified fuel as the second greatest demand on their income after food, and visitors to older people had reported that heating was the most prominent single stress point. They further report that 'owning your own home as you got older was seen by some to be a disadvantage in terms of the costs associated with repair and maintenance' (p. 44). While older people's housing grants and other available grants may cover some repair and replacement works, very often the older person cannot undertake the application without assistance, a task frequently undertaken by mental health social workers. A recent and welcome development is the introduction of the Healthy Age Friendly Homes Programme in nine local authority areas, which can appoint a local co-ordinator to undertake an assessment of need across a number of domains including housing.

Despite homelessness among the elderly being a relatively uncommon phenomenon, more recent data has indicated a significant upward trend in this age group. Focus Ireland (2022) reported statistics from the Department of Housing that indicate the number of people aged 65+ who are homeless increased by 40% in the two years up to February 2018. Social Justice Ireland (2021) reported a 12% increase in people aged 80+ in rental accommodation and a 49% increase in those aged 85+ between 1991 and 2016. Referring to the 2016 census they further note an increase of nearly 20% in the number of people in rental accommodation in the 55 to 64 years age group. Alone (2018: 13) states that while only 2% of the population over the age of 65 years rent from private landlords, almost 10% of those aged 50 to 54 rent privately. These figures indicate the changing nature of housing tenure. As more elderly people are renting their long-term homes, there will likely be an increasing risk of homelessness across this group and with it a more unstable housing situation for future older generations (p. 21).

Ethnic minorities, mental health, and housing

Ireland is viewed as a new country of immigration (OECD/European Union, 2018). Dublin Regional Homeless Executive (2022) reported that in the month of August 2022, 78 families entered emergency accommodation for the first time, out of which 17 (22%) were from non-EU ethnic minority communities. 176 single adults registered as homeless for the first time with 39 (22.16%) from non-EU ethnic minority communities. A considerable proportion (39%) of the entire Traveller population have experienced homelessness in Ireland, as per the ETHOS

definition (Pavee Point, 2021). In the Irish context, there has been no research carried out to measure the housing needs of patients from ethnic minority communities accessing mental health services. However, studies have indicated a need for specialised mental health services for patients from ethnic minority communities, especially migrants from conflict zones, asylum seekers and refugees (College of Psychiatry of Ireland, 2017). Many of them have witnessed war, atrocities, persecution, natural disasters and grinding poverty, resulting in psychological distress and mental illness. In Ireland, compared to other sections of society, refugees and asylum seekers suffer higher rates of anxiety and depressive disorders (Nwachukwu *et al.*, 2009). Research has demonstrated that immigrants access mental health services at a lower rate than the indigenous population, despite this population's greater need for mental health care (European Society for Child and Adolescent Psychiatry, 2016).

Across Europe, deep-rooted social and economic inequality persists, including housing discrimination (European Monitoring Centre on Racism and Xenophobia, 2005). Rich (2014), in his longitudinal field research, notes significant housing discrimination across Europe and the US. McGinnity *et al.* (2012) found that Black respondents are five times more likely to face discrimination, and Asian respondents 3.7 times more likely, compared to White respondents when searching for accommodation. McGinnity *et al.* (2022: 55) identify housing as an essential element of quality of life and a key indicator of integration for migrant populations. While numbers of migrants aged over 65 years in Ireland may be relatively small at this time, OECD (2018: 46) reports that in France and Germany, over 20% of migrants are aged 65 or older, while in countries such as Poland and Estonia over 40% of the foreign-born population is over 65. Hence, as Ireland continues to shift from a relatively homogeneous society to a more multiculturally diverse society, it is reasonable to envisage that an older migrant population is starting to emerge and will grow in time.

Addictions and dual diagnosis

Dual diagnosis is a very prevalent issue amongst homeless populations. Those experiencing dual diagnosis have complex needs, and struggle to access basic supports such as sheltered accommodation and health care (Schütz *et al.*, 2019). Research with homeless populations in Ireland found that supporting individuals to access treatment for mental illness and addiction would be crucial to preventing homelessness (Baptista *et al.*, 2022). It is noteworthy that drug use is not the primary reason that people become homeless. However, it can be a significant factor for those who become entrenched within homelessness (Lawless & Corr, 2005).

Domestic violence

Victims of coercive control are a unique group within homelessness as they are often forced to flee their homes due to the crimes being committed against them by an intimate partner. A lack of social housing and a lack of affordable rental properties make it even more difficult for women and children to escape domestic violence situations. Equally, domestic violence refuges are an inappropriate long-term stay option for women and families (SAFE Ireland, 2016).

The authors contacted MOVE and Men's Aid to ascertain if there have been any recent data reports regarding the specific experiences of male perpetrators and male victims of domestic violence and homelessness. However, no response was received at time of report completion.

Similarly, we were unable to ascertain correlations between female perpetrators of domestic violence and homelessness.

Older adults are underrepresented among domestic abuse services, rendering them statistically invisible and likely to require more personalised responses to fit their often-multifaceted needs and experiences. Safelives (2016) identifies several characteristics specific to older adults and domestic abuse and these are as follows: long-term abuse and dependency issues; increased risk of adult familial abuse; services not effectively targeted at older people and do not always meet their needs; and the need for more co-ordination between the services.

LGBT

International research indicates that LGBTQI+ youth are at a particular risk of homelessness and are overrepresented within the homeless youth population (Quilty & Norris, 2020). There is also a lack of transgender specific mental health services (McCann & Sharek, 2016). There is a dearth of research regarding the specific needs and concerns of older LGBT people in Ireland (Sharek *et al.*, 2015). During survey formulation focus groups, the authors noted that transgender clients within their caseloads were especially vulnerable to issues of homelessness and housing need.

Education and housing

Despite the significant role that social work plays within mental health care provision in Ireland, a lack of specific education and training has been raised as a concern. Kourgiantakis *et al.* (2019) note that significant gaps persist in social work education and training regarding mental health and related areas such as housing. There is a discrepancy between what is taught and what is required in practice. Devine and Bergin (2020) advise that frontline service providers in Ireland require education programmes to ensure quality mental health care provision.

Study methodology

The research was completed using a quantitative survey method. The questions in the survey were informed by the literature review and the practice experiences of SWAMH. The questions were refined over the course of three targeted focus groups. We sought feedback on the survey questions from Dr Michael Byrne, lecturer in political economy, and the IASW Chair Vivian Geiran. The survey was distributed through Survey Monkey. It was for completion by adult mental health social workers only. We received 113 responses.

We were unable to clarify the number of adult mental health social workers practising in Ireland at the time of data collection. During the time of writing, there are more adult mental health social work posts in the HSE than there are social workers employed. We estimate that the HSE would have capacity for a total of 380 posts, but that approximately 10% of these remain unfilled. We also estimate that there are upwards of 30 posts in independent organisations. Despite this lack of clarity on the specific number of adult mental health social workers in Ireland, we are confident that 113 responses are a statistically representative sample of this cohort.

We invited adult mental health social workers to participate through the IASW mailing list, the larger SWAMH mailing list and via the social work managers group. The questionnaire was launched on 18 July 2022. A total of six emails were sent to the target study group. The IASW also flagged the survey on their Twitter account. The questionnaire was closed on the 5 September 2022.

Data analysis

The data from the survey was collated using a combination of Survey Monkey and Excel. PivotTables were used to summarise larger quantities of data. Qualitative thematic analysis was utilised to organise questions where we sought detailed comments. The authors identified a number of key emerging themes as outlined in the discussion and key recommendations.

Ethical considerations

The questionnaire was formulated by SWAMH and approved for dissemination by the IASW. It was explained to respondents that no details that could possibly identify an individual client were being sought, that keeping a 'key' to reidentify clients was not required and that all data collected would remain anonymous. Similarly, participant confidentiality was assured. Addressing our GDPR responsibilities was a priority for the committee and every effort was taken to keep the data anonymised and ensure no living person could be identified. It was also explained to participants that the findings would be used to form part of a position paper on adult mental health social work and housing needs in Ireland.

Study limitations

This report is intended as a starting point in terms of data collection regarding this aspect of adult mental health social work as SWAMH has not previously conducted a study of this kind. Every attempt was made to offer every adult mental health social worker an opportunity to complete the survey. However, it is not possible to determine if this was achieved.

Survey findings

Q. 1 What type of organisation do you work for?

Table 1: Organisation respondents work for	
Answer choices	Responses
State	83.19% (94)
Voluntary	7.96% (9)
Private	7.08% (8)
Self employed	0% (0)
Other	1.77% (2)
Total	113

Q. 2 What type of team are you on?

Table 2: Type of team respondents work on	
Answer choices	Responses
Adult community mental health	54.87% (62)
Inpatient only	14.16% (16)
Other	14.16% (16)
Rehabilitation and recovery team	7.08% (8)
Homeless mental health team	3.54% (4)
Psychiatry of later life	2.65% (3)
Mental health ID	2.65% (3)
Team Leader not attached to a team	0.88% (1)
Principal not attached to a team	0% (0)
Total	113

Q. 3 What is your current job grade?

Table 3: Respondents' job grade	
Answer choices	Responses
PQSW (Professionally Qualified Social Worker)	40.71% (46)
Senior Social Worker	40.71% (46)
Social Work Team Leader	15.93% (18)
Principal Social Worker	2.65% (3)
Total	113

Q. 4 How long are you in social work practice?

Table 4: Respondents' length of time in social work practice	
Answer choices	Responses
1-3 years	8.85% (10)
4-5 years	6.19% (7)
6-10 years	18.58% (21)
10 years +	66.37% (75)
Total	113

Q. 5 What area do you currently work in?

Table 5: CHO respondents currently work in	
Answer choices	Responses
CHO Area 4	17.70% (20)
CHO Area 7	15.93% (18)
CHO Area 9	15.93% (18)
CHO Area 8	10.62% (12)
CHO Area 1	9.73% (11)
CHO Area 2	7.08% (8)
Other	7.08% (8)
CHO Area 6	6.19% (7)
CHO Area 5	5.31% (6)
CHO Area 3	4.42% (5)
Total	113

Q. 6 Please place in rank order the age groups with whom you work.

Table 6: Client's age						
Age	1	2	3	4	Total	Score
18-34	31.86% (36)	32.74% (37)	19.47% (22)	15.93% (18)	113	2.81
35-49	44.25% (50)	38.05% (43)	16.81% (19)	0.88% (1)	113	3.26
50-65	14.16% (16)	21.24% (24)	61.06% (69)	3.54% (4)	113	2.46
66+	9.73% (11)	7.96% (9)	2.65% (3)	79.65% (90)	113	1.48

Q. 7 How many cases are on your caseload on average? (All referral types, including housing)

Average caseload for an adult mental health social worker from total data set is 25.

Q. 8 How many of these clients were identified at the referral stage as having a housing need/difficulty? A housing need is a subjective construct, currently the official Irish definition is measured by being accepted onto local authority housing list. For this survey we accept a wider definition by that outlined by local authorities.

Average number of specific housing referrals from that caseload of 25 is 14. 56%.

Q. 9 What percentage (approximately) of your clients are identified as having a housing need?

52%

Q. 10 Please place in order, with 1 being the most frequent, your clients in the following categories. These are the operational categories of homelessness and housing exclusion as outlined by ETHOS (European Typology of Homelessness and Housing Exclusion). (See figure 1 and table 7 below)

Figure 1: Homelessness and housing exclusion among social workers' caseloads

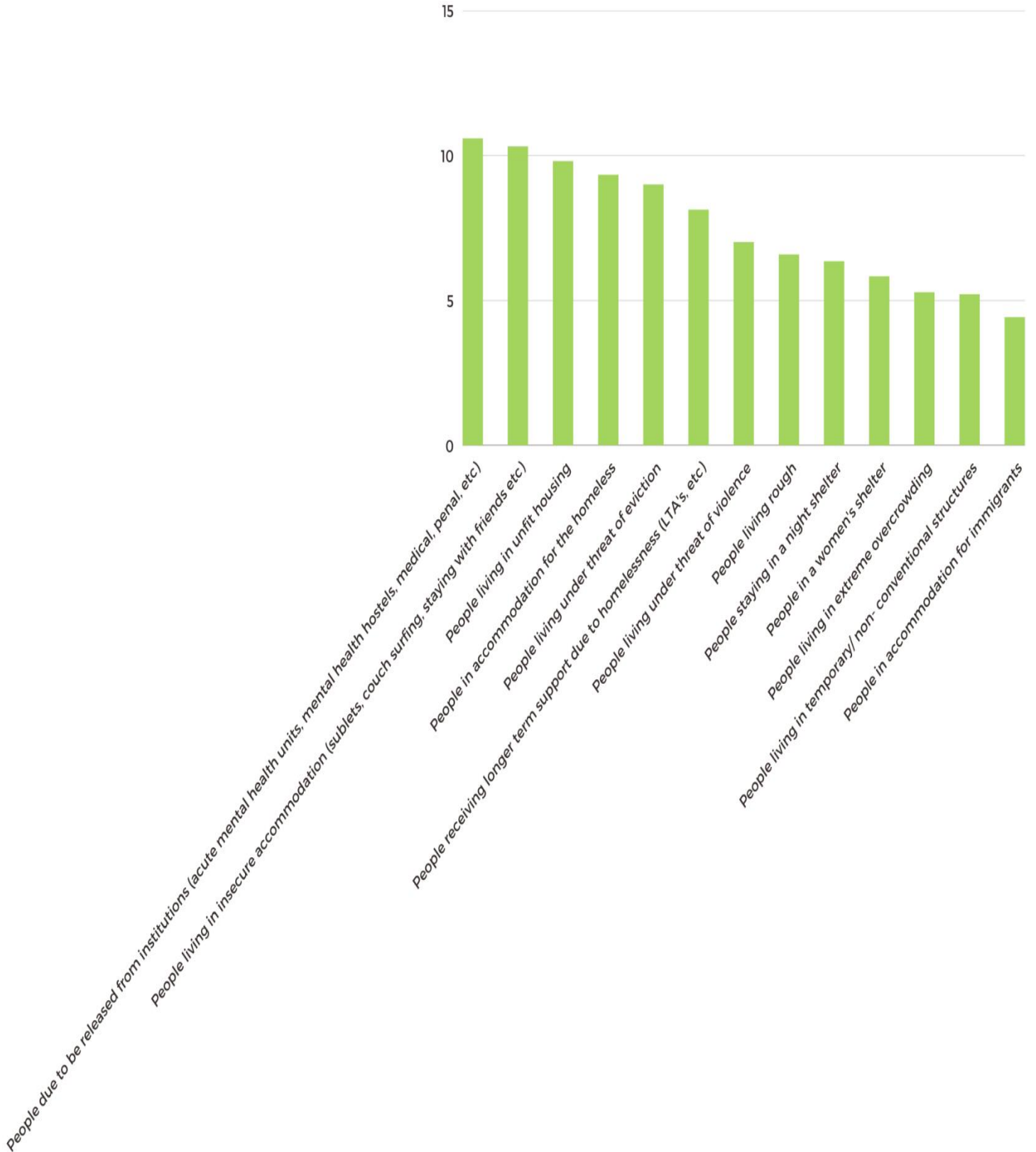


Table 7: Homelessness and housing exclusion on adult mental health social workers' caseloads

	LIVING SITUATION		Total (Weighted Response from 111)	%	Score
Roofless	1.	People living rough	75	67.57%	6.57
	2.	People staying in a night shelter	64	57.66%	6.34
Houseless	3.	People in accommodation for the homeless	86	77.48%	9.33
	4.	People in a women's shelter	66	59.46%	5.82
	5.	People in accommodation for immigrants	68	61.26%	4.41
	6.	People due to be released from institutions (acute mental health units, mental health hostels, medical, penal, etc.)	96	86.49%	10.58
Insecure	7.	People receiving long-term support due to homelessness	77	69.37%	8.12
	8.	People living in insecure accommodation (sublets, couch surfing, staying with friends, etc.)	90	81.08%	10.30
	9.	People living under threat of eviction	85	76.58%	8.99
	10.	People living under threat of violence	76	68.47%	7.00
Inadequate	11.	People living in temporary / non-conventional structures / mobile homes	69	62.16%	5.20
	12.	People living in unfit housing	94	84.68%	9.80
	13.	People living in extreme overcrowding	75	67.57%	5.27

Q. 11 What percentage of your clients are registered as homeless?

Average response 24%. Median 15%. Mean 23.52%. Standard deviation 25.40%.

Q. 12 What percentage of your clients are registered on the local authority housing waiting list?

58%

Q. 13 How satisfied are you with the housing information and legislation outlined in your Social Work Qualifying programme/training?

Table 8: Respondents' satisfaction with housing information and legislation during training	
Answer choices	Responses
Very satisfied	0% (0)
Satisfied	9.73% (11)
Neither satisfied nor dissatisfied	46.02% (52)
Dissatisfied	30.97% (35)
Very dissatisfied	13.27% (15)
Total	113

Q. 14 How satisfied are you with your knowledge of the 'National Housing Strategy for People with Disabilities 2011-2016' and the new 'National Housing Strategy for Disabled People 2022-2027'?

Table 9: Respondents' satisfaction with knowledge of the 'National Housing Strategy for People with Disabilities 2011-2016' and the new 'National Housing Strategy for Disabled People 2022-2027'	
Answer choices	Responses
Very satisfied	7.14% (8)
Satisfied	19.64% (22)
Neither satisfied nor dissatisfied	35.71% (40)
Dissatisfied	30.36% (34)
Very dissatisfied	7.14% (8)
Total	112

Q. 15 Housing related work makes up a large part of my weekly work.

Table 10: Time spent on housing related work each week	
Answer choices	Responses
Strongly agree	41.59% (47)
Agree	38.94% (44)
Neither agree nor disagree	7.96% (9)
Disagree	6.19% (7)
Strongly disagree	5.31% (6)
Total	113

Q. 16 Information on housing (city and county councils, housing providers, approved housing bodies, legislation, and policy (i.e., social housing access), HAP) is clear, transparent and accessible.

Table 11: Is information on housing clear, transparent and accessible?	
Answer choices	Responses
Strongly agree	1.77% (2)
Agree	16.81% (19)
Neither agree nor disagree	9.73% (11)
Disagree	50.44% (57)
Strongly disagree	21.24% (24)
Total	113

Q. 17 Information on local authority homeless services and procedures is clear, transparent and accessible.

Table 12: Is information on local authority homeless services and procedures clear, transparent and accessible?	
Answer choices	Responses
Strongly agree	1.77% (2)
Agree	15.93% (18)
Neither agree nor disagree	11.50% (13)
Disagree	46.90% (53)
Strongly disagree	23.89% (27)
Total	113

Q. 18 In my professional role, contact and procedures and processes with city or county council providers are consistent and easy to navigate.

Table 13: Are contact and procedures and processes with city or county council providers consistent and easy to navigate?	
Answer choices	Responses
Strongly agree	2% (2)
Agree	14% (16)
Neither agree nor disagree	11% (12)
Disagree	42% (47)
Strongly disagree	32% (36)
Total	113

Q. 19 Clients with whom I work find it easy to access housing supports independently.

Table 14: Do clients find it easy to access housing supports independently?	
Answer choices	Responses
Strongly agree	0% (0)
Agree	1.77% (2)
Neither agree nor disagree	4.42% (5)
Disagree	38.94% (44)
Strongly disagree	54.87% (62)
Total	113

Q. 20 What are the unique difficulties that the client group with whom you work experience in relation to housing?

Qualitative thematic analysis of the 113 respondents who answered this question yielded the following broad themes. They are ranked below in order of frequency, with 1 being the most common.

- 1. Insufficient housing supply:** Social housing supply is very limited. There is a dearth of one-bedroom properties, there is a lack of supported accommodation and clients must wait years to be placed. Private rental properties and properties within HAP limits are also scarcely available and clients are impacted by income poverty. (67.26%)
- 2. Bureaucratic systems:** The process for applying to county councils for social housing is very unclear, overly bureaucratic, unempathetic and alienating for individuals with mental health difficulties. (48.67%)

3. **Complex and multiple needs:** Adult mental health clients often have complex and multiple needs, such as physical disabilities, dual diagnosis, behavioural issues and so on. There is a lack of tenancy support, which impedes their ability to live independently. (38.05%)
4. **Mental health discrimination:** Mental health is often less recognised by county councils as having a need for housing priority. Also, those with mental health difficulties can struggle to secure private rented accommodation due to a lack of references, a period of mental ill health impacting their ability to function, prejudice, etc. (18.58%)
5. **Perceived lack of consistency and transparency within local authorities:** Respondee reported a lack of consistency and transparency between county councils about rules, and there is often a lack of clarity regarding point of contact for advocacy. (16.81%)

Q. 21 Housing Assistance Payment (HAP) information is clear and easy to follow.

Answer choices	Responses
Yes	37.17% (42)
No	52.21% (59)
I don't know	10.62% (12)
Total	113

Q. 22 Housing Assistance Payment (HAP) rates/levels meet the needs of the client.

Answer choices	Responses
Yes	2.65% (3)
I don't know	18.58% (21)
If answer is no, please comment	78.76% (89)
Total	113

Qualitative thematic analysis of the 89 respondents who answered 'No' to the above question yielded seven broad themes as to why adult mental health social workers felt HAP rates do not meet the needs of the client. They are ranked below in order of frequency, with 1 being the most common.

1. Private rental market rates are higher than HAP rate levels.
2. There is a shortage of private rental properties within HAP rates.
3. Housing policy does not meet the needs of our most vulnerable, higher HAP rates are not the solution, there needs to be a stronger focus on the provision of social housing.
4. HAP recipients must supplement their allowance to afford accommodation, thus making those on lower incomes more vulnerable to poverty.
5. Private landlords are averse to taking on HAP tenants.
6. HAP does not reflect price fluctuations in the private rental market.
7. Strong rental price variance throughout the country.

Q. 23 I am aware of the role of Mental Health Housing Co-Ordinators.

Table 17: I am aware of the role of Mental Health Housing Co-Ordinators	
Answer choices	Responses
Yes	27.43% (31)
No	41.59% (47)
I have access to the Mental Health Housing Co-Ordinator	11.50% (13)
There is no access to Mental Health Housing Co-Ordinators in my area	15.93% (18)
Other (please specify)	3.5% (4)
Total	113

Of the 4 'Other' responses:

- 1 stated that they have access, however they were unsure how the role helped
- 1 was unsure if the position in their area had been refilled
- 2 respondees were employed as housing coordinators

Q. 24 If yes to Q. 23, Mental Health Housing Co-Ordinators work well in/with my organisation.

Table 18: Mental Health Housing Co-Ordinators work well in/with my organisation.	
Answer choices	Responses
Not applicable	34.95% (36)
Strongly agree	12.62% (13)
Agree	15.53% (16)
Neither agree nor disagree	19.42% (20)
Disagree	13.59% (14)
Strongly disagree	3.88% (4)
Total	103

Q. 25 Covid 19 has impacted upon the client's experience of accessing housing.

Table 19: Has Covid 19 impacted upon the client's experience of accessing housing?	
Answer choices	Responses
Strongly agree	20.35% (23)
Agree	45.13% (51)
Neither agree nor disagree	26.55% (30)
Disagree	5.31% (6)
Strongly disagree	2.65% (3)
Total	113

Q. 26 During Covid 19, the moratorium on evictions had a positive effect on clients' security of tenure.

Table 20: During Covid 19, did the moratorium on evictions have a positive effect on clients' security of tenure?	
Answer choices	Responses
Strongly agree	15.04% (17)
Agree	43.36% (49)
Neither agree nor disagree	33.63% (38)
Disagree	7.08% (8)
Strongly disagree	0.88% (1)
Total	113

Q. 27 In your professional opinion, what is your experience of a moratorium on evictions?

Qualitative thematic analysis of the 113 respondents who answered this question yielded the following broad themes. They are ranked below in order of frequency, with 1 being the most common.

1. A moratorium on evictions was positive as it gave tenants a sense of control, security of tenure and prevented evictions into homelessness. (33.63%)
2. No experience of moratorium on evictions as the respondee was either not in role or none of their clients were impacted. (29.2%)
3. A moratorium on evictions does not offer a long-term solution to the housing needs of adult mental health clients. Evictions were delayed not prevented and it did not address the issue of lack of supply. (19.47%)
4. Moratoriums are not enforceable in reality and clients felt pressured to vacate by private landlords. (7.08%)
5. A moratorium on evictions gave clients an opportunity, and time, to make plans such as tenancy sustainment, arrange alternative accommodation and arrange financial matters. (5.31%)
6. A moratorium on evictions disincentivises private landlords from remaining in the private rental market. (5.31%)
7. A moratorium on evictions was necessary only during an exceptional context, such as a pandemic. (4.42%)

Q. 28 In my professional opinion, long-term supported accommodation beds/LTAs are easily accessed and available.

Table 21: Are long-term supported accommodation beds/LTAs easily accessed and available?	
Answer choices	Responses
Strongly agree	0.88% (1)
Agree	1.77% (2)
Neither agree nor disagree	11.50% (13)
Disagree	38.94% (44)
Strongly disagree	46.90% (53)
Total	113

Q. 29 In the past month what percentage (approximately) of your clients are homeless or at risk of becoming homeless or considered the hidden homeless?

34%

Q. 30 From those clients with whom you work who are homeless, at risk of becoming homeless or the hidden homeless, what label best summarises their demographic (for multiple options you can use a ranking system)?

Figure 2: Label which best summarises client's demographic

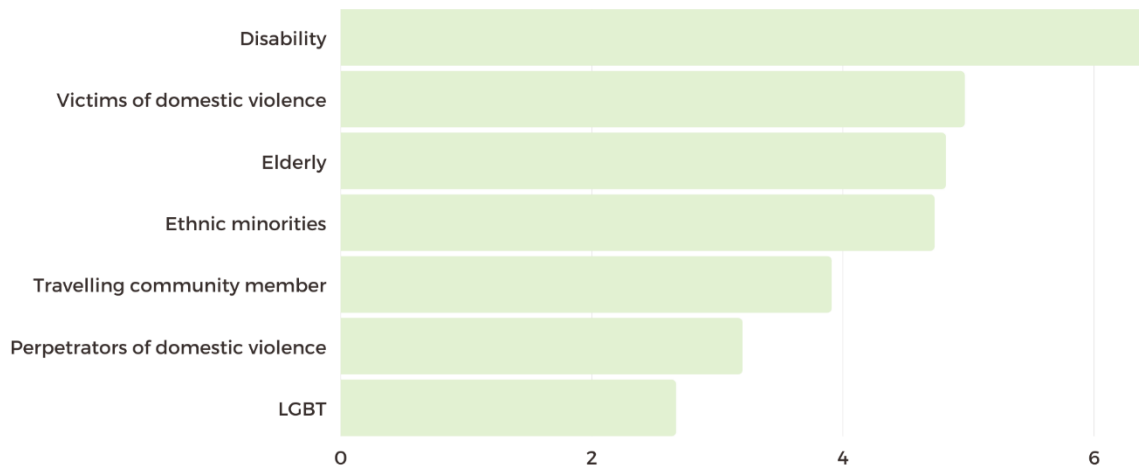


Table 22: Breakdown of label that best summarises clients' demographic

	1	2	3	4	5	6	7	Total	SCORE
Disability	70.30% 71	15.84% 16	7.92% 8	2.97% 3	1.98% 2	0.00% 0	0.99% 1	101	6.46
Victims of domestic violence	15.94% 11	23.19% 16	31.88% 22	13.04% 9	7.25% 5	4.35% 3	4.35% 3	69	4.97
Elderly	20.00% 11	27.27% 15	18.18% 10	9.09% 5	7.27% 4	10.91% 6	7.27% 4	55	4.82
Ethnic minorities	5.36% 3	30.36% 17	30.36% 17	14.29% 8	10.71% 6	3.57% 2	5.36% 3	56	4.73
Travelling community member	10.71% 6	16.07% 9	12.50% 7	14.29% 8	19.64% 11	14.29% 8	12.50% 7	56	3.91
Perpetrators of domestic violence	8.70% 4	6.52% 3	8.70% 4	19.57% 9	13.04% 6	15.22% 7	28.26% 13	46	3.20
LGBT	0.00% 0	4.76% 2	2.38% 1	21.43% 9	19.05% 8	30.95% 13	21.43% 9	42	2.67

Q. 31 In relation to the majority of your clients, their stay in homeless services has lasted ...

Answer choices	Responses
Less than 1 year	40.71% (46)
1-3 years	42.48% (48)
3 years +	16.81% (19)
Total	113

Q. 32 What in your opinion are the three most common pathways into homelessness experienced by clients?

Qualitative thematic analysis of the 113 respondents who answered this question yielded the following broad themes. They are ranked below in order of frequency, with 1 being the most common.

1. **Relationship and family breakdown/limited social support.** 50.44% of respondents cited relationship breakdown and limited social supports as one of the main pathways for their clients into homelessness.
2. **Substance misuse and dual diagnosis.** 38.94% of respondents cited addiction and dual diagnosis issues as being a primary pathway into homelessness. Addiction issues were framed as a maladaptive coping strategy for managing the symptoms of mental ill health.
3. **Insufficient housing supply.** 38.05% named the issue of insufficient housing supply as being the most common pathway into homelessness for adult mental health clients. This lack of supply applied to social housing, private rental accommodation (especially those that accept HAP) and lack of supported accommodation options. Issues of overcrowding and involuntary sharing arrangements with elderly parents are also included here.
4. **Mental ill health.** 36.28% of respondents ranked mental ill health as a significant pathway to homelessness. They explained this in terms of relapse, prolonged untreated mental health problems and the impact of this on one's ability to manage the tasks of daily living.
5. **Poverty and rising private rental costs.** 28.32% highlighted the impact of income poverty paired with rising rent prices, affordability, and cost of living
6. **Domestic violence** 15.04%
7. **Eviction** 15.04%
8. **Private landlord ending the tenancy as they want to use the property for another purpose, i.e., property sale** 11.05%
9. **Lack of tenancy sustainment support** 11.05%
10. **Disability** 8.85%
11. **Trauma** 6.19%
12. **Homeless hospital discharge** 6.19%
13. **Behavioural issues** 4.42%
14. **Ethnicity and immigration issues** 3.54%
15. **Crime** 2.65%

Q. 33 What has helped clients navigate their way out of homelessness?

Qualitative thematic analysis of the 113 respondents who answered this question yielded the following broad themes. They are ranked below in order of frequency, with 1 being the most common.

1. **Support services** was the most common theme to arise from the data, with 83 of the 113 respondents focusing on the importance of having strong support services in place. Respondents focused on the importance of strong interagency collaboration between mental health social work, local county council and voluntary agencies such as Simon, SVP, Focus Ireland, Novas, Housing First team, Peter McVerry Trust, and other governmental agencies. Respondents noted the importance of social work advocacy, and ongoing support work for clients, specifically tenancy sustainment, financial advocacy, and goal setting.
2. **Access to social housing, long-term supported accommodation, and short-term emergency accommodation**
 Respondee focused on the importance of access to social housing and approved housing bodies through local county councils. The security of tenure that can only be afforded by social housing provision was recognised as being an important foundation for long-term mental health recovery. Long-term supported accommodation and short-term emergency accommodation were also recognised.
3. **Recovery and treatment options**
4. **Family support**

Less than 5 respondees referenced the following:

5. Personal commitment and determination of clients
6. Accepting sub-standard accommodation and/or accommodation that is not in their area to avoid homelessness
7. HAP
8. Employment

Q. 34 Access to housing is a very topical issue in Ireland at this time. From your clinical experience has this issue become more prevalent over time?

Answer choices	Responses
Yes	92.92% (105)
No	1.77% (2)
I don't know	5.31% (6)
Total	113

Q. 35 The housing crisis in Ireland is recognised as having a national impact, which in turn can impact staffing levels and service provision. Have you personally had difficulty accessing housing?

Answer choices	Responses
Yes	33.63% (38)
No	66.37% (75)
Total	113

Q. 36 What County do you live in?

County	Answer to Q. 35		Grand Total
	No	Yes	
Dublin	20	18	38
Cork	17	4	21
Galway	5	2	7
Kildare	6	1	7
Wicklow	2	2	4
Louth	4		4
Offaly	3		3
Waterford	1	2	3
Sligo	2	1	3
Donegal		3	3
Monaghan	3		3
Meath	1	2	3
Westmeath	2		2
Fermanagh	1	1	2
Clare	2		2
Limerick	2		2
Laois	1		1
Wexford	1		1
Tipperary	1		1
Leitrim	1		1
Kerry		1	1
Grand Total	75	38	112

Q. 37 What proportion of your income after tax goes towards your rent/mortgage?

National average: 36%.

Average in urban areas: Dublin 49.35%, Cork 39%, Galway 38%.

Discussion

ETHOS framework, a step towards accurate measurement of housing needs

Hearne (2020) proposes that actual homeless figures are up to 50 times higher than what official data figures suggest. 58% of clients on social work caseloads were registered on the local authority waiting list. It is important to acknowledge that these individuals have the support of a mental health social worker and so this figure is likely to be a more accurate estimate of housing need. 93.81% of adult mental health social workers reported that their clients would have difficulty accessing housing supports independently. A report on Ireland's national strategies to fight homelessness and housing exclusion highlights that beyond the official count of homeless and waiting list figures, no figures were available for any other type of homeless or housing need. Use of the ETHOS framework would improve the accuracy and reliability of our national statistics (Daly, 2019). Hidden homelessness arises frequently on the average social work caseload. Insecure and inadequate living situations, such as people living in insecure accommodation and in unfit housing, are especially problematic for those with severe and enduring mental health difficulties.

Housing based referrals a significant aspect of adult mental health social work

The average caseload for an adult mental health social worker in Ireland is 25 open referrals. Of that 25, 56% (n=14) are identified at referral stage as having a housing need or difficulty. A recent Australian study found that approximately 60% of adult inpatient social work caseload related to housing issues (Tseris *et al.*, 2022). Of inpatient only social workers who responded to this study, on average 50% of their caseload is identified as having a housing need. When we include all respondees, including community mental health social workers, this figure rises slightly to 52%. The finding of 52% is comparable to the preliminary findings of 55% housing need identified on a Dublin mental health acute unit (Cowman *et al.*, 2022b). That study sought the prevalence of housing issues among inpatients and replicated a study from six years earlier when a 38% housing need was identified (Cowman & Whitty, 2016). A recent study in two acute units in the west of Ireland found 20% (n = 15) of the 50 participants interviewed were either currently homeless or had experienced homelessness at some point in the past (Moloney *et al.*, 2022). It is unsurprising then that 80.53% of respondents reported that housing related work makes up a large part of their weekly work.

Mental health discrimination and unique challenges

The Housing Acts 1966–2014 specifically forbid discrimination in terms of disability. However, respondees reported that those with mental health difficulties were at a risk of discrimination when securing housing. This was evident within the private rental market where it was noted that private landlords were perceived as being averse to taking on HAP tenants. 18.58% of respondents also stated that mental health is often less recognised by county councils as having

a need for housing priority. 48.67% of respondents were critical of the current system for registering with local authorities, describing the process as overly bureaucratic and particularly alienating for individuals with mental health difficulties. Furthermore, 36.28% of respondents ranked mental ill health as a significant pathway to homelessness. The respondents explained this in terms of relapse, prolonged untreated mental health problems and the impact of this on one's ability to manage the tasks of daily living.

Housing as a human right

Social work practitioners are acutely aware of the lack of a right to housing within their practice. 67.26% centred insufficient housing supply as a key difficulty for their clients. 78.76% highlighted the failure of HAP payments to adequately resource the most vulnerable within the private rental market. If a right to housing were to be enshrined within the Irish Constitution, this failure could be legally challenged as a breach of one's rights. It would also help bolster a certain amount of funding for emergency accommodation and long-term support accommodation. Over 85% of adult mental health social workers noted the difficulty they face trying to secure LTAs for their clients.

Vulnerable subgroups amongst the vulnerable

Victims of domestic violence were considered the second most likely group to be homeless, at risk of becoming homeless or the hidden homeless. This is substantiated by findings from the literature review. Perpetrators of domestic violence were ranked sixth out of the possible list of seven. This may indicate that victims of domestic violence are far more likely to become homeless than the perpetrators. This highlights the complexity of coercive control. The provisions of the Housing Acts 1966–2014 allow for the application of exclusion orders; however, women and children are often left in a situation where they must flee the home for their safety. This highlights a need for specific pathways to support victims of domestic violence.

It is also noteworthy that despite those aged 66+ being the lowest percentage of the average mental health social work caseload, and only 2.65% (n=3) of respondents specialising in psychiatry of later life, the elderly were ranked as being the third most likely subgroup to experience homelessness or be at risk of homelessness or hidden homeless. This is consistent with the literature review findings that this group experience unique challenges such as poor housing conditions and cognitive decline that impacts their ability to undertake tasks related to maintaining their home. Data also suggests an upward trend in this age group.

Ethnic minorities were ranked the fourth most likely to either experience or be at risk of experiencing homelessness. LGBT ranked seventh. This contrasts with the literature and may be in part a reflection of the lack of specific transgender mental health services, and the sometimes-hidden experiences of older LGBT adults. As Baptista *et al.* (2022) rightly point out, people experiencing homelessness all have differing needs, and as practitioners and service providers, it is imperative that we adapt to meet their needs and deliver bespoke responses as required.

Implications for staffing and future social work practitioners

This report was primarily focused on the experiences of how social workers respond to the housing needs of their clients. SWAMH also took the opportunity to query how the housing crisis has impacted on the practitioners themselves. 33.63% of respondents noted that they had been personally affected by the crisis. The vast majority of respondents were in social work practice for at least six years, and therefore likely to be at a higher point on their potential pay scales. The 30% of income housing affordability standard is a generally accepted measure. Based on this sample, the national average spent on rent/mortgage after tax was 36%. This rises in urban areas: Dublin 49.35%, Cork 39%, Galway 38%. This potentially alerts us to future problems recruiting and retaining social work staff. It is also important to consider the needs of future social work students, who must currently complete unpaid social work placements as a requirement of their training.

Recommendations

SWAMH calls for a substantive right to housing to be enshrined within the Irish Constitution.

SWAMH advocates for a greater supply of social housing and supported accommodation. Due to multiple factors, our clients are disproportionately impacted by income poverty and current housing policy does not adequately meet their needs. Furthermore, higher HAP rates are not necessarily the solution. This report highlights the need for a stronger focus on the provision of social housing.

SWAMH endorses, in policy and in practice, that the measurement of housing need is extended to include the operational categories of homelessness and housing exclusion as outlined by ETHOS (European Typology of Homelessness and Housing Exclusion).

SWAMH advocates that adult mental health social workers take a lead role in ensuring that an accurate record is kept regarding where patients are being discharged to, as per the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre, No 44.1.3 (Mental Health Commission, 2009). SWAMH also recommends that this record include information on whether discharge has been delayed or prevented due to a lack of housing.

SWAMH advocates for stronger interagency collaboration and a simplification of the housing application process. 74% of respondents reported that contact and procedures and processes with city or county council providers were inconsistent and difficult to navigate. 93% of respondents felt that their clients would not be able to access supports independently. Government, approved housing bodies and councils need to significantly address the issue of transparency and access to housing services. A clear, transparent, and accessible system for accessing supports is required.

SWAMH encourages our colleagues to ensure an ongoing focus on tenancy sustainment work within their responses to housing-based referrals. 73.45% of respondents highlighted the importance of tenancy sustainment work in assisting clients out of homelessness.

SWAMH recommends that social work education in Ireland, particularly in relation to mental health social work modules, focus on housing policy, legislation and practical application as outlined within this report. Equally, SWAMH advocates that those already in practice partake in CPD and training opportunities that focus on current housing policy, legislation, and housing-based referrals.

SWAMH recommends that further research regarding this issue be completed. This report was intended to be a starting point in terms of data collection regarding current practices by adult mental health social workers engaged with clients with a broad range of housing needs.

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