AGENCY, ACCESS, AND SOLUTIONS.

A LIVING EXPERIENCE ANALYSIS OF HOMELESS ACCOMMODATION BY PEOPLE WHO USE DRUGS THROUGH A HUMAN RIGHTS FRAMEWORK.

UISCE

Advocacy for People who use Drugs

This research was designed, developed and conducted by Robyn Melia, Niall Hickey, Dan Iacob, Gillian O Donnell, John O Connor, Amanda Dunne and many other peers who took part in the process who chose not to be named, alongside Cecilia Forrestal and Andy O Hara. Report writing was supported by Clare O Connor and Laoise Darragh.

We would like to thank the many people who took the time to participate in the interview/survey process, as well as those who will read and engage with this report, and those who will implement the learnings to bring about positive change.

Coimisiún na hÉireann um Chearta an Duine agus Comhionannas
Irish Human Rights and Equality Commission

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This project has received funding from the Irish Human Rights and Equality Grants Scheme as part of the Commission's statutory power to provide grants to promote human rights and equality under the Irish Human Rights and Equality Commission Act 2014. The views expressed in this publication are those of the authors and do not necessarily represent those of the Irish Human Rights and Equality Commission.

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Where This Began

Through ongoing peer-led outreach, advocacy and group work, People who are experiencing homelessness and People Who Use Drugs identified multiple, intersectional forms of discrimination they face due to experiences of poverty, socio-economic discrimination, gender, sexual orientation, disability, race, membership of the Traveller community and new communities. They have little access to decision-making and face significant barriers to accessing their rights within emergency accommodation.

In response, a process led by peers and facilitated by UISCE, with support from Community Action Network (CAN), sought to acquire funding to deliver a participatory research project by People Who Use Drugs living in emergency homeless accommodation in 2024. This report details the process and findings of that peer-led research. It provides a human rights-based analysis of the living experience of homeless accommodation by People Who Use Drugs, monitors the implementation of current policy frameworks, and offers baseline data to inform meaningful engagement with service providers and policymakers toward collaborative solutions.

This project aimed to:

- Create the conditions for rights holders to design, deliver and evaluate a Peer-Led Participatory Research Project.
- Build the voice and agency of one of the most vulnerable and marginalised groups of rights holders.
- Empower participants to gather evidence and engage with duty bearers through the Public Sector Duty to advance their rights.
- Build collective, whole-system ownership for identifying and addressing the issues raised.

Key objectives included:

- Better equipping People Who Use Drugs to support their peers, and enabling service providers to better understand, respect, and uphold their equality and human rights.
- Empowering those most impacted by and experienced in homeless emergency accommodation to lead change through a rights-based approach.
- Promoting, through facilitated dialogue, the value of building services around those with the most experience, challenging the perception that they are a ‘problem’, and recognising their role in shaping solutions.
- Identifying the impacts of excluding people from service design.
- Agreeing on collective actions that can ensure people in emergency accommodation have their right to an adequate standard of living fulfilled.
- Hold dialogue events to be designed and facilitated by CAN.

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Acknowledging the Efforts Within a Crisis

At the outset, it is essential to recognise the dedicated efforts of staff and services in responding to the ongoing homelessness crisis. Despite the immense challenges they face, many services and frontline workers have demonstrated a commitment to improving conditions and providing support for People Who Use Drugs and are experiencing homelessness. These services have made significant strides, including the expansion of hostel spaces and other forms of accommodation, as they respond to the growing number of people in need. Their efforts to provide shelter, safety, and care in such difficult circumstances are not to be overlooked.

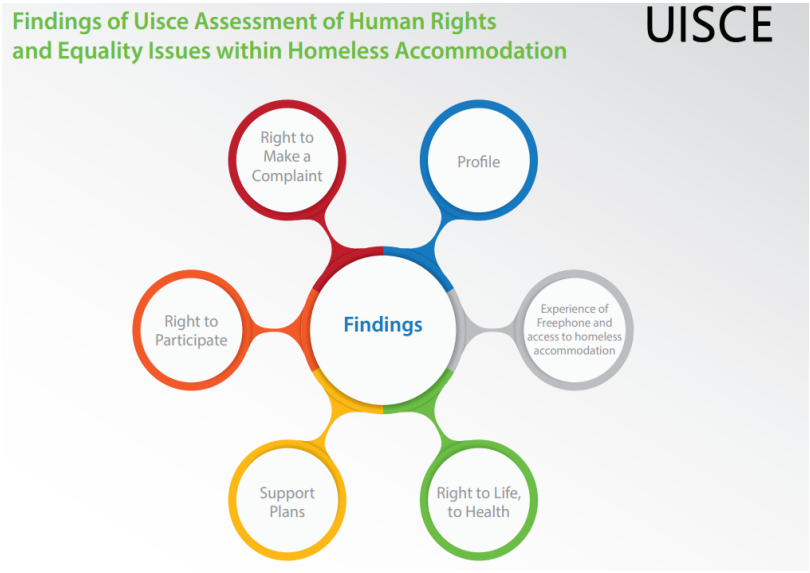
However, these responses occur within the broader context of a severe housing crisis, extending beyond the remit of local authorities, social inclusion bodies, and the Health Service Executive (HSE). Systemic failures in national housing policy are critical factors in the scale and persistence of homelessness. In many ways, services operate within a framework shaped by these broader policy failures, where the lack of affordable housing and adequate long-term solutions leaves services scrambling to address the immediate and ever-growing needs of those without a home. Moreover, the closure or reduction of step-down accommodation in the past has further exacerbated the crisis, leaving people with fewer options for transitioning out of emergency accommodation. The capacity to provide a smooth, supportive pathway from homelessness to stability has been severely limited, contributing to the challenges services face in helping people move towards permanent housing.

We must not underestimate the scale of the crisis that staff and services are working to address. The work being done is invaluable, and the commitment of those involved is evident in their daily efforts. Nonetheless, the scale of the homelessness crisis, inextricably linked to national housing policy failures, continues to overwhelm existing systems. As we assess these services, we must remember the broader structural context and the immense pressure placed on those trying to respond.

Executive Summary

This report presents the findings of a peer-led research project conducted by UISCE, in collaboration with the Community Action Network (CAN), that explores the living experiences of People Who Use Drugs within homeless accommodation. The research was conducted through a human rights framework and focuses on how homelessness services meet, or fail to meet, the needs of some of the most marginalised groups in society.

The findings highlight a deep and systemic failure within the homelessness service structure for PWUD. While services have made efforts to respond to the crisis, including increased hostel beds, these actions are set against the backdrop of a broader, persistent housing crisis exacerbated by a failing national housing policy. Services, though attempting to address the increasing demand for homeless accommodation, are constrained by these policy failures, leaving people trapped in emergency accommodation for extended periods, often years, without access to adequate support.



One critical issue the research revealed is the disconnection between policy and practice. Progressive policies, such as the National Quality Standards Framework (NQSF) [1]and the Public Sector Human Rights and Equality Duty[2], are not fully implemented on the ground, undermining their effectiveness. This disconnect results in a situation where people's fundamental rights, such as the right to adequate housing, health, and participation in decisions affecting their lives, are consistently violated. The systemic neglect highlighted by the research further entrenches cycles of poverty, trauma, and drug use, which perpetuate homelessness rather than alleviating it. This exemplifies structural violence[3], where the policies and services that should be helping people instead create environments that create the conditions for, and exacerbate, their suffering.

The overrepresentation of marginalised groups, such as people with histories of incarceration, institutional care, and socio-economic disadvantage, points to a broader failure to address the root causes of homelessness. The findings emphasise that the current system does not provide trauma-informed, holistic support but instead reinforces punitive, judgmental responses. These responses fail to break the cycles of trauma, social exclusion, and criminalisation that many people face, making it more difficult for them to escape homelessness.

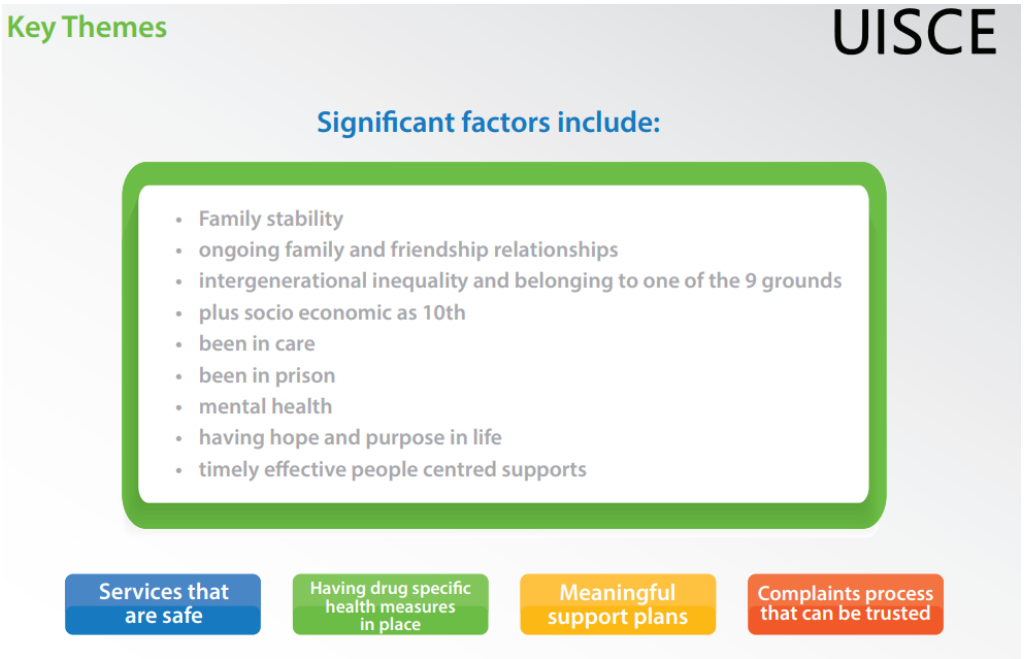
[1] Dublin Regional Homeless Executive. (2019). *National Quality Standards Framework for Homeless Services*.
[2] Irish Human Rights and Equality Commission. (2014). *Irish Human Rights and Equality Commission Act 2014*, Section 42 – Public Sector Equality and Human Rights Duty. [https://www.ihrec.ie/our-work/public-sector-duty/]
[3] Farmer, P. (2004). *An Anthropology of Structural Violence*. Current Anthropology, 45(3), 305–325. [https://doi.org/10.1086/382250]

Key findings include:

- 96% of participants had been homeless for six months or more, with 73% homeless for three years or more, underscoring the failure of the system to provide pathways out of homelessness.
- A significant portion of participants have experienced institutionalisation through the care system or incarceration, with 71.95% having been in prison and 21.95% in care. These experiences highlight the intergenerational dimensions of homelessness and the lack of effective support for people transitioning out of these systems.
- 52% of participants do not feel safe in their current accommodation, with issues of violence, theft, and unsafe environments compounding their trauma.
- Access to basic needs such as heating, ventilation, and privacy is reported as inadequate, severely impacting participants' health and dignity.

This document is not merely a report but a call to action. It brings forward the voices of peers as rights holders, offering a clear roadmap for improving services through a human rights-based approach. The implementation of this approach would ensure that services are more people-centred, respect dignity, and provide the necessary support to help people rebuild their lives.

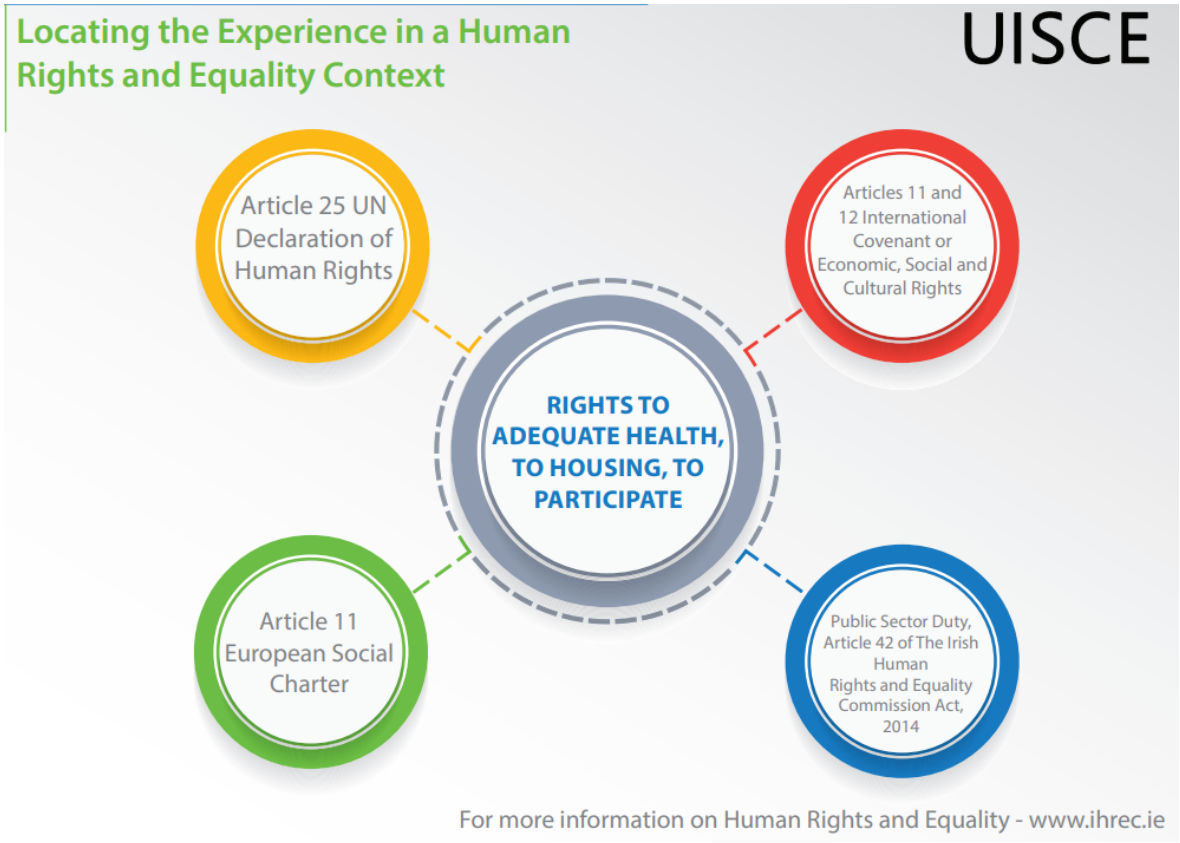
The research identifies systemic flaws and provides actionable recommendations for service providers, policymakers, and public bodies to address these gaps. Importantly, the report emphasises the need for services to be genuinely inclusive, adopting the National Quality Standards Framework and the Public Sector Human Rights and Equality Duty as guiding principles. Only through the adoption of a human rights-based approach, involving people with lived and living experience in decision-making, can we begin to dismantle the systemic barriers that perpetuate homelessness and ensure that those most affected are supported to live with dignity, stability, and hope for the future.



Locating The Experience in a Human Rights, Equality and Policy Context

The issues named in this report have a strong basis in international human rights law, Irish law and national policy. Reference is made to

- The Rights to Health, to Housing, to Participate, as enshrined in the UN and European conventions
- The Revised European Social Charter, Council of Europe
- The Public Sector Human Rights and Equality Duty, Irish Human Rights and Equality Commission Act, 2014
- The National Quality Standards Framework, Dublin Regional Homeless Executive, 2019



Some relevant examples include:

UN Declaration of Human Rights [4]

> All human beings are born free and equal in dignity and rights. Article 1
> Everyone has a right to a standard of living adequate for the health of himself (herself), and of his (her) family, including medical care and necessary social services. Article 25 (1)

International Covenant on Economic, Social and Cultural Rights[5]

> The States Parties to the present Covenant recognise everyone's right to the enjoyment of the highest attainable standard of physical and mental health. Article 12 (1)
> Article 12.2 (d) refers to the creation of certain conditions - provision of equal and timely access to basic preventative, curative and rehabilitative health services and health education, regular screening programmes, appropriate treatment of preventative diseases, illnesses, injuries, disabilities, preferably at the community level.[6]

This is interpreted through ***General Comment No. 14 of the Committee on Economic, Social and Cultural Rights*** as meaning.

> Health is a fundamental human right that is indispensable for exercising other human rights. Every human is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.
>
> The right to health is closely related to the realisation of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.

The Right to Health in all its forms and at all levels contains the following interrelated and essential elements.

1. AVAILABILITY

Relates to functioning public health and health care facilities, goods and services, and programmes, which must be available in sufficient quantity within the State party.

2. ACCESSIBILITY

Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions. Of particular relevance in this case are :

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[4] United Nations. (1948). *Universal Declaration of Human Rights*. [https://www.un.org/en/about-us/universal-declaration-of-human-rights]
[5] United Nations. (1966). *International Covenant on Economic, Social and Cultural Rights*.
[6] Committee on Economic, Social and Cultural Rights. (2000). *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)* (E/C.12/2000/4). https://www.refworld.org/pdfid/4538838d0.pdf

NON-DISCRIMINATION: Health facilities, goods, and services must be accessible to all, especially the most vulnerable or marginalised sections of the population, by law and, in fact, without discrimination on any prohibited grounds.

INFORMATION ACCESSIBILITY: accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.

3. ACCEPTABILITY*:*

All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate …sensitive to gender and life cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

4. QUALITY:

Health facilities, goods and services must also be scientifically and medically appropriate and of good quality.

International Convention on Economic, Social and Cultural Rights

Article 2 (1) says

> Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realisation of the rights recognised in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.
>
> The right to Health, like all human rights, imposes three types or levels of obligation on State parties: the obligations to respect, protect and fulfil.

Respect: refrain from interfering directly or indirectly with the enjoyment of the right to health

Protect: To take measures that prevent third parties from interfering with Article 12

Fulfil: Contains obligations to facilitate, provide and promote.

The Right to Participate in Decisions

People have the right to participate in the formulation, development, implementation and monitoring of all actions that impact their lives.

This is a cross-cutting right that underpins all other rights. The following are some examples of where it can be found:

- UN Declaration of Human Rights
- Article 19 Freedom of opinion and information
- Article 21 Right to Participate in Government and Free Elections and Vote
- Article 26 Right to Education
- Article 27 Right to Participate in Social and Cultural Life of the Community

International Convention on Economic, Social, and Cultural Rights

Common Article -1 Right to Self-Determination

1.1 All people have the right to self-determination. By virtue of that right, they freely determine their political status and freely pursue their economic, social and cultural development.

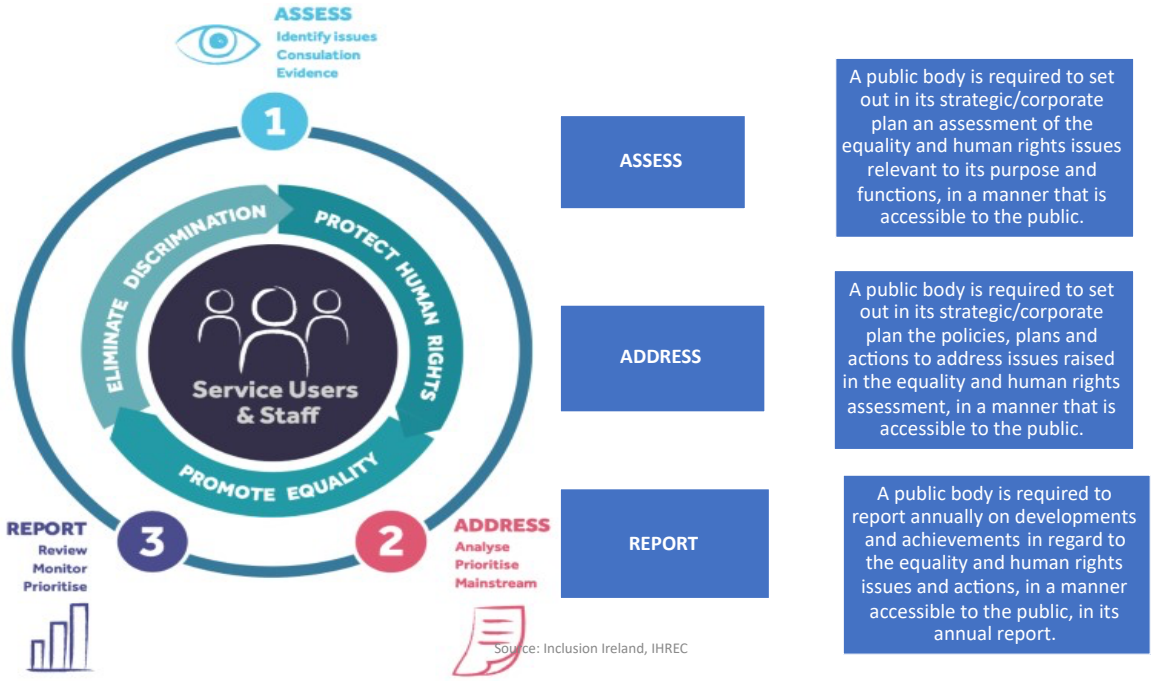
The Revised European Social Charter[7]

Article 11 Everyone has the right to benefit from any measures enabling them to enjoy the highest possible standard of health attainable.

Article 16 The family as a fundamental unit of society has the right to appropriate social, legal and economic protection to ensure its full development. (This includes the right to adequate housing)

Public Sector Human Rights and Equality Duty[8]

Section 42 of the Irish Human Rights and Equality Commission Act 2014 is known as the Public Sector Human Rights and Equality Duty; Section 42 requires Public Bodies to take steps to "eliminate discrimination, promote equality and protect the human rights of both its staff and the persons to whom it provides services. The following chart, available on the Irish Human Rights and Equality website, outlines this Duty's obligations on Public Bodies.



This clearly places a duty on the HSE, local authorities, and those they contract, to provide homeless services to take on board the evidence and actively participate in the services of the people who use them.

[7] Council of Europe. (1996). *Revised European Social Charter*. [https://www.coe.int/en/web/european-social-charter]
[8] Irish Human Rights and Equality Commission. (2014). *IHREC Act 2014*, Section 42. [https://www.ihrec.ie/our-work/public-sector-duty/]

The National Quality Standards Framework, Dublin Regional Homeless Executive (DRHE), 2019

[9]**The introduction states**, "Supporting people and families experiencing homelessness is a key priority of the Government. To assist in ensuring that homelessness services provided are of a high standard, the DRHE has developed a National Quality Standards Framework (NSQF) on behalf of the Department of Housing, Planning and Local Government." The National Quality Standards Framework is applicable to all homeless service provision in receipt of Section 10 funding, whether the delivery mode is via a statutory, voluntary or private service provider. The National Quality Standards Framework applies to homeless services for single adults, for adult couples, and for adults with dependent children.

The Aim is "to achieve services for people experiencing homelessness that are well organised, coordinated and integrated and focused on moving people out of homelessness, as quickly as possible, into long-term, sustainable housing."

The Objectives:

- Promote safe and effective service provision to persons experiencing homelessness
- Support the objectives of the National Homelessness Policy, i.e. enabling people to move into and sustain housing with appropriate levels of support
- Establish consistency in how persons experiencing homelessness are responded to across different regions and models of service delivery.

There are eight themes under which the standards are organised.

Themes 1-4 focus on the provision of person-centred services, which are safe and effective, and support the rights and equal treatment of persons at-risk-of or experiencing homelessness.

Themes 5-8: focus on the organisational capability and capacity to deliver high-quality services.

Themes 1 – 4 are of relevance to the issues named in this report, as summarised below:

Theme 1: Person-Centred Services - This theme focuses on service users' rights and autonomy, including the right to have a complaint heard and responded to. The standards in this theme support inclusive services that put persons at-risk-of or experiencing homelessness at the centre of the decision-making process at the personal level and involve service users in planning and delivery of services at an organisational level.

Theme 2: Effective Services: are built around responding to the individual's needs and engaging in good practice in relation to referrals, assessment, support planning, and integrated working.

Theme 3: Safe Services: The standards under this theme focus on the provision of a safe environment in which to reside and work.

Theme 4: Health, Well-Being and Personal Development: This theme seeks a consistent approach in responding to the broad range of health, well-being and developmental needs of persons at-risk-of or experiencing homelessness.

[9] Dublin Regional Homeless Executive (DRHE). (2019). *National Quality Standards Framework for Homeless Services*. Dublin: DRHE. [https://www.homelessdublin.ie/content/files/National-Quality-Standards-Framework.pdf]

The Human Rights and Equality Approach

Between January and June 2024, 6 peers and two staff from UISCE who had living experience of drugs and emergency accommodation collaborated with the Community Action Network (CAN) in a series of regular meetings. This collaboration formed a learning community, which was central to facilitating a process of experiential learning. The group engaged in creative, interactive methodologies that helped them explore key human rights concepts such as the Right to Adequate Health, Adequate Housing, the Right to Participation, and the Human Rights and Equality Public Sector Duty, with a particular focus on the National Quality Standards Framework. These methods allowed participants to connect the theory and policy to their personal experiences within homeless services, emphasising how these frameworks apply to their daily lives.

Forming the Learning Community

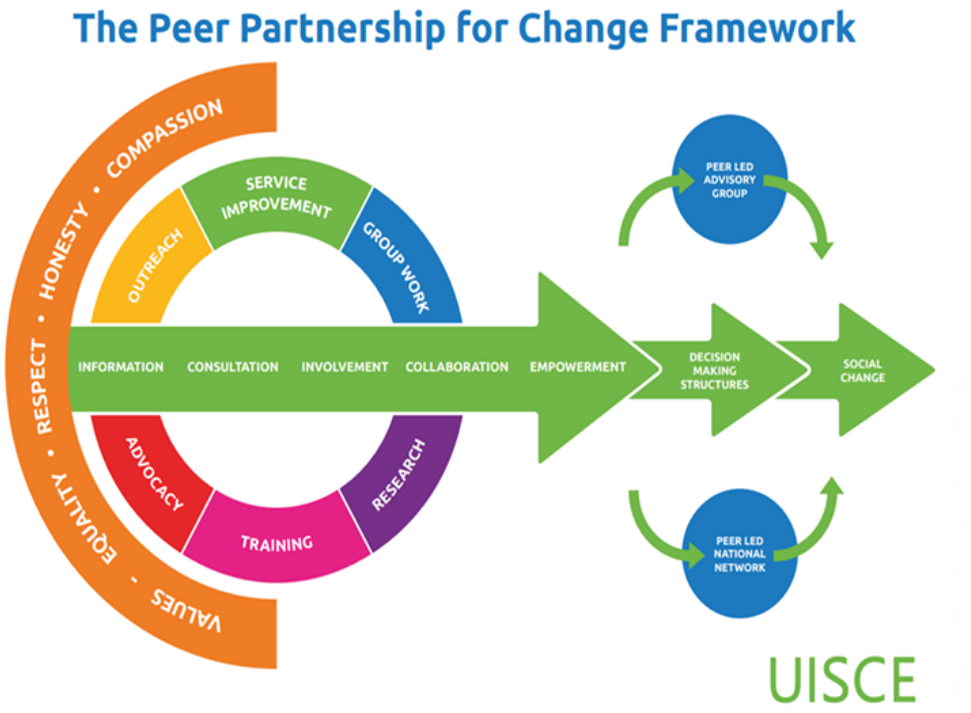
UISCE and CAN's work is founded on the belief that the starting point for any initiative should always be the lived and living experiences of people who have faced inequality or a denial of rights. This belief is central to the CAN Model, which refers to this approach as *Breaking the Silence*. In this context, creating a group environment where safety and trust are prioritised fosters a shared understanding of how inequalities are experienced. By drawing attention to patterns and similarities across individual experiences, the group collectively moves beyond the individual to the collective. This process not only creates solidarity and identity within the group but also offers an experience of more equitable relationships within the group, where everyone's contribution is valued.

The UISCE Peer Partnership for Change Framework

Our Peer Partnership for Change Framework highlights the importance of authentic peer participation and decision making to create social change. The framework creates the spaces for peers to identify issues through their own living experience, develop their own analysis, solutions and identify partnerships and pathways towards structural change. The diagram below shows this process, beginning in orange with our values, equality, respect, honesty and compassion which are the baseline of our work. The Circle of Activities shows the types of activities we use to create the conditions for People Who Use Drugs to identify emerging issues and develop collective responses.

Through the middle, you can see the spectrum of participation that exists, from information sharing to consultation through to empowerment, also detailed in the adjacent table. In UISCE, all of our work is focused on the empowerment stage, where peers are leading out on the design, delivery and evaluation of UISCE work.

For peers to be involved in decision making, we need ongoing meaningful peer engagement, that provide the space for peers to participate, inform and influence decision making structures. These are the structures necessary to support the peer engagement journey and be the catalyst for change. The overall aim of the Peer Partnership for Change Framework is that this process leads to transformative social change that improves outcomes for People Who Use Drugs, families and our communities, linked to equality and social justice and this framework was central to the work of this research.



From Individual Stories to Human Rights

Linking the shared stories and experiences of drug services to human rights required us to break down the often complex and off-putting language of human rights in ways that made sense. Cartoons, videos, and interactive discussions helped to establish the links and enabled people to stay with the challenge of translating the language of rights and policy into something they could easily understand. Weekly sessions included:

- **What are human rights, and where can you find them? How do they relate to me?**
- **The rights to adequate health, housing and participation, where to find them and what the rights mean in detail**
- **Applying living experience to the right to health** in particular, as it relates to availability, accessibility, acceptability and quality. From these, identifying issues that may violate that right.
- **Detailed exploration of the National Quality Standards Framework,** going through all the actions under each theme and comparing what is intended with living experience. Further identification of core issues where the standards are not being applied.
- **Subjecting a summary of identified issues** to a prioritising selection process by using a worksheet:

  Name of issue
  How easy would it be to achieve some change in relation to this issue?
  Impossible----------Very achievable
  2. How important is this issue in the lives of those affected?
  Not very important----------Very important
  3. How significant would it be in your community to make progress with this issue? Would it matter to a lot of people?
  Not significant---------- Very significant
  4. How easy would it be to gather evidence?
  Very difficult ---------- Very achievable
  5. How clear are you of who the duty bearers are for this issue?
  Clear——————————————————————————Not clear
  How strong do you think the link to human rights is on this issue?
  Very strong----------weak
  Would cracking this issue lead to lasting change in other issues?
  Very much----------No, just on this issue

Agreeing on the core issues for research and using them to design the questionnaire (See Appendix 1)

Applying a Human Rights-Based Approach

With the group formed, the issues named above, and the link to human rights established, the next step was to design, pilot, and conduct peer-led research. The methodology used is known as Participatory Action Research (PAR) and has been successfully used in peer-led research by UISCE peers and with people who use the drug services through the work of Service User Rights in Action and CAN. Essentially, this is a cyclical research methodology that is beneficial in research involving marginalised and disempowered populations. It follows a cycle of Plan, Action, Observe and Evaluate and is ideal for monitoring the progressive realisation of rights over time through regular rounds of peer research. As such, it is both a philosophy and a means of helping people to:

- Identify their issues and link them to human rights.
- Come up with possible solutions.
- Assess the solutions.
- Create indicators for change.
- Mobilise for action.
- Monitor and evaluate progress over time.

Working directly with rights holders to identify their human rights and equality issues, to design, pilot and conduct peer-to-peer interviews, to analyse the findings, set indicators, engage with service providers, and monitor progress over time has facilitated their voice to be heard and validated. In so doing, it recognises and values the unique knowledge and wisdom of lived and living experience and the power it has to bring perspective and expertise to the design and delivery of services that are both appropriate and based on respect and rights.

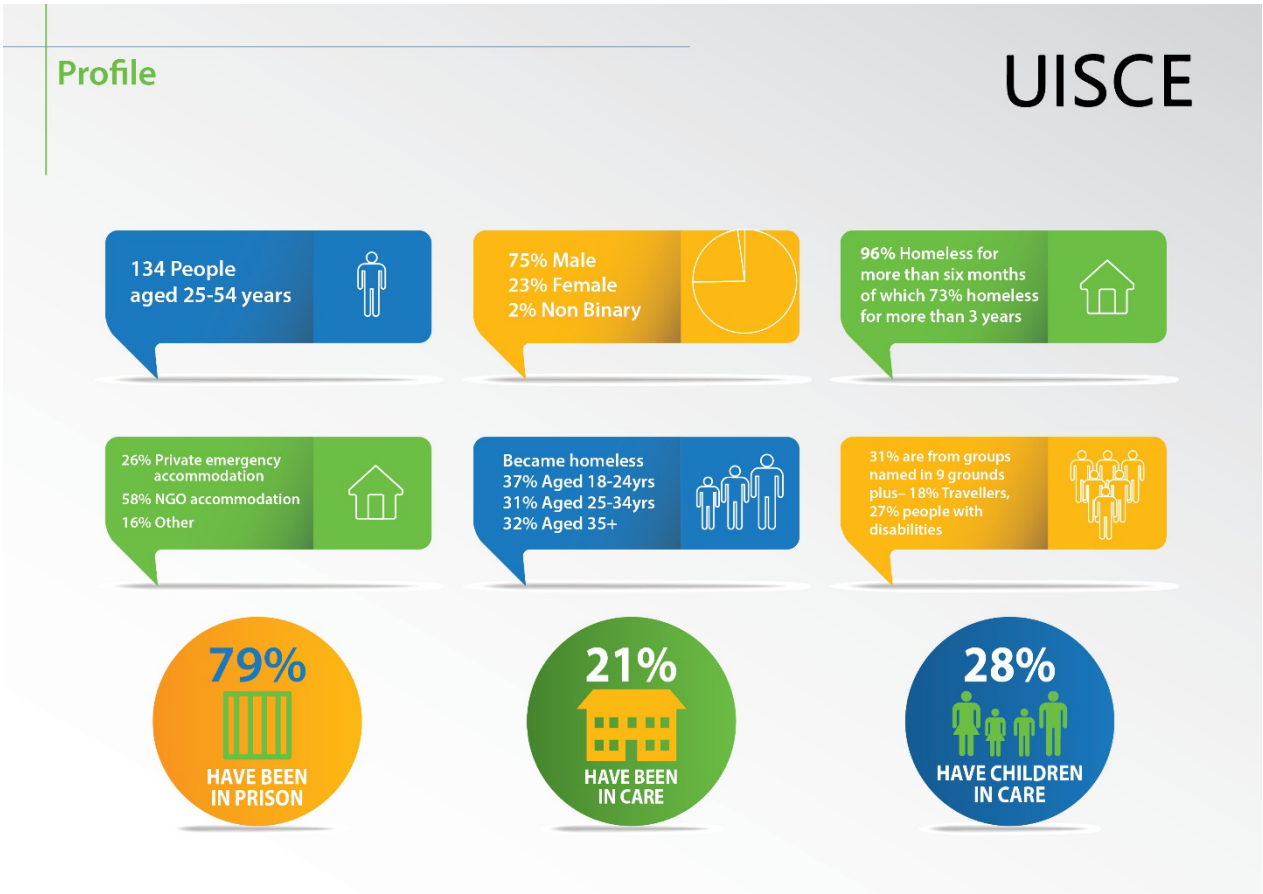
Gathering Evidence

The team of peers anticipated no difficulty in accessing People Who Use Drugs and are in homeless accommodation to interview. Ensuring great care and attention was taken to the well-being of peers during this phase was an essential element of the support offered by UISCE. They anticipated a strong likelihood of being triggered and saddened by the responses, and indeed, this proved to be the case. Where possible, interviews were conducted in pairs, and UISCE put in place a facility to debrief at regular intervals.

That said, once the research began, peer researchers shared how they were able to relate to those they interviewed, validate their experiences, carry new information, and awaken expectations that the services could and should be better. Time and time again, those interviewed expressed their appreciation for being heard in a respectful and confidential manner.

The Findings in Detail

Profile



The overrepresentation of marginalised groups named under the nine grounds of Equality Legislation[10], plus the proposed tenth ground of socioeconomic status[11], within the homeless population who use drugs, including those with histories of incarceration, institutional care, and socioeconomic disadvantage, underscores the deep interconnection between structural inequality and homelessness. These people are not simply facing isolated issues but are caught in a cycle of systemic failure, poverty, trauma, and the criminalisation of their lives, all of which are perpetuated by policies that fail to address the root causes of the issues they face. This evidence points to the crucial understanding that homelessness is not an isolated issue but a manifestation of broader structural violence, an outcome of self-sustaining, failed systems that serve to disproportionately trap marginalised communities in cycles of disadvantage.

18% of respondents are members of the Traveller Community, and 27% are people with disabilities, highlighting how people who are already marginalised and socially excluded are disproportionately more likely to be trapped in a cycle of homelessness. The fact that 96% of respondents have been homeless for six months or longer, with nearly 73% experiencing homelessness for three years or more, starkly highlights the failure of the system to provide timely, effective support and pathways out of homelessness. This prolonged stay in emergency accommodation exacerbates the trauma

[10] Government of Ireland. (2000). *Equal Status Act 2000*. http://www.irishstatutebook.ie/eli/2000/act/8/enacted/en/html
[11] Human Rights and Equality Commission. (2021). *Making socio-economic status a protected ground under Irish equality law*. https://www.ihrec.ie/app/uploads/2021/03/Making-socio-economic-status-a-protected-ground-under-Irish-equality-law.pdf

people face and compounds their vulnerability, particularly for those who use drugs. This ongoing cycle reflects the systemic issues that keep people trapped in homelessness, with no clear route to stable, long-term housing. The current approach, which lacks sufficient wrap-around services and timely interventions, directly contradicts the goals set out in the National Quality Standards Framework to move people into permanent housing as quickly as possible.

The number of respondents who have been in prison (71.95%), care (21.95%), and have children in care (28%) reveals the deeply intertwined nature of institutionalisation, incarceration, and homelessness. These systems are not isolated from one another but are part of a broader societal failure that keeps people trapped in a cycle of trauma, punishment, and neglect. These responses show how incarceration often leads to a permanent loss of stability and housing and points to an intergenerational dimension of homelessness, where the care system fails people and perpetuates cycles of trauma and instability across generations. This systemic failure to provide alternative pathways out of institutions, coupled with the lack of support for those leaving these systems, reinforces that the state is failing the most vulnerable people. The system not only fails to provide opportunities for a better life but actively exacerbates the trauma that leads people right back into homelessness. The response to homelessness is not just about providing temporary shelter but addressing the root causes of poverty, social exclusion, and intergenerational trauma.

Participant Responses

Bad care system, traumatised, abused, no help and no support. Homeless since leaving care.

In care and became homeless when I left care.

Care of the State, left when I was a teen and never had a family to fall back on.

Traveller site, trauma from being in care.

Grew up in care since 2. Went back to my mas at 14, but it wasn't a good environment cause of the issues growing up.

. Everything was okay till I turned 16 and experienced going to prison and got mixed up with drugs and the wrong crowd, we were in care, foster care, & Residential. 34 Placements in 3 years.

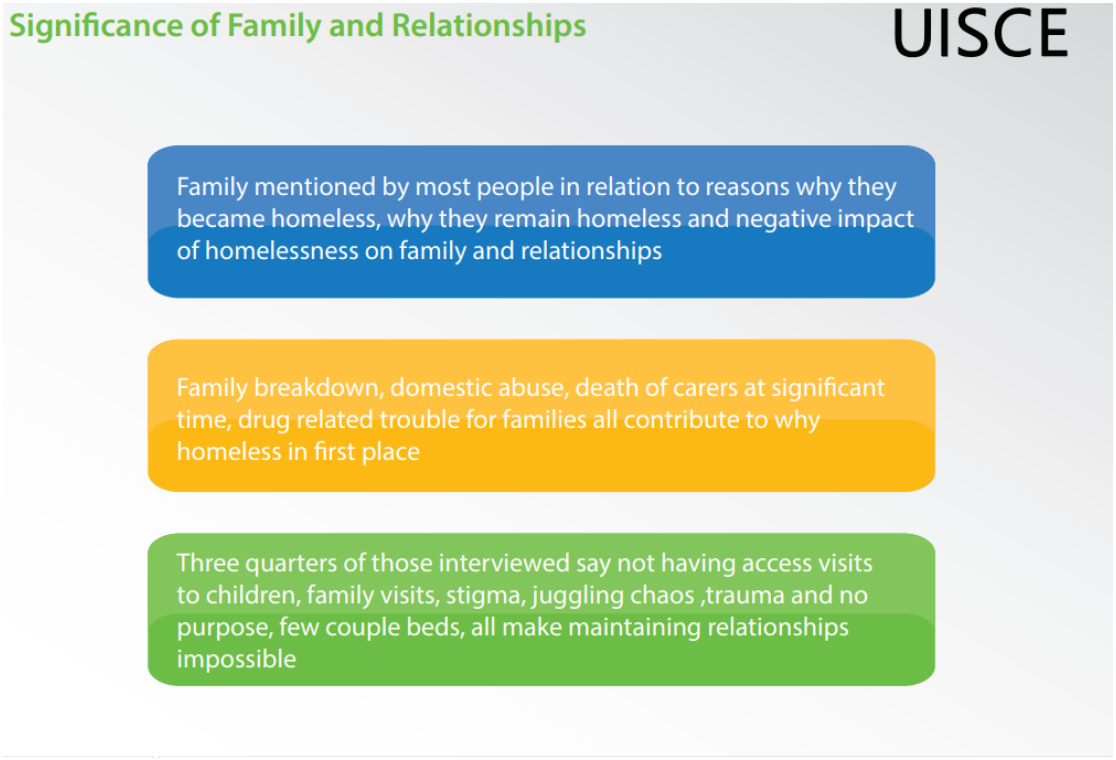
Left care, went on drugs, prison, lost family (children, relationship), still on drugs.

Being Homeless and Its Impact

Significance of Family and Relationships in Becoming Homeless

Homelessness, as shown through the experiences of those interviewed, is deeply intertwined with personal histories of trauma, family breakdown, abuse, and the loss of supportive relationships. These experiences again show how homelessness is not simply a lack of shelter but a manifestation of ongoing trauma and structural violence. The comments shared show how many participants had experiences of deep familial trauma before becoming homeless and illustrate the profound emotional and psychological toll that homelessness, compounded by lack of support, has on family relationships. Stigmatisation and criminalisation bring people into this system, and then the system prevents people from being able to rebuild their lives and families. The absence of family support systems, combined with the chaos and instability within emergency accommodation, creates an environment where people are not only isolated but are systematically excluded from opportunities to rebuild their lives. We are creating the conditions for generational cycles of trauma, where the very systems meant to support people are instead pushing people deeper into despair and further from stability and healthy relationships. The absence of family visits, the stigma faced within services, and the absence of beds for couples in hostels serve to isolate people further, making it harder to maintain relationships and find a sense of hope or purpose. It's critical that services recognise the broader social and emotional needs of people and not simply their housing needs if this cycle of trauma is to be broken, and recognise how crucial family and healthy relationships are to a person exiting homelessness into sustainable, stable living.

When asked why they became homeless, participants' answers highlight the significance of family and relationships. Family breakdown, domestic abuse, death of a carer at a significant time in childhood, and drug-related challenges are all major risk factors in the journey into homelessness.



Participant Quotes

Me ma died and I could not stay in the house she died in.

Left husband due to domestic violence.

Domestic abuse in the family , so I left home.

Grew up in Bray, was in and out of battered wives' refuges with me ma.

No family or support – I have always been on my own.

Me da was a drinker, beat me ma, left home as early as I could and on drugs since.

Coming from a Traveller site, married young and left husband due to very bad domestic abuse. Family not supportive of homelessness and now on drugs.

Family split up when I was 11, ended up in care, drinking and using drugs since.

A lot of alcohol in the family and sexual abuse, drug use since young.

Grew up with an alcoholic father. Didn't like to stay even as a kid- always in a friend's house more than in my own.

Mother is an alcoholic, don't know my father , so turned to drugs, loads of trauma, when I was 19,my brother killed himself.

Impact of Homelessness on Family and Relationships

Being homeless has a negative impact on family and relationships, often ending with a complete breakdown in both at a time when people most need support. When asked if being in homeless accommodation has had a negative impact on family relationships, almost 75% of those who answered say that not having access visits to children, family visits, stigma, juggling the chaos of being homeless, ongoing trauma, having no purpose in life, few couple beds all make maintaining relationships impossible.

Participant Quotes

Cause I'm running here and there I haven't the time to see my sons as much as I want and they're annoyed at me 'cause they think I haven't the time for them which is far from the truth.

Too much to juggle.

I haven't got a big family, but the ones I have either live outside the country and my kids live with my brother as I'm going through this.

They don't allow men to bring their children over for a few hours.

Can't spend quality time with anyone.

Can't bring my kids for overnight.

Social workers won't allow access because I'm in a hostel.

Because it's hard to keep in contact and the stigmatisation is rife from my family.

They were always worried about where I was, my family hadn't a clue.

They look down at me.

I'm hopping from hostel to hostel and am not able to settle.

can't see my kids, and can't bring them over night.

Lack of contact, isolation, and sometimes living without a purpose.

I can't apply for custody of my boy because I'm in a hostel.

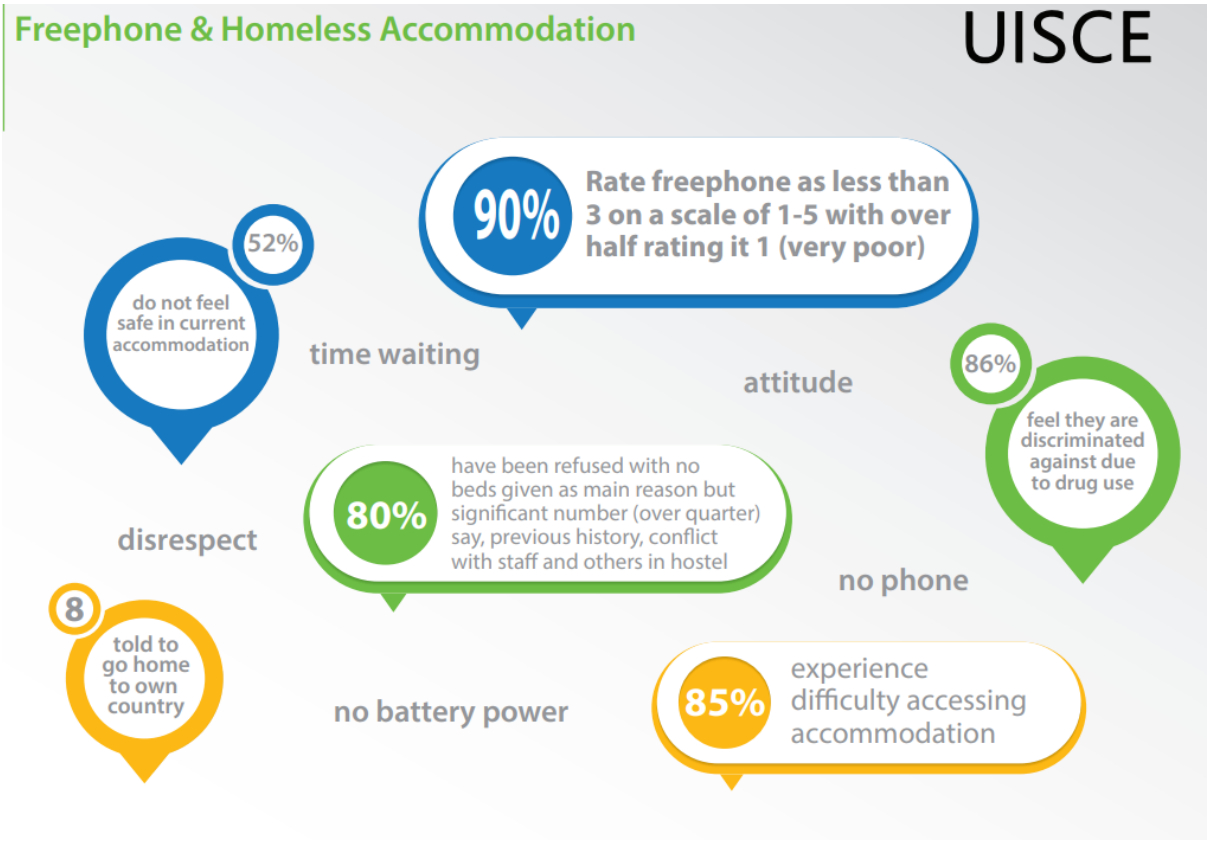
I can't connect with my kids because no visits are allowed.

People seem to talk down there nose to you when I feel vulnerable, and I feel really down.

Just haven't the time to see them. Trying to survive it's hard when you are stuck in the same situation.

Experience of the Free Phone and Accessing Homeless Accommodation

The findings regarding both the Freephone service and access to homeless accommodation expose the systemic failure to provide even basic support services in a humane and respectful manner. A staggering 90% of those interviewed rated the experience of using the Freephone service as three or less on a scale of 1 – 5, with over half rating it at a 1, reflecting a lack of empathy, accessibility, and respect for those who are in crisis. This poor level of service speaks to the broader neglect of people experiencing homelessness and addiction, people who are often treated as less than, rather than as people in need of support. The role of classism and structural inequality in perpetuating this system of neglect cannot be ignored, as it is a key element in the process of dehumanisation that results in a system that can treat people so badly. The treatment of people as "undeserving" of humane treatment reflects deeper societal attitudes, where the most marginalised are continually denied their fundamental rights and dignity.



Discrimination against people with a history of conflict within services, or with staff, directly undermines the principles of trauma-informed care, which emphasises creating safe, supportive environments that acknowledge and address the impact of past trauma. Such an approach fails to recognise the cyclical nature of trauma, where punitive responses and exclusion only re-traumatise people, deepening their sense of alienation and mistrust. Trauma-informed care requires services to foster safety and empowerment, particularly for those who have already experienced significant trauma, treating them with dignity, respect, and understanding, rather than stigmatising them for

their past interactions. The fact that this is mentioned so many times by interviewees, along with the lack of available beds and the discriminatory practices faced by People Who Use Drugs, points to a broad cultural and institutional failure that needs urgent reform.

The responses show that while no beds available is a key reason, the feeling of being discriminated against due to drug use (experienced by 86% of those interviewed), previous history of conflict with staff or others in hostels, disrespect, time left waiting, endless phone calls back, running out of battery power or not having a phone, or being told to return to own county or country are all too often part of the overall experience.

Participant Quotes

There was a fella and as soon as he heard my name, he gave me the long finger.

Left for a long time on the phone and when you are annoyed over waiting and hour, they give you no empathy.

Judgmental and rude.

It all depends on who answers the phone, some are nice, and others are nasty.

Couldn't get through on the phone or it was too late or no battery on the phone.

Rudeness and phone cutting off.

No places, problems with others and staff.

Because I had troubles in the other hostels connected and I just carried on from there for years.

Because they won't take me because I'm not from any catchment area.

Because of my family members.

Addiction, prejudged, previous altercations with them.

No free beds, or, depending on who is on the phone, different reasons,

Because of my reputation.

Because of drug use.

Stigma.

Told to go back to my own country.

Just told to get a sleeping bag or they are just not interested sometimes. they know who you are as soon as you give details, so they go on other reasons not to give you a bed.

Go space, gave out to me for ringing so much.

Go home to Galway /Poland/ Romania.

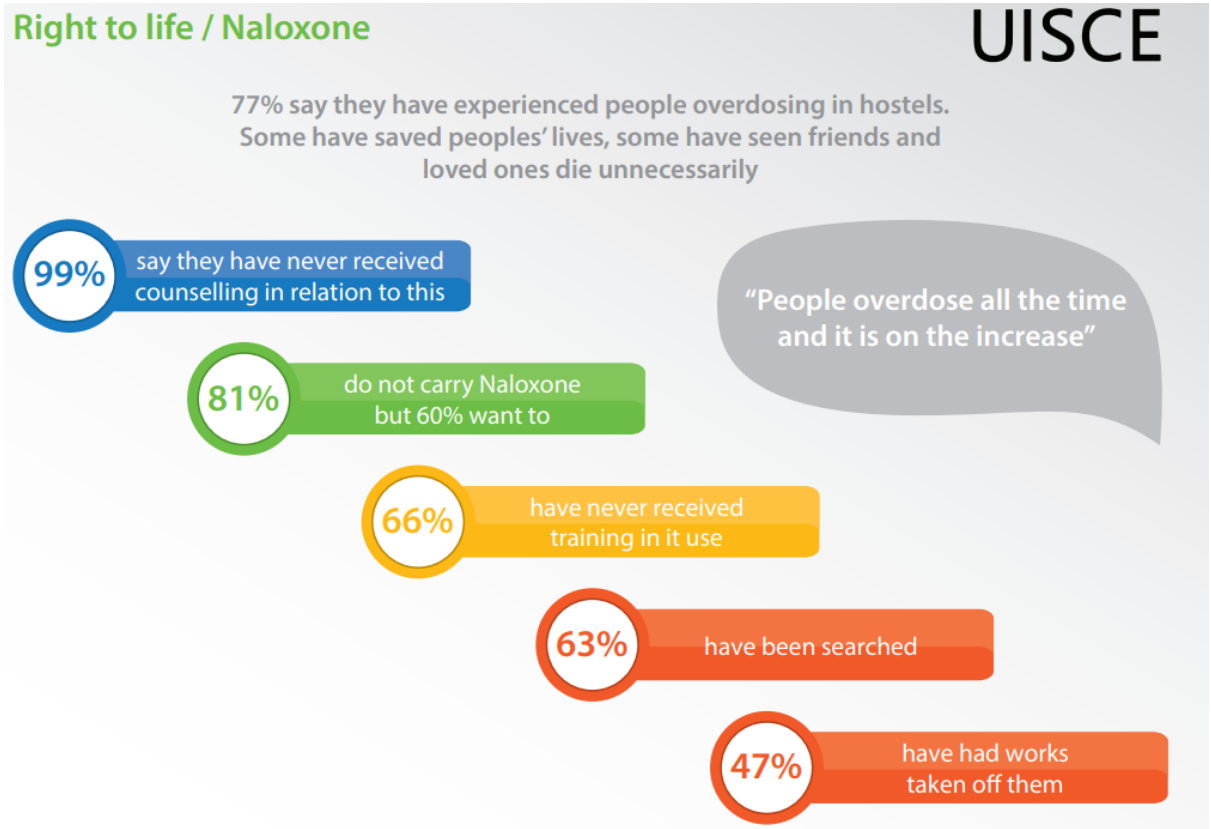
Went to prison, refused access on release, went to hospital and refused entry after 3 days out.

Why can't I just go back with family. fighting with people because they were stealing from me.

Sense of Safety

The failure to create environments that prioritise safety (52% do not feel safe in their current accommodation) and stability reflects the broader systemic neglect of people experiencing homelessness. The report's findings, ranging from being placed in hostels with people who have a vendetta against them, to facing conflict with staff, and having personal belongings stolen, demonstrate how these unsafe environments further traumatise people, often compounding the issues they were trying to escape. Additionally, being placed in rooms with people actively using drugs while trying to stay drug-free or reduce drug use directly contradicts the core principle of trauma-informed care, which is to provide supportive, harm-reductive, safe spaces. This systemic failure to provide basic safety not only violates the human rights of those in accommodation but exacerbates the cycles of harm and trauma that are central to the ongoing struggles faced by people in homelessness services. These outcomes contradict the actions outlined in the four main themes of the National Quality Standards Policy and should be a cause of concern for homeless service providers.

The Right to Life – Naloxone



Drug overdose is a leading cause of death among those who use opioids [12]. In Ireland, opioids are the main drug group implicated in drug overdose deaths [13]. Among opioid users, those who inject heroin and other opioids are recognised as being at an increased risk of harm .Deaths from opioid overdoses can be averted with the provision of naloxone. To be effective, naloxone needs to be administered as soon as possible once symptoms of an overdose present themselves. Darke et al [14] found that 43% of heroin-related deaths had survival times of less than 20-30 minutes. Emergency service providers are often too late to save overdose victims [15]. To help overcome this issue, the WHO (2014) recommends that people likely to witness an opioid overdose, such as close friends, family members, and staff or volunteers working with People Who Use Drugs (PWUD),be given access to naloxone and trained in its use.

The findings of this research show that 77% of participants have witnessed overdoses in hostels. While some have saved lives, others have seen friends and loved ones die unnecessarily. Naloxone, a life-saving medication that is harmless to those who do not need it but can save the lives of those who overdose when administered correctly, is not widely available. Many staff in hostels are either unaware of the policy surrounding naloxone or lack the appropriate training to administer it. Despite being the first to witness overdoses, peers, who are best positioned to intervene, are often

[12] World Health Organization. (2014). *Community management of opioid overdose*. https://www.who.int/publications/i/item/9789241548816
[13] Health Research Board. (2021). *National Drug-Related Deaths Index 2008–2017: Drug poisoning deaths*. https://www.hrb.ie/publications/publication/national-drug-related-deaths-index-2008-2017-drug-poisoning-deaths/
[14] Darke, S., Duflou, J., & Farrell, M. (2016). The lethal toxicity of heroin: A 15-year multi-method study of heroin-related deaths in New South Wales, Australia. *Drug and Alcohol Dependence, 165*, 190–195. https://doi.org/10.1016/j.drugalcdep.2016.05.025
[15] Giglio, R. E., Li, G., & DiMaggio, C. J. (2015). Effectiveness of bystander naloxone administration and overdose education programs: A meta-analysis. *Injury Epidemiology, 2*(1), 10. https://doi.org/10.1186/s40621-015-0041-8

discouraged from carrying naloxone for fear of being stigmatised as People Who Use Drugs and treated negatively as a result.

This situation reflects a broader disregard for the health and human rights of People Who Use Drugs and points to the systemic violence inherent in the criminalisation of drug use[16]. The stigma surrounding drug use prevents people from accessing essential resources, such as naloxone, because the issue is framed as a moral failing rather than a health concern. The criminalisation and stigmatisation of People Who Use Drugs exacerbate the trauma they face, leading to more harm, more overdose deaths, and more dehumanisation.

The fact that 77% of participants had witnessed an overdose, yet 81% did not carry naloxone, highlights significant structural barriers to harm reduction and overdose prevention. This, coupled with the failure to provide life-saving naloxone and the lack of training for staff, exposes the deep disregard for the health and human rights of people in homeless services. The fear of punishment or stigma for carrying naloxone or 'works' further dehumanises people, making them more exposed to harm. Experiencing an overdose, fearing one's own, or witnessing a death that could have been prevented is undeniably traumatic. Yet, 99% of those interviewed have never received any counselling or support to address this trauma.

This stark contrast between what should be happening according to national and international human rights standards, and the reality on the ground highlights the systemic failure of the current approach. If we are truly committed to a human rights-based and health-led approach, we must implement evidence-based, compassionate policies that prioritise the provision of naloxone and support people in carrying it without the fear of stigma. The treatment of People Who Use Drugs must be rooted in respect, dignity, and health, not punishment and shame

[16] Global Commission on Drug Policy. (2019). *Classification of psychoactive substances: When science was left behind*. https://www.globalcommissionondrugs.org/reports/classification-of-psychoactive-substances

Participant Quotes

People always overdose around me.

Fella in my room overdosed.

2 girls in my hostel overdosed.

I have overdosed a few times, and so have friends.

My ex-girlfriend overdosed, so I had to give her a few doses of naloxone to get her back.

I have seen a couple of people overdose, which could have been saved, but the ambulance arrived too late.

My roommate was dead after I woke up

I saved someone who had overdosed

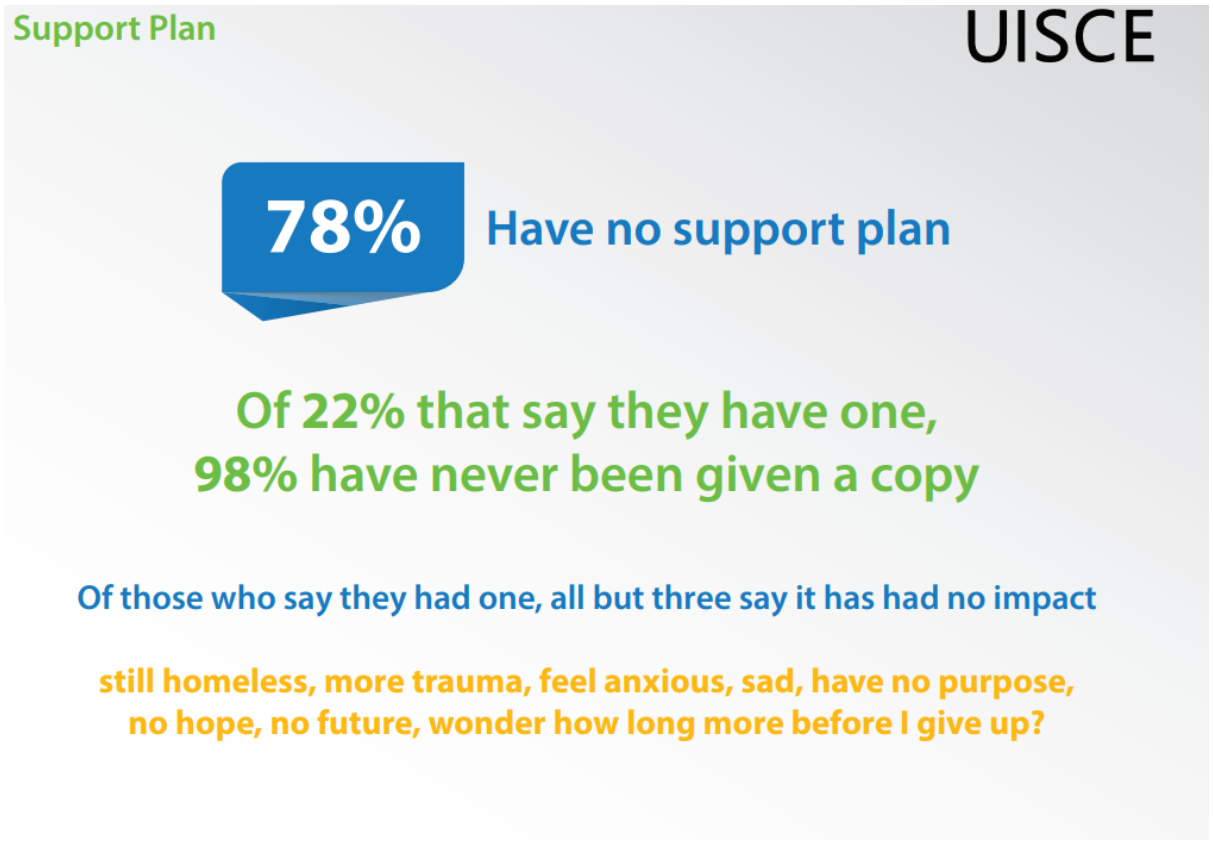
Being around the city centre, I see people overdose all the time

More people have overdosed in the past couple of months than I have seen all my life

The practice of searching people (61% reported), confiscating "works" (47% reported), and the issue of carrying naloxone, all intersect in a way that severely impacts the health and well-being of People Who Use Drugs within homeless accommodation. When accessing a hostel, people do not want to be identified as a person who uses drugs because they fear the punitive and stigmatising treatment that often follows. The result is a situation where people are forced to dispose of their 'works' or avoid carrying naloxone, fearing that doing so will lead to being labelled and further stigmatised. This environment of suspicion and distrust creates a scenario where people are not only vulnerable to harm but are actively pushed toward unsafe practices. The risk of sharing "works" or retrieving used ones from sharps bins increases the likelihood of negative health outcomes, while feeling the need to dispose of naloxone before entering a hostel removes a critical resource that could be used to save lives, ultimately reducing safety for all residents.

This system fosters a hostile environment that is deeply rooted in moral judgment and criminalisation, which directly undermines the potential for safety and trust. When drug use is framed through a lens of punishment rather than understanding, it forces people to engage in dangerous behaviours to survive within the system. The stigma and fear surrounding drug use prevent open, honest engagement between People Who Use Drugs and staff. If the criminalising approach were removed, and people were treated with dignity rather than suspicion, it would allow staff to engage with People Who Use Drugs in a meaningful way. This shift would foster an environment where harm reduction strategies, like carrying naloxone and safe disposal of "works," could be embraced without fear of punishment. It is a matter of protecting the health and human rights of those most marginalised, offering them a space where they are seen as people rather than problems.

Meaningful Support Plans



Standard 2.2 of the National Quality Standards Framework [i] pages 22 and 23, states that:[17]

Services offer effective assessment of housing and support needs and offer effective support planning to persons at-risk-of or experiencing homelessness

The failure to implement meaningful support plans for People Who Use Drugs in homeless accommodation is a direct violation of the human rights standards outlined in the National Quality Standards Framework. It speaks to the core of the systemic failure identified in this report. The lack of timely, people-centred support is evident here. People are living in emergency accommodations for long periods without any concrete plan for their future or support to help them stabilise their lives. This neglect not only undermines the dignity and human rights of people but also perpetuates the cycle of poverty, homelessness and social exclusion. The fact that 78% of those interviewed did not have a support plan, and that the few who did feel it had no impact, reflects the deeply flawed nature of service delivery in this sector. The absence of this fundamental and basic step highlights a systemic lack of will to provide real, lasting solutions that enable people to move out of homelessness. This is not just an administrative failure experienced at random; it is endemic across services, deviates from sectoral policy and best practice, and exemplifies a systemic failure to protect People Who Use Drugs' human rights and dignity. When people live in emergency accommodation for extended periods without meaningful interventions or support, it perpetuates a cycle of despair and hopelessness. The absence of timely and effective support plans ensures that

[1717] Dublin Regional Homeless Executive. (2019). *National Quality Standards Framework for homeless services* (pp. 22–23). https://www.homelessdublin.ie/content/files/National-Quality-Standards-Framework.pdf

people are unable to break free from the cycle of homelessness and poverty, leading to increasingly complex needs that the system is ill-equipped to address.

Participant Quotes

None / no impact

Nothing happens, still homeless /still in the same situation

None because they don't follow up on them

I feel like I am living from day to day, and I do not know when I will give up.

More drug use and more mental health issues

More trauma from being let down

Mental health is not good, and they just send me from pillar to post

I have lost hope for myself and my kids

I am only young, and I see no future

I am trying to get a care plan for the last 6 months. I need one to see a counsellor

Meaningful Participation and Making a Complaint

The National Quality Standards Framework, The Public Sector Human Rights and Equality Duty and international human rights agreements all stress the importance of people-centred services in robust mechanisms for participation and making complaints. The findings in this research are that 90% of participants have never been consulted about the services, and a further 79% never made a complaint.

The finding that 90% of those interviewed had never been consulted about the services they are using highlights a severe violation of their right to participate in decisions that directly affect their lives. This is not just an oversight but a clear reflection of a broader systemic failure that treats people as passive recipients rather than active agents in shaping their own lives. The lack of consultation reveals a systemic disregard for the voices of those most affected by the services meant to support them, denying them the autonomy and dignity they are entitled to.

Meaningful participation is a cornerstone of human rights, yet the widespread disillusionment with the complaints process further reinforces the power imbalance within these services. The fear of backlash, punishment, or being labelled "troublesome" for making a complaint speaks to a deeply punitive atmosphere that undermines trust and accountability. This system, rooted in control rather than collaboration, leaves people marginalised, stripped of their rights, and trapped in cycles of trauma.

The failure to involve people in decisions that impact their lives perpetuates a cycle of disempowerment. Excluding marginalised people from any agency in their own lives means denying them the ability to challenge, change, or improve the services they rely on. This is not just a missed opportunity; it is a direct denial of their human rights. To address this, we must ensure services offer accessible, anonymous feedback mechanisms that minimise barriers like literacy and fear of retaliation.

To create truly people-centred services, as envisioned in the National Quality Standards Framework, requires a fundamental cultural shift, one that replaces punitive control with genuine collaboration. This shift must prioritise dignity, respect, and the protection of human rights. Only by fostering a culture that genuinely values meaningful participation can we begin to break the cycle of systemic neglect and empower people to reclaim their autonomy.

The need for peer participation at all levels is critical to this transformation. By embedding peer-led decision-making throughout services, we ensure that those with lived and living experience are central to shaping the services that impact them. This is not just a methodological change but a necessary step to dismantle power imbalances and create services that are truly responsive to the needs of the most marginalised

Participant Quotes

Why, no one cares.

What's the point? Wouldn't get me anywhere.

Because it can backfire.

Don't want to get on the staff's bad side.

Because I would be afraid of losing my bed.

Don't want to deal with the consequences, as I might be banned as a result.

Don't want to get into trouble.

Don't know how to. Can't read or write.

I don't talk, old school, no one will listen anyway.

Because I did not want to be called a rat.

Because if I had a problem and told staff, they would just find reasons to say everything is ok.

Of the 21% who have made a complaint, all but three say there was no impact. Repeated comments include:

No result, they did not listen.

Apparently, I was lying.

Never heard back.

Still haven't heard from anyone.

I was confused by their letter, so I threw it in the bin.

People interviewed do have experiences they would like to complain about and shared some of these throughout the process.

In a hostel with an open wound, blood all over the walls and the staff refused to clean it.

Just for getting thrown out for using my cancer medication.

I am being bullied at the moment for money (a lot of comments about bullying and racism).

Been raped in services and beaten up. Staff telling me they can't support me because they have a time limit on how long they can see me.

The staff are very bad towards People Who Use Drugs, not all of them but a lot of them.

My jacket and bag were stolen from my room, but they couldn't see who did it because the cameras were not working at the time (many comments on stolen property).

Not getting proper explanation on why you have to leave and not getting the chance of telling your side of the story. I am no angel and no Jack the Ripper!

Don't like sharing a room with people I do not know.

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Robust Complaints Process

The findings show that many people using homeless services are unaware of how to make a complaint, and an even larger percentage (79%) have never made one, largely due to the belief that it would lead to no positive outcome. In fact, many people fear punishment or backlash if they do make a complaint. This reflects a deep power imbalance within the system, where the fear of retaliation is more than just a perception, it's a lived reality for people accessing these services. This fear is a direct result of the punitive, rather than supportive, approach that dominates homeless services. This culture of fear silences complaints and prevents people from challenging injustices, leaving their rights violated without any accountability or recourse. When complaints are not taken seriously, or worse, when people are punished for raising concerns, it reflects a broader systemic issue of internalised oppression. People who experience this fear are forced into silence, and their experiences, however valid, are dismissed. This not only undermines their dignity but also perpetuates the cycle of trauma, disempowerment, and marginalisation.

A system that fails to uphold a robust and accessible complaints process cannot be considered a human rights-compliant system. If the underlying structures continue to punish those who seek to address harm or seek redress, they continue to perpetuate a punitive culture that strips people of their autonomy. To genuinely empower people, it is essential that complaint processes are accessible, fair, and free from retaliation. This requires creating an environment where feedback is welcomed and acted upon, not feared or silenced. Only then can we break the culture of fear and silence, ensuring people's rights are protected and their dignity is respected.

Ways Services Could be Improved

Participants were asked to rate the quality of accommodation services according to the standards outlined in the policy on a scale of 1 to 5.

	1	2	3	4	5	TOTAL RESPONDENTS
Effective heating	21.95% 18	13.41% 11	26.83% 22	20.73% 17	17.07% 14	82
Adequate ventilation	23.17% 19	15.85% 13	19.51% 16	15.85% 13	25.61% 21	82
Natural light	18.29% 15	4.88% 4	20.73% 17	12.20% 10	43.90% 36	82
Access to laundry facilities	37.80% 31	18.29% 15	20.73% 17	4.88% 4	18.29% 15	82
Suitable and adequate food storage, preparation, and cooking facilities	80.49% 66	6.10% 5	4.88% 4	1.22% 1	7.32% 6	82
Privacy- single room, screens within rooms	70.73% 58	3.66% 3	4.88% 4	2.44% 2	18.29% 15	82
Lockers and locks on bathroom doors	20.73% 17	7.32% 6	13.41% 11	13.41% 11	45.12% 37	82
Cleanliness	23.17% 19	18.29% 15	35.37% 29	8.54% 7	14.63% 12	82

The data reflects the living experience of People Who Use Drugs and are experiencing homelessness, with respondents asked to rate the quality of services they receive according to various standards. The ratings are on a scale from 1 (very poor) to 5 (very good). Below is a summary grouped into negative (1–2), neutral (3), and positive (4–5) ratings, highlighting the conditions and challenges faced by people in homeless accommodation.

1. Effective Heating:

Negative (1–2): 35.36% **Neutral (3):** 26.83% **Positive (4–5):** 37.80%

A significant proportion of respondents reported negative experiences with heating, though a similar number rated it positively. This suggests inconsistent standards across different accommodation settings. The significant proportion of respondents reporting a negative experience suggests a need for immediate improvements to ensure that basic comforts are met.

2. Adequate Ventilation:

Negative (1–2): 39.02% **Neutral (3):** 19.51% **Positive (4–5):** 41.46%

Ventilation was rated relatively evenly between negative and positive, with nearly 40% of respondents identifying it as poor. This is a priority concern as poor ventilation can contribute to a range of health issues, especially in overcrowded living conditions.

3. Natural Light:

Negative (1–2): 23.17% **Neutral (3):** 20.73% **Positive (4–5):** 56.10%

A majority of respondents had a positive perception of natural light. However, over 20% gave it the lowest score, indicating that some accommodation lacks adequate lighting, an issue tied to both mental and physical health. Natural light is essential for mental health and overall well-being. Ensuring access to natural light is a basic need that must be prioritised to support residents' physical and mental health.

4. Access to Laundry Facilities:

Negative (1–2): 56.09% **Neutral (3):** 20.73% **Positive (4–5):** 23.17%

Access to laundry facilities was one of the most negatively rated items. More than half of respondents reported poor access, underlining a significant gap in meeting basic hygiene needs. Lack of access to laundry facilities can lead to personal hygiene issues, which directly affect dignity and well-being, exacerbating feelings of marginalisation.

5. Suitable and Adequate Food Storage, Preparation, and Cooking Facilities:

Negative (1–2): 7.32% **Neutral (3):** 4.88% **Positive (4–5):** 87.80%

This category received the most positive feedback, indicating that most people felt their accommodation provided decent food storage, preparation and cooking facilities. This is a crucial area for improving residents' quality of life, as access to food and the ability to prepare meals is a basic right.

6. Privacy - Single Room, Screens within Rooms:

Negative (1–2): 74.39% **Neutral (3):** 4.88% **Positive (4–5):** 20.73%

Privacy was rated poorly by most respondents, with three-quarters giving it a score of 1 or 2. This reflects a significant issue with privacy, as many people are either in shared rooms without adequate privacy or feel their personal space is compromised, which can have an effect on mental health and dignity, making it harder to create a sense of safety and personal autonomy.

7. Lockers and Locks on Bathroom Doors:

Negative (1–2): 28.05% **Neutral (3):** 13.41% **Positive (4–5):** 58.53%

This category showed a reasonably positive trend, though over a quarter still reported issues. For people experiencing homelessness, having safe places to store personal belongings and a secure bathroom environment is essential to maintaining dignity and reducing the risk of theft or harm, especially in communal settings.

8. Cleanliness:

Negative (1–2): 41.46% **Neutral (3):** 35.37% **Positive (4–5):** 23.17%

Cleanliness received the second-lowest positive rating after laundry access. A combined 77% of respondents rated it neutral or negative, indicating systemic shortcomings in hygiene standards. This is particularly concerning in an environment where people are already highly vulnerable, and it reflects poorly on the quality of services being provided.

The data reveals significant gaps in the quality of services provided to people using drugs in homeless accommodation, particularly regarding basic needs like effective heating, adequate ventilation, privacy, and cleanliness. The lack of adequate facilities for personal hygiene and safe storage of belongings, as well as the overall lack of privacy, points to systemic issues within the services that need urgent attention. In contrast, food storage and cooking facilities stand out as a rare positive, suggesting that some practical supports are being implemented effectively. Improving these fundamental aspects of accommodation would greatly enhance the dignity, security, and well-being of people experiencing homelessness.

Engaging with Duty Bearers

Gathering evidence of the living experience of PWUD who are in homeless accommodation and using it as baseline data in a process of engagement with service providers to ensure the progressive realisation of the rights identified was the core aim of this project. After reflecting on the findings, the research team from UISCE and CAN invited service providers and policymakers to engage in a collaborative process to build collective ownership across the whole system for addressing the named issues.

Dialogue Process

Dialogue is a whole systems relationship change method informed by the work of, among others, David Bohm and William Isaacs. It is built on the complex but straightforward premise that if you bring together a microcosm of a system comprising different stakeholders and perspectives, you can create a greater pool of shared meaning, which enhances our capacity to make sense of deep-rooted, complex issues that impede our ability to work together. By doing this in an atmosphere of respect and non-judgment, it is possible to change the quality of our relationships and to create systemic change. It differs from Discussion, Debate, Negotiation or Decision Making and was chosen as an effective methodology for building the collaboration essential to progressing these issues. Attendees were invited to sit, think and talk together in a way that respects different perspectives and experiences with a view to co-creating a shared vision for how they would like collaboration to be in the future.

The purpose of the dialogue was to

- Respond to the findings of the research into the living experience of PWUD and are in homeless accommodation, conducted by Niall, Gillian, Dan, Catherine, Ronaldo, Amanda and John
- Inquire into the potential for a more integrated collective response to the identified issues in the context of service user engagement.

Those present were encouraged to engage with the deepest intention underpinning the dialogue:

- The purpose was to hear the findings of the peer-led research into the living experience of PWUD and are in homeless accommodation– what is it telling us?
- Inquire into the current response and, in so doing, consider what everyone is saying. To listen, notice, reflect on the ways we are all responding and maybe the assumptions that inform our collective response. Listen with a willingness to understand.
- Let go of what we think we know and be willing to engage with what might be possible in the future without being restricted by the boundaries of current reality. – What is the best we could do here? Listen with a willingness to be influenced.
- To be mindful that the dialogue is about inquiry…no need for any of us to feel we have to be defensive, but instead to really try and suspend certainty and inquire into potential.

Following a presentation of the findings by peers, there were two rounds of conversations in concentric circles, divided as follows:

- ❖ People with living experience
- ❖ Service Providers

Each conversation addressed the questions:

- ❖ What would it take to create change in relation to this group?
- ❖ If we could respond in new ways to meet the needs of this group. …
- ❖ What would these new ways look like?

What emerged was a shared understanding that things cannot stay as they are.

Service providers named clear areas where change is needed, acknowledging gaps in staff training, inconsistent practices around naloxone and needle exchange, and the harm caused by a lack of trauma-informed approaches. There was a strong call to improve how people are welcomed into services, with an acknowledgement that "we're working in their homes, not the other way around." Others spoke of the urgent need to shift away from rigid rules towards person-centred, rights-based practice.

These new ways of working would include:

- Prioritising trauma-informed care and ongoing staff training.
- Revisiting how key workers are assigned, with greater care and consistency.
- Reviewing how support plans are used, and whether they are followed up.
- Challenging existing barriers to naloxone access and pushing for clearer, enabling, policies.
- Creating peer-led communities of practice; spaces to name issues and co-develop solutions.
- Integrating the findings into 2025 organisational planning.
- Recognising the legal obligation to act on human rights violations.

Peers spoke of the need for services to stop seeing people as "the problem" and instead recognise them as the holders of solutions. They asked for consistent, professional, non-judgmental support. The frustration with private services was clear, as was the need for better representation and influence within decision-making structures.

Key asks from peers included:

- A single room as a basic right, and attention to who shares rooms where that isn't possible.
- Immediate support planning at induction, with plans that follow the person across services.
- Slower, intentional matching of key workers and more respectful, person-first approaches.
- Representation for residents within service decision-making structures.
- Listening to people with living experience, not just collecting feedback, but acting on it.

In the final check-out, organisations made practical commitments:

- Bringing the findings back to local and national management teams.
- Reviewing internal practices and policies, particularly around naloxone access.
- Committing to better consultation with People Who Use Drugs.
- Amplifying peer voices and integrating their insights into strategic planning.

Across both groups, one clear message emerged: this work cannot end here. If services are serious about upholding human rights, they must move from acknowledgement to action, ensuring that lived and living experience drives how services are shaped, delivered, and evaluated.

Using The Findings

The responses to how services could be improved provide a clear and straightforward roadmap for reform. What people are asking for is not radical or luxurious; it is basic decency, dignity, and respect. Improved access to safe accommodation, timely support plans, staff training on life-saving interventions like naloxone, and the establishment of a robust complaints process are all fundamental changes that must be made to bring services in line with human rights standards. However, these practical steps are only part of the solution. A deeper, more profound cultural shift is needed, one that replaces punitive, judgmental approaches with a person-centred, human rights-based model of support. Without such a shift, services will continue to compound the trauma and social exclusion that force many people into homelessness in the first place.

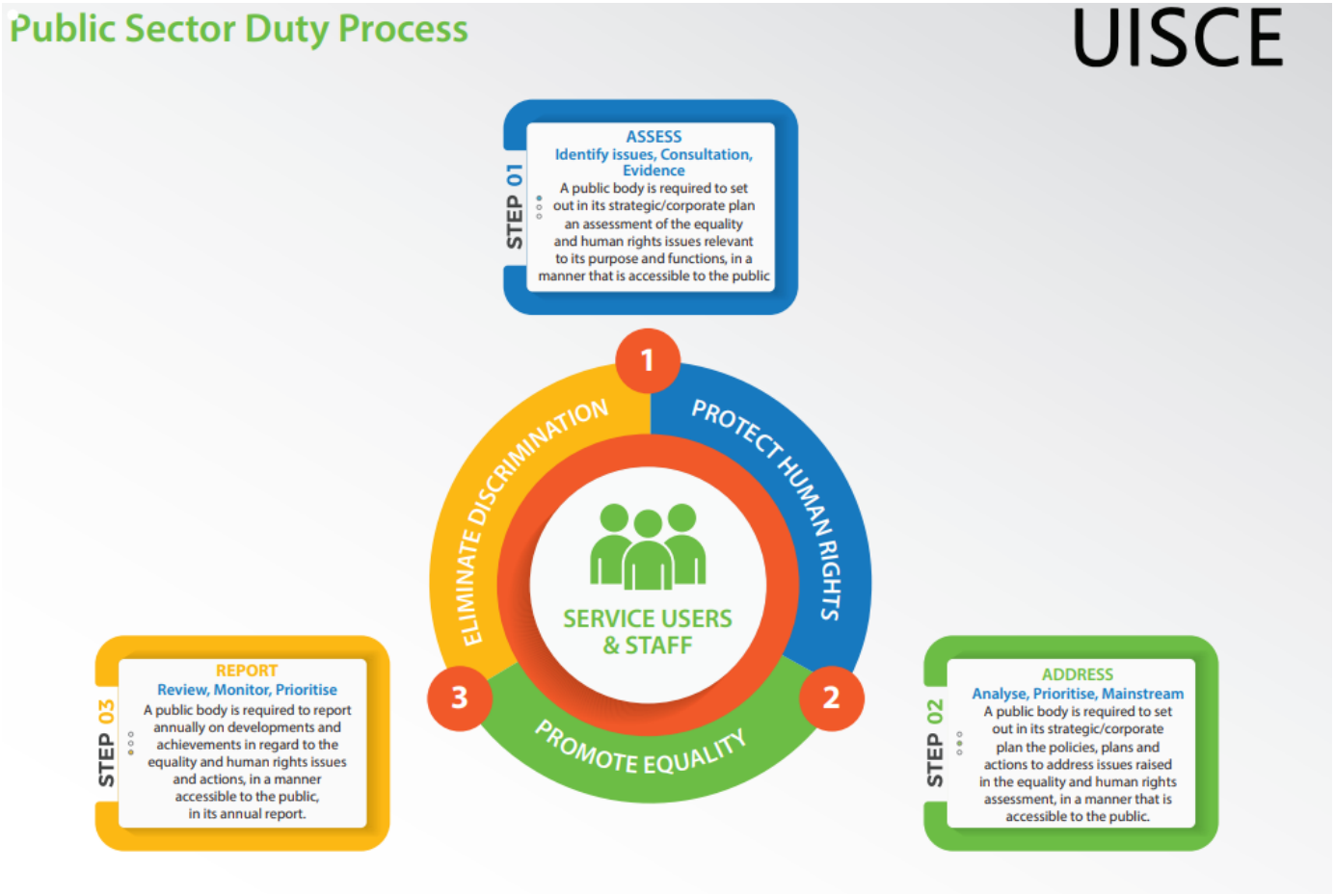
The core problem is not simply the lack of specific resources or interventions but the absence of a consistent commitment to human rights principles. This report reveals just how far services fall short of meeting those standards, especially the basic rights to dignity, privacy, and health. If services claim to uphold human rights frameworks and policies like the National Quality Standards Framework (NQSF) and the Public Sector Human Rights and Equality Duty, yet people don't know their rights and services fail to adhere to these standards, then the purpose of these frameworks is undermined. What is the purpose of a human rights framework if it is not actively applied and if those it is meant to protect do not even know it exists?

The public sector duty process in Ireland offers a vital framework for embedding human rights into public services. This commitment should be reflected in every service provided, particularly for the most vulnerable in society, like people experiencing homelessness. The failure to implement this framework in a meaningful way has serious consequences, perpetuating systemic neglect, disempowerment, and harm. It is not enough for services to be theoretically aligned with human rights principles; they must be practically, transparently, and consistently held to those standards.

This document is not just a report, it is a direct message from peers as rights holders, bringing information back to duty bearers with a clear plan for addressing it. This is a strengths-based approach, one that highlights the value of lived and living experience in driving change. While we recognise that duty bearers may not yet have the necessary relationships with peers due to the existing power imbalances, this document serves as a tool to bridge that gap and create the foundation for meaningful collaboration. By adopting this approach, we can ensure that those who are most affected by homelessness and substance use have a seat at the table, guiding the changes that directly impact their lives.

The societal and systemic trauma that drives many people into homelessness, rooted in poverty, exclusion, and historical disadvantage, must be addressed. If we are to create services that genuinely meet the needs of the most marginalised, we must look beyond just providing temporary accommodation and services; we must challenge and dismantle the structural violence that perpetuates inequality and exclusion. Adopting the human rights framework is not just about making services more effective; it is about ensuring that people are treated with the dignity, respect, and support they deserve.

In conclusion, a commitment to human rights, equality, and meaningful participation is essential for creating services that are truly fit for purpose. This report serves as a call to action to ensure that these values are not just espoused but embedded in every aspect of service provision. Only by doing so can we ensure that services are genuinely empowering, humanising, and effective in supporting people out of homelessness and into a future where their rights are respected and upheld.

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Advocacy for People who use Drugs