



**Presentation to the Joint Committee on Health and Children
from the Simon Communities of Ireland**

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Delegation

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Introduction (Patrick Burke)

Simon Communities of Ireland very much welcomes the opportunity to meet with this committee today and we thank you for taking time from your busy schedule to meet with us.

The Simon Communities of Ireland is a national organisation representing eight Simon Communities based in Cork, Dublin, Dundalk, Galway, the Midlands, the Mid West, the South East and the North West. In addition, the National Office performs a coordinating role in terms of campaigning in the areas of housing/homeless policy and the wider poverty and social inclusion agenda; best practice in service delivery and working with people who are homeless; and in the area of full time volunteering promoting excellence and providing accredited training to full-time volunteers. We have been working with people experiencing homelessness since 1969 and currently provide services to approx 3,500 individuals per year.

Our mission is to work with people experiencing homelessness and housing exclusion in Ireland by:

- Providing quality care, accommodation, projects and services that support people and enable them to acquire and sustain an appropriate home of their own. Services provided include; street outreach and emergency accommodation; day support services; transitional and supported housing; innovative detoxification and employment projects; settlement and tenancy sustainment services.
- Assisting people at risk of becoming homeless.
- Campaigning for legislative and policy changes and resources that will deliver responsive services for people experiencing homelessness.



The New National Homelessness Strategy

We broadly welcome the new adult Homeless Strategy 'The Way Home' launched in Aug 2008 and believe certain elements will be extremely helpful in terms of prevention and assistance to people already experiencing homelessness.

In particular we welcome

- The continued commitment by government to the eradication of the need to sleep rough and to reducing significantly the length of time people have to stay in emergency accommodation by 2010.
- The commitment to ensure that the long-term housing needs of people experiencing homelessness are met.
- The further development of locally and regionally based Homeless Fora and Local Management Groups with responsibility for devising local Homeless Actions Plans and for their implementation.

However, we do have some concerns with the strategy, which can be addressed in the imminent Implementation Plan to accompany the Strategy. This is due to be published before the end of the year therefore to have an impact on this Plan it is imperative to act now. This is one of the reasons we pursued a meeting with this Committee before the end of this year. We have been actively engaging with all of the stakeholders on this matter and we would like to share some of our specific concerns with you all, which Colette Kelleher CEO, Cork Simon will outline in detail later in this presentation. In addition, Sam McGuinness, CEO and Marlene O'Connor CEO, Galway Simon will outline two case studies, which will give you an idea of some of the challenges that people who are homeless face and some of the effective healthcare interventions, which really make a difference. First of all Niamh Randall, National Research and Policy Manager will highlight some of the major health issues experienced by people who are homeless.

We welcome the recent meetings with Minister Finneran, his officials from the Department of Environment, Heritage and Local Government and the Health Service Executive. We would like to emphasise that the success of the New Homeless Strategy is contingent on the engagement and support of the HSE to deliver the critical healthcare elements of the Strategy. We say this being mindful of the challenging economic climate we are all.

Homelessness is Bad for your Health (Niamh Randall)

Homelessness is bad for your health. This link is undeniable. Both national and international evidence clearly documents this. We see the impact that homelessness has on a person's health everyday. While there are many different reasons why a person becomes homeless, poor physical and mental health is a common factor. Once a person becomes homeless, the deterioration in their physical and mental health is rapid and debilitating.

Physical Health

- In the most significant profiling exercise of people experiencing homelessness in Ireland to date 90% of participants reported having one or more physical health complaints ranging from head injuries to respiratory problems to communicable diseases like hepatitis (National Advisory Committee On Drugs, 2005).
- Homeless people are more likely than their settled counterparts to suffer a range of physical health problems including; arthritis and problems with bones and joints, heart disease, tuberculosis, eye and ear complaints, epilepsy, skin problems, headaches and injuries from accidents and assaults.¹

Mental Health:

- It is estimated that between 25% and 50% of people who are homeless experience mental health problems.
- 48% of respondents in the above NACD study reported having concerns regarding their psychiatric health². These include stress, depression, panic attacks, self-harm etc.

Drug and alcohol Use:

- Incidence of problematic drug and alcohol use is high amongst people who are homeless.
- Research indicates that drug dependency ranges from 25% to 45%. Between 29% and 51% of people who are homeless are drinking above safe levels.
- Alcohol remains the primary drug used amongst this group however there have been some changes recently with alcohol use becoming a part of more complex drug using patterns with 72% of participants reporting polydrug use (using more than one drug) in a recent study (NACD, 2005).
- Homeless drug and alcohol users tend to use more frequently, increased quantities and in less safe ways than their housed counterparts.³

Complex Needs:

- Some people who are homeless have a range of complex (multiple) needs, which can make responding to their needs difficult.
- Imagine somebody who is rough sleeping with chronic physical health needs, a mental health problem and also an alcohol problem.
- Some homeless people experience dual diagnosis, experiencing both a mental health problem and problematic drug/alcohol use concurrently.
- Services often focus on an individual's 'single need' in isolation from the rest of their life. However, complex needs such as those mentioned are often interlocked therefore holistic responses are critical to respond to all these needs simultaneously.⁴

Homeless people die younger.

- The average age of death of those recorded as homeless on corners reports varies between 42 and 53 years (Keyes and Kennedy, 1992 cited in Crisis, 2003).
- In 2006, 55 users of Simon services passed away, with an average mortality rate of just 42 years of age. This is around half the average lifespan of most other Irish people.⁵

Future trends:

- In the current economic climate with increasing unemployment and poverty, both risk factors for homelessness, we will have more people turning to our services for support, more people will be at risk of homelessness and more people will become homeless.
- It is critical that the Implementation Plan has sufficient flexibility to respond to needs as they arise and also the changing economic environment.
- In addition, contracting budgets across the public sector including hospitals and prisons will have a knock on effect on the people who use Simon services.

Data deficit:

- We currently awaiting the 2008 triennial Housing Needs Assessment Figures, aside from methodological issues, these figures are limited. They tell us nothing about the experience of actually being homeless e.g. impact on health and general well being, the challenges rearing a family while living in emergency accommodation (B&B) etc.

I will now hand you over to Colette Kelleher who will give you an overview of Cork's Adult Multidisciplinary Team and discuss some of the gaps in the Strategy, which must be addressed in the forthcoming Implementation Plan.

Corks Adult Multidisciplinary Team: A Profile (Colette Kelleher)

Since March 2002 an Adult Homeless Multidisciplinary Team, funded by the HSE, has been active in addressing the physical and mental health of people who are homeless. The team consists of a full-time Public Health Nurse, a part-time Registered Nurse, 2 full-time Community Mental Health Nurses, a part-time Clinical Psychologist, a part-time Consultant Psychiatrist and a part-time GP. A part-time Addiction Counsellor was also a member of the team; that post has been vacant for some time.

The Team facilitates access to effective and appropriate healthcare for people who are homeless. They provide basic medical care for people who would otherwise have difficulty accessing it. The Team understands the complex nature of health and homelessness. They are best placed to make appropriate referrals, ensure follow-up care and ensure people have access to their entitlements.

The figures speak for themselves. Up to the end of March 2008

- The number of consultations was 9,688.
- There were 1,260 patients - 90% male.
- The average age of patients was 37.1 years. Age range: youngest 17 years - the eldest was 86 years.
- 49% of patients gave a personal history of having a mental health problem.
- 54% of patients gave a personal history of having an addiction problem - a figure that underlines the urgent need for addiction counselling.
- 48 patients of the services died - almost 4%. Their average age was 46 years.
- 63% of those who died gave a personal history of mental health problems. 73% of those who died gave a personal history of addiction problems.

Strategic Aims of the Homeless Strategy

I will now discuss some areas that need to be addressed in the Implementation Plan if we are to realistically move towards the government's own goals of ending rough sleeping and long term homelessness by 2010.

The Strategy has six Strategic Aims

1. Preventing Homelessness
2. Eliminate the Need to Sleep Rough

3. Eliminate Long Term Homelessness
4. Meet Long Term Housing Needs
5. Ensure Effective Services for Homeless People
6. Better Coordinated funding Arrangements

For the purpose of brevity I will focus on Strategic Aim 6- Better Coordinated funding Arrangements. We have included details of some of the gaps we have identified under the other Strategic Aims (1-5) in an appendix at the back of this presentation.

Strategic Aim 6- Better Coordinated funding Arrangements

- The new financial arrangements as mentioned in the Strategy must give greater clarity about the funding relationship between the Health Service Executive and the Department of the Environment, Heritage and Local Government.
- The HSE budget remained unchanged in both 2007 and 2008 at €33million. This is not sufficient. It imperative that there is adequate ring fenced, multi annual health funding for homelessness otherwise the strategic aims of the strategy cannot be achieved.
- All funding must be index linked and include both revenue and capital funding.
- The 'Value for Money' exercise underway under the auspices of the Homeless Agency is welcomed but not at the expense of service provision and quality. It is critical that 'quality of life' measures are incorporated into any such exercise.
- Furthermore, it must be acknowledged that this is a Dublin specific piece of work (the Homeless Agency is responsible for the management and coordination of services to people who are homeless in the Dublin area alone) thus the applicability of the findings at a National level must not be assumed. This should be an anticipated next phase for this project.

General Points

Logistics: The plan must include specific detail in terms of - timelines, key performance indicators, funding allocations, monitoring and evaluation and the future roles of the Cross Departmental Team on Homelessness and the National Homeless Consultative Committee.

The Process: There has been limited consultation with the sector in preparation of this Implementation Plan. It is essential to have full 'buy-in' from all key stakeholders including the voluntary sector in the development of this Implementation Plan and implementation of the Strategy as a whole.



How You Can Help

The Simon Communities of Ireland have actively engaged in the consultation and development of this new strategy. This is an exciting time and there is huge potential to make a difference in terms of homelessness in Ireland but only if we get this Implementation Plan right with the required resource allocation. There is a window of opportunity: it is critical to act now. The Plan is due before Christmas.

As outlined, meeting healthcare needs is a fundamental part of the solution to homelessness. The provision of accommodation to people who are homeless without necessary health care and supports, where needed, is doomed to failure. It is critical that there is an adequate stream of health funding allocated to homelessness otherwise the strategic aims of this strategy cannot be achieved. In addition, the plan needs to give the much-needed clarity about the future funding arrangements between the HSE and the DoEHLG.

It is more cost effective to act to prevent homelessness or at least to facilitate early intervention: housing people in appropriate accommodation where their health and social care needs are being met will save money in the longer term. The alternatives - ongoing hospital visits, accident and emergency departments admissions and stays in psychiatric units and prison are all expensive.

In addition, regular independent health audits of people who are homeless, using best practice approaches in terms of data collection and analysis are critical to facilitate us to best respond to needs and to capture emerging trends.

We are asking you to influence the development of this Implementation Plan and the actual implementation of the Strategy; specifically to ensure that health is given due prominence in the plan and that funding issues are adequately addressed.

I will now hand you over to Sam McGuinness and Marlene O'Connor will present some case studies.



Case Studies

Case Study 1 - (Sam McGuinness)

Case Study 2 - (Marlene O'Connor)

Conclusion (Patrick Burke)

We would like to once again thank you - members of the committee- for inviting us to address you. We hope that you will take the opportunity to exert some influence over the development of this Implementation Plan and that you will continue to monitor the implementation of the new Homelessness strategy. We would appreciate the opportunity to return to you in the future to report the Simon Communities of Ireland's perspective and experiences of the implementation of this strategy.

Appendix

Homeless Strategy Strategic Aims 1-5

Strategic Aim 1- Preventing Homelessness

The key here is early intervention to prevent situations spiralling out of control thus tenancy sustainment and support services, including improved access health and treatment services can be can be critical at this stage.

Strategic Aim 2 - Eliminate the Need to Sleep Rough

There must be sufficient numbers of emergency beds to meet needs of people presenting to emergency accommodation on a nightly basis. Here targeted health interventions are critical when working with those who are often not in contact with mainstream services including physical and mental health services and drug/alcohol treatment services. Thus, the ongoing funding of Outreach Services to reach 'hard to reach' and the Multi -Disciplinary Teams (Adult Health Teams) is crucial. There is an apparent contradiction between aims 2 and 3, to eliminate rough sleeping it is essential to have a sufficient supply of emergency accommodation thus no resources should be transferred away from emergency provision.

Strategic Aim 3 - Eliminate Long Term Homelessness

Independent living is not a realistic option for all thus the Implementation Plan must create a balance between providing for move-on options and providing a range of support options, from low to high level care, dependent on need. Services must be resourced to meet the medium to high support needs of individuals with complex needs on a long-term basis at local and regional level. The Strategy indicates that some accommodation currently designated as emergency may in fact be suitable for long-term occupation and in such cases this accommodation may 'reclassified'. This may suitable in some cases but only with adherence to quality standards, appropriate capital investment and with the inclusion of 'wraparound' supports where necessary, for as long as necessary.

Strategic Aim 4- Meet Long Term Housing Needs

The Implementation Plan must recommend an immediate increase social housing output to meet the Governments own targets¹. A sizable proportion of this output should be allocated to people progressing out of homelessness. The Implementation Plan should allow for agreements between Councils and homeless service providers to commit to provision of a certain number of local authority accommodation units per annum for clients of that service ready to move-on. It is critical when it comes to supporting people to move out of homelessness that 'housing with supports' is provided.

Strategic Aim 5- Ensure Effective Services for Homeless People

The Implementation Plan needs to indicate how the needs of those with more complex needs will be practically met in the short, medium and long term. The HSE Transformation Programme must take account of current best practice approaches and seek to build upon such learning. There remains a lack of clarity about the 'roll-out' of Primary Care Teams and Primary and Social Care Networks and the implications for existing MDT's. In addition, this Implementation Plan should address the current disjoint between homeless policy and other policy areas.

¹ National Development Plan (NDP) targets, restated in the Social Partnership agreement Towards 2016, of meeting the housing need of 60,000 households between 2007-09

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