



Health and Homelessness
Health Snapshot of People using Simon Services in Ireland
Briefing Paper – Dec 2011

Introduction

There are many different reasons why a person becomes homeless, but generally the explanation lies in a combination of structural factors (such as poverty or unemployment) and personal factors (such as family breakdown or health problems). What is clear is that once a person becomes homeless, the deterioration in their physical and mental health can be both rapid and debilitating.

In Ireland there is a lack of specific information about the health of homeless people. This Health Snapshot Study attempts to address this deficit in relation to some of the people who use Simon services around the country. This is the second year the Simon Communities have undertaken this exercise at a National level. This year's Study builds on previous work and has incorporated much of the learning to date. It explores health status, both physical and mental health; drug and alcohol use and the health implications; and access to medical services amongst other issues. Understanding the health needs of people who become homeless is critical to developing, designing and improving, not only homeless services, but also health and other related services.

Key Findings	
Physical Health - at least one diagnosed physical health condition	65%
Mental health - at least one diagnosed mental health condition	47%
At least one diagnosed physical health condition AND one diagnosed mental health condition	46%
Intellectual disability	12%
Alcohol use 50%	Drug use 31%
Self harm 19%	Attempted suicide (last six months) 17%
Used Accident and Emergency services	55%

What this study demonstrates

This Study demonstrates the many health and related needs experienced amongst people using Simon services around the country, in short people who are very sick and very vulnerable. 603 people who use Simon projects and services all around the country participated in this study, 75% of participants were male and 25% of them were female. The average age was 43 years.

Long term homelessness remains high

Long term homelessness, which according to the government is more than 6 months, was high in this study with 83% of people reporting being homeless for more than 6 months. Of these, 54% reported being homeless for more than 3 years and 39% reported being homeless for 5 years or more. This Study indicates that physical and mental health conditions deteriorate the longer a person is homeless with the numbers of conditions increasing amongst those who reported being homeless for more than 1 year, and highest levels amongst those who were homeless for 5 years or more.

Homelessness and many related needs

This study demonstrates the many related needs experienced amongst people using Simon services around the country; with 65% of people experiencing at least one diagnosed physical health condition, 47% experiencing at least one diagnosed mental health condition, and 46% of people experiencing a combination of one or more diagnosed physical and mental health condition. In addition, people reported alcohol use (50%), drug use (31%), self harm (19%) and attempted suicide in the last six months (17%). In addition, 12% of participants reported an intellectual disability.

Homelessness is about health as well as housing

Homelessness is not just about housing; health is a significant factor and needs to be addressed in tandem with housing. Access to appropriate healthcare is critical to ensure that people remain as healthy as possible and that they get the supports that they need. To support people to move out of homelessness accommodation must be provided with appropriate housing, health and social care support based on need and also high support housing for those who need more intensive, ongoing support.

What is needed

Availability of appropriate housing

It is widely acknowledged that access to housing is a major block delaying the implementation of the Homeless Strategy. It is critical that social housing provision is reprioritised to keep pace with increasing demands and pressures. We welcome commitments to increase the supply of permanent new social housing contained in the *Housing Policy Statement* (June 2011). In addition, we welcome the 'Housing First' approach which is endorsed in the Programme for Government 2011 and reiterated in the above Statement. This 'Housing First' approach will work for some once the necessary supports are provided simultaneously. However, such an approach will not work for all people who are homeless therefore a range of appropriate housing options must be provided through local authorities, voluntary housing, private rented accommodation, the Rental Accommodation Scheme and the leasing scheme. A portion of the CAS Special Needs funding needs to be ringfenced for housing for people with high support needs.

Housing with supports and high support housing

To tackle long term homelessness and to support people to move out of homelessness the provision of accommodation with appropriate housing support and health and social care support based on need is critical. In addition, high support housing for those who need more intensive, ongoing support must also be an option. The provision of both housing with supports and high support housing works and is working in Simon Communities all around the country.

Access to both mainstream and specialist services

Specialist services working in conjunction with mainstream services are effective when working with people who are homeless supporting them to manage and overcome their combination of health problems. Existing specialist services must be maintained and they must be developed in areas where they are required. Integrated approaches ensure people have access to the most appropriate healthcare, including mental health services and support therefore improving diagnosis, interventions and outcomes.

Expansion of alcohol and drugs services

Alcohol and drug services must be expanded including harm reduction, access to substitution treatment¹, detoxification, rehabilitation and aftercare all-around the country. These should be tailored and targeted to the needs of people who are homeless with alcohol and/or drug related problems, irrespective of location. The imminent Substance Misuse Strategy must include specific actions in relation to people who are homeless (Simon actively engaged in consultation processes on the development of same). In addition, it is timely to undertake research looking at drug and alcohol use amongst the homeless population. We recommend that the National Advisory Committee on Drugs (NACD) study (2005) is repeated and recommendations implemented as a matter of urgency.

¹ This is the procedure of replacing a drug usually heroin with a medically prescribed substitute e.g. methadone or buprenorphine

Findings at a Glance - Research Summary							
Research period				Jul 2011			
Number of participants				603			
Gender		75% - male		25% - female		Average age 43 yrs	
Length of Time Homeless							
Less than 3 months – 8%		3 – 6 months – 9%			7- 12 months – 8%		
1-3years – 21%		3-5 years - 15%			5+ years – 39%		
Triggers for first period of Homelessness							
Note: The primary causes of homelessness are structural lack of affordable housing, poverty etc., the events described here are the personal difficulties that triggered homelessness for the individual							
• Alcohol use - personal				• Family conflict			
• Drug use - personal				• Domestic violence			
• Mental/psychiatric issues - personal				• Relationship breakdown			
Physical Health							
At least one diagnosed physical health condition				65%			
<i>Most frequently occurring diagnosed physical health conditions</i>							
Dental Conditions				19%			
Asthma				14%			
Hep C				10%			
Blood Pressure				10%			
Arthritis				10%			
Mental Health							
At least one diagnosed mental health condition				47%			
<i>Most frequently occurring diagnosed mental health conditions</i>							
Depression				34%			
Schizophrenia				9%			
Panic Attacks				8%			
Bipolar Disorder				6%			
Social Anxiety Disorder				5%			
Length of Time Homeless by Diagnosed Physical & Mental Health Conditions							
Type of Conditions	Length of Time Homeless						No. of responses
	< 3 mths	3-6 mths	7-12 mths	1-3 yrs	>3-5 yrs	>5 yrs	
Diagnosed Physical Health Condition	11	24	33	72	63	203	429 ²
Diagnosed Mental Health Condition	13	14	15	44	24	75	185 ³

² There is an element of double counting here with some people identifying they had more than one diagnosed physical health condition. 392 survey respondents indicated that they had been diagnosed with physical health conditions

³ 285 respondents reported having been diagnosed with at least one mental health condition.

Alcohol and Drug Use			
Alcohol use			50%
Drug use			31%
IV drug use (amongst those who reported drug use)			52%
Poly drug use (those who reported using more than one drug use)			76%
<i>Drugs most commonly used</i>			
Heroin			58%
Cannabis			47%
Prescribed Methadone			29%
Unprescribed Benzodiazepines			27%
Intellectual Disability			
Intellectual disability			12%
<i>Most frequently occurring intellectual disabilities</i>			
Mild Cognitive Impairment			74%
Attention Deficit Disorder			15%
Autism			12%
Self harm and Suicide			
Self Harm	19%	Attempted suicide in last 6 months	17%
Challenging Behaviour			
Exhibiting challenging behaviour ⁴			32%
Accessing Health Services			
Medical Card Holders	85%	Registered with a GP	93%
Use Services of Multi Disciplinary Team			34%
Used Services of SafetyNet			24%
Used Accident and Emergency			55%
Presented to mental health services last month (outpatient)			14%
Inpatient admissions to mental health services last month			15 people
Barriers to Health Care			
Experienced barriers to health care			21%
<i>Specific Barriers Experienced</i>			
Absence of Medical Card			38% (37 people)
Previous Negative Experience			35 people
Prioritisation of other needs over health needs			26 people

⁴ Challenging behaviour can range from social withdrawal to aggressive behaviour

Background info

About Simon

The Simon Communities throughout Ireland provide the best possible care, accommodation and support for people experiencing homelessness and those at risk. Together, with people who are homeless, Simon tackles the root causes, promotes innovative responses and urges the government to fulfil their commitments. Simon delivers support and service to between 4,500 and 5,000 individuals and families who experience - or are at risk of - homelessness on an annual basis.

The Simon Communities of Ireland is an affiliation of local Communities in Cork, Dublin, Dundalk, Galway, the Midlands, the Mid West, the North West and the South East. In addition, the National Office performs a coordinating role in 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.

Study Participants

There are generally 3 groups of people that the Simon Communities work with and who participated in this research: people who are homeless; people who were previously homeless and need ongoing support; and people who are at risk of becoming homeless. These groups all fall under the ETHOS definition⁵ of homelessness and housing exclusion which has been adopted by the Simon Communities of Ireland and integrated into the National Homeless Strategy *'The Way Home: A Strategy to address Adult Homelessness in Ireland 2008-2013'*.

This study was conducted during a one week period from July 4th to 11th 2011. 603 people participated in this research, a sample of people using Simon Community projects and services during this one week. It is important to note that this is not all of the people who were in contact with the Simon Communities during the week in question.

About this study

A snapshot is a 'point in time' picture during a particular sample time period, in this case one week. This snapshot report focuses on the profile and health needs of some of the people using Simon projects and services during the week in question. The number of people who participated in the study is a sample and cannot be used to estimate the total number of people using Simon services during this week or a longer period of time such as a calendar year. This snapshot study is however a significant sample of people who use the Simon services and thus can be used as a basis to generalise about the health and support needs of people who use Simon services. The research has used a form of sampling called convenience sampling. This is a type of sampling which involves the sample being drawn from that part of the population which is close to hand; i.e. a sample population selected because it is readily available and convenient. The questionnaire for this snapshot study was designed internally utilising in-house expertise. It was not designed or administered by health professionals and thus the findings are indicative. The analysis and write-up was undertaken by external research consultants.

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⁵ For more on the ETHOS definition visit www.feantsa.org