Simon Communities in Ireland

Submission to the inform the National Women's Strategy 2017 - 2020

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Introduction

The Simon Communities in Ireland welcome the opportunity to contribute to the development of the new National Women's Strategy 2017 – 2020 (Strategy). The development of the Strategy comes at a time when the housing and homelessness crisis is impacting every region and community around the country. It is a nationwide crisis, more acute in our urban areas but certainly present in our rural areas too. During one week in December (latest available figures), there were 7,148 people in emergency accommodation across the country, a year on year increase of 36% when compared to the same week in December 2015. Of this total, 1,956 are women. In 2016 we welcomed the publication of the *Rebuilding Ireland Action Plan for Housing and Homelessness* (*Action Plan*), and the coordinated approach contained therein to tackle the complexity of the current housing and homelessness crisis. We believe the development of this new National Women's Strategy offers a significant opportunity to enhance the understanding of the lived experience of women in homelessness and the development of strategies to meet their gender specific needs and the ongoing issues they encounter in their lives. In this regard, we fully support the Proposed High-level Objectives contained in the consultation document. This submission will primarily focus on the proposed high-level objectives for the advancement of socio-economic equality for women and girls, and the improvement of women's and girls' physical and mental health. Further insight will be provided into the disproportionate experience of violence and trauma encountered by women in homelessness in addition to the phenomenon of institutional cycling. This submission relies on recent research undertaken for the Simon Communities in Ireland by Dr. Paula Mayock, Sarah Parker and Sarah Sheridan of Trinity College Dublin entitled 'Women, Homelessness and Service Provision' published in November 2015.[1]

Recommendations for the Women's Strategy 2017-2020

Gender specific homeless services and supports

- Women experiencing homelessness must be included as a named target group in the new National Women's Strategy.
- The National Women's Strategy should prioritise the development of a system for gender proofing the planning, development and implementation of future policy across all Government departments and agencies.
- Gender specific homeless services and strategies must be put in place to meet women's specific needs that will ultimately support them to access and maintain stable housing. Existing services are modelled on the male experience and may inadvertently lead to further marginalisation, trauma and distress.
- Need to establish targeted services for women and trauma informed responses to deal with the complexity of need.
- Services and supports for women as mothers to protect their relationships with children.
- Additional resources must be made available to provide training and skills development for women who are homeless to help support them on their journey out of homelessness to independent living.
- Ongoing resourcing of Housing First and the associated services and supports nationally are vital to ensure women can maintain stable housing on exiting homelessness.

[1] Mayock et al, '*Women, Homelessness and Service Provision*', 2015, Simon Communities in Ireland, http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.

Advancing socio-economic equality for women and girls in homelessness

- The *Action Plan* commitment to triple Housing First tenancies is welcome. This target should be increased and rolled out nationally.
- Women's homeless is often hidden. Greater access to and awareness of state supports and homelessness prevention measures are required to reach women before they reach crisis point.
- Women at risk of homelessness must be supported to remain in their homes and to keep their tenancies. The Rent Supplement (RS) and Housing Assistance Payment (HAP) schemes must be resourced in full. Ongoing review and adjustment of limits is essential to counter ever increasing private market rents. Greater public awareness of discretionary uplifts available for both schemes is required to ensure they have their desired impact.
- Increased supply of social and affordable housing is required to stem the flow of greater numbers of people into homelessness. New commitments to introduce a cost-rental model are welcome but must be met with new social housing output. The primary barrier to housing stability is the lack of affordable housing options.

Parenting in homelessness

- We welcome the commitment to publish a National Parenting Support Plan. The plan must recognise the challenging, diverse and often times distressing nature of parenting in the context of homelessness and where possible provide strategic guidance and necessary resources to support the current commitments as contained in the Action Plan.

Improving the physical and mental health of women and girls in homelessness

- Increase access to general practitioner (primary healthcare) services to meet the healthcare needs of women who are homeless and to provide early intervention to prevent further chronic illness.
- Ongoing resourcing for primary care services and interventions in homeless services where required nationwide. This must be tailored for the particular health needs of women experiencing homelessness.
- Develop onsite counselling/psychological services in homeless accommodation services to provide trauma informed care.
- Develop, resource and implement discharge protocols for general hospitals, mental health services and drug treatment services in consultation with women who are homeless in conjunction with primary care networks and local primary care teams. Nobody should be discharged back into homelessness and continue to cycle through various services.
- The proposal in the Implementation Plan on the State's Response to Homelessness to provide a dedicated Community Mental Health Nurse in each ISA[2] area to support the needs of people who are or at risk of homelessness needs to be actioned. This is supported n the Report of the Committee on Housing and Homelessness (2016).
- Fill essential posts in mental health services to ensure nationwide coverage of Community Mental Health Teams.
- Clear identification of CMHT team with responsibility and accountability for people who are homeless in each catchment area. CMHT to be equipped to offer assertive outreach trauma informed responses to deal with the complexity of need.
- Put in place an out of hour's self-harm nursing service in all hospital accident and emergency departments.
- Provide for a dedicated counselling service to provide out of hours outreach support to clients in homeless accommodation services who are expressing suicidal ideation.

[2] ISA – Integrated Service Areas are Community based health services outside acute hospitals for people with low-medium level of need in primary care, social care, mental health and health & wellbeing.

- Consideration should be given to resourcing homeless services to introduce suicidal ideation and self-harm services on site because going to a hospital is not always the answer.
- Alcohol and drug services must be resourced to target the needs of women who are homeless with alcohol and/or drug related problems in line with the four tier model[3]. This should include rapid access to substitution treatment, detoxification, rehabilitation/recovery and aftercare countrywide and include all substances.
- Harm reduction must be at the heart of homeless and drug service provision and is key to the success of Housing First approaches including the rollout of Naloxone and widespread availability and training on same and introduction of Medically Supervised Injecting Centres (MSIC).
- Improve health outcomes for people with dual diagnosis by ensuring greater collaboration between drug and alcohol services and general mental health services.[4]

Domestic, Sexual and Gender-Based Violence

- The new National Women's Strategy should promote greater collaboration and communication between homeless and domestic violence services in order to mitigate the negative social, economic and health consequences brought about by experiences of domestic violence and housing instability.
- State implementation of the Istanbul Convention on Violence against Women and the Second National Strategy on Domestic, Sexual and Gender-Based Violence must be informed by the experiences of women experiencing homelessness. This is particularly important given the disproportionate experience of violence these women have encountered.

Institutional Cycling

- Women's experiences of institutional cycling between homelessness, services and State institutions must inform the development of holistic gender specific homelessness services for women. Women should be supported to address their health and housing issues under one roof.

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3 http://www.drugs.ie/resourcesfiles/reports/3966-42381118.pdf

4 The National Advisory Committee on Drugs (NACD) (2005) commissioned a report on dual diagnosis. They suggested that closer collaboration between addiction programmes and general mental health services was needed in order to improve outcomes for individuals with dual diagnosis. Overall, service users with dual diagnosis and complex needs respond well to case management, and use of multi-profession teams. http://www.drugs.ie/resourcesfiles/research/2004/Dual_Diagnosis.pdf.

The Housing and Homelessness Crisis

The housing and homelessness crisis shows little sign of slowing down. In one week in December 2016, 7,184 people were recorded as living in emergency accommodation.[5] Private market rents continue to spiral upwards as average national rent has grown to €1,077, an annual increase of 11.7%, the highest rate of annual inflation on record.[6] This is at a time when 91,600 households qualified for social housing support across the country.[7] People become homeless for a whole range of complex and overlapping reasons. Primary causes relate to poverty, inequality and lack of affordable housing, often coupled with systems failures and individual circumstance. The Simon Communities come across many reasons why people become homeless and we deal with them all. Many of the people we work with have been disadvantaged and isolated from a young age; they have been failed by the state time and time again. Homelessness is extremely traumatic and damaging having a serious impact on people's mental and physical health, as well as their overall wellbeing. When people think of homelessness, they often think of rough sleeping. However while rough sleeping is the most extreme form of homelessness; it also includes people who are living in shelters and emergency accommodation, and other people who have no place of their own and therefore end up staying with family and friends, people who are living in inadequate housing or those at risk of homelessness who are living under threat of insecure tenancies or eviction. Homelessness can happen as the result of a crisis or an accumulation of crises in a person's life. It can build up over time, sometimes years. With access to affordable housing and the right supports people can move out of homelessness quickly. Limited access to housing and support services is increasing the risk of homelessness and is preventing people moving out of homelessness. It is vital to ensure people can remain in their communities where they have family and support networks when they run into housing and financial difficulties, often times when these supports are most important. Therefore responses must be nationally driven but locally resourced and delivered.

Women's pathways into homelessness

The scope of the current housing and homelessness crisis ensures there is a wide diversity of experience amongst women that enter homelessness. Women's entry into homelessness can occur for many reasons, at any time of life, alone or within a family. The '*Women, Homelessness and Service Provision'* research captured 60 participants' varying circumstances at the point of becoming homeless. A recurring theme in the women's narratives were childhood trauma and exposure to domestic violence in addition to early childhood experiences of homelessness. Of the 60 participants, the majority grew up with adversity and in family environments characterised by tension and/or conflict and where economic hardship was an everyday reality. Many participants recalled home-based challenges including experiences of domestic violence and/or child sex abuse. A number of the study participants also reflected on the lack of intervention in their lives as children, which may have served to protect them and prevent future trauma and harm. Twenty percent of the women involved had spent either short or prolonged periods of their childhood in state care. Thirty percent of the women had experienced homelessness for the first time as children (under the age of 18). On becoming homeless, the perceived stigma of homelessness led to many women avoiding contact with homelessness servicers often for periods of months or longer. Such periods of hidden homelessness served to compound existing problems, placing women in situations that often further diminished their physical and mental health. Fifty percent of the women had experienced homelessness on multiple occasions. On eventual access to homeless or domestic violence services, women had frequently reached a crisis point in their lives and the vast majority had multiple, complex needs.[8] Seventy-three percent reported being mothers while 21% of the mothers had one or more of their children

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[5] DHPCLG, December Emergency Accommodation Figures, http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_december_2016.pdf.
[6] Daft.ie, Q3 2016 Rental Report, https://www.daft.ie/report/q3-2016-rental-daft-report.pdf.
[7] Housing Agency, 'Summary of Social Housing Assessments 2016', 2016, https://www.housingagency.ie/Housing/media/Media/Publications/Summary-of-Social-Housing-Assessment-Needs-2016.pdf.
[8] Mayock et al, '*Women, Homelessness and Service Provision'*, 2015, Simon Communities in Ireland, P. 54. http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.

placed in the care of a relative of the HSE. The primary barrier to housing stability for the participants was the lack of affordable housing options and the absence of continuing support available on exiting homelessness services.[9]

Advancing socio economic equality for women and girls in homelessness

Housing – the cornerstone of socio economic equality

Socio economic equality relies on the realisation of key determinants which allow a person to enjoy a minimum essential standard of living. The cornerstone of socio economic equality is housing. The Committee on Economic, Social and Cultural Rights has defined the concept of adequate housing as being accessible, habitable and affordable.[10] It considers that households should have security of tenure and that adequate housing "must contain certain facilities essential for health, security, comfort and nutrition".[11] Without housing a person's ability to sustain employment, education and health become increasingly more difficult and complex. The necessary first step in advancing socio economic equality for women and girls in homelessness is to facilitate and support their movement out of homelessness into stable long term supported housing using a Housing First approach.[12] Thereafter, support in housing is vital to prevent reoccurring homelessness in the absence of affordable housing for low to middle income households. This section will examine each of these concepts in the context of the current housing and homelessness crisis. In 2013, the Government committed through the *Homelessness Policy Statement* to adopt a 'housing led' approach to tackling the homelessness crisis. The terms Housing First and housing led are often used interchangeably.[13] Government commitment to Housing First was further reinforced by more recent commitments in the *Action Plan* to triple Housing First tenancies in the Dublin Region during 2017. Where possible and appropriate, further targets should be set to assist greater numbers of people to move from emergency accommodation to Housing First tenancies nationwide.

Housing First programmes are internationally considered to represent best practice in housing people who are long term homeless with complex needs. Housing first offers housing without preconditions and offers a range of supports focussed on harm minimisation and supporting recovery and empowerment. Housing First supports must be tailored to meet the gender specific needs of women exiting homelessness to ensure they can maintain tenancies and prevent their future re-entry into homelessness. Emergency accommodation has formed the basis of Ireland's response to the homelessness crisis to date. In some cases this has included hotel rooms and B&B's and in others additional shelter beds, often dormitory style have been provided. As a strategy this fails to address homelessness effectively and in the long run can lead to additional problems of institutionalisation and dependency.

Currently, there are 91,600 households qualified for social housing support across the country.[14] State social housing supports must be made increasingly accessible to those that need those most. In the absence of Local Authority social housing supply the Rent Supplement (RS) and Housing Assistance Payment (HAP) schemes need to be resourced in full to ensure payments are adequate to meet rising private market rents. Women at risk of homelessness must be supported to remain in their homes, as often issues that give rise to homelessness become further entrenched due in large part to the transience and chaos that frequently characterise a person's lived experience in homelessness. In this regard, those being assisted to move from

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[9] Ibid, P. 55.

[10] UN Committee on Economic, Social and Cultural Rights 'General Comment No. 4 on the Right to Adequate Housing (Art 11(1) of the Covenant)' (1991) UN Doc E/1992/23.

[11] UN Committee on Economic, Social and Cultural Rights 'General Comment No. 4 on the Right to Adequate Housing (Art 11(1) of the Covenant)' (1991) UN Doc E/1992/23.

[12] Housing First is a recovery orientated model that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible once they become homeless and then provides the additional supports and services as required in that housing.

[13] Homelessness Policy Statement, 2013, http://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownLoad%2C32434%2Cen.pdf.

[14] Housing Agency, '*Summary of Social Housing Assessments 2016*', 2016, https://www.housingagency.ie/Housing/media/Media/Publications/Summary-of-Social-Housing-Assessment-Needs-2016.pdf.

emergency accommodation through HAP must be provided with the necessary assistance and resources to obtain a suitable tenancy and the necessary support services required including family support services, health, community integration, education and employment. Fast tracked resources must be provided to Local Authorities for the construction of social housing to ease the pressure on the overburdened private rented sector.

Further efforts must be made to provide affordable housing for low and middle income families and for those moving out of homelessness into long term sustainable tenancies. One parent families require targeted support in this regard, given that people in lone parent households continue to experience the highest rates of deprivation in the State with almost 60% of individuals from these households experiencing one or more forms of deprivation. 86.5% of one parent families are headed by a mother.[15] Targeting poverty therefore becomes the natural first step in targeting female poverty and family homelessness. The recently published Strategy for the Rental Sector contains encouraging commitments for the development of a cost rental model in addition to the utilisation of State lands for the development of affordable housing for low and middle income families. Without planning and provision for large scale affordable housing the cycle of homelessness is likely to continue.

Parenting Support for Women in Homelessness

The most recent homelessness figures available (December 2016) show there were 1,205 families in emergency accommodation comprised of 1,627 adults and 2,505 children. Of the 60 women who participated in the '*Women, Homelessness and Service Provision'* research 44 women (73%) were mothers, four of whom were pregnant at the time of their interview. There was a total of 105 children reported across the sample, the majority of whom were under 18 years of age (n=77). Twenty-one of the mothers reported that one or more of their children had been placed in the care of the HSE or relatives while 14 mothers were caring for their child(ren) full time. The children of the remaining six women were adults and living independently.

Importantly, all mothers depicted the experience of parenting in the context of homelessness as challenging and distressing.[16] The lack of financial and emotional support led some mothers to resolve their situations independently often with negative consequences including the return to previous relationships marred by domestic violence.[17] For mothers with children in care, maintaining any semblance of family life was an ongoing challenge when experiencing homelessness. Mothers who were not caring for their child(ren) reported that they had limited parent-child contact and, for a considerable number, this contact was further hampered by their lack of access to space that would facilitate visitation. In research published in 2001 with mothers in emergency accommodation, mothers described the strain experienced living in cramped and confined conditions with their children highlighting that;

> *'Not having access to essential facilities within their accommodation represented a major disruption to the daily routines of both mothers and their children….Women emphasised the negative effect that this lifestyle had on their health and on the health of their children'* (Halpenny et al; pviii).[18]

Unfortunately this remains an issue of concern in 2017. In December 2016 there were 1,205 families made up of 1,627 adults and 2,505 children stuck in emergency accommodation (DHPCLG, 2017[19]). It must be recognised that motherhood and maintaining family life in the impossible circumstances of homelessness is an ongoing struggle for the many women and families currently living in emergency accommodation

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[15] One Family - https://onefamily.ie/policy-campaigns/facts-figures/.
[16] Mayock et al, 'Women, Homelessness and Service Provision', P. 18, 2015, Simon Communities in Ireland, http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.
[17] Ibid, P. 35.
[18] Halpenny A., Greene S., Hogan D., Smith M., McGee H. (2001). Children of Homeless Mothers: the daily life experiences and wellbeing of children in homeless families, Dublin: The Children's Research Centre, TCD.
[19] Homeless Report December 2016 http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_december_2016.pdf

today. It must also be recognised that incidences of and risk factors leading to poor mental health of mothers in emergency accommodation are shared with their peers in other socio economic circumstances e.g. living in poverty and substandard housing. The factors leading to risks of health problems are rarely unique to homeless people as a group (Pleace and Quilgers, 1997 as cited in Halpenny et al 2001).[20]

We welcome the commitment to publish a National Parenting Support Plan to deliver practical and supportive measures for all parents as part of the wider National Women's Strategy. We whole heartedly agree that all parents, without exception, need support at some stage. This is particularly true of women living in emergency accommodation with or often separated from their children. We welcome the commitment contained in the *Action Plan* to strengthen supports and initiatives for families in emergency accommodation to mitigate the challenges that such parents and children face.[21] We further welcome the commitment to provide a new facility in the Dublin Region to accommodate pregnant women who are homeless. Women using this new facility should where possible be supported to move out of homelessness into suitable Housing First tenancies. Beyond this new facility, further resources must be provided to develop more women only homeless services for younger women and pregnant women nationally who are particularly vulnerable in the context of living in mixed-gender services.[22]

Improving the physical and mental health of women and girls in homelessness

There is a complex relationship between homelessness and health incorporating physical health issues, mental health issues, problematic drug and alcohol use and complex needs. Health issues can be the cause of homelessness occurring in the first place but they can also be a consequence of the experience of being homeless. What is clear is the longer a person is homeless the greater the impact on their overall health and wellbeing. The impact of homelessness on women's health is particularly severe as highlighted by a 2016 study led by Professor Joe Barry of Trinity College Dublin which found the average age at death of homeless women in the Dublin Region was 38 years, 6 years younger than homeless men in the same study.[23] The physical health and mental health challenges experienced by women in homelessness depart drastically from their peers in stable tenancies. These challenges are explored individually below.

Physical Health

The physical health of a person who is homeless can be exacerbated due to not having a stable home. Health conditions can also develop as a result of homelessness, and people who are homeless are more at risk of developing an illness than the general population.

Of the total number of participants in the *Homelessness: An Unhealthy State* study approximately one third were women. The report found that 67.8% of participants in the study had a chronic physical health diagnosis, such as diabetes, high blood pressure, arthritis, heart disease, epilepsy, tuberculosis, and chronic respiratory & stomach problems[24]. There were no gender differences found in the prevalence of these diagnoses across the sample size. Blood borne viruses such as, hepatitis, HIV etc. are also high among people who are homeless and they are more at risk of contracting one of these diseases. Ten percent of respondents in the 2011 Simon Communities Snapshot Report had a Hepatitis C diagnosis.

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[20] Ibid 18.

[21] DHPCLG, '*Rebuilding Ireland Action Plan for Housing and Homelessness*', 2016, P. 87, http://rebuildingireland.ie/Rebuilding%20Ireland_Action%20Plan.pdf.

[22] Mayock et al, '*Women, Homelessness and Service Provision*', 2015, Simon Communities in Ireland, P. 34 http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.

[23] Irish Medical Times '*Homeless women die aged just 38*', http://www.imt.ie/news/homeless-women-die-aged-just-38-30-09-2016/.

[24] O'Reilly, F., Barror, S., Hannigan, A., Scriver, S., Ruane, L., MacFarlane, A. and O'Carroll, A. (2015) Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin: The Partnership for Health Equity. http://www.healthequity.ie/#!report-launch/iuv63

The 2011 Simon Communities Snapshot Report also found that 65% of the 603 participants had at least one diagnosed physical health condition. Dental related issues were among the most frequently occurring health issue among respondents, while chronic diseases such as asthma and other respiratory problems, diabetes, migraines, and arthritis were also very dominant among respondents. Further support for these findings can be found in a recent study by the Royal College of Surgeons in Ireland and Doctor Austin O'Carroll of Safetynet Dublin which examined '*Health and use of health services of people who are homeless and at risk of homelessness who receive primary healthcare in Dublin*'.[25] Twenty-five percent of the total participants in this study were women, a figure largely in keeping with the homeless census carried out nationally in 2011.

Mental Health

Mental health issues can be a reason for people becoming homeless in the first place while the experience of being homeless can impact on a person's mental health, deteriorating the longer a person remains homeless. In *Homelessness: An Unhealthy State* it was reported that 58% of participants in their study had at least one mental health condition. Of a sample size of 596 participants, 52% were diagnosed with depression with 44% being treated for their depression. Thirty-nine percent of respondents of a total sample size of 530 participants were diagnosed with anxiety with 32% receiving treatment. Report of a diagnosis of at least one of the listed mental health conditions was more common among current and past drug users and women.[26] This study also reported self-harm and attempted suicide rates among participants. 13.4% of participants had self-harmed in the past 6 months while 24.7% had self-harmed prior to the past six months. Twenty-nine percent of participants had attempted suicide in the past six months while 28% had attempted suicide prior to the past six months. Report of attempted suicide was more common among current or past drug users, under 45 year olds and women. In acknowledgement of this, the National Office for Suicide Prevention 2020 strategy highlights people who are homeless as a priority group.

The 2011 Simon Communities Snapshot Report found 47% of respondents reported having been diagnosed with at least one mental health condition. Depression was the most commonly reported mental health condition, reported by 30% of respondents. Other mental health conditions reported included schizophrenia, panic attacks, bipolar disorder and social anxiety. Staff also identified undiagnosed mental health conditions among respondents. There were 154 participants that showed signs of at least one undiagnosed mental health condition. The most frequently occurring conditions included mood disorders and anxiety disorders. Mental decline[27] was also present in 23 of the participants who had an undiagnosed mental health condition. Nineteen percent of participants had self-harmed and 17% had attempted suicide within the previous six months.

Problematic Drug and Alcohol Use

Problematic drug and/or alcohol use can put people at an increased risk of homelessness, and can also be caused and/or exacerbated by traumatic experiences, including homelessness. The *Homelessness: An Unhealthy State* report found there was a rise among participants in problematic drug and alcohol use in particular, as well as a dramatic rise in dangerous drinking among women who were homeless, a rise in illicit use of benzodiazepines, while poly-drug use among participants became the norm with a high use of prescribed sedatives. Cannabis was the drug most commonly used among current drug users followed by illicit use of benzodiazepines and heroin.

[25] http://epubs.rcsi.ie/cgi/viewcontent.cgi?article=1079&context=gpart.
[26] Listed mental health conditions include: anxiety, depression, schizophrenia or psychosis.
[27]Mental decline is a decline in mental ability which can affect memory, thinking, problem-solving, concentration and perception. http://www.mentalhealthireland.ie/

Some of the Simon Communities have seen an increase in the use of opiate drugs, prescription drugs (in particular, benzodiazepines) and also synthetic benzodiazepines drugs. Drugs from Head Shops and the use of 'legal highs[28]' are very difficult to control. Although many head shops have now closed 'legal highs' are still accessible online. It is very difficult to know what substances a person has taken if they were purchased/secured online. A report by European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol (April 2016) found that the use of 'Legal Highs' shows no signs of decreasing across Europe and there are challenges for Ireland in legislating for these drugs as they are quickly developed and disposed of; as soon as a ban is introduced for one substance another is developed quickly to replace it[29]. The Simon Communities Snapshot Study Report found that over 50% of respondents reported that they were current alcohol users, while 31% reported that they were current drug users

Alcohol use

That health snapshot study found that alcohol use was highest among respondents living in high-support housing and emergency accommodation. Seventy percent of high-support housing residents and 64% of emergency accommodation residents that participated in the study reported alcohol use. The study found that 28% of all participants had health issues directly related to their alcohol use, and that 9% of the respondents had attended a detox facility in the previous 12 months. Forty four percent of respondents who indicated that they were current alcohol users at the time of the study also had alcohol related health issues. The most common alcohol related health issues included; falls/head injuries, memory loss, gastric problems, liver damage and seizures. *Homelessness: An Unhealthy State* reported an increase in rates of dangerous drinking, particularly among women, whose consumption is now on par with men.[30]

Drug Use

The snapshot study found the highest level of drug use was found among people sleeping rough and those using emergency accommodation. Heroin was the most frequently used drug among participants, with more than 58% saying they used this drug. Cannabis was the second most frequently used drug with 47% of participants reporting that they use it. Forty one percent of people reported taking methadone; with 29.1% using prescribed methadone and 12.2% using un-prescribed methadone. *Homelessness: An Unhealthy State* reported higher cocaine use amongst homeless men but no other gender differences in the type of drugs people currently used.[31] The *Women, Homelessness and Service Provision* report found that that the pressures associated with living in hostels were significant for the study participants. Many women experienced increased exposure to alcohol and drug use with a large number reporting an escalation of problematic drug and alcohol use on entry into homelessness. In many accounts, substance use was depicted as a form of self-medication used to counteract feelings of anxiety, trauma and stress.[32]

Polydrug use

The health snapshot study found that levels of polydrug use[33] was high among drug users with 76% of drug users saying they used more than one drug. Twenty eight percent said they used a combination of two drugs and 45% of drug users said they used three drugs. Fifty two percent of those currently using drugs at the

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[28] Legal highs are substances that mimic the effects of illegal drugs, but are not currently controlled by the Misuse of Drugs Act. Legal highs can be purchased in Head Shops and on the internet http://www.aldp.ie/resources/legal_highs.

[29] Article in Journal.ie 5th April 2016 *Ireland is the biggest user of legal highs in Europe as their growth shows 'no signs of a slowdown'* http://www.thejournal.ie/legal-highs-new-drug-report-2699032-Apr2016/ http://www.emcdda.europa.eu/system/files/publications/2373/TD0216072ENN.PDF

[30] O'Reilly, F., Barror, S., Hannigan, A., Scriver, S., Ruane, L., MacFarlane, A. and O'Carroll, A. (2015) Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities, P.75, Dublin: The Partnership for Health Equity. http://www.healthequity.ie/#!report-launch/iuv63.

[31] Ibid, P.36.

[32] Mayock et al, 'Women, Homelessness and Service Provision', P. 22, 2015, Simon Communities in Ireland, http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.

[33] Polydrug use is concurrent drug use, which involves a person using at least two substances during the same time period http://www.nacda.ie/images/stories/docs/publicationa/nacdpolydrugusebulletin5.pdf

time of the study said they had used drugs intravenously (IV) in the previous 12 months, half of which said they experienced health complications as a result of IV drug use.

Problematic drug and/or alcohol use can lead to a range of physical and mental health conditions. Falls/head injuries and memory loss were the highest reported health problems caused by alcohol use. Fifty percent of those who were currently using drugs intravenously at the time of the snapshot study reported experiencing health complications as a result. The most frequently reported conditions included abscesses, Hepatitis B and/or Hepatitis C, overdose and vein damage.

Dual Diagnosis and Complex Needs

A person who is homeless very often has multiple needs or complex needs[34], such as problematic drug and/or alcohol use, mental health difficulties, physical health difficulties, personality or behavioural disorder, challenging behaviour and vulnerability. This makes it very difficult for people to be in contact with all the various services they may need at one time. If one issue was to be resolved, other issues would still be cause for concern (Homeless Link, 2002)[35]. The *Homelessness: An Unhealthy State* report found that 47% of participants had a mental health diagnosis and a self-diagnosed drug and/or alcohol problem. Thirty-five percent of participants had a mental health diagnosis and current illicit drug use.

According to the Simon Communities Health Snapshot study, people who are homeless are more likely than the general population to experience complex needs, including a dual diagnosis of mental health and problematic drug and/or alcohol use due to environmental factors, in particular a lack of supported housing. It was very difficult to ascertain how many respondents had dual diagnosis and complex needs but 20% of respondents were identified as having a diagnosed mental health condition as well as alcohol and drug related conditions.

People with dual diagnosis can find it very difficult to access services. They often fall between two stools with mental health services suggesting they deal with their drug issue first and vice versa. International best practice would argue that the two issues should be treated at the same time and in a co-ordinated way.

Domestic, sexual and gender-based violence in the context of homelessness

Previous and ongoing experiences of domestic, sexual and gender based violence are frequent among women experiencing homelessness or at risk of homelessness. Ninety-two percent of participants in the *Women, Homelessness and Service Provision* research reported experiences of some form of violence or abuse (i.e. physical, emotional, economic, and/or sexual) during their lives. Forty-three women (71%) had either experienced or witnessed violence and/or abuse in their homes as children while twenty-eight (46%) reported experiences of sexual abuse perpetrated by a family member, relative or a family friend. Experiences of violence often spanned the life course, with thirty-three women reporting that they had experienced violence or abuse during both childhood and adulthood. Forty women (66%) had experienced intimate partner violence and twelve of these women reported violence from more than one partner. A number of women, particularly those that engaged in sex work, had experienced violence or victimisation in street or hotel-based settings subsequent to becoming homeless.[36]

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[34] A person with 'complex needs' is someone with two or more needs affecting their physical, mental, social or financial wellbeing (Turning Point, 2014) http://www.turning-point.co.uk/media/636823/appg_factsheet_1_-_june_2014.pdf

[35] As cited in Feansta Health Working Group paper (2013) *'Health and Well-Being for All Holistic Health Services for People who are Homeless'*.

[36] Mayock et al, '*Women, Homelessness and Service Provision*', 2015, Simon Communities in Ireland, P. 18 http://www.simon.ie/Women_Homelessness_and_Service_Provision/#/1/.

Women's continued experience of violence on entering homelessness can vary depending on the nature of the services they accessed and on the prevalence of underlying conditions such as problematic drug and alcohol use. Research suggests that women may be precluded from accessing domestic violence refuge services on the basis of problematic drug and alcohol use, anti-social behaviour and mental health issues.[37] As a result, women with complex needs and possibly families have no choice but to access low-threshold and largely male-dominated emergency settings that are ill equipped to meet their needs. In a small number of cases, women participating in the *Women, Homelessness and Service Provision* research reported instances of sexual abuse or harassment from male residents within service environments which led to considerable distress and exacerbated their sense of vulnerability within emergency accommodation settings.[38]

Participants in the *Women, Homeless and Service Provision* research that had accessed domestic violence refuge services appeared to benefit from the less chaotic environment in which support was offered. Crucially, these women appeared to experience a more linear route to stable housing in addition to more immediate access to medium to long term housing options. Women accessing these services did not experience problematic drug or alcohol abuse. Their counterparts in homeless service settings that experienced problematic drug or alcohol use generally considered themselves to be ineligible for domestic violence service support. A key finding of the *Women, Homelessness and Service Provision* research is the apparent disconnect between homeless and domestic violence services which runs the risk of[39] classifying domestic violence and homelessness as distinct processes when, in fact, they are frequently inseparable in women's lives. The report recommends greater collaboration and communication between homeless and domestic violence services in order to mitigate the negative social, economic and health consequences brought about by experiences of domestic violence and housing instability.

We welcome the commitment to implement in full the *Istanbul Convention on Violence against Women* and the commitments contained in the recently published *Second National Strategy on Domestic, Sexual and Gender-Based Violence*. Implementation of the above must recognise the disproportionate prevalence of domestic, sexual and gender-based violence experienced by women in homelessness. Furthermore, recognition of the inherent relationship between domestic violence and homelessness is required to ensure gender specific service provision is put in place to meet the needs of women who enter homelessness or who are at risk of homelessness as a result of experiencing or having experienced domestic violence. We welcome commitments contained in the *Action Plan* to provide additional emergency refuge accommodation spaces for victims of domestic violence including policy and procedural guidance to housing authorities with regard to the role they can play to assist victims of domestic violence in securing new independent tenancies.

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[37] Ibid, P.7.
[38] Ibid, P. 23.
[39] Ibid, P.55.

Institutional cycling

Often when women who are homeless present to services, it is their last resort and they may be at a crisis point with a range of multiple and complex needs including deteriorating mental health, stress and sometimes drug and alcohol use. Some of the women in this study link the experience of being in state care as a child to a lack of readiness for living independently and social isolation. For some women, the entry or re-entry into homelessness is a further step in what can be described as 'Institutional Cycling'.[40] Institutional cycling refers to the phenomenon whereby an individual moves between different modes of State care or between one or more institutional settings including residential alcohol or drug treatment services, psychiatric hospitals and/or prison. Figure 1 below illustrates the causation and stages that contribute to institutional cycling of women in homelessness.

Fig 1: Some of the characteristics of women who experience long term homelessness.[41]

Twelve women in the *Women, Homelessness and Service Provision* sample reported histories of State care and many had spent prolonged periods in one or more institutional settings. Four of the older women in the sample had spent a significant proportion of their childhoods in an industrial school or orphanage and recounted the long lasting negative impact of this experience. Mental ill-health and socialisation problems were typically reported which the women attributed to the legacy of abuse and neglect within institutional settings. A large number of women viewed their position or presence within homeless services as an extension of a pattern of institutionalisation that commenced during their childhood years. This ongoing institutionalisation resulted in poor socialisation and general life skills which hampered their ability to fully engage and interact with others – including service providers – as well as with broader societal structures and systems.

[40] Ibid, P. 26.
[41] Simon Communities in Ireland, '*Women and Homelessness Resource Guide*', P.7, http://www.simon.ie/Portals/1/Reports/The%20Simon%20Community%20Women%20and%20Homelessness.pdf.

Previous negative experiences of institutional and/or other State settings led women to express a profound distrust in the homeless service sector. This in turn impacted on their willingness and ability to access and engage with services and service providers.[42] Residential care was just one of a number of institutional settings where women had resided temporarily over the course of their lives. Women reported prolonged stays in acute hospitals, psychiatric hospitals and prison. The women who reported protracted stays in institutional settings almost always emphasised the poor access to appropriate services and supports as well as a lack of preparedness for independent living, which negatively impacted their ability to secure and/or sustain stable housing later in life. Further contributing to women's ongoing housing instability was their general inability to cope with deficits in everyday life skills such as cooking, cleaning, paying bills and budgeting, which often resulted in women losing accommodation and re-entering homelessness.

The absence of family and/or peer network support, as well as a lack of follow-on or aftercare support following stays in institutional settings were very apparent in the women's narratives. This lack of support often amounted to women moving directly into homeless accommodation or alternatively, that they had nowhere to go on discharge. Over time, these women became entrenched in a pattern of housing instability which in turn exacerbated their significant mental health and/or substance use problems in addition to increasing contact with the criminal justice system.

Almost all of the women who reported patterns of institutional cycling had homeless histories that spanned a significant period of their lives. Those who embarked upon this pattern of movement between institutional settings, including homeless hostels, almost always reported poor mental health related to (often multiple) traumatic life events and experiences. These women's stories demonstrate their extreme marginalisation as well as their complex and overlapping needs in relation to housing, health and life skills. They also highlight the far-reaching effects of institutional cycling and its negative impact on women's ability to exit homelessness and sustain housing.

Conclusion

The challenges faced by women who are homeless or at risk of homelessness are many. Compared to their peers who enjoy stable tenancies, women experiencing homelessness face insurmountable obstacles blocking their socio economic progression leading to detrimental impacts on their physical and mental wellbeing. The primary obstacle faced by women in homelessness is the lack of affordable, safe and quality housing which must be considered the cornerstone of socio-economic equality. Without stable housing the realisation of a host of socio economic rights becomes increasingly difficult if not impossible. On entering homelessness, the dearth of gender specific homeless supports and services presents as a first barrier to women who have just lost their homes. The lack of gender specific supports and services makes parenting and motherhood increasingly challenging with detrimental impacts for both mother and child. Women in homelessness endure a myriad of physical and mental health problems with impacts becoming more severe the longer they experience homelessness. Often having experienced and possibly fleeing domestic, sexual and gender based violence, women entering homelessness must be guaranteed holistic support services to mitigate the negative social, economic and health consequences brought about by these traumatic experiences and housing instability. These most vulnerable women must not be left to interminably cycle through State services and institutions but offered a chance to rebuild their lives under one roof.

[42] Ibid, P. 27.

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About Simon Communities

The Simon Communities in Ireland are a network of eight regionally based independent Simon Communities based in Cork, Dublin, Dundalk, Galway, the Midlands, the Mid West, the North West and the South East that share common values and ethos in tackling all forms of homelessness throughout Ireland, supported by a National Office. The Simon Communities have been providing services in Ireland for over 40 years. The Simon Communities deliver support and service to over 8, 300 individuals and families throughout Ireland who experience – or are at risk of – homelessness every year.

Whatever the issue, for as long as we are needed, Simon's door is always open. For more information please visit www.simon.ie

Services include:

- Housing provision, tenancy sustainment & settlement services, housing advice & information services helping people to make the move out of homelessness & working with households at risk;
- Specialist health & treatment services addressing some of the issues which may have contributed to homeless occurring or may be a consequence;
- Emergency accommodation & support providing people with a place of welcome, warmth & safety;
- Soup runs & rough sleeper teams who are often the first point of contact for people sleeping rough.

Appendix 1: Housing and homelessness crisis in numbers

- During one week in December 2016 (latest available figures), there were 7,148 men, women and children in emergency accommodation across the country. This included 3,016 adults with no dependents in their care and 1,205 families made up of 1,627 adults and 2,505 children. (DECLG, 2016).
- On the night of 22nd November 2016, there were 142 people without a place to sleep in Dublin City. This included 65 people sleeping rough and 77 people sheltering at the Nite Café. Unfortunately, Dublin is the only area where an official rough sleeper count takes place, making it difficult to get a countrywide rough sleeping picture. (DRHE 2016).
- Figures from Cork Simon Community indicate that rough sleeping in Cork City increased nine-fold in four years (2011-2015) from 38 people sleeping rough in 2011 to 345 people sleeping rough in 2015.
- Homelessness and housing insecurity are more acute and visible in our cities but the Simon Communities are working at capacity countrywide – in urban and rural areas.
- There are 91,600 households on the social housing waiting list. Two-thirds of households on the list were living in the private rented sector and one fifth living with parents, relatives or friends. 5,159 households (5.6%) had at least one member considered to be homeless, a proportion which has doubled since 2013 (Housing Agency, 2016).
- Social housing commitments will take time to begin to deliver housing. This is far too long for the people we work with and those at risk of homelessness. Social housing output for 2015, reached 1,030 new builds and acquisitions, with new builds accounting for 75 units. (DECLG, 2016). This is below the Social Housing Strategy target of 18,000 new units for the period 2015-2017.
- The average rent nationwide has risen by over one third since bottoming out in 2011 and has surpassed its 2008 peak. The average national rent is now €1,077. This is a 12-month increase of 11.7%, the highest rate of annual inflation on record (Daft.ie Rental Report Q3 2016).
- *Locked Out of the Market V* (October 2016 Simon Communities) found that 80% of rental properties are beyond the reach for those in receipt of state housing support.
- Nearly 80,000 mortgage accounts are in arrears. 43% of all mortgage arrears are in arrears of over 720 days (Central Bank of Ireland, 2016).
- At the end of September 2016, 21,435 or 16% of buy-to-let mortgages, were in arrears of more than 90 days. (Central Bank of Ireland, 2016).
- 750,000 people are living in poverty in Ireland (*Poverty, Deprivation and Inequality* (July 2016) Social Justice Ireland Policy Briefing).
- Since 2007 the deprivation rate, which looks at the number of people forced to go without at least 2 of 11 basic necessities examined, in Ireland has doubled - 29% of the population or 1.3 million people are experiencing deprivation (Social Justice Ireland ibid).
- There were 198,358 vacant houses in April 2016. The county with the highest rate of vacancy is Leitrim at 30.5% of all housing stock vacant (Central Statistics Office, 2016)