

LAST RESORT



Vulnerabilities, Resilience and Quality of Life in a Homeless Population

Joe Finnerty
School of Applied Social Studies
University College Cork

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1. EXECUTIVE SUMMARY

This report presents quantitative and qualitative findings from research (the 'Shelter survey') into the quality of life of persons who are homeless and residing in the Simon Emergency Shelter, Anderson's Quay, Cork. It also presents findings, in Section 9, from a similar study (the 'Resident survey') into tenants of accommodation to whom support is being provided by Cork Simon Community housing support services.

In relation to the Shelter survey:

- Respondents were mainly in the 25-34 age bracket, followed by those in the 35-44 age bracket.
- Two-thirds of respondents were male, and one-third were female.
- Over half of respondents had one or more children.
- One quarter of respondents had a history of care.
- A significant number of respondents had been staying in the shelter for more than 6 months.
- Almost three-fifths of respondents had been rough sleeping immediately prior to their current 'long-term' shelter stay.
- There were mixed responses to a question about feelings of safety within and around the shelter building; however, a minority of respondents reported feeling 'not at all safe' within the shelter itself, and another one-fifth reported feeling 'not at all safe' outside the shelter at night.
- While one-quarter of respondents reported drinking 'most days or daily', almost half of respondents had not drunk alcohol during this time.
- While almost half of respondents reported using drugs other than alcohol 'most days' or 'daily', one-third of respondents reported not having used any drugs in the previous three months.
- Respondents reported high levels of lifetime heavy use of drink and drugs, with over four in five respondents falling into this category.
- Most of the current and heavy drug users in the sample were seeking or receiving services for their addiction.
- Respondents evidenced high levels of early school leaving and very low rates of participation in further education. Over one third of respondents had left school before or on completion of their Junior Cycle (or equivalent).
- One quarter of respondents reported loss of employment as a factor in their loss of previous accommodation.
- In relation to housing, insecurity of tenure, lack of affordability and poor quality in the private rented sector feature prominently in the route into homelessness for almost one-third of respondents
- Just over one quarter of respondents were engaged with training or education, with a further one-quarter planning to so engage 'in the near future'.
- Almost half of respondents reported that managing their money was 'very difficult' or 'quite difficult'.
- Respondents most commonly nominated both their physical and mental health as 'average'. Little or no change was reported where respondents were interviewed twice or three times.

- Almost three in ten respondents reported having received a diagnosis of mental illness of some kind.
- Around one in seven respondents reported that while they 'seldom or never' saw family or friends, and they had no-one to call on in an emergency. A further one in seven respondents reported that while they seldom or never saw family or friends, and they had no-one to call on in an emergency, they 'liked to keep to themselves'.
- Just over half of respondents either 'strongly agreed' or 'agreed' with the statement "I feel left out of society". Little or no change was reported where respondents were interviewed twice or three times.
- Nine out of ten respondents 'strongly agreed' or 'agreed' with the statement "Some people look down on me because I'm homeless". Little or no change was reported where respondents were interviewed twice or three times.
- Half of respondents reported being worried 'most of the time', with a further one-fifth being worried 'some of the time' during the past month about how things were going for them. Little or no change was reported where respondents were interviewed twice or three times.
- Almost three-quarter of respondents felt the future looked hopeful 'some of the time', but a significant minority (almost one-fifth) felt the future looked hopeful 'none of the time'. Little or no change was reported where respondents were interviewed twice or three times.
- Almost three-quarter of respondents reported being 'very prepared' to move into accommodation if it became available.
- Four out of five respondents mentioned having their own home as one of the things they would like to achieve over the next 12 months.
- Aside from accommodation, other things frequently mentioned as something to achieve in the next twelve months were remaining or achieving abstinence from drugs or alcohol, having access to or custody of children, and starting or continuing training and education.
- Almost two-thirds of respondents had 'frequently' or 'occasionally' had discussions with their support worker in relation to exiting the shelter and finding and sustaining their own accommodation.
- Barriers to finding accommodation included the poor quality of flats available, the narrow range of accommodation where Housing Assistance Payment was available, discrimination by private landlords and estate agents against homeless people, and lengthy waiting lists for social housing.

In relation to the Resident survey:

- Most respondents reported an improvement in their mental health since moving out of the Shelter and into their own home: 24% and 56% reported 'better' or 'much better' mental health.
- Most respondents reported an improvement in their physical health since moving out of the Shelter and into their own home: 40% and 28% reported 'better' or 'much better' physical health.
- Moving out of the Shelter and into their own home was also accompanied by a reduction in drug and alcohol use. One quarter of respondents had quit drugs, and one-fifth had quit alcohol, since moving into their present home.

2. CONCLUSIONS

2.1 High levels of vulnerability of Shelter respondents

[1] High levels of vulnerability on one or more dimensions were evident in the Shelter population. Most strikingly, respondents reported high levels of lifetime heavy use of alcohol or drugs, and some respondents reported high levels of current use of alcohol or drugs. Most respondents also reported low levels of educational attainment, and high levels of social isolation. Many respondents also reported poor levels of physical and mental health, low morale and hope for the future. Some reported a history of care.

[2] While this cohort has high levels of addiction and other ‘individual level’ and ‘family level’ vulnerabilities as a factor in their homelessness – (and fits the traditional route into homelessness to this extent, contrasting with the recent Irish research findings re structural factors in family homelessness), nonetheless there are also structural factors implicated in this cohort's route into, and inability to exit homelessness, principally relating to precarity in housing and labour markets. In relation to housing, insecurity of tenure, lack of affordability and poor quality in the private rented sector feature prominently in the route into homelessness. In relation to precarious labour markets, loss of employment features in the route into homelessness for one quarter of respondents. The rules around entitlement to continuing eligibility for housing assistance in existing accommodation when household composition changes also feature in these pathways.

2.2 Experience of Shelter accommodation

[3] Most respondents reported that the Shelter provided some degree of safety and privacy, in relation to their own room and washing facilities. However, most reported feeling unsafe in the vicinity of the Shelter at night. For some respondents, the negative aspects of staying the Shelter were reported as the chaotic behaviour of some other Shelter residents, the rules and regulations around access to the Shelter, room sharing, and room checks by staff. A small number of respondents had strongly expressed grievances, particularly around perceived arbitrariness or injustice of treatment around being ‘barred’ from the Shelter.

2.3 Resilience of Shelter respondents

[4] This cohort has poor levels of morale and aspirations and suffers high levels of social stigma as a result of being homeless.

Nonetheless, [5] this cohort has good levels of engagement with addiction and other services, with many lifetime heavy users of drugs and alcohol now either abstinent or in treatment.

[6] This cohort (though with some now discouraged) is strongly motivated to find independent accommodation (or to address ongoing addiction issues first).

[7] Most respondents reported satisfaction with the assistance they were receiving from their support worker in relation to exiting the shelter and finding and sustaining their own accommodation.

2.4 Barriers to exiting the Shelter:

[8] Barriers to finding accommodation included the poor quality of flats available, the narrow

range of accommodation where Housing Assistance Payment was available, discrimination by private landlords and estate agents against homeless people and waiting lists for social housing.

[9] The lack of independent accommodation is causing this cohort to spend longer periods of time than necessary in the Shelter. The result is that the opportunity for the mental and physical health improvements and the reduction in alcohol and drug use, reported by respondents in the Resident survey (i.e. respondents now living in their own accommodation), is unavailable to those forced to continue residing in emergency homeless accommodation.

3. INTRODUCTION

This study (the ‘Shelter survey’) explores the quality of life of a sample of persons living in the Simon Emergency Shelter, Anderson’s Quay, Cork. This quality of life research had six specific objectives, comprising the exploration of: housing and entries into homelessness; experiences and perceptions of the emergency accommodation; engagement in work, training and other activities; health and addiction issues and health services utilisation; social inclusion – including family and social networks; morale and aspirations; and planned housing exits from homelessness.

Phase 1 of the research gathered baseline demographic, housing career and quality of life data on a sample of shelter respondents during March 2017. Fieldwork for Phase 2 of the research was conducted over the last two weeks of July 2017. This involved a second round of interviews with those of the Phase 1 cohort interviewed in the March 2017 fieldwork, plus interviews with newly participating respondents. Fieldwork for Phase 3 was conducted in February and March 2018. Participants in this phase comprised the original cohort, plus respondents recruited at Phase 2, plus newly participating respondents. In total, 36 Shelter residents were interviewed: 12 once only, 15 were interviewed twice, and 9 were interviewed during all three fieldwork phases: a total of 69 interviews were conducted. This Report presents: **(a)** quantitative cross-sectional data from the first interviews with all 36 respondents (except where indicated otherwise); **(b)** quantitative longitudinal data for the 20 respondents interviewed more than once and still living in shelter accommodation in relation to self-reported health and to stigma and **(c)** qualitative data for all 36 respondents across the full range of interviews.

Data from a separate survey (the ‘Resident survey’) of formerly homeless persons now living in their own accommodation and receiving ‘floating support’ from Simon Housing Support services, conducted in November 2017, is also presented. This allows a comparison of quality of life amongst those living in Shelter accommodation, and those formerly homeless persons (most of whom formerly stayed in the Cork Simon Shelter) now living in their own home.

3.1 Methods

i. Study population and sample size

The study population for the Shelter survey comprised persons staying in the Cork Simon Anderson’s Quay emergency shelter on a regular basis, specifically those who had a reserved bed in the shelter (referred to as ‘long-term’ in the rest of the report). In the two weeks preceding the three phases of fieldwork (March 2017, July 2017, and February and March 2018), staff in the shelter were contacted to explain the study (a short document explaining the research was circulated, and a member of the Simon research team gave a briefing to keyworkers) and asked to discuss participation in the research with shelter residents. To encourage participation, respondents at each stage were offered a €10 voucher redeemable in a local shop. Keyworkers followed up with interested residents about day and time of interview, and a member of the Simon research team was stationed in the main shelter office to facilitate this process. Data was collected from 21 persons who fulfilled this ‘long-term’¹ criterion in March, and a further 11 persons were recruited in July, and a further 4 participants were recruited in February / March 2018 (out of a potential population of approximately 40 long-term residents at any given time).

In total, 69 interviews were conducted with the 36 research participants, broken down as follows:

¹ Long-term homelessness is defined as episodic or cumulative stays of six months or more in emergency accommodation over the previous twelve months.

- 12 participants interviewed once;
- 15 participants interviewed twice;
- 9 participants interviewed three times.²

The fieldwork for the Resident survey was conducted in November 2017. This involved an administered survey of residents of accommodation to whom support is being provided by Cork Simon housing support services and who indicated willingness to participate in the research.³ To encourage participation, respondents were offered a €10 voucher redeemable in a local shop. Keyworkers followed up with interested residents about day and time of interview. A total of 25 face-to-face Resident interviews were conducted. Interviewee selection was via a non-random opportunity sample.

ii. Data collection tools

The data collection tool for all three phases of the Shelter survey, and for the Resident survey, was a semi-structured interview schedule. The author conducted all Shelter interviews; the Resident interviews were conducted by the author and two research assistants, Ms Clare Sinclair and Ms. Bon Elliot. The themes and questions for both surveys drew on existing data collection instruments from the academic research literature (see [section 3.2](#) below). Data recording for Phase 1 of the Shelter survey, and for the Resident survey, consisted of the researcher writing the responses on a hard-copy questionnaire, and writing any supplementary (qualitative) comments by respondents in the questionnaire margins. The typical interview duration for the Shelter and Resident surveys was around 45 minutes. Phases 2 and 3 of the Shelter survey included additional qualitative questions about quality of life in the Shelter, and with the permission of respondents, answers were recorded on a digital recording device.

iii. Research ethics

The research aimed to adhere to the principle and practice of ‘minimising harms and maximising benefits’ as outlined in [Canadian Observatory on Homelessness \(2016\)](#), and also to the Cork Simon research best practice suggested by the Research Committee ([see below](#)).

Prior to each Shelter and Resident interview commencing, the researcher introduced himself/herself as being based in the local university and outlined the research aims. A consent form, indicating that respondents could decline to answer any question, and could withdraw from the interview at any stage, without repercussions, was offered to participants. The researcher further emphasised the anonymous nature of the data to be collected. In particular, it was clarified for participants that the only place where a respondent name would appear, for the purpose of tracking respondents during the course of the research, would be on the hard-copy completed questionnaire, and the only person to view this hard-copy (and the audio recording) would be the researcher(s). It was also explained that the research results would be mainly presented in statistical form; where a quote was used to illustrate a statistical finding, it would not allow identification of the respondent. All respondents who presented for interview signed the consent form; all but one agreed to be recorded.

² See [Appendix 1](#) for a detailed breakdown.

³ For a description of Cork Simon housing support services, see [Cork Simon Community](#) (2018d).

The interview locations for the Shelter research were either the 'Meeting Room' in the shelter, the sitting room in Gateway, Clanmornin House or Tír na nÓg, or Joachim and Anne's, all of which offered a quiet and private setting (see [Canadian Observatory on Homelessness 2016](#) on importance of privacy during interview).⁴ For the Resident study of formerly homeless persons now living in their own accommodation, the venues were either their own accommodation, a local cafe, or Joachim and Anne's.

3.2 Literature review and research themes

The literature review informed the development of the data collection tools. The literature relevant to quality of life issues for homeless persons, particularly those that involved longitudinal studies, comprised: [Watson et al. \(2016\)](#), *Measurement of Multidimensional Quality of Life in Ireland*; [Crane et al \(2011\)](#) *For Home* and [Crane et al \(2016\)](#) *Rebuilding Lives*; [Van Straaten et al. \(2016\)](#) *Homeless People in the Netherlands*; [Mayock and Parker \(2017\)](#) *Living in Limbo*.

Arising from this review, seven research themes were identified: Housing and entries into homelessness; experiences and perceptions of the emergency accommodation; engagement in work, training and other activities; health and addiction issues and health services utilisation; social inclusion – including family and social networks; morale and aspirations; and planned housing exits from homelessness.

A research committee to provide support and guidance for the Shelter survey comprised three staff from the Research and Communications office of Cork Simon: Ms. Sophie Johnson, Mr. Paul Sheehan, and Ms. Michelle Moore.

3.3 Homelessness policy and size and composition of the homeless population

Homelessness policy in Ireland, in line with policy trends in other countries, has moved towards a housing-led model, with a key focus on rapid rehousing. *The Way Home*, published in 2008 just as the Irish housing bubble was bursting, had as its key target the elimination of long-term homelessness by end 2010 ([DEHLG, 2008](#)). A [2013 homelessness policy statement](#) re-iterated this goal (with 2016 as the revised target year for ending homelessness) as well as providing an explicit commitment to a housing-led approach (involving, inter alia, ensuring that the time spent in hostel accommodation was kept to a minimum and that rental housing units would be available to homeless households ([DECLG, 2013](#)). The [Rebuilding Ireland Action Plan for Housing and Homelessness \(2016\)](#) provides incentives to private landlords to participate in social housing delivery and accelerates the resumption of social housing construction by local authorities and housing associations (with a target of 47,000 new units by 2021 (Government of Ireland, 2016).

Despite the pivot towards a housing-led approach, however, homelessness (excluding rough sleepers) in Ireland has increased rapidly ([DHPLG, monthly](#)). Although lagging behind the immediate impact of the 2008 Global Financial Crisis, rising homelessness reflects the increasing significance of structural/economic mechanisms, in addition to individual and family level mechanisms. Structural and economic mechanisms include the operation of labour and housing markets. In relation to the Irish labour market, the impact of Ireland's economic collapse in 2008 and the emergence of precarious forms of employment looms large. In relation to the Irish housing market, the key current factor impacting on homelessness is the shortage of available and affordable accommodation in the private rented sector (behind which lies a resumption of rent

⁴ Gateway, Clanmornin House and Tír na nÓg are high-support houses in Cork city run by Cork Simon: see [Cork Simon Community](#) (2018b). Joachim and Anne's is currently used by Cork Simon for education and training and administrative purposes.

inflation in the private rental sector for which housing subsidies have failed to compensate; lack of private and social housing new build; and policy reliance on private landlords to assume a social housing role) ([Hearne and Murphy, 2017](#); [Finnerty, O'Connell, & O'Sullivan, 2016](#); [Walsh & Harvey, 2015](#)). What are sometimes termed 'individual level' mechanisms include alcohol and drug addiction and anti-social behaviour. 'Family mechanisms' include a history of care and also family break up due to separation or bereavement ([Fitzpatrick, 2005](#)).

The analytical and theoretical framework adopted here reflects work by [Wright, Rubin and Devine \(1998\)](#), [Fitzpatrick \(2005\)](#), [Shinn \(2010\)](#), [Busch-Geertsema et al. \(2010\)](#), [Stephens, Fitzpatrick, Elsinga, Steen, and Chzhen \(2010\)](#), and [Bramley and Fitzpatrick \(2018\)](#). Broadly speaking, this framework sees the causes of homelessness as lying in some combination of structural, familial and individual level factors, with the prevailing combination a matter of empirical investigation. In this complex mix of poverty, adverse childhood experience, low levels of educational attainment, labour and housing market precarity, and mental health and addiction and behavioural issues, homelessness emerges as "the outcome of a dynamic interaction between individual characteristics and actions and structural change" ([Busch-Geertsema et al. 2010](#), p.5) where the risk of homelessness is high amongst the poverty population impacted by one or more of these factors ([Bramley et al., 2018](#)).

A long-standing response to the problem of actual or imminent street homelessness in Ireland has been the provision of emergency shelter accommodation by homeless charities, where the principal source of shelter funding is the local authority (under section 10 of the 1988 Housing Act). Hence shelter accommodation constitutes housing of last resort and is thus a key component of the Irish social safety net ([Finnerty, 2014](#)). The Cork Simon emergency shelter, which is the focus of this study, is located in the heart of Cork city. It has 47 beds, with an additional 15 beds for a Winter Night Shelter. Cork Simon Community data show that it had an occupancy rate of 114% in 2017, accommodating 53 persons on average each night throughout that year, and comprising 339 different persons.⁵ The shelter is one of four Cork city emergency shelters, the others being the St. Vincent de Paul Shelter (for adult males), Edel House (for adult females and their children), and Cuan Lee (for adult females and their children escaping domestic violence).

3.4 Research focus and limitations

[1] The Shelter study was originally conceived as a small-scale quantitative, longitudinal study which would track quality of life changes for a cohort of shelter residents as they moved out of the shelter and into independent or high-support housing. This original conception required alteration, however, under the impact of two factors: the attenuation of the original cohort, and the lack of move-on housing. This has resulted in a more 'static', cross-sectional focus than was originally intended, and provided the rationale for the inclusion of qualitative questions, and the recruitment of new participants, at phases 2 and 3 of the fieldwork. Longitudinal findings are nonetheless presented in relation to variables and respondents detailed in [Appendix 2](#).

In order to indicate a degree of contrast in the quality of life between homeless and formerly homeless persons, data from a separate study of former Shelter residents now living in their own accommodation, the 'Resident survey', is presented in [Part 9](#).

[2] In relation to the nature of many of the questions addressed to respondents in the Shelter survey, item non-response occurs throughout. This is because, on occasion, survey questions were not asked to avert the possibility of distress to respondents e.g. while reflecting on aspects of their current living situation.

⁵ For details about the Cork Simon shelter, see [Cork Simon Community \(2018a\)](#).

[3] In relation to respondent recruitment in both the Shelter and Resident surveys, a degree of self-selection bias is possible insofar as data was collected only from respondents who agreed to participate in the research. However, the profile of the Shelter respondents mirrors the profile of the overall Shelter population in terms of age and gender.

[4] The research focus throughout is on the views and experiences of homeless or formerly homeless persons. Therefore, it is not a systematic evaluation of Cork Simon Community services, whether in the shelter or as provided through housing supports, as this would, *inter alia*, have required collection of data from other stakeholders such as shelter staff.

[5] The report does not engage systematically with the existing theory and research in Ireland and abroad, nor does it make recommendations about policy and practice, as this lies outside the purposes of the present report.⁶

⁶ This report's findings will be linked with the existing theory and research literature in a separate piece for publication in an academic journal.

4. PART 1: DEMOGRAPHICS

Shelter Respondents were asked questions about age, gender, and nationality. Respondents were asked whether they had a current partner and whether they had children, and where the current partner and children, if any, were living.

Age

The bar chart (Fig. 1) shows the distribution of respondents by age. From the total number of survey respondents (n=36), almost half of respondents (47%) were in the 25-34 age bracket, followed by those in the 35-44 age bracket (31%). 8% of respondents were in the 18-24 age bracket; 8% were in the 45-54 age bracket; and 6% were in the 55-64 age bracket.

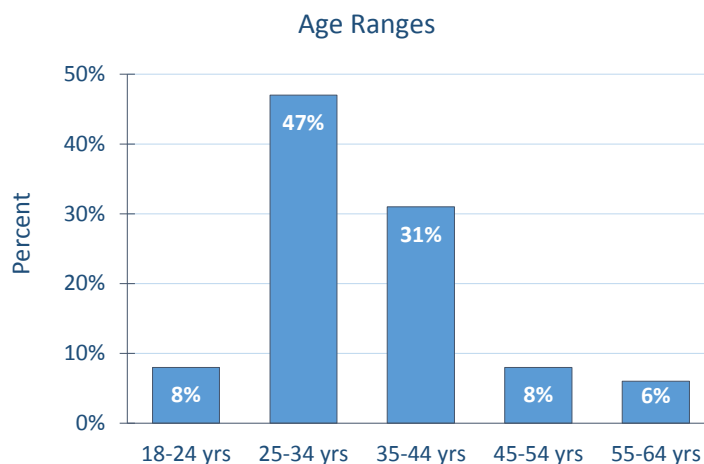


Figure 1 Respondents' age ranges

Gender

The pie chart (Fig. 2) shows the distribution of respondents by gender. Two-thirds (67%) of respondents were male and one-third (33%) were female.

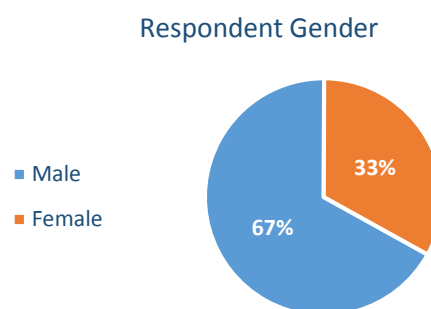


Figure 2 Respondents' gender

Nationality

Almost two-thirds (64%) of respondents were of Irish nationality (with two of these having Travellers as one or both parents), with one-third (36%) being from other countries in the EU.

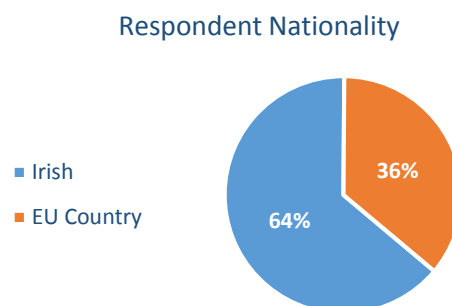


Figure 3 Respondents' nationality

Relationship status

The majority (69%) of respondents (n=36) did not have a current partner. However, 31% of respondents had a current partner. Of those without a current partner, almost two-fifths mentioned having an ex-partner. Of those respondents who had a current partner, eight out of the eleven were staying in the Shelter and participated in the survey: four couples residing in the shelter thus participated in the research.

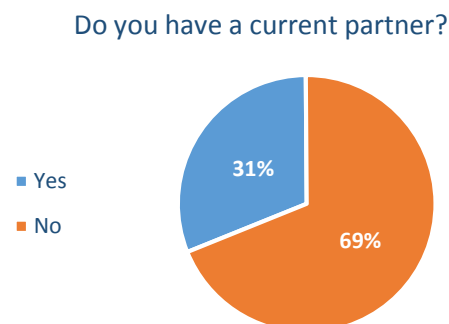


Figure 4 Respondents' relationship status

Children, their ages and location

Almost three fifths (57%) of respondents (n=35) had children, most of whom were under-18. (note the duplication where respondent couples are referring to the same children). Just over two-fifths (43%) of respondents did not have any children.

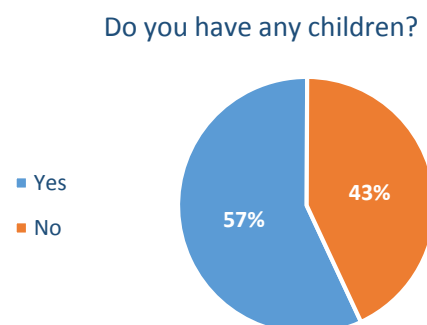


Figure 5 Respondents' children

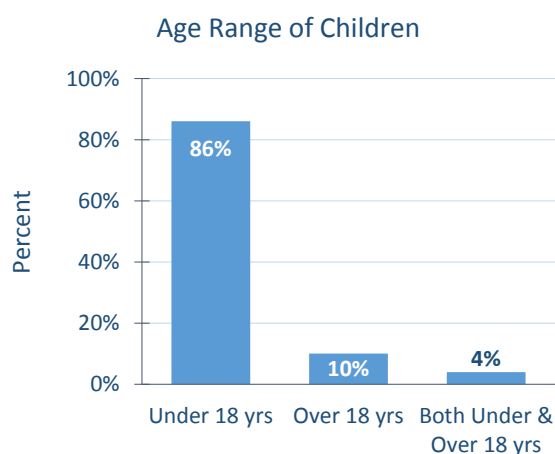


Figure 6 Age range of respondents' children

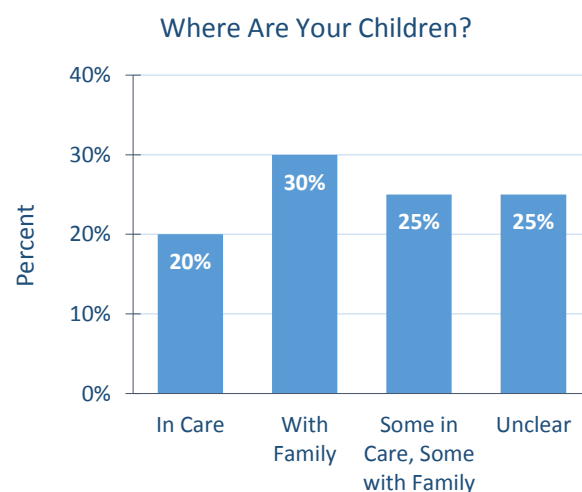


Figure 7 Location of respondents' children

Of the respondents who had children (n=20), 30% had children staying with family (typically the respondent's mother or ex-partner); 20% of the respondents who had children, had children in care; and for a further 25% of the respondents who had children, had some children in care and some staying with family. For a further 25% of the respondents who had children, it was unclear where their children were living.⁷

⁷ See also [Section 7](#): in relation to the things that respondents hoped to achieve, getting back into regular contact with children, or regaining care of children, feature strongly.

5. PART 2: Routes into homelessness and Shelter experiences

In part 2 of the survey, Shelter respondents were asked questions relating to their previous housing, their previous accommodation and routes into homelessness, and their current shelter experiences. Specifically, questions were asked about any history of care, previous accommodation, duration of current stay in the Simon Emergency Shelter, and feelings of safety inside and outside the shelter.

5.1 Routes into homelessness

a) History of care

34% of respondents (n=32) had a history of care; 66% of respondents did not have a history of being in care.

One respondent commented that:

“I’ve been in care most of my life. I was in Riverview. I was in and out of foster homes, in and out of my mother’s.”
(respondent #28, female mid-20s).

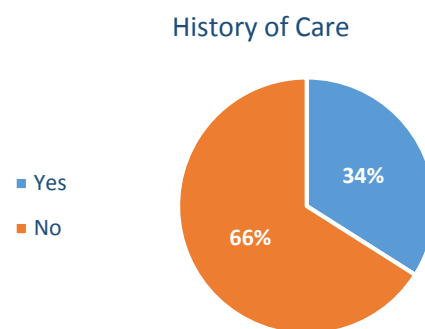


Figure 8 Respondents' history of care

“I’ve been in care most of my life. I was in Riverview. I was in and out of foster homes, in and out of my mother’s.”

b) Experience of under-18 homelessness

Over three-quarters (77%) of respondents had not experienced homelessness as children. However, almost one-quarter (23%) of respondents had experienced under-18 homelessness.

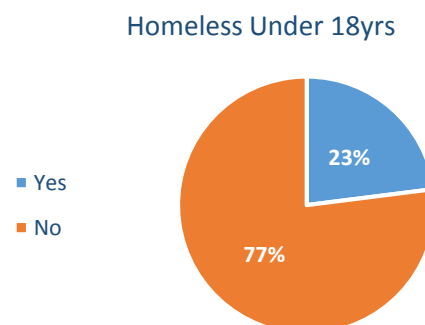


Figure 9 Respondents' experience of homelessness under 18yrs

c) *Last previous accommodation*

The majority (73%) of respondents (n=33) had previously resided in the private rented sector. 15% of respondents had been living in social housing. 9% of respondents had been living with their parents, while just 3% had last been living in owner occupation.

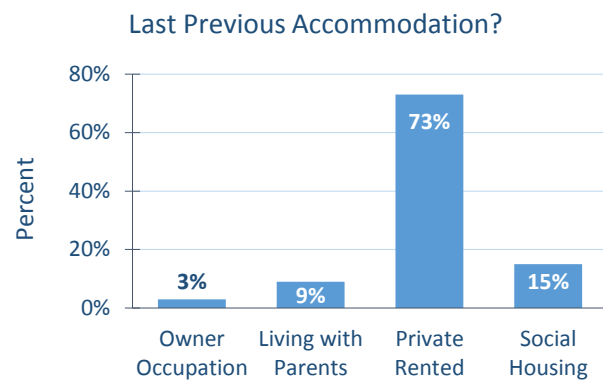


Figure 10 Respondents' last previous accommodation

STATED REASONS FOR LOSING PREVIOUS ACCOMMODATION

The majority of respondents had resided in the private rented sector (PRS) prior to becoming homeless. A minority of respondents had lived in social housing, in the family home, and in one case in owner occupied housing. However, a variety of 'pathways' (Clapham, 2003; [Mayock, 2017](#)) had led to respondents losing their accommodation in the private rented and other tenures and ending up homeless. These pathways may be classified as **(1)** structural pathways out of the PRS; **(2)** addiction pathways, involving alcohol and drug addiction, out of the PRS or other tenures; **(3)** family break-up pathways; **(4)** miscellaneous pathways. However, it should be noted that any such classification runs the risk of imposing too clear-cut a pattern on what is usually a 'fuzzy entry' into homelessness, with many moves between insecure and inadequate accommodation of various kinds.⁸ ([O'Flaherty](#); see also [Edgar, 2012](#)).

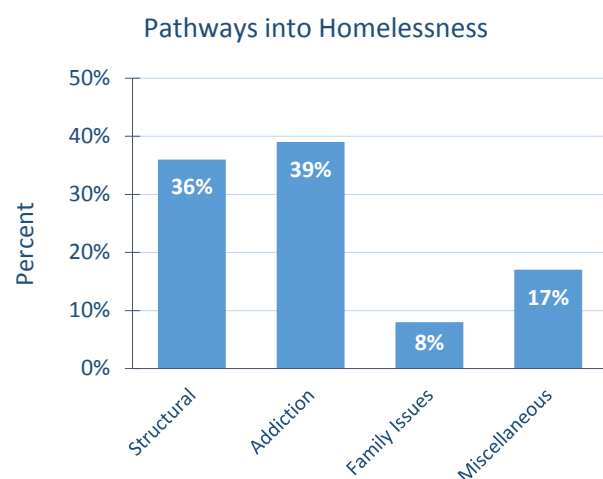


Figure 11 Respondents' pathways into homelessness

Some issues feature in several pathways: assignment to a particular pathway is based on the features to which the respondent assigned the most importance in causing exit from their accommodation. For example, where a relationship breakdown directly led to loss of accommodation (through the person leaving) then it would be included in the 'family break up' pathway. However, where a relationship breakdown led to difficulties with levels of housing benefit payments, and these rent problems caused rent arrears and exit from the accommodation, then the respondent would be included in the 'structural' pathway. In all cases, respondents stated they were unable to find alternative accommodation.⁹

⁸ For fuzzy entries into homelessness, see O'Flaherty, 2009; for the varieties of insecure and inadequate housing, see [Edgar, 2012](#).

⁹ These brief descriptions of housing pathways have been anonymised to avoid identification of any respondent.

(1) 'structural' pathways (13 respondents)

This broad pathway encompasses involuntary exits from accommodation due to actions of private landlords, the social welfare system, the prison system, and employers. In all cases, respondents' accommodation was in the private rented sector (PRS).

- **Housing benefit/affordability difficulties (5 respondents)**
 - #35 Was refused social welfare/housing benefit payments on return from EU and failed to find employment.
 - #1 After relationship break-up, she (and child) were unable to afford the rent.
 - #16 After relationship breakdown she was told the flat was too large for her housing benefit entitlement.
 - #31 Had rent problems in shared apartment due to becoming unemployed: couldn't afford the rent and couldn't find anywhere else.
 - #32 After bereavement, he was not able to afford the rent.
- **Prison (3 respondents)**
 - #13 Lost accommodation after being in prison.
 - #17 Lost accommodation due to being in prison.
 - #6 Had couple of flats over the years but lost them several times over going into prison.
- **Landlord selling accommodation or increasing the rent (3 respondents)**
 - #5 Lost flat after the landlord was selling the house (plus he lost job and fell behind on rent, and he began drinking heavily, then was staying with friend with whom he fell out...).
 - #9 Lost accommodation as landlord was selling (plus relationship breakdown).
 - #2 Landlord had problems with tax irregularities, leading to respondent's housing benefit was stopped.
- **Accommodation disrepair/overcrowding (2 respondents)**
 - #15 Left flat due to disrepair of accommodation.
 - #36 Left house share as landlord said it was overcrowded.

(2) addiction pathways out of the PRS and other tenures (14 respondents)

- #3 lost council house over heroin use.
- #4 Lost PRS accommodation after relationship breakdown – started drinking heavily and fell behind in rent.
- #7 Lost PRS accommodation after succession of events and behaviours: parental bereavement, unemployment, heavy drinking, and finally rent arrears.
- #10 Lost PRS accommodation due to heavy drinking and subsequent relationship breakdown – he moved out.
- #12 Lost social housing when husband got evicted, and she was drinking heavily.
- #18 Lost PRS accommodation due to addiction leading to rent problems and lost her job. She moved into boyfriend's flat, but when he went to prison she couldn't afford the rent.
- #20 Has been in residential treatment for alcohol addiction, and in St. Vincent de Paul and Cork Simon shelters, for many years.
- #27 Lost PRS accommodation after heroin use led to rent arrears.
- #28 Lost PRS accommodation after heroin use led to rent arrears.
- #29 Left housing association housing due to addictions and drug-related prison term.
- #33 Barring order from social housing (had been living there with partner and daughters) due to addictions.

- #34 Lost social housing due to ‘own behaviour’.
- #24 Asked to leave parents’ home due to alcohol addiction.
- #26 Lost PRS accommodation after becoming unemployed and subsequent heavy drinking.

(3) family break-up pathway (3 respondents)

- #23 Left house that her partner owned after relationship breakdown.
- #11 After history of being in care, became homeless after brief spell of living with father.
- #25 Lost council house accommodation after her mother died (and has history of being in care).

(4) miscellaneous pathway (6 respondents)

- #8 Arrived from England to be with children but exhausted his savings as his social welfare entitlements hadn’t been processed at that stage.
- #21 Arrived from England, stayed briefly in mother’s house, then alternating between tent and Shelter.
- #30 Arrived from England, and his money was robbed.
- #19 Lost PRS accommodation many years ago due to unspecified problems with the landlord. Has history of care.
- #22 Lost PRS accommodation some years ago due to unspecified problems with the landlord.
- #14 11 Left institutional care when over-18. Was in house share in PRS but left after disagreement with other tenants.

d) Experience of rooflessness

The majority (97%) of respondents (n=32) had experience of some form of rough sleeping or extremely insecure and inadequate housing.¹⁰ Almost two-thirds (63%) reported having slept on the streets, with a further third (33%) having combined street sleeping with staying in forms of insecure and inadequate accommodation such as squats or tents.

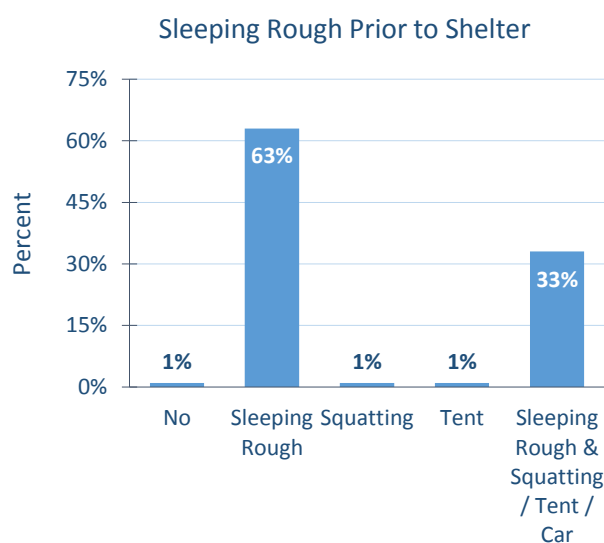


Figure 12 Respondents' experience of rooflessness

¹⁰ ‘Insecure’ housing refers to accommodation from which the respondent may be easily dislodged due to e.g. having no legal right to occupation, as in a squat. ‘Inadequate’ housing refers to accommodation that is unfit for habitation or comprises temporary structures. See [Edgar \(2012\)](#).

e) Lifetime duration of rough sleeping

Almost one-third (32%) of respondents (n=22) had spent, cumulatively, more than a year sleeping rough sleeping and/or in some form of extremely insecure or inadequate accommodation. An additional one-fifth (23%) of respondents had spent, cumulatively, 6 months sleeping rough sleeping and/or in some form of extremely insecure or inadequate accommodation. A further 18% had spent 9 months sleeping rough. In total, over half (55%) of respondents had spent, cumulatively, over 6 months either rough sleeping and/or in some form of extremely insecure or inadequate accommodation.

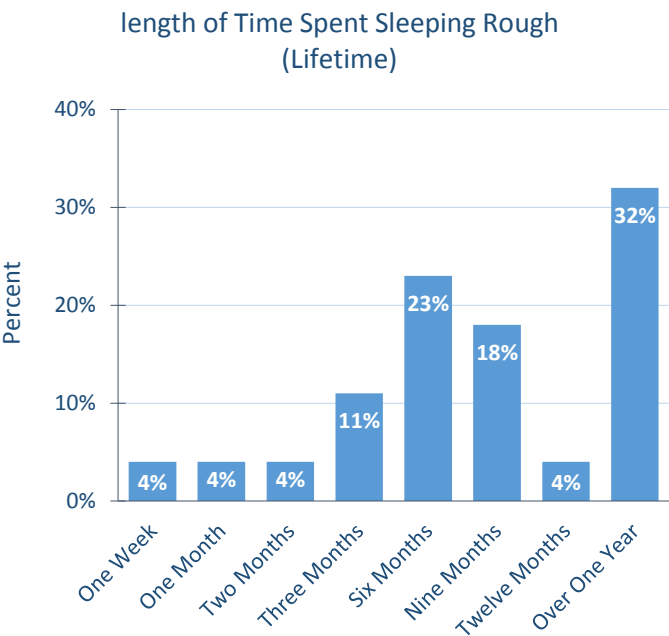


Figure 13 Respondents' lifetime duration of rough sleeping

5.2 Experiences of staying in the Cork Simon Community shelter:

a) Duration of current 'long-term' stay in shelter

The duration of continuous long-term stay¹¹ in the shelter varied widely amongst respondents (n=33). 3% of respondents were newly-arrived in the shelter. A further 9% of respondents had been staying continuously in the shelter for up to 2 weeks. An additional 12% of respondents had been staying in the shelter continuously for up to 2 months. An additional 3% of respondents had been staying in the shelter for up to 3 months; a further 18% of respondents had been staying for up to 6 months. Over half (55%) of respondents had been staying for over 6 months, (combining the data for the categories 'up to 9 months', 'up to 12 months', 'between one and two years', 'between two and five years', and 'over five years in and out', from Figure 14), putting them into the Department of Housing's category of 'long-term homelessness'. It should also be noted that most respondents reported use of shelter

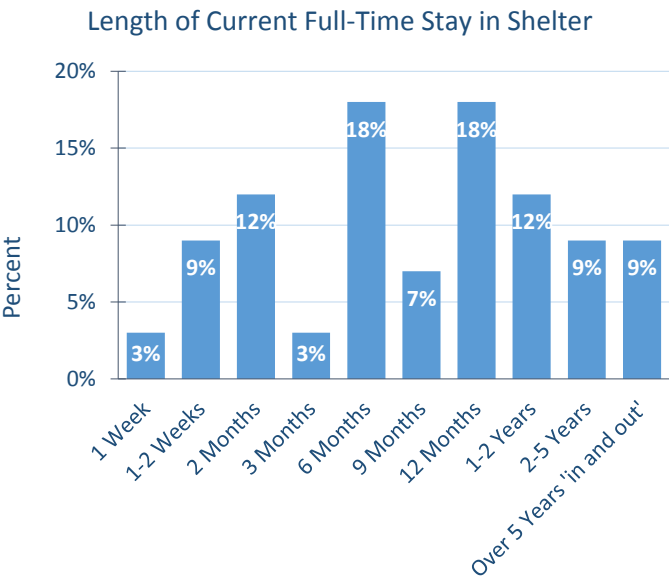


Figure 14 Respondents' duration of current 'long-term' stay in shelter

¹¹ The term 'long-term' is explained on [p.10](#).

accommodation on an occasional basis prior to becoming 'long-term' residents.

The often-slow progress to acquiring a 'long-term' bed in the Shelter is illustrated in the experience of this respondent:

"I got a full-time bed about a week ago, maybe 2 weeks. But I was on a night-to-night basis before that...maybe 4 weeks...I've been here all the time [since becoming permanent] but I've been in and out of the Simon for the last 4 months like – using the Day Centre and the Soup Run and queuing up for a bed – you might and you might not get one. We (respondent and partner) started getting one all the time. [before that] we were sleeping in the car all through Christmas and before Christmas." (respondent #28, female, early 20s).

"I've been in and out of the Simon for the last 4 months like - using the Day Centre and the Soup Run and queuing up for a bed - you might and you might not get one."

b) Feelings of safety inside and outside the shelter

There were mixed responses (n=33) to a question about feelings of safety within the shelter. Two-thirds (67%) of respondents reported feeling 'very safe' or 'quite safe' within the shelter. However, over one-fifth (21%) of respondents reported feeling 'sometimes safe', and 12% of respondents feeling 'not at all safe' within the shelter.

"In Simon I am not safe, I not feel (safe)...because many people with drug, many people junkie, you know." (respondent #10, male, early 50s).

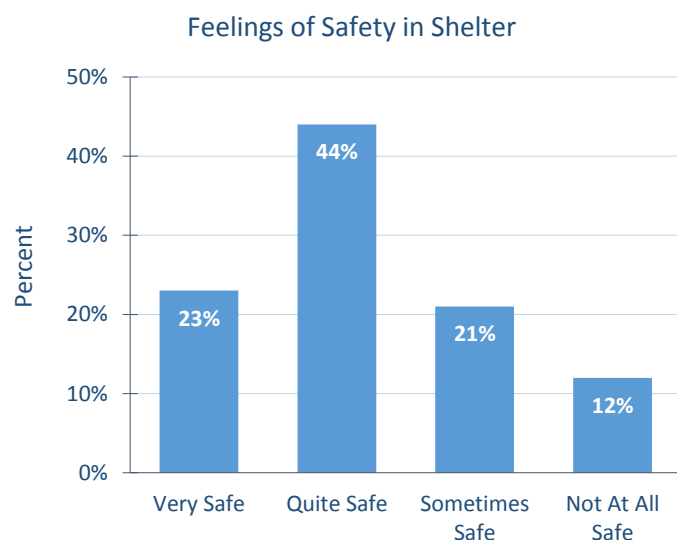


Figure 15 Respondents' feelings of safety inside and outside the shelter

"The shelter itself gets rough but I keep myself to myself...I don't get involved." (respondent #1, female, early 30s).

The risk of being pricked by a used needle was mentioned by several respondents:

"It's not a life - you live in fear. 'Cos say now you could be out there [somewhere in the shelter] God forbid and go get stuck with a needle off someone, you know what I mean?" (respondent #12, female, early 40s).

A respondent who indicated she felt 'sometimes safe' in the Shelter reported that:

"I keep meself in my room, day in day out. Because I don't drink or take drugs, I don't even take tablets, I'm against all that... I don't trust nobody, I don't really go out." (respondent #34, female, early 30s).

Another respondent stated:

“At times I can be a bit wary but 95% of the time it’s alright, but I suppose it’s just part and parcel that comes with the territory, like...I try and tell myself, you know what I mean, It’s not like you’re booking into Jurys – you’re homeless!” (respondent #3, male, early 30s).

“At times I can be a bit wary but 95% of the time it’s alright, but I suppose it’s just part and parcel that comes with the territory, like...”

A more negative view was evident in relation to views of the safety in the immediate environment of the shelter after dark. 38% of respondents (n=32) reported feeling ‘very safe’ or ‘quite safe’. By contrast, some 22% of respondents felt ‘sometimes safe’, with another 19% feeling ‘not at all safe’. (22% of respondents had ‘no opinion’ in relation to this question).

One respondent captures the sense of lack of safety outside the Shelter at night as follows:

“I’d have my guard up, anyway – not safe. You’d have to watch in the windows as you’re walking up the side [of the street to the Shelter]. You can see the reflection in the windows of the hotel up the street – I have eyes everywhere, like. And people in by the gate – you can’t see them, so you can see them in the reflections in the windows as well. You’d be watching everything!” (respondent #9, male, early 40s).

Another respondent observed:

“It’s dangerous around here at night time. I wouldn’t advise anyone to be waiting around out here at night time!” (respondent #31, male, early 30s).

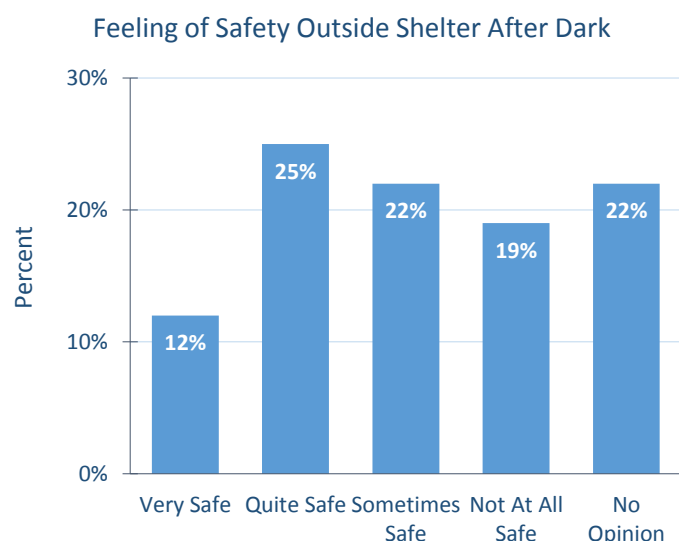


Figure 16 Respondents' feelings of safety outside the shelter after dark

PERCEPTIONS OF THE SHELTER

Respondents were asked additional qualitative questions about their experiences and perceptions of living in the Shelter, apart from the safety issues discussed above. The chief topics mentioned related to admission rules, the perceived shortcomings in the regulations in the Shelter relating to drug use and rent arrears, and privacy and control in their room.¹²

¹² As noted in the section on [research limitations](#), the research focus throughout is on the views and experiences of homeless or formerly homeless persons. Therefore, it is not a systematic evaluation of Cork Simon Community services, whether in the shelter or as provided through housing supports, as this would, inter alia, have required collection of data from other stakeholders such as shelter staff.

(i) Shelter admission rules

The perceived arbitrariness of the shelter admissions policy was mentioned by a small number of respondents:

- “Fuckers not letting you in! You could be sober, you could be fucking hungover, you could be lingers too obviously, but not letting me in when I was sober!” (notwithstanding these negative comments, the respondent was also appreciative of, and used, the services available in the Shelter) (respondent #9, male, early 40s).
- “But it’s not fair, because they let people in who are stoned on heroin, and they won’t let drinkers in...but I think the reason is that people on alcohol are more aggressive, and they’re probably more troublemakers than the people who are stoned – they go straight to bed!” (respondent #36, male, mid-30s).
- “Yeah, definitely...like say now if I go out...you’d be about half an hour waiting to get in – and freezing!” (respondent #12, female, early 40s).
- “You’d be pressing the buzzer and they tell you wait a few minutes. Wait for what? For fucking what? Why can’t they just press the thing and let you in?. Plus, you’d be waiting there like, and someone...punch you, outside, who is not part of the shelter – some scumbags or whatever...very mad system like, do you know?” (respondent #13, male, early 30s).
- “I know a fellow who smokes cannabis, and I don’t. And I never drink in my room...but I do get searched coming in to the place. I don’t do it, and they know I don’t!” (respondent #22, male, mid-30s).

However, other respondents took a more sanguine view of admissions policies:

- “The alcohol is not permitted in here: that I comprehend. I’ve seen people in here with alcohol on them and they’re stupid people...” (respondent #22, male, mid-30s).

(ii) Regulations within the Shelter

being sanctioned

Some respondents were critical of the sanctioning rules within the shelter. One respondent commented:

“If you don’t pay rent you get sanctioned, so you get thrown out. But I think that’s a bit stupid...anyway that’s the rule...it’s only going to build a grudge.” (respondent #3, male, early 30s).

Another respondent suggested that Shelter rules were fairly applied:

“I’ve slept out once or twice on occasion, due to house rules – because I had alcohol on board.” (respondent #22, male, mid-30s).

c) Cleanliness and safety of Shelter washing facilities

Most respondents (n=13) saw the Shelter as clean including showers/bathrooms.

In response to a question whether washing facilities in the Shelter were clean, 85% of respondents (n=13) replied in the affirmative and 15% in the negative.

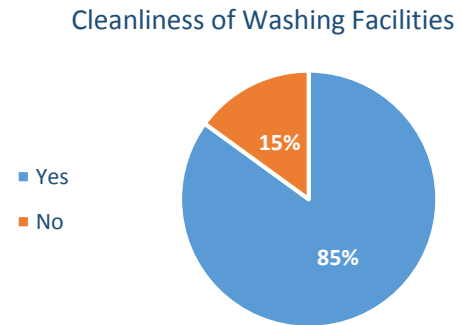


Figure 17 Respondents' view of cleanliness of shelter washing facilities

In response to a question about whether washing facilities in the Shelter were safe, 92% of respondents (n=12) replied in the affirmative; 8% of respondents replied in the negative.



Figure 18 Respondents' feelings of safety using shelter washing facilities

In reply to a question about the overall cleanliness of the Shelter, most (83%) of respondents (n=12) answered in the affirmative, and 17% of respondents answering in the negative.

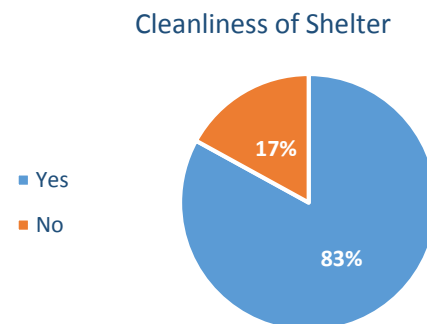


Figure 19 Respondents' views on cleanliness of the shelter

d) Privacy and control in their room

In reply to a question about having enough privacy in their room, 67% of respondents (n=12) replied in the affirmative, and 33% replying in the negative.

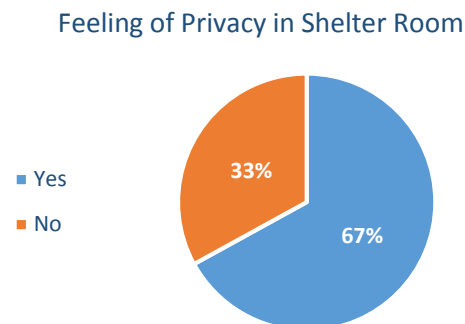


Figure 20 Respondents' views on feelings of privacy in their shelter room

In reply to a question about having control over their own space in the Shelter, 77% of respondents (n=11) replied in the affirmative, and 23% replying in the negative.

For respondents who felt a lack of privacy and control, the issues had to do with room checks and room sharing. One respondent has own room but:

“I really don’t like the way they come in for the room checks in the morning. It could be two women staff on and you’re lying down in the bed and they’re coming in checking your sharps box and they sweep your floor...I feel like a 12-year old child.” (respondent #3, male, early 30s).

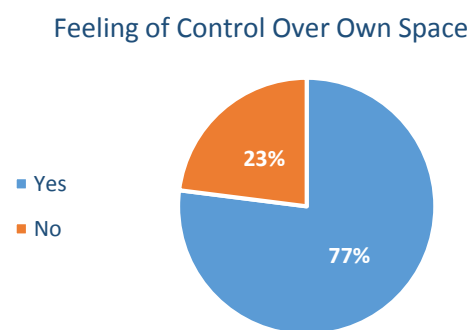


Figure 21 Respondents' view on feeling control over their own space in the shelter

Another respondent commented that:

“When you’re living there – when I’m not drinking and living there – when I’m stopped with drinking 3 or 4 months, and I’m living with drunk men in (my) room! And he was coming back very fucking dirty and the smell!” (respondent #10, male, early 50s) (he reported being subsequently given a single room after complaining).

Another respondent remarked:

“I’m sharing...I’d prefer a room of me own but sure what can you do?” (respondent #19, male late 30s).

“I’m sharing...I’d prefer a room of me own but sure what can you do?”

e) *Chaotic environment / general behaviour of some other shelter residents*

Another aspect of the Shelter commented on by many respondents was the behaviour of other shelter residents. One respondent commented that:

"I don't really like the disrespect from tenants, residents to all the staff. They're throwing (things) all over the place – a sandwich not even finished, bang somewhere, a finished smoke on the floor. And every day, every morning it's the same mess everywhere. This is what is pissing me off...all the rest is ok. The homeless shelter – it's not a...five-star hotel, you know. It's not a place...to make you feel comfortable." (respondent #36, male, mid-30s).

Another respondent observed that:

"Finding needles everywhere in the Shelter...people being out of their heads, standing there...goofing off, falling asleep." (respondent #1, female, early 30s).

In response to a question about the overall cleanliness of the Shelter, another respondent stated:

"Not really, people don't use the bins here, the half of them, do you know what I mean – they throw rubbish everywhere!" (respondent #12, female, early 40s).

f) *Drawbacks of trying to shake off addictions in the Shelter*

"Yeah, definitely. Every time you go out the door of the Shelter you're bumping into people drunk. Or going around the corner then, it's 'here, do you want a drink' - especially when you're off the drink, everybody seems to offer you a drink!" (respondent #9, male, early 40s).

"I was finding it very difficult to stay clean, really, the people are always in your face with it..." (respondent #15, male, early 30s).

"The Shelter is grand, I do get along with the staff...[but] it's very hard to get any kind of stability or pattern or routine...[The shelter] is very chaotic... the more I try to step away from that life, it becomes more obvious to me the situation I'm in (in the shelter)." (respondent #3, male, early 30s). The same respondent also observed that, "The people...can weigh you down a bit. Getting clean, getting drink, drug clean, it's harder." (respondent #3, male, early 30s).

g) *Other positives of staying in the Shelter*

Apart from the cleanliness (asserted by most respondents) and the privacy / control (asserted by many respondents), the chief positive things about living in the Shelter centred on its superiority to rough sleeping or squatting, the assistance from staff, and the opportunity to access health services:

One respondent asserted:

"It's not the street!" In the same vein, another respondent commented that being in the Shelter was "much better than being in a tent." (respondent #35, male, late 50s).

Another respondent commented:

"I'm after buying a swimming hat and goggles and shorts, and they (Simon) give you swimming free passes and gym passes so I'd like to start getting back to that." (respondent 24, male, mid-20s). The same respondent commented: "Yeah, they'd give you the push all right. There is help in here – they're very helpful. They're friendly staff too."

Another respondent commented:

"There's plenty of activities on in the Shelter... I'd get a ticket now for...all the home Cork city games,

and if I want to go to the cinema or the gym..." (respondent #15, male, early 30s).¹³

A view of the function of the Shelter was expressed by this respondent:

"I just want me, [my partner] and our kids to live in a house...and get on with our lives. Have normality back, do you know, have a bit of our own freedom back. 'Cos in here you have no kind of freedom. They call it an emergency shelter for a reason – for people that are actually living on the streets to be able to come in here, have a roof over their head if it's raining, to be able to come in here and relax...have a shower, wash their clothes, whatever...I've been here nearly a year, next week it will be a year, do you know, and I've overstayed my welcome here, I'd say over 6 months. Do you know, and every day that I'm in here, it feels that I'm getting more and more institutionalised, that I'll never have the courage or the strength to move on from here. I'm ashamed to call this place is where I'm staying... I'm not ashamed for what it's done for me, but now that I know that I've overstayed my welcome." (respondent #5, male, mid-30s)

"Every day that I'm in here, it feels that I'm getting more and more institutionalised, that I'll never have the courage or the strength to move on from here. I'm ashamed to call this place is where I'm staying... I'm not ashamed for what it's done for me..."

Staying in the Shelter was also an opportunity to access a variety of health services (e.g. GP, counselling) and also allowed referral to a variety of rehabilitation / treatment services (for alcohol and heroin addictions).¹⁴

¹³ See also [Parts 5](#) and [Part 8](#) below for other data on level of services and support in the Simon Shelter.

¹⁴ See the further discussion in [Part 5](#).

6. PART 3: SUBSTANCE USE AND ADDICTION

Part 3 of the Shelter survey asked a series of questions about alcohol, drugs and gambling. Specifically, questions were asked about frequency of use of, and expenditure on, alcohol, drugs, and gambling.

Frequency of use of alcohol (n=36)

Asked about frequency of alcohol use in the past three months, 19% of respondents reported drinking 'most days or daily'; a further 11% reported drinking alcohol two to three days a week. However, 53% of respondents had not drunk alcohol during this time, and a further 17% of respondents had drunk alcohol just two to four times a month during the prior three-month period.

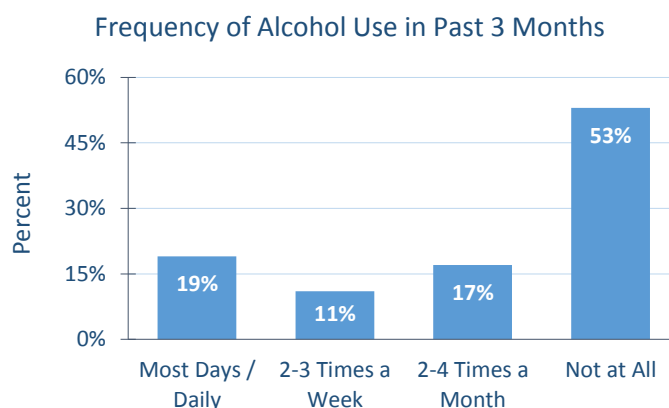


Figure 22 Respondents' frequency of use of alcohol

Expenditure on alcohol

For respondents (n=11) who drank, there was a range of expenditure on alcohol. Notably, for 5 of the 11 respondents who reported drinking, expenditure on alcohol represented upwards of 40%, and sometimes most, of their disposable income.

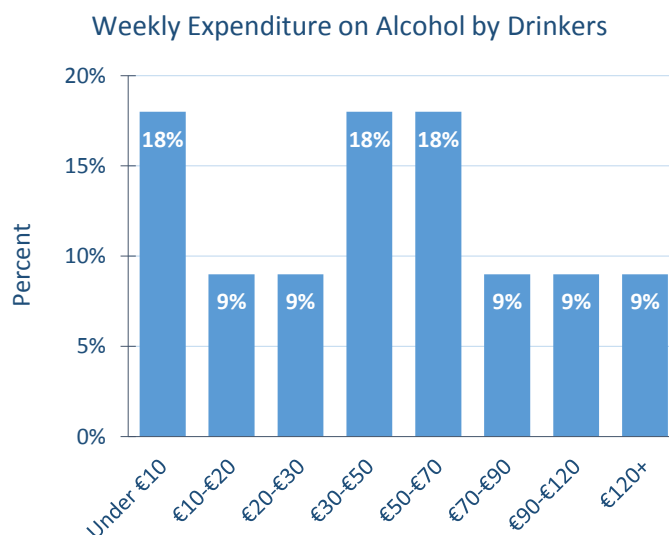


Figure 23 Respondents' weekly expenditure on alcohol

Expenditure on alcohol and age and gender profile

Of respondents who spent a significant portion of their income on alcohol¹⁵ (n=5), there was a fairly even spread across the age range: 2 respondents were aged 25-34; two respondents were aged 35-44; and 1 respondent was aged 45-54. One respondent was female; the other four respondents were male.

Frequency of use of drugs (n=36)

Asked about frequency of use of drugs other than alcohol in the past three months, almost two-fifths (39%) of respondents reported using drugs 'most days or daily'. A further 8% of respondents reported using drugs two or three times a week. However, 44% of respondents reported not having used any drugs, with a further 8% having used drugs two to four times in the past three months. A further 8% of respondents had used drugs between two and four times a month.

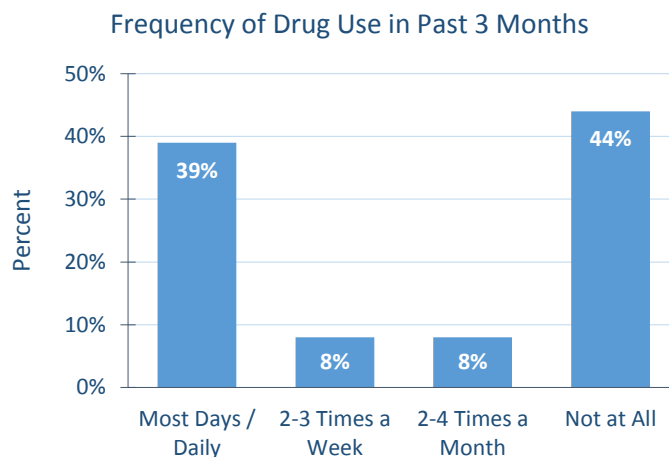


Figure 24 Respondents' frequency of use of drugs

Expenditure on drugs

For respondents (n=14) who used drugs 'most days / daily', expenditure on drugs accounted in most (77%) cases, for most of their disposable income.

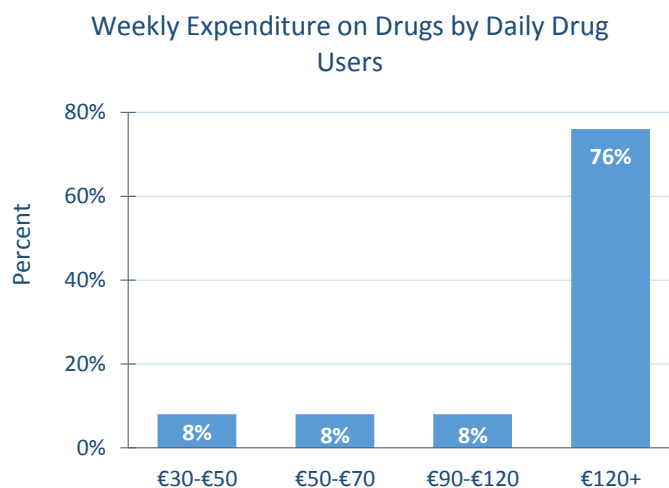


Figure 25 Respondents' weekly expenditure on drugs by daily drug users

¹⁵ Operationalised in this report as upwards of €50 weekly.

Types of drugs used

Of the respondents who used drugs in the past three months (n=20), 40% used heroin only, a further 40% used heroin along with other drugs, and 20% smoked cannabis ('hash' or 'weed').

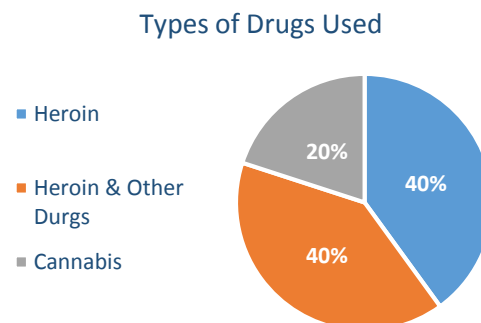


Figure 26 Types of drugs used by respondents

Frequency of drug use and age and gender profile

Almost two-thirds (64%) of 'most days / daily' drug users were aged between 25 and 34 (n=14). Three quarters (76%) of frequent drug users were male, and one-quarter were female (24%).

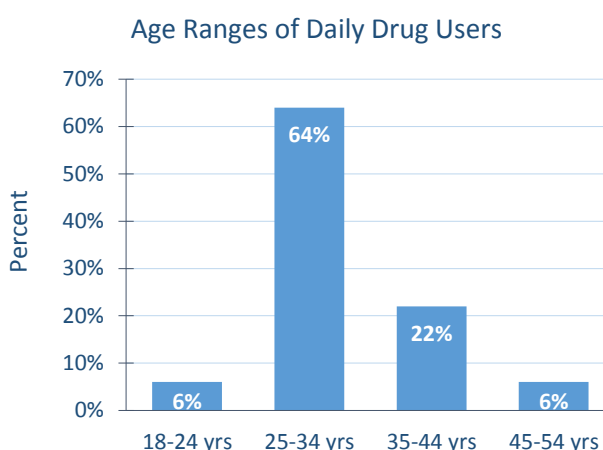


Figure 27 Age ranges of daily drug users

Lifetime heavy use of alcohol and or/drugs

Respondents (n=34) reported high levels of lifetime heavy use of drink and drugs, with over four in five respondents (82%) falling into this category.

Some respondents had been heavy users of heroin, but had reduced or stopped their heroin consumption, typically by enrolling in a methadone programme.

"I'm off the drink for 4 years...but I started on the heroin. I've been on that for the past 3 years...before I was using every day but now I barely use once or twice a week. I'm trying to stay stable...on methadone." (respondent #31, male, early 30s).

"I'm trying not to [use heroin], at the moment. I'm using a small bit because I'm not on the right amount of methadone yet...I'm looking to go into treatment again soon." (respondent #28, female, mid-20s).

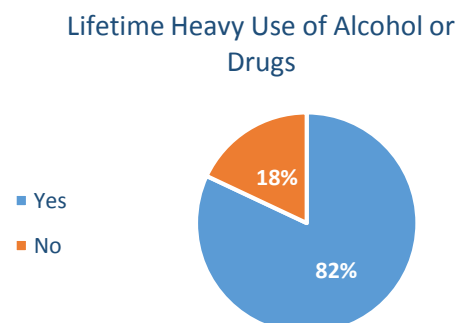


Figure 28 Respondents' lifetime heavy use of alcohol and / or drugs

Frequency of gambling (n=36)

Gambling was a very infrequent habit amongst respondents in the previous three months. 82% of respondents had not gambled in this time period, with a further 12% having gambled 'just once' The remaining 6% of respondents reported having gambled two to four times per month. Such gambling in all but one case involved small bets with bookmakers or the purchase of lottery tickets.



Figure 29 Respondents' frequency of gambling in past three months

7. PART 4: INCOME, EMPLOYMENT AND TRAINING

Part 4 of the Shelter survey explored issues around income, employment, and training. Specifically, questions were asked about highest level of education achieved, plans for employment and education, source(s) of income, difficulty managing money.

Educational Attainment

The Shelter cohort (n=28) evidenced very low levels of educational attainment, in the form of high levels of early school leaving and very low rates of participation in further education. Over one third (36%) of respondents had left school before or on completion of their Junior Cycle (or equivalent). A further 18% had completed schooling up to Senior Cycle. Over one-third (36%) had some form of technical skill or qualification. 7% of respondents had left unfinished a third level course, while just 4% had a third-level qualification.

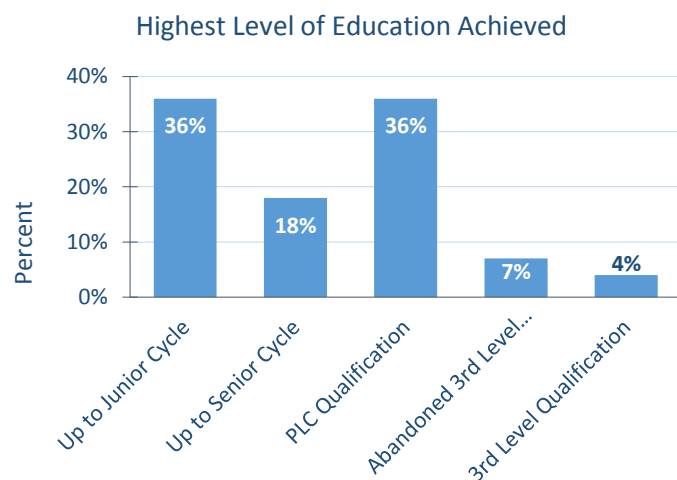


Figure 30 Respondents' highest level of education achieved

Engagement with Training and Education

27% of respondents (n=34) were engaged with training or education, with a further 27% planning to so engage 'in the near future'. 15% did not require such training or education: they either considered they had sufficient education or were applying for a job. 32% of respondents were not in training or education nor had plans to do so.

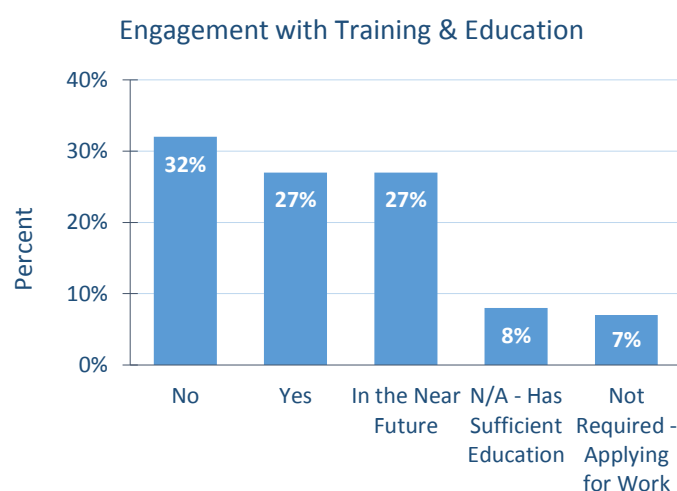


Figure 31 Respondents' engagement with training and education

One respondent who had left school before her Junior Certificate was now attending a literacy course:

"I'm actually learning how to read and write now, at the moment. I'm doing me sounds and me words and – I say I'm back in school, you know! They all laugh at me! It's hard, but I'm getting there, like. I need to do it, like." (respondent #23, female, early 30s).

Training or Education by Frequency of Drug Use

Of the eleven respondents who were not engaged with training or education and had no plans to do so, there was almost an even split between those who used drugs most days or daily, and those who did not use drugs at all. It is also noteworthy that many frequent drug users ('two or three times a week' and 'most days or daily') (n=17) were engaging in training and education or had plans to do so in the near future.

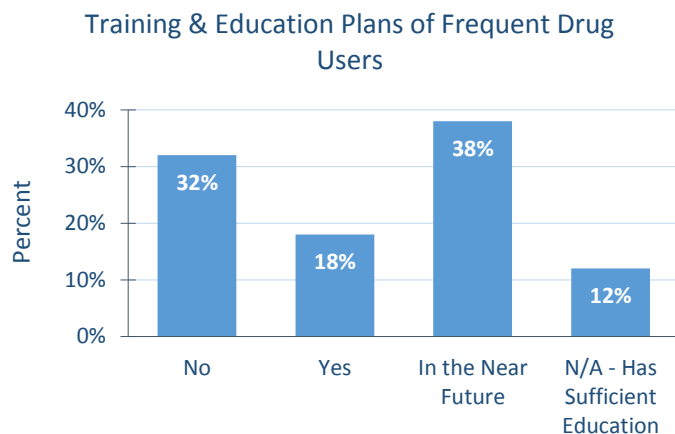


Figure 32 Training & Education Plans of Frequent Drug Users

Training or Education by Frequency of Alcohol Use

Of the seven respondents who reported drinking most days / daily, 4 respondents (57%) had no plans to undertake training or education, while 3 respondents (42%) were in, or had plans to be in, training or education.

Income Source

The source of income for almost two-thirds (63%) of respondents (n=35) was Jobseekers Allowance. The other main source of respondent income (23%) was Disability Benefit. 6% of respondents were in paid employment.

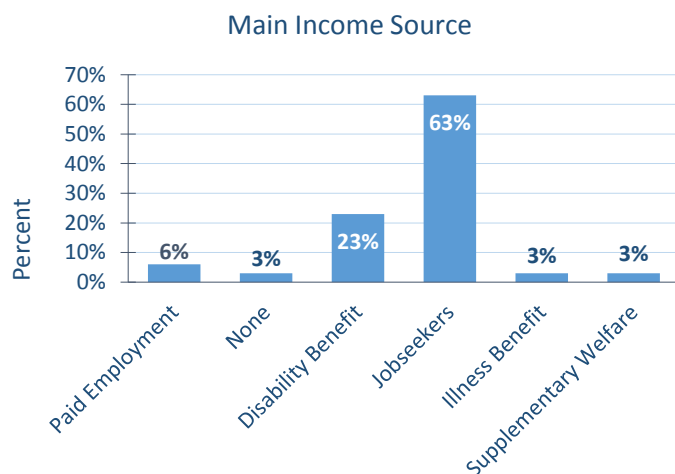


Figure 33 Respondents' Main Income Source

Some respondents supplemented their income with begging on the street:

"I'm starting to stop, like...I used to do it more frequently, so it's a really big one that I'd stop...It's related to drug addiction...and you know what, to boredom, it passes the day for me." (respondent #24, male, mid-20s).

However, many respondents did not beg on principle and out of potential shame:

"No, never...people know me in Cork. Sitting down there my family would be getting embarrassed or hearing shit." (respondent #9, male, early 40s).

"No, I just don't do it, I'd be embarrassed." (respondent #25, female, late 20s).

"I don't beg, I won't beg. That's against my character – I won't. I'm not allowed. No way." (respondent #22, male, mid-30s).

Money difficulties (n=33)

The majority of respondents reported varying degrees of difficulty in managing money. 30% of respondents reported that managing their money was ,very difficult, with a further 15% reporting that managing their money was 'quite difficult'. 24% of respondents reported that managing their money was 'sometimes difficult'. Rather surprisingly, 30% of respondents answered this question by reporting that managing their money was 'not difficult.' (12%) or 'not at all difficult.' (18%).

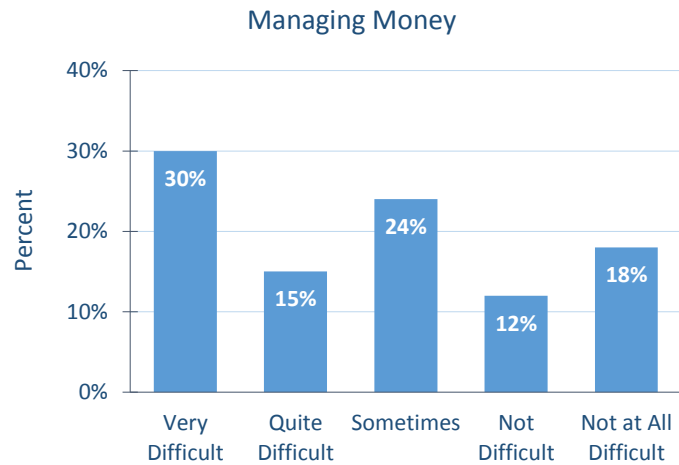


Figure 34 Respondents' difficulties managing money

"I'm actually learning how to read and write now, at the moment. I'm doing me sounds and me words and – I say I'm back in school, you know! They all laugh at me! It's hard, but I'm getting there, like. I need to do it, like."

8. PART 5: HEALTH AND HEALTH SERVICES UTILISATION

Parts 5 of the Shelter survey explored issues around physical and mental health, and about health service utilisation. In relation to physical and mental health, questions were asked about self-rated physical and mental health.

Use of Shelter clinic

Almost 4 out of five (79%) of respondents (n=33) reported use of the Shelter clinic, chiefly visiting the Shelter doctor and/or the Shelter addiction counsellor.¹⁶

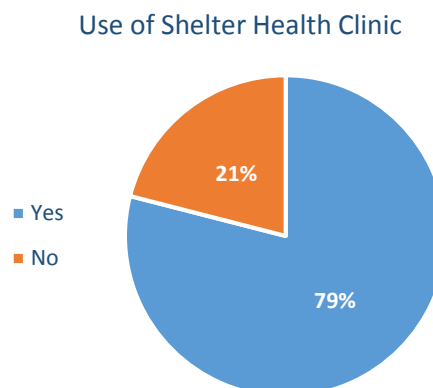


Figure 35 Respondents' use of shelter health clinic

Use of drug/alcohol treatment services in past year

Just over half (52%) respondents (n=33) had not used treatment services for drugs or alcohol in the past year. However, almost half (48%) of respondents had used these services (42%) or were on the waiting list (6%) for such services.

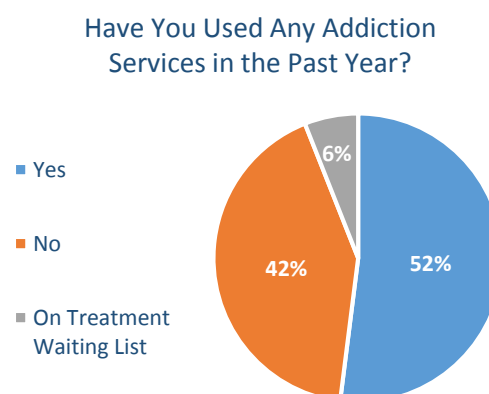


Figure 36 Respondents' use of drug / alcohol treatment services in the past year

¹⁶ For a description of the health clinic services, see [Cork Simon Community](#) (2018c).

Use of residential addiction services in past year

The majority (77%) of respondents had not used residential services for drug or alcohol addiction in the past year. However, 20% of respondents had used such services, and 3% were applying for such residential services.

Have You Used Any Residential Addiction Services in the Past Year?

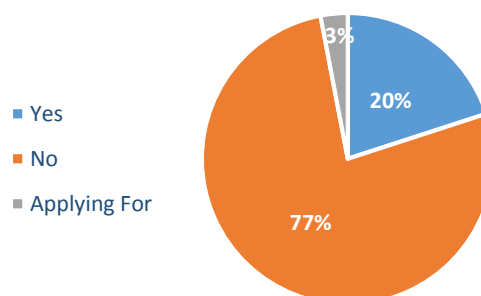


Figure 37 Respondents' use of residential treatment services in the past year

Use of addiction counselling services

Just over half (52%) of respondents (n=35) had not used addiction counselling services in the past year. However, almost half (48%) of respondents had used addiction counselling services (37%) in the past year or planned to use these services (11%).

Only one of the respondents (n=35) reported attending Alcoholics Anonymous in the past year; only 2 respondents (n=36) reported attending Narcotics Anonymous in the past year.

Have You Used Any Addiction Counselling Services in the Past Year?

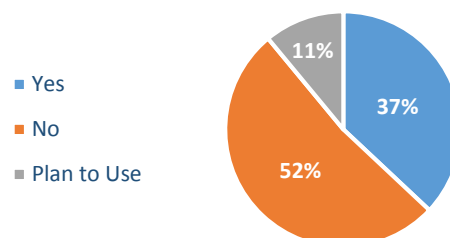


Figure 38 Respondents' use of addiction counselling services

Use of drug treatment services by current heavy drug users

The majority (85%) of current heavy (most days / daily) drug users (n=13) were seeking or receiving services for their addiction, while 15% were not.

Of the seven respondents who were frequent drinkers (most days/daily), 4 were not seeking or receiving services for their consumption and three were.

Seeking or using treatment by lifetime heavy drug or alcohol users

Almost three-quarters (74%) of respondents (n=28) who reported lifetime, heavy and problematic use of alcohol and drugs, were receiving, had recently received, or were seeking some form of treatment for their alcohol and drug use. This treatment included counselling, applying for or being enrolled in a methadone program, and applying for or having recently been enrolled in a residential rehabilitation programme.

Some respondents were particularly appreciative of the support services available in the Shelter. One respondent noted:

“if you want help, they really help you. For example, when I was drinking, drinking a lot for months and months, then I couldn’t imagine the day without drink. Wake up in the morning, the day before I promised myself, no more drink! No more drink! And then when I was waking up in the morning, it’s “what am I going to do today?” But in the Simon, they organise some activities – you can get passes for the gym, for swimming pool. Like for example, 2 years ago, they even paid my registration for the city swim “They (Simon) cannot force you to do that – you need to want to do that yourself.” (respondent #36, male, mid-30s).

“I’m after buying a swimming hat and goggles and shorts, and they give you swimming free passes and gym passes so I’d like to start getting back to that.”

One respondent who had been a heavy heroin user had applied to a Dublin-based residential treatment service:

“I’m doing pre-treatment for Coolmine in Dublin...it’s a year programme, I can’t wait, like. I was on 90mls of methadone, I’m now down to 50 mls.” (respondent #24, male mid-20s).

Seeking / Receiving Treatment for Drug / Alcohol Use

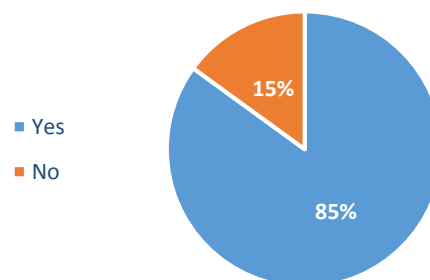


Figure 39 *lifetime heavy drug / alcohol users seeking or using treatment*

Self-rated physical health ¹⁷

Respondents (n=33) most commonly (36%) nominated their physical health as ‘average’. (33%) reported their health as being ‘good’, and 15% reported their health as being ‘poor’. 9% of respondents reported their health as ‘very poor’, with just 6% of respondents reporting their health as ‘very good’.

Self-Rated Physical Health

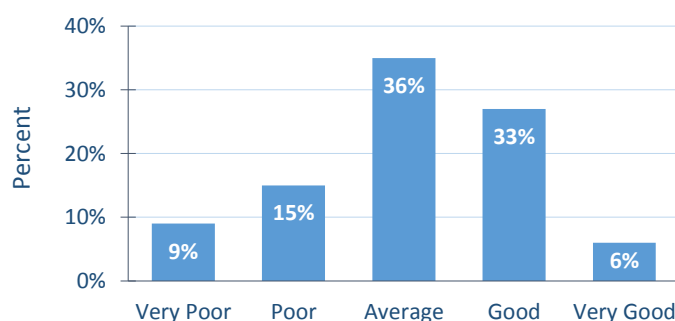


Figure 40 *Respondents' self-rated physical health*

¹⁷ This data is from the first interview conducted with respondents: for details, see [Appendix 1](#).

Self-rated physical health over time

Analysis of data from respondents ($n=20$) who were in hostel accommodation (either in the Cork Simon or St. Vincent De Paul shelter) and interviewed more than once,¹⁸ showed half (50%) exhibiting no change in their rating of their physical health. However, for one-third (33%) of respondents, their rating of their physical health changed in a negative direction (e.g. from 'good' to 'average'). For one-sixth (17%) of respondents, their rating of their physical health changed in a positive direction (e.g. from 'poor' to 'average').

Self-rated mental health¹⁹

Respondents ($n=33$) most commonly nominated their mental health as average, in line with self-rating for physical health, but with higher percentages choosing the 'poor' or 'very poor' categories. 33% of respondents reported their mental health as 'average'. 33% of respondents reported their mental health as 'good', with just 9% of respondents reporting their mental health as 'very good'. However, 12% of respondents reported their mental health as 'poor', and a further 9% reported their mental health as 'very poor'.

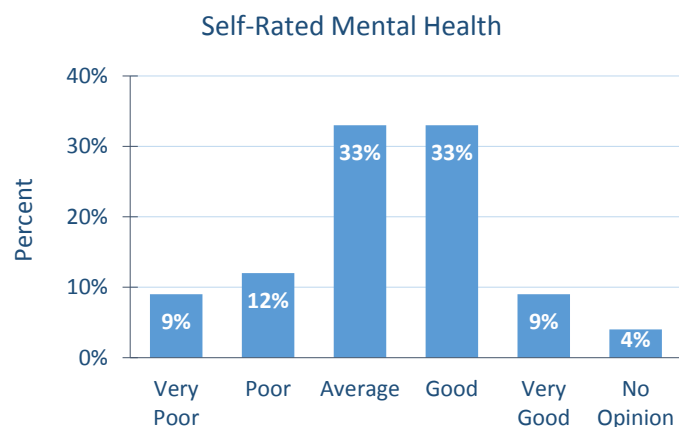


Figure 41 Respondents' self-rated mental health

One respondent declared, in relation to her mental health:

"Being in here would kind of put you on a downer, but other than that, good!" (respondent #1, female, early 30s).

Another respondent declared, in relation to the barriers to finding accommodation:

"Actually, I'm pissed off, frustrated, and I'm getting angry sometimes, do you know. I'm really trying ...[but] the market is very tight at the moment." (respondent #13, male, early 30s).

Self-rated mental health over time

Analysis of data from respondents ($n=20$) who were in hostel accommodation (either in the Cork Simon or St. Vincent De Paul shelter) and interviewed more than once,²⁰ showed over two-fifths of respondents (44%) exhibiting no change in their rating of their mental health. For just over one-quarter (27%) of respondents, their rating of their mental health changed in a negative direction (e.g. from 'good' to 'average'). For just over another one-quarter (27%) of respondents, their rating of their mental health changed in a positive direction (e.g. from 'poor' to 'average').

¹⁸ See [Appendices 1](#) and [2](#) for details.

¹⁹ This data is from the first interview conducted with respondents: for details, see [Appendix 1](#).

²⁰ See [Appendices 1](#) and [2](#) for details.

Diagnosis of mental illness

The majority of respondents (70%) (n=33) reported never having had a diagnosis of mental illness. However, 30% of respondents reported having received such a diagnosis.

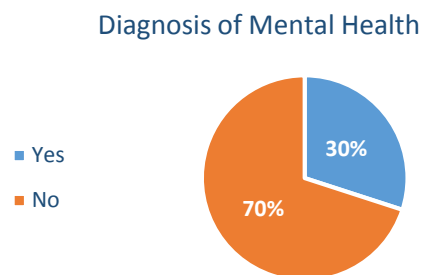


Figure 42 Respondents' diagnosis of mental health

Medication for mental illness

Broadly in line with the responses to the question about a mental illness diagnosis, the majority (72%) of respondents (n=35) were not taking any medication related to a mental illness. Of those respondents who had received a diagnosis, 70% were taking medication and 30% were not. (and in one instance a respondent was taking such medication despite reporting not having received a formal diagnosis).

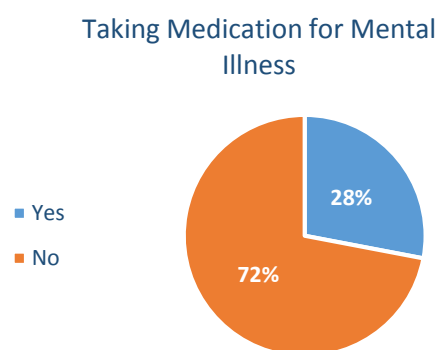


Figure 43 Respondents taking medication for mental illness

“I’m doing pre-treatment for Coolmine in Dublin...it’s a year programme, I can’t wait, like. I was on 90mls of methadone, I’m now down to 50 mls.”

9. PART 6: SOCIAL EXCLUSION

Part 6 of the Shelter survey explored issues around social inclusion and exclusion of respondents. In relation to family and friends, questions were asked about frequency of contact with family and friends, and whether the respondent had anyone they could turn to if they needed help. In relation to social inclusion more broadly, respondents were asked to register their level of agreement with the statements 'I feel left out of society' and 'People look down on me because I'm homeless'.

Frequency of seeing family or friends

High levels of social isolation were apparent in the responses to this question (n=30). While the most frequent response was that of seeing family or friends 'frequently' (50%), many respondents had infrequent or no contact. 13% of respondents reported seeing family or friends 'occasionally', with a further 10% reporting that they 'seldom' see family or friends, though they could call on them in an emergency. 13% of respondents reported both that they 'seldom or never' saw family or friends, and that they had no-one to call on in an emergency. A further 13% of respondents reported that while they seldom or never saw family or friends, and they had no-one to call on in an emergency, they liked to 'keep to themselves'.

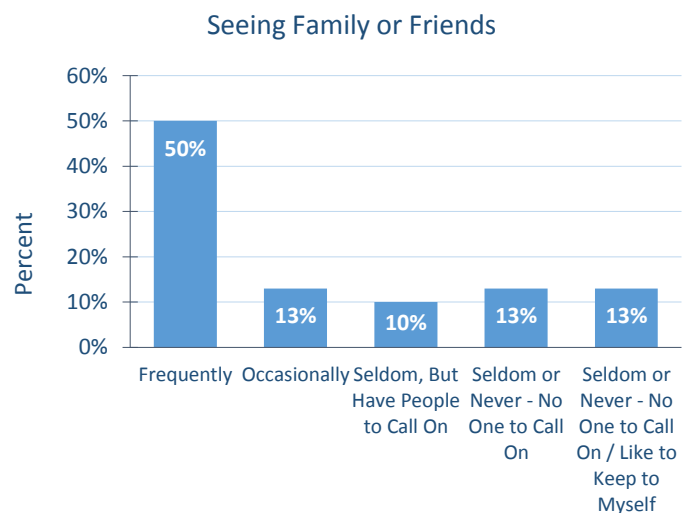


Figure 44 Respondents' frequency of seeing family or friends

Relatedly, many respondents would not tell family or friends about their current living situation, out of shame and embarrassment:

"Nobody knows that I am living homeless in Poland – my family, my friends, nobody!" (respondent 36, male, mid-30s).

"I'm ashamed to call this place is where I'm staying...my boss knows but that's it. I won't even speak to my family about this place. I'm completely ashamed about it!" (respondent #5, male mid-30s).

"No, people don't know I'm homeless. I wouldn't share this information with many people at the moment. Of course not, I'd be embarrassed." (respondent #13, male, early 30s).

However, one respondent who is cutting down on his heroin use and is enrolled in a methadone program reports how he has made new, supportive friends in a drugs support group:

"Any of my friends that I'd know from years ago are using or something or gone, in jail or gone somewhere. But then I have a few other friends in Narcotics Anonymous who'd say, 'come on', get yourself back together and into meetings, boy." (respondent #3, male, early 30s).

"Yeah, the minute they see a sleeping bag or anything like that they jump to their own conclusions."

Feeling left out of society

High levels of self-reported social exclusion were evident in the responses to a question asking about levels of agreement with the statement, 'I feel left out of society'. 27% of respondents 'strongly agreed' and 24% of respondents 'agreed' with this statement. 18% neither agreed nor disagreed, with 9% 'disagreeing', 9% 'strongly disagreeing' and 15% with 'no opinion/not sure'.

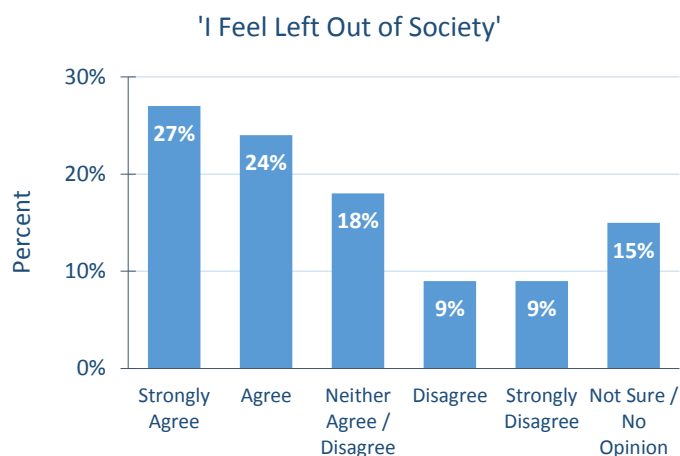


Figure 45 Respondents' views of being 'left-out' of society

One respondent commented on feeling left out of society in relation to begging:

"It's true definitely. You see it happening with people. What starts happening is, you have nothing, and most of the people in here have some sort of addiction problem...and you've no money, so you sit down with a cup to pass away the night. (Begging) stops becoming a frowned-upon thing...you tell yourself I'm useless, I have nothing, I'm homeless so what's the point...that mentality, I picked it up anyway - why should I care if there seems to be nobody else caring?" (respondent #3, male, early 30s).

Feelings of stigma

High levels of self-reported social stigma were evident in the responses to a question asking about levels of agreement with the statement, 'Some people look down on me because I'm homeless' (n=32). Half the respondents (51%) 'strongly agreed' with this statement, and another 40% 'agreed'. 6% 'disagreed' and 3% of respondents 'strongly disagreed'.

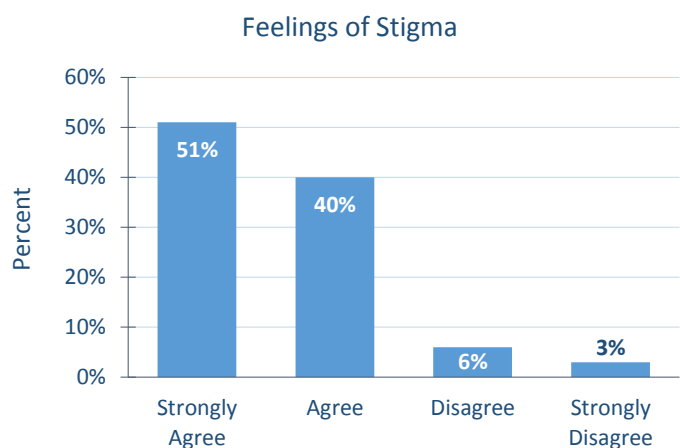


Figure 46 Respondents' feelings of stigma

Stigma was encountered by respondents in a variety of situations. Being on the street, sleeping or begging, was one such setting:

"I have a regular spot where I go begging, and just one fella he was passing me and when he was just passing me he seems to give me the finger just for the sake of giving me the finger." (respondent #29, male, late 30s).

"Yeah, the minute they see a sleeping bag or anything like that they jump to their own conclusions...I understand it...I can see exactly where they're coming from, I can understand exactly why they would look down and be wary, because obviously there are people who have the ability to give homeless people a bad name but there are good homeless people but the bad just outweighs things. That's just the stigma that's coming with homelessness." (respondent #3, male, early 30s).

"I can see that [being looked down on] by the people, how they look at me. They look at me without respect. Just passing people – no respect like. Some people when they are passing just shout 'fucking Polish bastard'. It's upsetting." (respondent #7, male, early 30s).

"No, I've had no experience (of being looked down on) but you know you'd get the vibe off people like." (respondent #25, female, late 20s).

"People just look down at you when you're on the street like." (respondent #28, female, early 20s).

"Outside (if asked) what's your address, 'Simon Community', and immediately...its looked upon as something with drugs and drink and all that." (respondent #22, male, mid-30s).

Another situation where respondents faced stigma was when they were looking for accommodation:²¹

"When I'm viewing houses, I have brilliant references, like, but the minute they hear about Simon, they make up an excuse: they won't accept children, or something about they won't accept HAP." ²² The same respondent also noted that, "An agency would be more inclined to look down their noses at you." (respondent #1, female, early 30s).

The experience of another respondent when house searching illustrated the double barrier of having the Shelter as a current address and of being dependent on HAP in a competitive and costly rental market:

"Once I said I live in the Simon, and he said no, no, thanks. And I wouldn't ask them for a HAP, because once I ask them for a HAP, they're going to tell me, no...Landlords, agents, they don't like any rent supplements because they know that if you're on the dole, that means you're an alcoholic, from their own experiences which I don't blame them, you're an alcoholic or a junkie, and if you don't wreck the place, your friends will." (respondent #13, male, early 30s).

Respondents also reported experiences of stigma and discrimination when looking for work. One respondent reported:

"A couple of weeks ago I did an interview with one company, a cleaning company. They ask me where I live...I wrote Simon Community, my address and this guy said, 'oh sorry, I don't need people from Simon'. Everybody think people who live [in] Simon must take drugs ...I am all the time looking for a job." (respondent #16, female, mid-30s).

Another respondent reported a similar problem when looking for work:

"If someone just said to me, move into this building tomorrow, there's a room there and a kitchen and everything, same as the shelter but not the Shelter's address, and I will get work straight away out of that and I would have a deposit...the problem is the address!" (respondent #30, male, mid-40s).

A minority of respondents disagreed with the view that they were looked down by virtue of being homeless. One reason was where respondents felt that they did not look homeless; one respondent cited public attitudes to homeless people:

"Disagree! People are probably more aware of the problem now." (respondent #9, male, early 40s).

Another respondent felt that homeless people are just the same as the domiciled population:

"Because of this? Being homeless? I strongly disagree, like, we're just...we're all living somewhere – so down the road it doesn't matter!"

²¹ See also [Part 8](#), 'Exits from Homelessness' for a related discussion of barriers to exiting the Shelter.

²² The Housing Assistance Payment is a rental subsidy available to qualifying low-income private renters.

Changes in feelings of stigma during Shelter stay

Analysis of data from respondents (n=20) who were in hostel accommodation (either in the Cork Simon or St. Vincent De Paul shelter) and interviewed more than once,²³ showed almost three-quarter of respondents (70%) exhibiting no change in their rating for feelings of stigma. For one-tenth (10%) of respondents, their rating for feelings of stigma intensified (e.g. from 'agree' to 'strongly agree'). For one-fifth (20%) of respondents, their rating for feelings of stigma diminished (e.g. from 'strongly agree' to 'agree').

“People just look down at you when you’re on the street like.”

²³ See [Appendices 1](#) and [2](#) for details.

10. PART 7: MORALE AND ASPIRATIONS

Part 7 of the Shelter survey explored aspects of the morale and aspirations of respondents. Specifically, questions were asked about how often respondents were worried, how hopeful they were about the future, how frequently they felt motivated to do things, and what they would like to achieve in the next 12 months.

Motivation to do things (n=36)

There was a considerable diversity amongst the sample in relation to a question about motivation in the past month (n=34). While two-fifths of respondents (41%) reported being motivated to do things 'most of the time', 18% reported feeling motivated 'not at all'. 15% of respondents felt motivated to do things 'some of the time' and a further 15% felt 'sometimes' motivated. 12% of respondents stated they felt motivated to do things 'not much' of the time.

Respondents reported diverse levels of motivation. One respondent noted:

"I was going nowhere, I knew I needed to stop. I knew I needed to make a change at some stage. I think the penny dropped then when I seen my child around Christmas. So, I then...put a bit of work in and being honest with people...I had to make the decision to stop using and until I made that decision I was just going 'round and round and 'round in circles going nowhere and everyone else was moving – and I'm not that kind of person." (respondent #5, male, mid-30s).

"It's just having the feeling about coming back here that drains my motivation into doing more things the following day, and then I have to come back here that night, and it just escalates and escalates." (respondent #5, male, mid-30s).

"It's just having the feeling about coming back here that drains my motivation into doing more things the following day, and then I have to come back here that night, and it just escalates and escalates."

Feeling Motivated to Do Things in the Past Month

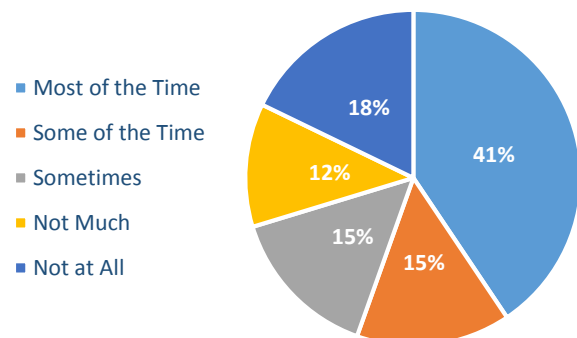


Figure 47 Respondents' motivation 'to do things' in the past month

Levels of worry or anxiety

High levels of worry and anxiety were evident amongst respondents, in response to a question about how frequently respondents were worried about how things were going in the past month. Almost half of respondents (44%) reported being worried 'most of the time', with a further 19% being worried 'some of the time'. 8% reported being worried 'sometimes'. 11% of respondents were 'not much' worried in the last month, with 14% being 'not at all' worried, and 3% 'not sure'.

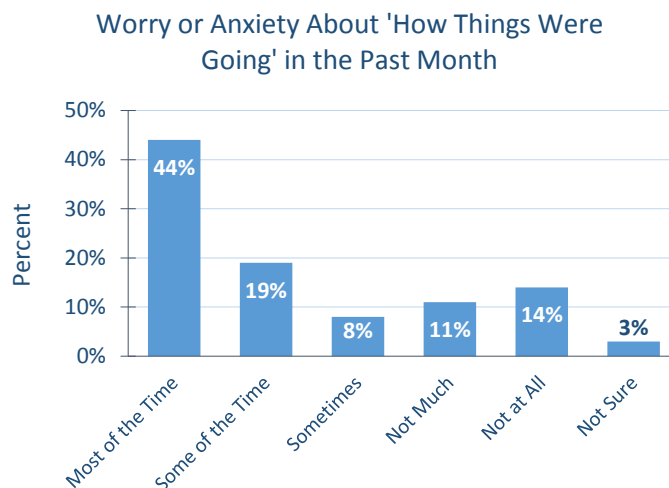


Figure 48 Respondents' levels of worry or anxiety

Feelings of hope for the future

A range of feelings of hope for the future were registered by respondents (n=30). A majority of respondents (70%) felt the future looked hopeful 'some of the time', but almost one-fifth (19%) felt the future looked hopeful 'none of the time'. 7% of respondents felt the future looked hopeful 'most of the time'.

For those respondents who were heroin users, (n=8), those who answered this question all stated that the future looked hopeful for them 'some of the time'.

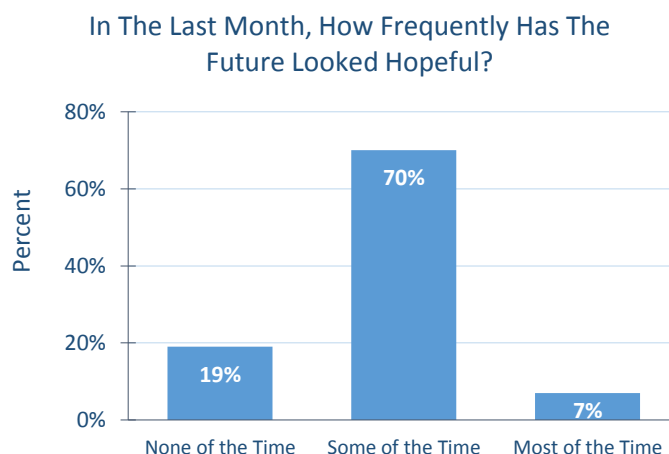


Figure 49 Respondents' feelings of hope for the future

According to one daily heavy drinker:

"It's hard to say if the future looks hopeful. When you're drinking, you don't know what's going to happen. I could be dead today. I don't really know." (#7 male, early 30s).

For an ex-heavy drinker, the availability of accommodation was the main issue:

"The future at the moment is not looking bright whatsoever. I can't see any way out of here bar to get the opportunity...from a landlord to give me a chance and say yeah, he's renting the house to us." (respondent #5, male, mid-30s).

Plans for the next 12 months

Over four-fifths (81%) of respondents (n=36) mentioned living in a home of their own as one of the things they would like to achieve in the next twelve months (see also section 8 below, 'Exits from Homelessness'). Other things mentioned as something to achieve in the next twelve months were remaining or achieving

abstinence from drugs or alcohol (44%), having access to or custody of children (42%), and starting or continuing training and education (39%).

One respondent reported having her own accommodation as a priority:

"To have a home for my daughters to come home to...because I didn't want my kids to see me on the street." (respondent #23, female, early 30s).

Another respondent mentioned leaving the Shelter, finding accommodation and work, and getting free of drugs:

"My goal is to get out of here as quickly as I can and try and get work and try and get stable." (respondent #31, male, early 30s).

One respondent expressed the desire to leave the Shelter in particularly stark terms:

"My plans have nothing to do with this place. My plan is to break away from here as quick as possible – get me own place again. To - excuse the phrase - get the fuck out of here!" (respondent #22, male, mid-30s).

Another respondent, formerly a heavy drug user, expressed his plans for the future in general terms:

"Basically, since I turned 19 I've wasted so many years of my life really...I've turned 25 now, it's time to bite the bullet. If I don't I'm going to be in the same place when I'm 30." (respondent #24, male mid-20s).

"To have a home for my daughters to come home to...because I didn't want my kids to see me on the street."

11. PART 8: EXITING HOMELESSNESS

In part 8 of the Shelter survey, respondents were asked questions about their level of preparedness for moving into independent accommodation (if it were available), whether they would have any concerns about living independently, whether exiting the shelter and moving into independent accommodation had been discussed with their support worker, and whether they were actively searching for accommodation.

Preparedness to move into own accommodation

The majority of respondents reported being prepared to move into their own accommodation. (Note that the intent of this question is not about assessing 'housing readiness' in a 'staircase of transition' framework). Almost three-quarters (74%) felt 'very prepared' to move into their own accommodation. 6% reported being 'quite prepared', and 9% reported being 'somewhat prepared' to move into their own accommodation. 12% of respondents reported being 'not at all prepared'.

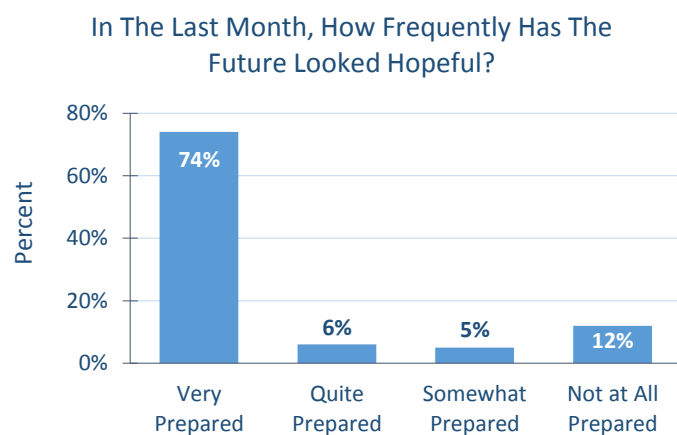


Figure 50 Respondents' preparedness to move into own accommodation

Of those who reported high levels of preparedness, one respondent stated:

"I'd fucking take it, I'd take it, I know I would. I would yeah. I had a flat before. I learned how to cook and all, so I'd have no problem with it. 100% I'd take it." (respondent #23, female, early 30s).

Another respondent declared:

"I'd jump like a frog!" (respondent #9, male, early 40s).

Another respondent expressed frustration at not being able to exit the Shelter due to lack of accommodation:

"In a week's time I'll be sober a year...I've got back into work and everything now...all we [respondent and partner who is also in the Shelter] need now is our own independence back...we need to be out of this place...We spent a night with her sister out in [named town] and it just seemed like complete normality...I was able to walk up to a door and just to hear that doorbell being pushed. And someone you know then on the other side is opening it for you to let you in to their house. It was absolutely magnificent! But then when we came back here I started causing an argument with [partner] because I know I didn't want to be here...I can see in her face that she doesn't want to be here either." (respondent #5, male mid-30s).

The 'not at all prepared' group mostly comprised some of the respondents who reported as drinking most days or daily, and / or who reported as using drugs most days or daily. Part of this group of respondents reported as having as their primary concern finishing a variety of drug addiction programs (including methadone treatment and residential rehabilitation):

"That's a very good question. I'd have to think about that...If I was to tell you straight off the bat, I'd have to weigh up where it is...and where I am now. I'd say I'd nearly have to, em, leave it at the moment, leave it go for the bigger picture and stay on track (to finish methadone and

rehab)." (respondent #3, male, early 30s).

However, for some others who drank daily, getting out of the Shelter was itself a priority:

"I can't live like this, I'm losing myself...and I'm getting weaker and weaker until I'm going to die. I need to have my own place to get myself together." (respondent #7, male, early 30s).

Preparedness to move into own accommodation by drug and alcohol consumption

| | | Do you feel prepared to move into your own accommodation? | | | | |
|--|---------------------|---|---------------------|----------------------|------------------------|-----------|
| | | Very prepared | Quite pre- pared | Somewhat prepared | Not at all prepared | Total |
| Frequency of Alcohol Use in past 3 months | Not at all | 11 | 2 | 2 | 2 | 17 |
| | 2 - 4 times a month | 4 | 0 | 0 | 0 | 4 |
| | 2 - 3 times a week | 4 | 0 | 0 | 0 | 4 |
| | Most days / daily | 6 | 0 | 0 | 1 | 7 |
| Total | | 25 | 2 | 2 | 3 | 32 |

Figure 51 Frequency of alcohol use in the past 3 months by preparedness to move into own accommodation

| | | Do you feel prepared to move into your own accommodation? | | | | |
|---|---------------------|---|---------------------|----------------------|--------------------------|-----------|
| | | Very prepared | Quite pre- pared | Somewhat prepared | Not at all pre- pared | Total |
| Frequency of Drug Use in past 3 months | Not at all | 11 | 0 | 1 | 1 | 13 |
| | Just once | 1 | 0 | 0 | 0 | 1 |
| | 2 - 4 times a month | 2 | 0 | 0 | 0 | 2 |
| | 2 - 3 times a week | 3 | 0 | 0 | 0 | 3 |
| | Most days / daily | 7 | 2 | 2 | 3 | 14 |
| Total | | 24 | 2 | 3 | 4 | 33 |

Figure 52 Frequency of drug use in the past 3 months by preparedness to move into own accommodation

For respondents who were heroin users, most (57%) reported being 'very prepared' to move into their own accommodation; 29% reported being 'quite prepared' and just 14% reported being 'not at all prepared'. In the not at all prepared category, one respondent stated:

"No, no, I'm trying to get off the heroin now first and then I can (think about moving)." (respondent #25, female, late 20s).

Another respondent reported in relation to their preparedness:

"I need to be right for a couple of months before I can attempt to do that...that's the first thing I'll have to sort out [a pending court case for a public order offence]...then getting access to my daughter...then,

a job, accommodation. Hopefully I should be sober at that stage and be right.” (respondent #9, male, early 40s).

Concerns about moving into own accommodation

Over two-thirds of respondents (70%) reported having ‘no concerns’ about moving into their own accommodation, if suitable accommodation became available.

However, almost one-third of respondents (30%) reported having ‘some concerns’ about moving. In most cases, these concerns related to the cost and quality of the accommodation that might be available, rather than their capacity to sustainably exit the shelter and live independently.

In a minority of cases, respondents expressed concern about being able to sustainably manage their own accommodation:

(in relation to paying rent): “That may be a problem though. Me and money don’t seem to work well together. Money seems to go away from me...sometimes without me wanting it to.” (respondent #22, male, mid-30s).

For the group of respondents who were heroin users, 84% expressed ‘no concern’ about moving into their own accommodation, while 16% did have concerns about moving into their own accommodation. Typical of heroin users with ‘no concerns’ were these comments:

“No, because here you can use as much as you like, it wouldn’t stop me.” (respondent #28, female mid-20s).

The same respondent had no concerns about managing money in independent accommodation:

“No, it’s the same as here sure. I have to pay the rent here, so I’d have to pay my rent in a flat.” (respondent #28, female, mid-20s).

For another respondent:

“I think I’d do an awful lot better on my own than in here...temptation is an awful lot in here like. I think I’d be able to do all that (managing money, paying bills) on my own.” (respondent #25, female, late 20s).

However, one respondent expressed ambivalence about readiness to move into own place:

“I’d say there could definitely be relapse fucking danger...and get depressed.” (respondent #9, male, early 40s).

For another respondent:

“No, I couldn’t cope in a place on me own, in my depression and that, you know, and with my drink and everything.” (respondent #12, female, early 40s)²⁴.

Any Concerns About Moving Into Your Own Accommodation?

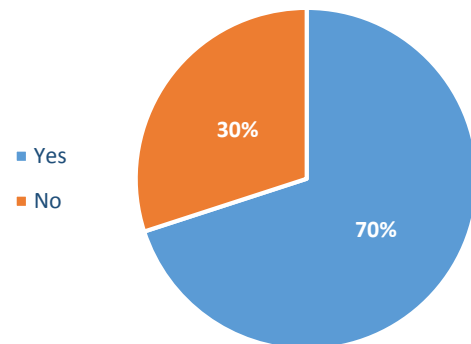


Figure 53 Respondents' concerns about moving into own accommodation

²⁴ Note that this respondent anticipated moving into Simon long-term residential housing.

Barriers to getting own accommodation

Apart from the stigma faced by homeless people in seeking accommodation in the private rented sector²⁵, respondents mentioned barriers of affordability and availability and quality of accommodation:

“I’m looking at everything...I’m (had been) living outside on the streets and I see everything...not drunk men or junkies. (Also) the problem with a flat or studio I see is it’s too much money for this: it’s shit, really shit! You know, it’s very dark and very wet and there’s mushrooms and (the landlord) needs money for this fucking flat! This is crazy! And he needs one thousand two hundred euro (for a deposit) This is impossible - I need something good.” (respondent #10, male, early 50s).

“It’s difficult to find anything – house-sharing or even apartments if you like to share with your friends. It’s not easy.” (respondent #36, male, mid-30s)

“You say HAP to a landlord and they say, ‘no’...once you mention rent allowance, and there’s not enough gaffs out there for people, and landlords are going to take a person with a job over somebody without a job obviously.” (respondent #9, male, early 40s).

“I’m looking for private accommodation, but I can’t get it, do you know. It’s very bad – I’m going to view a place, and there’s 15 other people viewing the place, do you know, and all those 15 have better references than me. They all work in Apple, wherever, good companies like. And I’m [just] working part time. So...I don’t know...Weekly I see about two or three places and I still can’t get a place. And I have money to pay. But everyone does who is looking for a place. The estate agent says, here is my business card, post me by email your current references from your current work, from your last work, your current landlord and from your last landlord. Shit like that, you know. So what references am I going to get – from Simon?” (respondent #13, male, early 30s).

The same respondent notes that where accommodation is available, it is of very poor quality:

“There is a place on (named street) you can get one of those studio places, like right now or tomorrow, yesterday even, but I don’t want to, because those places are worse than here, do you know like. They’re like squats, do you know. Once I viewed one of those places from those shady landlords – charging €800 for a one-bedroom apartment. And I looked around and said ‘what, you are going to paint this?’ [and he replies] ‘yeah, yeah, I’m going to paint it, blah! Blah! Two days and I’ll have the place ready’. I was thinking, ‘2 days!’ and then I said, ‘what about the furniture, you going to change it?’ and he says ‘the furniture – what’s wrong with it?’ Do you know what I mean like – stains! Unhygienic things! So, I said, naw, naw. Those places are like ghettos, do you know.” (respondent #13, male, early 30s).

Discussion with Cork Simon support worker in relation to own accommodation

Respondents had quite a high level of engagement with Cork Simon support workers in relation to securing and sustaining their own accommodation. Three-fifths (60%) (n=30) of respondents had ‘frequently’ or ‘occasionally’ had discussions with their support worker in relation to exiting the shelter and finding and sustaining

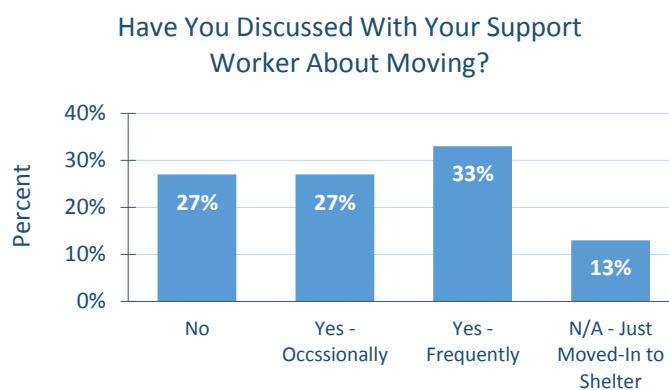


Figure 54 Respondents' discussions with support worker in relation to own accommodation

²⁵ See the discussion in [Part 6](#).

their own accommodation. 27% of respondents had not had such discussions with their support workers, and for 13% this question was not applicable as they had just moved into 'long-term' status in the Shelter.

Accommodation search

Almost half (47%) of respondents reported 'frequently' searching for accommodation, whether online, in the newspapers or via word of mouth. A further 13% reported 'occasionally' searching for accommodation. Just over two-fifths (41%) of respondents reported that they were not seeking accommodation.

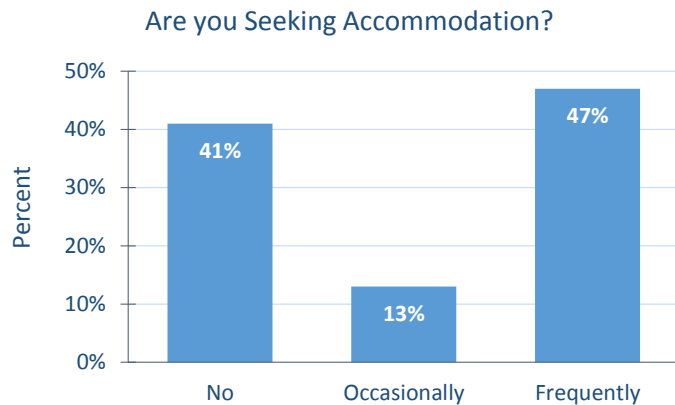


Figure 55 Respondents' accommodation search

"I'm looking for private accommodation, but I can't get it, do you know. It's very bad – I'm going to view a place, and there's 15 other people viewing the place, do you know, and all those 15 have better references than me."

12. PART 9: LIVING IN INDEPENDENT ACCOMMODATION: THE RESIDENT SURVEY

The Resident Survey of tenants of accommodation to whom support is being provided by Cork Simon Community housing support services was conducted in November 2017. The survey was carried out under the direction of the author, who along with Ms Clare Sinclair and Ms. Bon Elliot, conducted the fieldwork. A total of 25 face-to-face interviews were conducted, lasting an average of 45 minutes. Interviewee selection was via a non-random opportunity sample.

1. Demographic profile of respondents

80% of respondents were male and 20% were female.

Most respondents (56%) were aged between 35 and 54. 28% of respondents were aged between 18 and 34, and 16% aged between 55 and 64.

2. Accommodation history

Three-quarter (74%) of respondents were former residents of the Cork Simon Shelter and had spent considerable periods of time there. 28% of respondents had spent a year in the Emergency Shelter. A further 20% had spent up to 2 years, and a further 28% had spent over two years in the Shelter.

3. Self-reported mental and physical health

Quite high levels of poor mental health were found amongst respondents.

While 52% of respondents reported good or very good mental health, 32% reported their mental health as average, with 16% reporting their mental health as poor or very poor.

In relation to physical health, 56% of respondents reported having good health (with a further 12% being 'very good'). However, 12% reported their physical health as average, and 20% rating their physical health as poor or very poor.

4. Managing in current accommodation

Respondents reported positively on their experience of managing in their current accommodation. In relation to cleaning and laundry, almost half (48%) reported they were managing 'very well', with a further 40% managing 'well'. 63% and 25% of respondents were managing their bills 'very well' and 'well' respectively. 52% and 32% of respondents were managing relations with their neighbours 'very well' and 'well' respectively.

Over one third of respondents (36%) reported managing their cooking 'very well', and a further 48% managing 'well'.

A minority (4%) of respondents reported managing 'not well' their relations with the landlord. 75% were managing 'very well' and a further 20% were managing 'well'.

An extremely high degree of residential stability was evidenced in the research. Fully all of respondents (100%) had not had any spells homeless since they moved into their current accommodation.

5. Changes since moving into current accommodation

Most respondents reported an improvement in their mental health: 24% and 56% reported 'better' or 'much better' mental health.

Most respondents reported an improvement in their physical health: 40% and 28% reported 'better' or 'much better' physical health.

Moving into their current accommodation was also accompanied by a reduction in drug and alcohol use. One quarter (24%) of respondents had quit drugs, and 20% had quit alcohol, since moving into their present home.

6. Nature of and Satisfaction with Simon Community supports

Respondents had frequent contacts with their support worker, with 75% of respondents meeting them on a weekly basis, and a further 16% meeting them 'every few weeks'.

The majority of respondents (88%) wished this frequency of meeting to continue, with 8% wishing to meet less often, and 4% wishing to meet more often with their support worker.

80% of respondents were working with their support worker on goals in relation to areas such as health, education, and independent living. In these cases, 44% of respondents reported that the goals were 'jointly chosen' with the support worker. 24% of respondents stated they had solely chosen the goals, with a further 12% stating they had 'mostly chosen' these goals.

In relation to health and addiction issues, two-thirds (64%) of respondents had had assistance from their support worker in accessing health services.

High levels of satisfaction with Simon Community supports were measured amongst respondents. Two-thirds (64%) of respondents were 'very satisfied' and a further 32% were 'satisfied' with the supports they received.

13. REFERENCES

- Bramley, G. & Fitzpatrick, S. (2018). Homelessness in the UK: who is most at risk?, *Housing Studies*, 33:1, 96-116.
- Busch-Geertsema, V., Edgar, B., O'Sullivan, E. and Pleace, N. (2010). *Homelessness and Homeless Policies in Europe: Lessons from research*.
- Canadian Observatory on Homelessness (2016). *Vulnerability Assessment Tool for Determining Eligibility and Allocating Services and Housing for Adults Experiencing Homelessness. Training Manual for Conducting Assessment Interviews*. Canadian version adapted from DESC's manual (June 2015 edition). Toronto: The Canadian Observatory on Homelessness Press.
- Cork Simon Community (2018a). Emergency Shelter. <https://www.corksion.ie/what-we-do/homeless-emergency-support-services/emergency-shelter/>
- Cork Simon Community (2018b). High Support Housing. <https://www.corksion.ie/what-we-do/housing-support-services/high-support-housing/>
- Cork Simon Community (2018c). Health Team. <https://www.corksion.ie/what-we-do/homeless-emergency-support-services/health-team/>
- Cork Simon Community (2018d). Housing Support Team. <https://www.corksion.ie/what-we-do/housing-support-services/flats-visiting-support/>
- Crane, M. et al (2011). *For Home – Moves to Independent Living. Single homeless people's experiences and outcomes of resettlement*. Sheffield: University of Sheffield.
- Crane, M. et al (2016). *Rebuilding Lives: Formerly homeless people's experiences of independent living and their longer-term outcomes*. London: King's College.
- Department of Environment, Housing and Local Government (2008). *The way home—A strategy to address adult homelessness in Ireland 2008–2013*. Dublin: Stationery Office.
- Department of Environment, Community, and Local Government (2013). *Homelessness policy statement*. Dublin: DoECLG.
- Department of Housing, Planning and Local Government (monthly). Homelessness Data. <http://www.housing.gov.ie/housing/homelessness/other/homelessness-data>
- Edgar, B. (2012). The ETHOS Definition and Classification of Homelessness and Housing Exclusion. *European Journal of Homelessness*. Volume 6, No. 2, December.
- Finnerty, J. (2014). Preventing and Ending Homelessness for Adults with Mental Health Disabilities in Ireland: Realities and Aspirations. In C. Clarke (ed.) *Homelessness. Prevalence, Impact of Social Factors and Mental Health Challenges*. New York: NOVA.
- Finnerty, J., O'Connell, C. and O'Sullivan, S. (2016). 'Social Housing Policy and Provision: A Changing Regime?'. In Murphy, M. P. and Dukelow, F. (eds.) (2016). *The Irish Welfare State in the Twenty First Century: Challenges and Change*. Basingstoke: Palgrave Macmillan.

Fitzpatrick, S. (2005). Explaining Homelessness: A Critical Realist Perspective. *Housing, Theory and Society*, 22(1), pp.1–17.

Government of Ireland (2016). *Rebuilding Ireland Action Plan for Housing and Homelessness*. <http://rebuildingireland.ie/> Pillar 1 'Address Homelessness' pp. 33-41.

Hearne, R. and Murphy, M. (2017). *Investing in the Right to a Home*. Maynooth: NUIM.

Mayock, P. and Parker, S. (2017). *Living in Limbo*. Dublin: Focus Ireland.

O'Flaherty, B. (2009). *Managing Homeless Shelters*. Columbia: Department of Economics discussion paper 08009-15.

Shinn, M. (2010). Homelessness, Poverty and Social Exclusion in the United States and Europe. *European Journal of Homelessness*, Volume 4, December.

Stephens, M., Fitzpatrick, S., Elsinga, M., van Steen, G. and Chzhen, Y. (2010). *Study on Housing Exclusion: Welfare Policies, Housing Provision and Labour Markets*. Brussels: European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities).

Van Straaten, B., Van de Mheen, D., Van der Laan, J., Rodenburg, G., Boersma, S., and Wolf, J. (2016). Homeless People in the Netherlands: CODA-G4, a 2.5-year Follow-up Study. *European Journal of Homelessness* 10 (1), pp. 101-106.

Walsh, K. and B. Harvey (2015). *Family Experiences of Pathways into Homelessness*. Dublin: Housing Agency.

Watson, D. et al. (2016). *Measurement of Multidimensional Quality of Life in Ireland*. Dublin: ESRI.

Wright, J., Rubin, B. A., and Devine, J. (1998). *Beside the Golden Door*. New York: Aldine De Gruyter.

14. APPENDIX 1: SUMMARY PROFILE OF SHELTER RESPONDENTS

Age, gender, number, current accommodation and timing of interview(s)

| Respondent # | Gender | Age/age range | Number of interviews | Current accommodation/timing of interview(s) |
|----------------|--------|---------------|----------------------|--|
| Respondent #1 | female | early 30s | 2 | Shelter x 2 Mar17/Jul17 |
| Respondent #2 | male | early 30s | 3 | Shelter x2 Mar17/Jul17 Riverview x1 Mar18 |
| Respondent #3 | male | early 30s | 2 | Shelter x 2 Mar17/Mar18 |
| Respondent #4 | male | early 30s | 1 | Shelter Mar17 |
| Respondent #5 | male | mid-30s | 2 | Shelter x2 Mar17/Jul17 |
| Respondent #6 | male | mid-30s | 2 | Shelter x1 Mar17 TnN x1 Jul17 |
| Respondent #7 | male | early 30s | 3 | Shelter x1 Mar17 Gateway x1 Jul18 Shelter x1 Mar18 |
| Respondent #8 | male | early 30s | 3 | Shelter x3 |
| Respondent #9 | male | early 40s | 3 | Shelter x2 Mar17/Jul17 Gateway x1 Mar18 |
| Respondent #10 | male | early 50s | 3 | Shelter x1 Mar17 Gateway x2 Jul17/Mar18 |
| Respondent #11 | female | early 20s | 1 | Shelter x1 Mar17 |
| Respondent #12 | female | early 40s | 3 | Shelter x1 Mar17 BMR x1 Jul17 Shelter x1 Mar18 |

| Respondent # | Gender | Age/age range | Number of interviews | Current accommodation/timing of interview(s) |
|----------------|--------|---------------|----------------------|--|
| Respondent #13 | male | early 30s | 2 | Shelter x2 Mar17/Jul17 |
| Respondent #14 | female | early 20s | 3 | Shelter x3 |
| Respondent #15 | male | early 30s | 2 | Shelter x1 Jul17 Gateway x1 Mar18 |
| Respondent #16 | female | mid-30s | 3 | Shelter x3 |
| Respondent #17 | male | late 40s | 2 | Shelter x2 Mar17/Mar18 |
| Respondent #18 | female | early 30s | 2 | Shelter x2 Mar17/Jul17 |
| Respondent #19 | male | late 30s | 2 | Shelter x2 Mar17/Jul17 |
| Respondent #20 | male | late 30s | 2 | Shelter x2 Mar17/Mar18 |
| Respondent #21 | female | mid-30s | 3 | Shelter x3 |
| Respondent #22 | male | mid-30s | 2 | Shelter x2 Jul17/Mar18 |
| Respondent #23 | female | early 30s | 2 | Shelter x 1 Jul17 BMR x1 Mar18 |
| Respondent #24 | male | mid-20s | 1 | Shelter x 1 Jul17 |
| Respondent #25 | female | late 20s | 1 | Shelter x1 Jul17 |
| Respondent #26 | male | late 50s | 2 | Shelter x1 Jul17 VdeP x1 Mar18 |
| Respondent #27 | male | late 20s | 1 | Shelter x1 Jul17 |
| Respondent #28 | female | mid-20s | 1 | Shelter x1 Jul17 |
| Respondent #29 | male | late 30s | 1 | Shelter x1 Jul17 |
| Respondent #30 | male | mid-40s | 2 | Shelter x1 Jul17 VdeP x1 Mar18 |

| Respondent # | Gender | Age/age range | Number of interviews | Current accommodation/timing of interview(s) |
|----------------|--------|---------------|----------------------|--|
| Respondent #31 | male | early 30s | 1 | Shelter x1 Jul17 |
| Respondent #32 | male | mid-50s | 2 | Shelter x1 Jul17 VdeP x1 Mar18 |
| Respondent #33 | male | early 30s | 1 | Shelter x1 Mar18 |
| Respondent #34 | female | early 30s | 1 | Shelter x1 Mar18 |
| Respondent #35 | male | late 50s | 1 | Shelter x1 Mar18 |
| Respondent #36 | male | mid-30s | 1 | Gateway x1 Mar18 |

15. APPENDIX 2: LONGITUDINAL ANALYSIS: Variables and Respondents

Longitudinal data from 20 respondents in relation to the following variables is presented in Parts 5 and 7:

- Self-reported physical health.
- Self-reported mental health.
- Feeling of being looked down on because of being homeless.

Respondents were those who had been interviewed more than once, and who were on those occasions resident in emergency shelter accommodation: either the Cork Simon shelter (17 respondents) or who had been in the Simon shelter and were now in the St. Vincent de Paul shelter (3 respondents). Data from the first and last shelter interviews are reported on. For the 9 respondents interviewed on three occasions, data from the first and last interviews taking place in either the Cork Simon or St. Vincent de Paul shelter are analysed.