

# Women's Health and Homelessness in Cork

A Joint Snapshot Study of the Health and Related Needs  
of Women who are Homeless in Cork  
04 – 10 July 2011

**Good Shepherd Services  
Cork Simon Community  
October 2011**



[www.goodshepherdservices.ie](http://www.goodshepherdservices.ie)

**Believe in People**





## 1. Introduction

Over the course of one week in early July 2011<sup>1</sup> Good Shepherd Services and Cork Simon Community worked together to record the health and related needs of people using their respective projects and services. This snapshot follows similar studies conducted by Cork Simon in 2009<sup>2</sup> and 2010<sup>3</sup>.

The aim of the health snapshot study is to build a picture of the nature and extent of the health and related needs of people who are homeless in Cork, as well as those who are on the road to piecing their lives back together. Those needs are often referred to as complex needs - a combination of poor mental and physical health, problem drug and alcohol use, inadequate education, living and coping skills, poor social networks and much more.

Good Shepherd Services and Cork Simon Community work with some of the most vulnerable and excluded people in Cork. Whilst Cork Simon supports both men and women over 18 years of age, the majority of which are men, Good Shepherd Services specifically supports women, girls and children of all ages. The health and related needs of two hundred and forty-six people using Good Shepherd and Cork Simon projects and services were analysed for this snapshot study. Almost half - 47% (*n.* 115,) were women. Given that Cork Simon's two previous health snapshot studies focused on the overall health and related needs of people using its projects and services, and given the high number of women included in this year's snapshot study, it was decided to focus this year's health snapshot study on the specific needs of women who are homeless in Cork, as well as

women on the road to piecing their lives back together.

The health and related needs of all people using Cork Simon's projects and services during the week of the study are included in the national snapshot study of all eight Simon Communities throughout the country. The national snapshot study was published on Monday 03 October.

Good Shepherd Services supported ninety-one women during the week of the snapshot study; Cork Simon supported twenty-four women. A total of thirty-one women were in emergency accommodation - twenty in Good Shepherd's *Edel House* and eleven in Cork Simon's *Emergency Shelter*. Four of the women staying in *Edel House* were accompanied by their eight children, ranging in age from eight months to twelve years. Eighty-four women were being supported in a variety of different housing, ranging from high-support housing and social housing with visiting support, to private rented and local authority housing, all with low to medium levels of visiting support.

This snapshot study aims to highlight the complex nature of homelessness among women in Cork. It offers an insight into the challenges facing all statutory agencies and voluntary organisations working together in Cork in responding to those needs. Whilst the availability of good quality housing is crucial in addressing homelessness, the appropriateness of that housing - and the supports that go with it, are equally important. People's health and related needs - complex needs, must all be addressed if people are to have a chance of succeeding in leaving homelessness behind them.

<sup>1</sup> Monday 04 to Sunday 10 July 2011 inclusive

<sup>2</sup> Sick and Tired of Homelessness, October 2009, Cork Simon Community

<sup>3</sup> Homelessness Makes You Sick, October 2010, Cork Simon Community

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## 2. Projects and Services

### 2.1 Good Shepherd Services

For nearly forty years, Good Shepherd Services have worked in solidarity with people who are homeless or at risk of becoming homeless in Cork. Their services reach out to women, girls and children who are homeless, providing emergency accommodation, housing and support.

Good Shepherd's *Edel House* is an emergency residential centre for girls, women and children who are homeless. The centre offers both crises and medium term accommodation. *Edel House* includes nine family units and twenty-four single beds, two of which are allocated to girls of 14 to 18 years of age who require emergency accommodation.

Good Shepherd's *Riverview* is a residential centre for girls aged 15 to 18 years of age who are out of home. Riverview provides short to medium term (3 - 6 months) accommodation within a caring and nurturing environment Run in partnership with HSE South, the centre can house and support up to six girls who are at risk of becoming homeless.

Good Shepherd's *Aftercare* team supports people who are homeless to move out of homelessness and into sustainable housing. The team works in partnership with other agencies both statutory and voluntary. Whilst the availability of suitable and sustainable housing is a key response in addressing homelessness, the supports that go with it are just as important. The Good Shepherd Aftercare team aims to support people in addressing their education, social and healthcare, literacy, employment, sustaining tenancy and parenting needs.

Good Shepherd's day programme at *BRUAC* provides education and training for girls who are vulnerable to homelessness. The girls and

women supported have fallen out of mainstream education. Their lives are often chaotic. They are not receptive to normal schooling, yet they plainly need education and development. If they cannot come to the mainstream, Good Shepherd must go to meet them.

Good Shepherd's educational effort accepts their circumstances as the starting point. Support begins amidst that chaos and builds from there. Education and personal development are central to the achievement of an independent life. Without literacy, numeracy and IT skills a person is locked out of society. Without skills in home-economics she cannot make a home. Without parenting skills, her exclusion is transmitted to the next generation. Good Shepherd provides a mix of services: structured programmes involving timetabled classes; rolling programmes and drop-in classes.

### 2.2 Cork Simon Community

For forty years, Cork Simon Community has been accepting people for who they are, has been growing, changing and developing to meet the needs of people who are homeless in Cork, and has been supporting people to rebuild their lives and become part of the wider community.

Forty-four people stay every night at Cork Simon's *Emergency Shelter* – people who are sick, isolated and in need of high levels of care and support. At the end of July 2011, up to half of all people staying at the Cork Simon *Emergency Shelter* every night were long term residents – staying at the Shelter for six months

or longer<sup>4</sup> because they had nowhere else to go.

A further forty-seven people live in five *high-support* houses – termed high-support because people living there have a complex range of health and related needs that require round-the-clock care. A further twenty-seven people are supported in returning to independent-living in Cork Simon flats throughout the city – people who have survived homelessness and are on track to rebuilding their lives. That's 118 beds every night.

Cork Simon also supports people living in private rented housing, in city and county council houses and in accommodation provided by various housing associations; supporting people to keep their tenancies and to begin leaving homelessness behind them. For some – particularly those with complex health conditions and addictions, it can be a long journey.

A Cork Simon *Outreach* team is often the first point of contact for people who have just become homeless or for people who have to live in appalling conditions in squats, making sure people can take that first step to finally getting the right help and support they need to begin their journey. The Cork Simon *Soup Run* is on the streets every night of the year with hot, nourishing food, blankets, and a friendly ear, providing a vital link to the Outreach team and other services throughout Cork.

A Cork Simon *Youth Homeless Drugs Prevention Project (YHDPP)* is a key resource for young adults who are at risk of becoming, or who have already become, homeless. Over one fifth of people using Cork Simon projects and services during 2010 were in the 18 to 26

year old age group<sup>5</sup>. The *YHDPP* works with this age group - young people that have little or no direction in their lives, have poor relations with their families and have little experience to call on.

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<sup>4</sup> Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation.

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<sup>5</sup> Keeping Count - Profile of Projects & Services 2010, Cork Simon Community



### 3. The Health Snapshot Study

The health and related needs of all two hundred and forty-six people that Good Shepherd Services and Cork Simon Community supported during the first week of July 2011<sup>6</sup> were analysed for this health snapshot study. Good Shepherd supported ninety-one women; Cork Simon supported one hundred and fifty-five men and women, twenty-four of which were women.

	Good Shepherd	Cork Simon	Total
Women	91	24	115
Men	0	131	131
<b>Total</b>	<b>91</b>	<b>155</b>	<b>246</b>

People included in snapshot study

Two previous health snapshot studies that Cork Simon Community conducted<sup>7</sup> have helped to build a clear picture of the health and related needs of people using Cork Simon projects and services, the majority of whom are men. This year's joint study with Good Shepherd, whose projects and services are targeted towards women, girls and children, offers an opportunity to focus on the specific needs of women who are homeless in Cork and those who are on the road to piecing their lives back together.

#### 3.1 Housing Type

Good Shepherd Services and Cork Simon Community supported a total of one hundred and fifteen women during the week of the snapshot study. Good Shepherd supported ninety-one women whilst Cork Simon

<sup>6</sup> Monday 04 July – Sunday 11 July inclusive

<sup>7</sup> Sick and Tired of Homelessness, October 2009 and Homelessness Makes You Sick, October 2010

supported twenty-four women. 27% (n. 31) of women were in emergency accommodation. 73% (n. 84) were supported in a range of different housing appropriate to their needs – high-support housing (for people with very high support needs requiring round-the-clock care), and a mixture of social, local authority and private rented housing – all with varying degrees of visiting one-to-one support appropriate to each person's needs.

	Good Shepherd	Cork Simon	Total
Emergency	20	11	31
High-Support	0	9	9
Low-Medium Support	8	3	11
Local Authority	19	1	20
Private Rented	31	0	31
Other	13	0	13
<b>Total</b>	<b>91</b>	<b>24</b>	<b>115</b>

Projects & services used by all women

Four of the women staying in Good Shepherd's *Edel House* were accompanied by their eight children ranging in ages from eight months to twelve years. The minimum age of all people using Cork Simon projects and services is 18 years.

#### 3.2 Age Groups

6% (n. 7) of women were under 18 years of age; 23% (n. 27) were in the 18-26 year old age group. The majority of women, 47% (n. 54), were between 27 and 44 years of age.

The average age of all women who were supported during the week of the snapshot study was 33 years. This is considerably younger than the average age of 43 years

among all men that Cork Simon supported during the week of the study.

	Good Shepherd	Cork Simon	Total
16-17 yrs	7	0	7
18-21 yrs	11	0	11
22-26 yrs	12	4	16
27-34 yrs	21	4	25
35-44 yrs	19	10	29
45-54 yrs	5	4	9
55-64 yrs	5	1	6
65+ yrs	0	1	1
No Record	11	0	11
<b>Total</b>	<b>91</b>	<b>24</b>	<b>115</b>

Age group of all women

The ages of the eight children accompanying their mothers in emergency accommodation in *Edel House* ranged from eight months to twelve years. There were four boys and four girls. Their average age was 5 years.



## 4. Key Findings – All Women

### 4.1 Social Protection Supports

87% (*n.* 100) of women had a medical card – a figure indicating the low incomes of women using Good Shepherd and Cork Simon projects and services.<sup>8</sup>

26% (*n.* 30) were in receipt of a Department of Social Protection Disability Allowance, an indicator of the serious nature of the ill-health among the women included in the snapshot study<sup>9</sup>.

A further 14% (*n.* 16) of women were in receipt of a Department of Social Protection Illness-related Benefit<sup>10</sup>, another indicator of poor health.

13% (*n.* 15) were affected by the Habitual Residence Condition (HRC)<sup>11</sup>. Those affected by the HRC are precluded from availing of a range of vital social protection supports.

<sup>8</sup> Maximum weekly income limit of €184 gross per week (less tax, less Universal Social Charge, less PRSI) for single person living alone – Citizen Information ([www.citizeninformation.ie](http://www.citizeninformation.ie)).

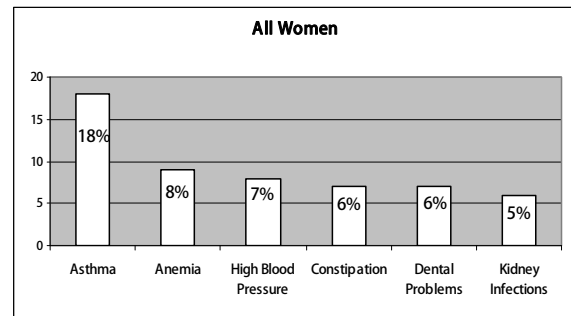
<sup>9</sup> To qualify for a Department of Social Protection Disability Payment applicants must satisfy a means test, have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year, be *substantially restricted* in undertaking work that would otherwise be suitable for an applicant's age, experience and qualifications, and satisfy the Habitual Residence Condition – Citizen Information ([www.citizeninformation.ie](http://www.citizeninformation.ie)).

<sup>10</sup> To qualify for a Department of Social Protection Illness Benefit applicants must satisfy a number of criteria, including an adequate number of PRSI contributions and the HRC.

<sup>11</sup> On 1st May 2004 the Irish Government introduced the Habitual Residence Condition (HRC) as an additional criterion for qualifying for social supports. In order to qualify a person must demonstrate that they are 'habitually resident' in Ireland – that they have been living in Ireland for approximately 2 years or more, and that they intend to settle here and make it their permanent home.

### 4.2 Physical Ill-Health

57% (*n.* 66) of women had a diagnosed physical health condition. The most common physical health conditions were asthma, anemia and high blood pressure.



Most common diagnosed physical health conditions - all women

The rate of asthma sufferers at 16% is higher than the prevalence of asthma among the general population – it is estimated that one in eight of the population in Ireland (12.5%) suffers from asthma<sup>12</sup>.

28% (*n.* 32) had two or more diagnosed physical health conditions; 16% (*n.* 18) had three or more diagnosed conditions whilst 10% (*n.* 11) had up to four diagnosed conditions. The rates of multiple diagnosed physical health conditions were highest among women in emergency accommodation (68%) and among women in high-support housing (44%).

A further 10% (*n.* 11) of women displayed symptoms of physical ill-health that, at the time of the snapshot study, had yet to be diagnosed. All eleven were in emergency accommodation.

Younger age groups and women affected by HRC were more likely to have symptoms suggesting a physical health condition that

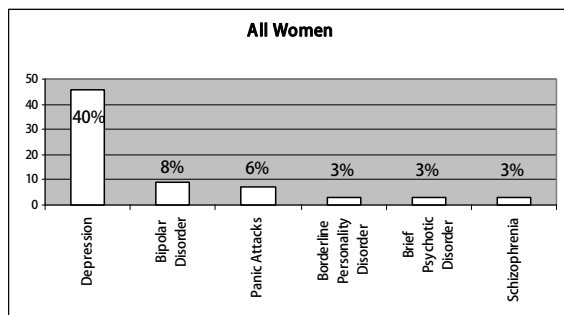
<sup>12</sup> Asthma Society of Ireland ([www.asthmasociety.ie](http://www.asthmasociety.ie))

had yet to be diagnosed. 18% (*n. 6*) of 16-26 year olds and 20% (*n. 3*) of women affected by HRC had undiagnosed physical health symptoms.

### 4.3 Mental Ill-Health

52% (*n. 46*) of women had a diagnosed mental health condition. It is widely reported internationally that up to one in four people (25%) experience mental health problems at some point in their lifetime.<sup>13</sup>

Depression was by far the most common diagnosed mental health condition followed by Bipolar Disorder and Panic Attacks.



Most common diagnosed mental health conditions - all women

The World Health Organisation estimates that one in five persons (20%) in Europe will develop a depressive episode in their lifetime.<sup>14</sup> 40% (*n. 46*) of women in the snapshot study were diagnosed with depression.

Approximately 1% of the adult population in Ireland (and in most other countries around the world) is affected by Bipolar Disorder.<sup>15</sup>

8% (*n. 9*) in this study were diagnosed with the condition.

Approximately 1% of the adult population in Ireland is affected by schizophrenia. About fifteen new cases of schizophrenia occur annually per 100,000 population.<sup>16</sup> 3% (*n. 3*) of the women in this snapshot study were diagnosed with schizophrenia.

The rates of diagnosed mental health conditions were over 50% in all accommodation types: 78% (*n. 7*) among women in high-support housing, 64% (*n. 7*) among women in low-medium support housing and 55% (*n. 17*) among women in emergency accommodation.

14% (*n. 14*) had two or more diagnosed mental health conditions whilst 5% (*n. 6*) had three diagnosed mental health conditions.

A further 6% (*n. 7*) displayed symptoms of mental ill-health that, at the time of the snapshot study, had yet to be diagnosed. Five of the seven were in emergency accommodation.

Younger age groups and people affected by HRC were more likely to have symptoms suggesting a mental health condition that had yet to be diagnosed. 9% (*n. 3*) of 16-26 year olds and 7% (*n. 1*) of people affected by HRC had symptoms suggesting mental ill-health that had yet to be diagnosed.

15% (*n. 17*) of women had a diagnosed intellectual disability. In all cases Mild Cognitive Impairment was diagnosed. Rates of Mild Cognitive Impairment were highest among women in high-support housing (33%) and among women in emergency accommodation (16%). The rate of diagnosed intellectual disability among men supported by Cork Simon was 21% (*n. 27*), with the rate of

<sup>13</sup> Mental Health in Ireland – Awareness & Attitudes, HSE, 2007

<sup>14</sup> World Health Organisation fact sheet Europe 03/03

<sup>15</sup> Bipolar Ireland ([www.bipolarireland.com](http://www.bipolarireland.com))

<sup>16</sup> Schizophrenia Ireland, Lucia Foundation, 1999 ([www.shineonline.ie](http://www.shineonline.ie))

diagnosed Mild Cognitive Impairment at 16% (n. 21).

#### 4.4 Physical and Mental Ill-Health

36% (n. 41) of women had a combined diagnosed physical and mental health condition. The highest rates were among women in high-support housing (78%) and among women in emergency accommodation (42%).

#### 4.5 Alcohol<sup>17</sup> and Drug Use

40% (n. 46) of women used alcohol with 24% (n. 27) indicating<sup>18</sup> problem alcohol use. The highest rates of problem alcohol use were among women in high-support housing (78%) and among women in emergency accommodation (39%). Relatively low rates of problem alcohol use were recorded among women in low-medium support housing (27%), among women in private rented (6%) and among women in local authority housing (5%).

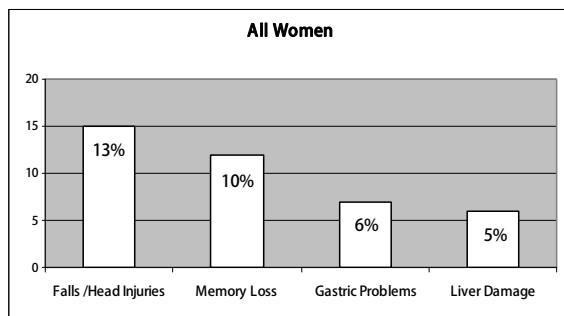
The most common complications recorded as a result of alcohol use were falls / head injuries, memory loss and gastric problems.

Rates of alcohol use across all age groups were broadly similar, ranging from 41% (n. 14) among 16-26 year olds to 50% (n. 8) among 45-64 year olds. There were big differences in the rates of problem alcohol use (indicated) among the different age groups. 15% (n. 5) of 16-26 year olds, 41% (n. 22) of 27-44 year olds and 50% (n. 8) of 45-64 year olds indicated problem alcohol use.

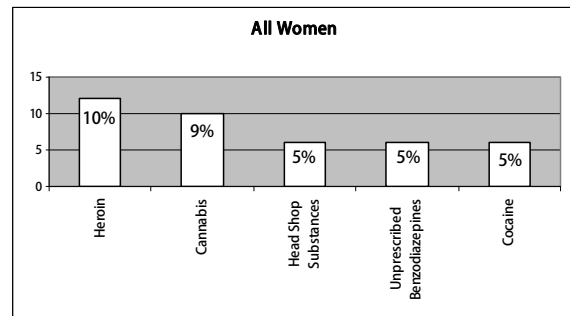
20% (n. 23) of women used drugs. The highest rates of drug use were among women in emergency accommodation (45%) and among women in high-support housing (33%). Relatively low rates of drug use were recorded among women in local authority housing (10%) and among women in private rented (6%). No drug use was recorded among women in low-medium support housing.

Drug use was exclusive to 16-44 years olds with 24% (n. 8) of 16-26 year olds and 26% (n. 14) of 27-44 year olds using drugs.

Heroin topped the list of the most commonly used drugs, followed by cannabis, head shop substances<sup>19</sup> and unprescribed benzodiazepines<sup>20</sup>.



Complications arising from alcohol use – all women



Most commonly used drugs – all women

<sup>17</sup> Whilst alcohol is regarded as a drug, for the purposes of this study it is treated separately to drug use.

<sup>18</sup> Complications resulting from the use of alcohol.

<sup>19</sup> Substances such as Snow Blow, Nirvana and Stone Zone, which mimic the affects of illegal drugs.

<sup>20</sup> A prescription drug used for treating anxiety, insomnia, seizures, alcohol withdrawal, etc., usually acquired on the black market.

Heroin use was more prevalent among 27-44 year olds, where 19% (*n. 10*) used the drug, whilst cannabis and head shop substance use were more prevalent among 16-26 year olds, with 12% (*n. 4*) using each of the drugs.

74% (*n. 17*) of women that used drugs used a combination of two or more drugs – polydrug use.<sup>21</sup> The majority of polydrug users were in emergency accommodation.

48% (*n. 11*) of women that used drugs were intravenous users. The majority of intravenous drug users were in emergency accommodation. All but one used heroin intravenously. All but one woman using drugs intravenously were polydrug users.

15% (*n. 8*) of 27-44 year olds were intravenous drug users compared to 9% (*n. 3*) of 16-26 year olds.

15% (*n. 17*) of women used drugs and alcohol. 10% (*n. 12*) were polydrug and alcohol users. 7% (*n. 8*) indicated problem alcohol use and drug use. 3% (*n. 4*) indicated problem alcohol use and intravenous drug use.

15% (*n. 16*) of women had combined diagnosed mental health condition and indicated problem alcohol use. 13% (*n. 15*) used drugs and had a diagnosed mental health condition. These figures are indicators of dual diagnoses<sup>22</sup> among the women included in the snapshot study.

<sup>21</sup> The use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. – World Health Organisation Lexicon of Alcohol and Drug Terms.

<sup>22</sup> Dual Diagnosis is the term used when a person suffers from both a substance addiction problem and another mental health issue such as depression or an anxiety disorder. Most mental health services and addiction treatment centres in Ireland are currently not organised to treat such people holistically. – Dual Diagnosis Ireland.

#### 4.6 Challenging Behaviour, Self-Harm, Attempted Suicide

39% (*n. 45*) of women had challenging behaviour. The highest rates of challenging behaviour were among women in emergency accommodation (61%) and among women in high-support housing (44%).

The rates of challenging behaviour were highest among women with:

- Combined diagnosed mental health condition and problem alcohol use (indicated) – 69%;
- Problem alcohol use (indicated) – 68%;
- Intravenous drug use – 64%;
- Drug use – 61%; and
- Alcohol use – 57%.

17% (*n. 20*) of women self-harmed, with the highest rate of self-harm among women in emergency accommodation (26%). The rate of self-harm in Ireland is estimated to be 217 per 100,000 population – or 0.2%.<sup>23</sup>

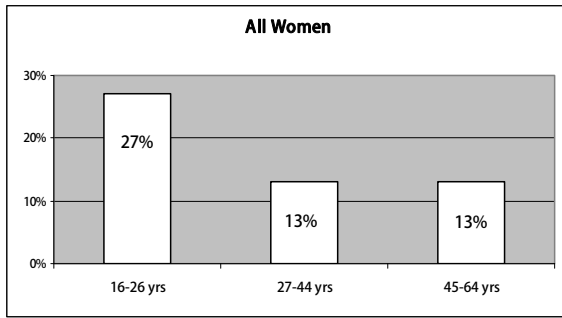
The rates of self-harm were highest among women with:

- Combined diagnosed mental health condition and problem alcohol use (indicated) – 38%;
- Drug use – 35%;
- Combined diagnosed mental health condition and alcohol use – 33%;
- Problem alcohol use (indicated) – 30%;
- Alcohol use – 24%.

In contrast, 7% (*n. 9*) of men that Cork Simon supported during the week of the snapshot study self-harmed.

Younger people were much more likely to self harm.

<sup>23</sup> National Registry of Deliberate Self-Harm Annual Report 2010



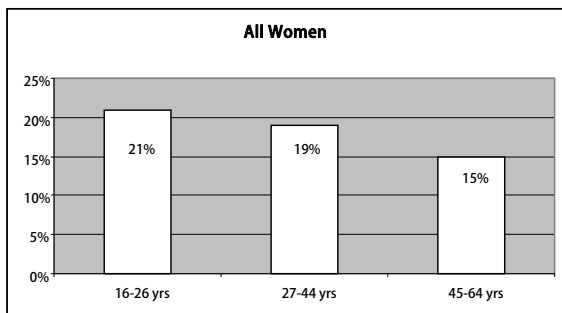
Rates of self-harm by age group – all women

16% (n. 19) of women expressed suicidal thoughts. The highest rates were among women in emergency accommodation (32%) and among women in high-support housing (22%).

The rates of suicide ideation were highest among women with:

- Combined diagnosed mental health condition and problem alcohol use (indicated) – 38%;
- Combined diagnosed mental health condition and alcohol use – 33%;
- Problem alcohol use (indicated) – 26%;
- Alcohol use – 26%; and
- Drug use – 22%.

Whilst younger women were more likely to express suicidal thoughts the rates among older age groups weren't far behind.



Rates of suicide ideation by age groups – all women

5% (n. 6) of women attempted suicide in the previous six months. The rate of attempted suicide in the previous six months was highest

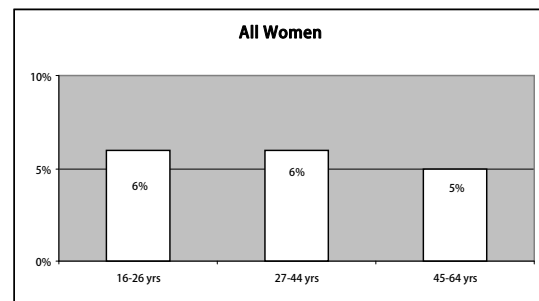
among women in emergency accommodation (13%).

The rates of attempted suicide in the previous six months were highest among women with:

- Combined diagnosed mental health condition and problem alcohol use (indicated) – 25%;
- Combined diagnosed mental health condition and alcohol use – 22%;
- Drug use – 17%;
- Problem alcohol use (indicated) – 15%;
- Alcohol use – 13%.

It's estimated that the attempted suicide rate in Ireland among women is 190 per 100,000 population (15+ years) – or 0.19%; and among men is 163 per 100,000 population (15+ years) – or 0.16%.<sup>24</sup> The rate of attempted suicide in the previous six months among men that Cork Simon supported during the week of the snapshot study was 4% (n. 6).

The rates of attempted suicide in the previous six months were similar among all age groups.



Rates of attempted suicide in the previous six months by age group – all women

<sup>24</sup> The European Journal of Health, Volume 14, Issue 1, Pp. 19-23.

#### 4.7 Health Referrals

28% (*n.* 29) of women had to be admitted to Accident & Emergency (A&E) on thirty-eight occasions in the previous month. The highest rate of A&E admissions was among women in emergency accommodation (34%) and among women in high-support housing (18%). 56% (*n.* 5) of women in high-support housing were admitted to A&E in the previous month.

The highest rates of people being admitted to A&E were among women:

- Using drugs intravenously – 46%;
- Combined diagnosed mental health condition and problem alcohol use (indicated) – 44%;
- Problem alcohol use (indicated) – 37%;
- Drug use – 35%; and
- Combined diagnosed mental health condition and alcohol use – 33%.

23% (*n.* 26) of women used hospital out-patient services on forty-one occasions during the month prior to the snapshot study. The highest rate of hospital out-patient use was among women in emergency accommodation (23%) and among women in high-support housing (22%).

The highest rates of people using hospital out-patient services were among women with:

- Combined diagnosed mental health condition and problem alcohol use (indicated) – 44%;
- Problem alcohol use (indicated) – 37%;
- Intravenous drug use – 36%;
- Diagnosed mental health condition – 27%; and
- Drug use – 22%.

16% (*n.* 18) of women were admitted to hospital for in-patient care during the month prior to the snapshot study. The rate of hospital admissions was highest among women in high-support housing (22%).

#### 4.8 Barriers to Healthcare

17% (*n.* 20) of women experienced barriers in accessing healthcare. The rate of barriers to healthcare was highest among women using drugs intravenously (27%), among women with (indicated) problem alcohol use (19%) and among women with a diagnosed mental health condition (15%).

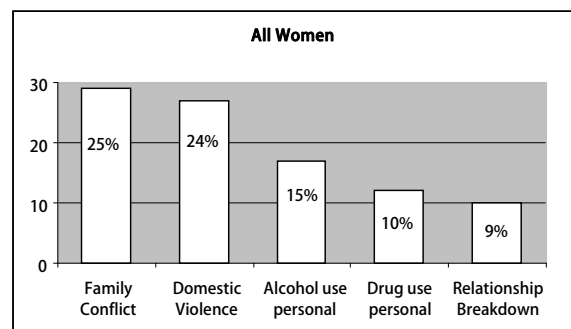
Younger age groups were more likely to experience barriers to healthcare – 21% (*n.* 7) of 16-26 year olds and 15% (*n.* 8) of 27-44 year olds.

The most common barriers to healthcare were:

- No Medical Card – 8%;
- “Other things more important” – 8%;
- “Previous negative experience” – 3%.

#### 4.9 Triggers for Homelessness

Family conflict, domestic violence and relationship breakdown were among the most common triggers for women first becoming homeless. Personal alcohol and drug use were also common triggers and may have been contributing factors to family conflict and relationship breakdown.



Triggers for homelessness – all women



Family conflict was most likely among women affected by HRC (47% / *n.* 7) and among younger people – 38% (*n.* 13) of 16-26 year olds. Family conflict was also most likely among women using drugs intravenously (55% / *n.* 6).

Domestic violence as a trigger for first becoming homeless was most common among 27-44 year olds (37% / *n.* 20) and among women affected by HRC (33% / *n.* 5). Domestic violence was also most likely among women with a combined diagnosed mental health condition and (indicated) problem alcohol use (38% / *n.* 6), and among women using drugs intravenously (38% / *n.* 4).

Among older age groups personal alcohol use was more likely as a trigger for first becoming homeless – 31% (*n.* 5) of 45-64 year olds.

Among younger age groups personal drug use was more likely as a trigger for first becoming homeless – 12% (*n.* 4) of 16-26 year olds.

The most common triggers for first becoming homeless<sup>25</sup> varied somewhat among the different age groups.

	<b>% 16-26 yrs</b>
Family conflict	38% ( <i>n.</i> 13)
Asked to leave by family	15% ( <i>n.</i> 5)
Drug use - personal	12% ( <i>n.</i> 4)
Domestic violence	9% ( <i>n.</i> 3)
Alcohol use - personal	6% ( <i>n.</i> 2)

Most common triggers for first becoming homeless – women aged 16-26 yrs

	<b>% 27-44 yrs</b>
Domestic violence	37% ( <i>n.</i> 20)
Alcohol use - personal	17% ( <i>n.</i> 9)
Family conflict	15% ( <i>n.</i> 8)
Relationship breakdown	11% ( <i>n.</i> 6)
Alcohol use - family	11% ( <i>n.</i> 6)
Drug use - personal	11% ( <i>n.</i> 6)

Most common triggers for first becoming homeless – women aged 27-44 yrs

	<b>% 45-64 yrs</b>
Mental / psychiatric issues	31% ( <i>n.</i> 5)
Alcohol use - personal	31% ( <i>n.</i> 5)
Family conflict	25% ( <i>n.</i> 4)
Domestic violence	19% ( <i>n.</i> 3)
Relationship breakdown	13% ( <i>n.</i> 2)

Most common triggers for first becoming homeless – women aged 45-64 yrs

	<b>% HRC Affected</b>
Family conflict	47% ( <i>n.</i> 7)
Domestic violence	33% ( <i>n.</i> 5)
Money problems	20% ( <i>n.</i> 3)
Physical / sexual abuse	13% ( <i>n.</i> 2)

Most common triggers for first becoming homeless – women affected by HRC

Among men supported by Cork Simon Community, the most common trigger for first becoming homeless was personal alcohol use at 43% (*n.* 56), followed by family conflict at 18% (*n.* 24), personal drug use at 16% (*n.* 21), personal mental health / psychiatric issues at 16% (*n.* 21) and asked to leave by family at 15% (*n.* 19).

<sup>25</sup> In most cases two triggers for first becoming homeless were recorded. Responses are grouped.





## 5. Key Findings – Women in Emergency Accommodation

### 5.1 Profile

Thirty-one women – 27% of all women included in the snapshot study, were in emergency accommodation in Good Shepherd's *Edel House* or in Cork Simon's *Emergency Shelter*, during the first week in July 2011.

	Good Shepherd	Cork Simon	Total
Women	20	11	31
Children	8	0	8
<b>Total</b>	<b>28</b>	<b>11</b>	<b>39</b>

Women & children in emergency accommodation

55% (*n.* 11) of the women in Good Shepherd's *Edel House* had children. Two of the women had all of their children staying with them in *Edel House*. Another two had some of their children staying with them in *Edel House*, with some being cared for elsewhere. The children of the remaining seven women were being cared-for elsewhere.

There were eight children staying in *Edel House*, ranging in age from eight months to twelve years – four girls and four boys. Fifteen children were being cared-for elsewhere.

	Good Shepherd	Cork Simon	Total
0-2 yrs	2	0	2
3-5 yrs	3	0	3
6-9 yrs	1	0	1
10-12 yrs	2	0	2
16-17 yrs	1	0	1
18-21 yrs	2	0	2
22-26 yrs	2	3	5
27-34 yrs	9	2	11
35-44 yrs	5	5	10
45-54 yrs	1	1	2
<b>Total</b>	<b>28</b>	<b>11</b>	<b>39</b>

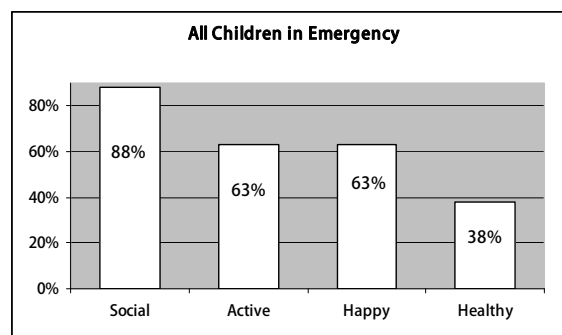
Age group of women and children in emergency accommodation

The average age of women in emergency accommodation was 31 years. This compares to an average age of 37 years among men in Cork Simon's *Emergency Shelter*.

The average age of children in emergency accommodation was 5 years.

Four of the eight children in emergency accommodation were of school-going age and were attending regularly. Three of the eight children had a social worker.

For the most part, mothers described the children accompanying them in emergency accommodation as social, active and happy. However, just over a third of children in emergency were described by their mothers as being healthy.



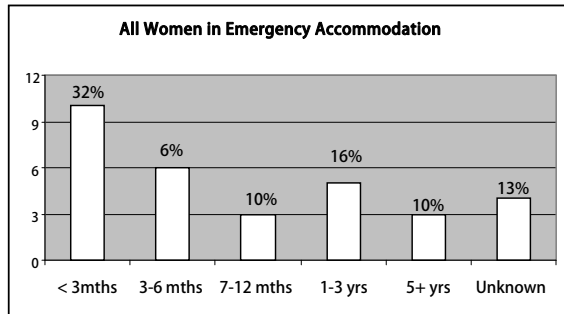
Emotional health of children in emergency accommodation.

### 5.2 Long-Term Homelessness

36% (*n.* 11) of women in emergency accommodation were long-term homeless – they had been in emergency accommodation for six months or longer<sup>26</sup>. A further 13% (*n.* 4) could not say how long they had been

<sup>26</sup> Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation.

homeless; it's likely that they too were long-term homeless.



Length of time homeless – all women in emergency accommodation

40% (n. 18) of men in emergency accommodation at Cork Simon were long-term homeless.

### 5.2 Social Protection Supports – Emergency Accommodation

68% (n. 21) had a medical card; 19% (n. 6) were in receipt of a Department of Social Protection Disability Allowance; and 10% (n. 3) were receiving other illness-related benefit.

All of the women accompanied by their children in emergency accommodation had a medical card.

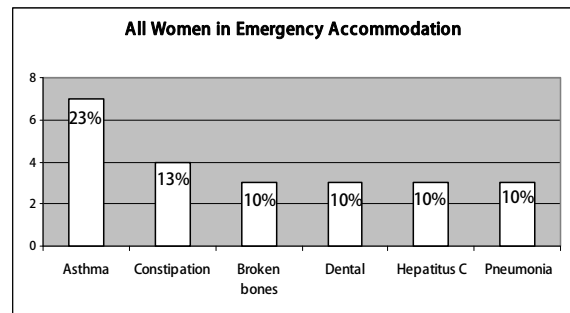
23% (n. 7) were affected by the Habitual Residence Condition (HRC)<sup>27</sup>. The highest rate of people affected by HRC was in emergency accommodation. Those affected by the HRC are precluded from availing of a range of vital social protection supports. None of the

<sup>27</sup> On 1st May 2004 the Irish Government introduced the Habitual Residence Condition (HRC) as an additional criterion for qualifying for social supports. In order to qualify a person must demonstrate that they are 'habitually resident' in Ireland – that they have been living in Ireland for approximately 2 years or more, and that they intend to settle here and make it their permanent home.

women affected by the HRC had a medical card nor were they receiving disability allowances or other illness-related benefits.

### 5.3 Physical Ill-Health – Emergency Accommodation

68% (n. 21) of women in emergency accommodation had a diagnosed physical health condition. The most common physical health conditions were asthma, constipation and broken bones. Dental problems, hepatitis c and pneumonia were also common physical health conditions recorded.



Most common diagnosed physical health conditions – all women in emergency accommodation

The rate of asthma sufferers at 23% is considerably higher than the prevalence of asthma among the general population – it is estimated that one in eight of the population in Ireland (12.5%) suffers from asthma<sup>28</sup>.

45% (n. 14) of women in emergency accommodation had two or more diagnosed physical health conditions; 26% (n. 8) had three or more, whilst 19% (n. 3) had up to four diagnosed physical health conditions.

A further 19% (n. 6) displayed symptoms of physical ill-health that, at the time of the snapshot study, had yet to be diagnosed. 57%

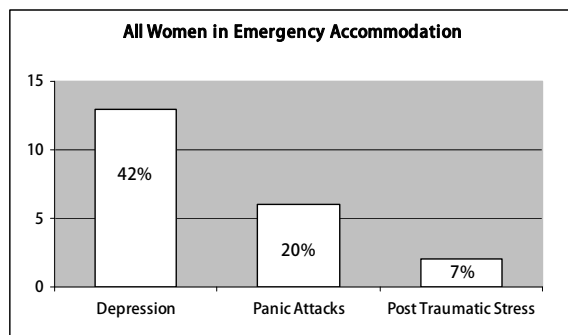
<sup>28</sup> Asthma Society of Ireland (www.asthmasociety.ie)

(n. 4) of women affected by HRC had symptoms of physical ill-health that had yet to be diagnosed.

### 5.4 Mental Ill-Health – Emergency Accommodation

55% (n. 17) of women in emergency accommodation had a diagnosed mental health condition. It is widely reported internationally that up to one in four people (25%) experience mental health problems at some point in their lifetime.<sup>29</sup>

Depression was by far the most common diagnosed mental health condition followed by bipolar disorder and panic attacks.



Most common diagnosed mental health conditions - all women in emergency accommodation

The World Health Organisation estimates that one in five persons (20%) in Europe will develop a depressive episode in their lifetime.<sup>30</sup> 42% (n. 13) of women in emergency accommodation were diagnosed with depression.

Panic Attacks and post traumatic stress disorder were the next two most common

<sup>29</sup> Mental Health in Ireland – Awareness & Attitudes, HSE, 2007

<sup>30</sup> World Health Organisation fact sheet Europe 03/03

diagnosed mental health conditions among women in emergency accommodation.

A further 16% (n. 5) displayed symptoms of mental ill-health that, at the time of the snapshot study, had yet to be diagnosed. 13% (n. 4) displayed symptoms of anxiety disorders and 6% (n. 2) displayed symptoms of mood disorders<sup>31</sup>.

16% (n. 5) had a diagnosed intellectual disability. In all cases Mild Cognitive Impairment was diagnosed.

### 5.5 Physical and Mental Ill-Health - Emergency Accommodation

42% (n. 13) of women in emergency accommodation had a combined diagnosed physical and mental health condition.

The rate of combined diagnosed mental and physical health conditions among women with children was 72% (n. 8).

### 5.6 Alcohol<sup>32</sup> and Drug Use – Emergency Accommodation

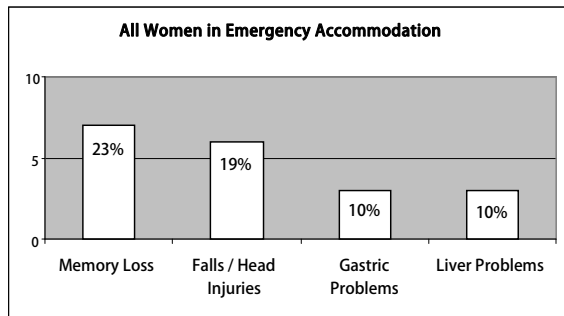
65% (n. 20) of women in emergency accommodation used alcohol with 39% (n. 12) indicating<sup>33</sup> problem alcohol use. 45% (n.5) of women with children indicated problem alcohol use.

<sup>31</sup> In one case symptoms of both anxiety and mood disorders were recorded.

<sup>32</sup> Whilst alcohol is regarded as a drug, for the purposes of this study it is not included as a generic drug.

<sup>33</sup> Complications resulting from the use of alcohol.

The most common complications recorded as a result of alcohol use were memory loss, falls / head injuries, gastric problems and liver problems.

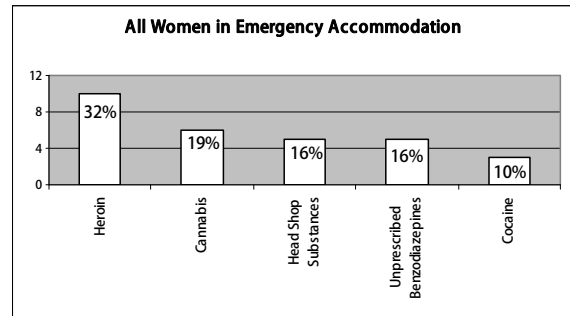


Complications arising from alcohol use – women in emergency accommodation

45% (n. 14) of women in emergency accommodation used drugs. 60% (n. 6) of 35-44 year olds and 60% (n. 3) of 22-26 year olds used drugs.

100% (n. 11) of women who were long-term homeless used drugs. Among men who were long-term homeless and using Cork Simon's *Emergency Shelter*, 52% (n. 12) used drugs.

Heroin was by far the most commonly used drug with 32% (n. 10) of women in emergency accommodation using the drug. Cannabis, head shop substances<sup>34</sup> and unprescribed benzodiazepines<sup>35</sup> were the next most commonly used drugs.



Most commonly used drugs – all women in emergency accommodation

Among men using Cork Simon's *emergency shelter*, 27% (n. 12) used heroin. However, among men, cannabis was by far the most commonly used drug at 42% (n. 19), followed by 36% (n. 16) using unprescribed benzodiazepines, and 29% (n. 13) using head shop substances.

60% (n. 6) of women using heroin were also taking prescribed methadone.

93% (n. 13) of women in emergency accommodation that used drugs used a combination or two or more drugs – polydrug use.<sup>36</sup> 79% (n. 11) used a combination of three or more drugs.

64% (n. 9) of women in emergency accommodation that used drugs were intravenous users. This compares with 50% (n. 14) of male drug users staying in Cork Simon's *Emergency Shelter* using drugs intravenously.

16% (n. 5) of women in emergency accommodation indicated problem alcohol use and drug use. 13% (n. 4) indicated problem alcohol use and used drug intravenously. 26% (n. 8) had a diagnosed mental health condition and indicated problem alcohol use. 13% (n. 4)

<sup>34</sup> Substances such as Snow Blow, Nirvana and Stone Zone, which mimic the affects of illegal drugs.

<sup>35</sup> A prescription drug used for treating anxiety, insomnia, seizures, alcohol withdrawal, etc., usually acquired on the black market.

<sup>36</sup> The use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. – World Health Organisation Lexicon of Alcohol and Drug Terms.

had a diagnosed mental health condition and used drugs intravenously.

### **5.7 Challenging Behaviour, Self-Harm, Attempted Suicide – Emergency Accommodation**

61% (*n.* 19) of women in emergency accommodation had challenging behaviour.

26% (*n.* 8) self-harmed. The rate of self harm in Ireland is estimated to be 217 per 100,000 population – or 0.2%.<sup>37</sup>

Self-harming was more likely among women short-term homeless – 88% (*n.* 7) of women who self-harmed were short-term homeless. 88% (*n.* 7) of women who self-harmed also had a diagnosed mental health condition

In contrast, 11% (*n.* 5) of men in Cork Simon's *Emergency Shelter* self-harmed.

32% (*n.* 10) of women in emergency accommodation expressed suicidal thoughts. 90% (*n.* 9) of women who expressed suicidal thoughts were short-term homeless; 70% (*n.* 7) had a diagnosed mental health condition.

In contrast, 16% (*n.* 7) of men in Cork Simon's *Emergency Shelter* expressed suicidal thoughts.

13% (*n.* 4) of women in emergency accommodation attempted suicide in the previous six months. It's estimated that the attempted suicide rate in Ireland among women is 190 per 100,000 population (15+ years) – or 0.19%<sup>38</sup>.

Half of women who attempted suicide in the previous six months were short-term homeless; half were long-term homeless. All four women had a diagnosed mental health condition.

The rate of attempted suicide in the previous six months among men using Cork Simon's *Emergency Shelter* was 9% (*n.* 4).

### **5.8 Health Referrals – Emergency Accommodation**

29% (*n.* 9) of women in emergency accommodation had to be admitted to Accident & Emergency (A&E) on thirteen occasions in the previous month. 78% (*n.* 7) of people admitted to A&E indicated problem alcohol use; 67% (*n.* 6) had a diagnosed mental health condition; 44% (*n.* 4) used drugs intravenously.

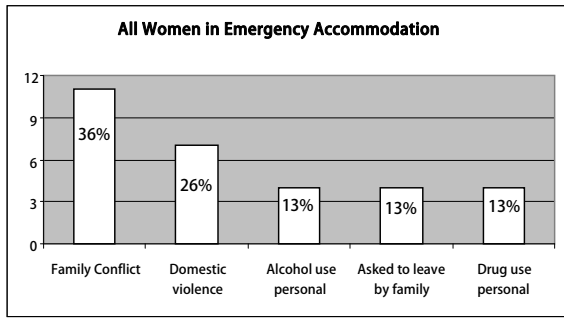
23% (*n.* 7) of women in emergency accommodation used hospital out-patient services on twelve occasions during the month prior to the snapshot study.

### **5.9 Triggers for Homelessness – Emergency Accommodation**

Family conflict and domestic violence were the two most common triggers for women in emergency accommodation first becoming homeless. Personal alcohol and drug use and being asked to leave by family were also common triggers.

<sup>37</sup> National Registry of Deliberate Self-Harm Annual Report 2010

<sup>38</sup> The European Journal of Health, Volume 14, Issue 1, Pp. 19-23.



Most common triggers for first becoming homeless – all women in emergency accommodation

Among the eleven women where family conflict was a trigger for first becoming homeless, 73% (*n.* 8) had challenging behaviour, 55% (*n.* 6) had a diagnosed mental health condition and 55% (*n.* 6) used drugs intravenously – factors which may have contributed to the conflict.

## 6. Women's Health and Homelessness in Cork

Women accounted for 47% of all people that were using Good Shepherd and Cork Simon Community projects and services during the week of the snapshot study in early July 2011. Women accounted for 41% of all people in emergency accommodation – Good Shepherd's *Edel House* and Cork Simon's *Emergency Shelter*. Eleven women were long-term homeless. 73% of women were being supported in a range of different housing with varying degrees of one-to-one supports – some in high-support housing for people needing round-the clock care; some in private rented and local authority housing with visiting support; and some in housing provided by Good Shepherd and Cork Simon, which included low to medium levels of one-to-one support.

Cork Simon's previous two health snapshot studies focused on the health and related needs of all people the Community supported at its projects and services – the majority of whom were men. This joint study with Good Shepherd Services is an opportunity to focus on the health and related needs of women who are homeless in Cork or are on the road to piecing their lives back together.

This health snapshot study offers a clear indication of both the complex nature of the health and related needs of women being supported by homeless services in Cork and the challenges facing all statutory and voluntary organisations in responding to those needs.

It should be noted that the health and related needs of children whose mothers were homeless goes beyond the scope of this health snapshot study. Eleven of the women in Good Shepherd's *Edel House* had children. In the case of four of them, some or all of their children were staying with them – eight children in all. In the case of the other seven women, their children were being cared for

elsewhere – either in care or with a relative. There were eight children in Good Shepherd's *Edel House* and fifteen children being cared for elsewhere. The eight children – four girls and four boys, ranged in age from eight months to twelve years.

The mothers of the eight children staying in emergency accommodation described the majority of their children as being social, active and happy; however just three of the children were described by their mothers as being healthy. Four of the eight children were of school-going age and were attending regularly. Three of the children had a social worker.

The average age of all women supported was 33 years – ten years younger than the average age of all men that Cork Simon supported. Women in emergency accommodation were somewhat younger with an average age of 31 years – six years younger than the average age of men in Cork Simon's *Emergency Shelter*.

Women were generally on low incomes with almost 90% in possession of a medical card. Despite low incomes, money problems did not feature significantly as a trigger for first becoming homeless. However, among the 10% of women who were affected by the HRC, money problems was the third most common trigger for first becoming homeless, after family conflict and domestic violence.

The most common triggers by far for women becoming homeless were family conflict at 25% and domestic violence at 24%. Personal alcohol use and personal drug use were the next most common triggers. There were some variations according to age. Personal drug use and being asked to leave by family were more common triggers among 16-26 year olds, whilst personal alcohol use was more common among 27-64 year olds.



Mental health / psychiatric issues was the most common trigger for first becoming homeless among 45-64 year olds. The highest rates of family conflict and domestic violence were among women affected by the HRC.

In contrast, the most common trigger among men staying at Cork Simon projects and services was personal alcohol use at 43% (*n.* 56), followed by family conflict at 24% (*n.* 18); and both personal drug use and personal mental health / psychiatric problems at 21% (*n.* 16) each.

58% of women had a diagnosed physical health condition. 28% had two or more diagnosed conditions. Asthma was by far the most common diagnosed physical health condition at 16%. Whilst the rate of asthma among the general population in Ireland is high, estimated to be around 12%, the higher than average rate among women may be the result of smoking (not recorded in this study) or may be related to poor housing conditions prior to becoming homeless. The rate of asthma among women in emergency accommodation was higher at 23%. Other common diagnosed physical health conditions included anemia, high blood pressure, constipation and, among women in emergency accommodation, broken bones.

52% of women had a diagnosed mental health condition, considerably higher than the global average of 25%. Depression was by far the most common diagnosed condition at 40%, considerably higher than the European average of 25% of people developing a depressive episode in their lifetime. Rates of bipolar disorder and of schizophrenia were also considerably higher than the rates of these mental health conditions found in the general population in Ireland.

36% of women had a combined diagnosed physical and mental health condition.

24% of women indicated problem alcohol use, rising to 39% among women in emergency accommodation. 20% of women used drugs, rising to 45% among women in emergency accommodation. Heroin was the most commonly used drug at 10%, rising to 32% among women in emergency accommodation and rising to 100% among women who were long-term homeless. 11% of men who were long-term homeless in Cork Simon's *Emergency Shelter* used heroin.

Cannabis and head shop substances were the next most commonly used drugs. Drug use was exclusive to 16-44 year olds. 74% of women that used drugs used a combination of two or more drugs – often referred to as polydrug use. This rose to 93% among women in emergency accommodation that used drugs.

48% of women that used drugs were intravenous users, rising to 64% among women in emergency accommodation that used drugs, and rising to 100% of women who were long-term homeless.

The behaviour of 39% of women was challenging, reflecting, perhaps, the high rates of poor mental health and problem alcohol use. The rate of challenging behaviour rose to 61% among women in emergency accommodation.

17% of women self-harmed, rising to 26% of women in emergency accommodation – considerably higher than the 0.2% rate of self-harming among the general population in Ireland. Women with a combination of poor mental health and problem alcohol use, women who were short-term homeless, and younger women were more likely to self-harm. The rate of self-harming among women was also considerably higher than the rate of 7% among men included in the snapshot study.

16% of women expressed suicidal thoughts, rising to 32% among women in emergency accommodation. This is considerably higher



than the rate of 16% of men in emergency accommodation who expressed suicidal thoughts.

5% of women had attempted suicide in the six months prior to the health snapshot study being conducted. This rose to 13% among women in emergency accommodation. This, again, is considerably higher than the estimated rate of 0.19% of women in Ireland attempting suicide. All of the women who attempted suicide in the previous six months had a diagnosed mental health condition. The attempted suicide rate among men in Cork Simon's *Emergency Shelter* was 9%.

28% of women were admitted to hospital accident and emergency (A&E) in the previous month. There were thirty eight admissions. 23% of women used hospital out-patient services on forty-one occasions during the month prior to the snap-shot study, whilst 16% of women were admitted to hospital for in-patient care.

17% of women experienced barriers to healthcare. Women using drugs intravenously, women with problem alcohol use, women with a diagnosed mental health condition, and women affected by the HRC were more likely to experience barriers to healthcare. The most common barriers to healthcare were no medical card, "other things more important" and "previous negative experience".

The scale and extent of health and related needs being experienced by women who are homeless in Cork are stark. Women who are homeless tend to be younger than men who are homeless; have high rates of poor physical and mental health; are much more likely than men who are homeless to self-harm and express suicidal thoughts; and have much the same rate of attempted suicide as men who are homeless. The rates of heroin use and intravenous drug use among women appear to be around the same as men who are homeless.

Family conflict, domestic violence, personal alcohol use and personal drug use appear to be key triggers for women first becoming homeless. The high rate of challenging behaviour among women is not surprising given the scale and extent of the health and related issues identified.

The extent of the health needs of women who are homeless is reflected in the number of hospital admissions during the month prior to the snapshot study: forty-one admissions for hospital out-patient care and sixteen admissions for hospital in-patient care. Twenty-nine women were admitted thirty-eight times to hospital A&E.

The health and related issues appear to be starker for women in emergency accommodation, with much higher rates of drug use, intravenous drug use, problem alcohol use, self-harming, suicide ideation and attempted suicide. They appear to be starker again for women who are long-term homeless, with higher rates of heroin use and intravenous drug use.

Women who are affected by the HRC appear to be more vulnerable to domestic violence, family conflict and are more likely to have money problems.

Younger women are more likely to have higher rates of drug use and are more likely to self-harm and express suicidal thoughts.

It is difficult to determine the impact these health and related needs are having on children whose mothers are in emergency accommodation. Whilst the children accompanying their mothers in emergency accommodation appear to be active, social and happy for the most part, mothers expressed some concern for the health of their children.



## Women's Health and Homelessness in Cork

### Key Facts

- 115 women were supported by Good Shepherd and Cork Simon projects and services during the week of the health snapshot study: Monday 04 to Sunday 10 July 2011.
- 27% (*n. 31*) were in emergency accommodation in Good Shepherd's *Edel House* and Cork Simon's *Emergency Shelter*.
- 35% (*n. 11*) of women in emergency accommodation had children.
- 13% (*n. 4*) of women in emergency accommodation were accompanied by some of their eight children in *Edel House*. The children ranged in age from 8 months to 12 years. Fifteen children were being cared for elsewhere – either in care or with relatives.
- 88% of children staying with their mothers in emergency accommodation were described by their mothers as being social; 63% of children were described as being active; 63% were described as being happy; 38% of children were described as healthy.
- 35% (*n. 11*) of women in emergency accommodation were long-term homeless<sup>39</sup>.

#### All Women

- The average age of all women supported was 33 years – 10 years younger than the average age of men supported at Cork Simon projects and services during the week of the snapshot study.
- 57% Of women had a diagnosed physical health condition.
- 16% of women suffered from asthma.

#### Women in Emergency Accommodation

- The average age of women in emergency accommodation was 31 years – 6 years younger than the average age of men staying at Cork Simon's *Emergency Shelter* during the week of the snapshot study.
- 68% of women in emergency accommodation had a diagnosed physical health condition.
- 23% of women in emergency accommodation suffered from asthma.

It is estimated that asthma affects 12% of the general population in Ireland<sup>40</sup>.

8% of women suffered from anemia.

7% of women suffered from high blood pressure.

<sup>39</sup> Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation.

<sup>40</sup> Asthma Society of Ireland ([www.asthmasociety.ie](http://www.asthmasociety.ie))

**All Women**

**Women in Emergency Accommodation**

- 28% of women had two or more diagnosed physical health conditions.
- 52% of women had a diagnosed mental health condition.
- 45% of women in emergency accommodation had two or more diagnosed physical health conditions.
- 55% of women in emergency accommodation had a diagnosed mental health condition.

The most common diagnosed mental health condition was depression, affecting 40% of women. The World Health Organisation estimates that one in five persons (20%) in Europe will develop a depressive episode in their lifetime<sup>41</sup>.

8% of women suffered from bipolar disorder. Approximately 1% of the adult population in Ireland (and in most other countries around the world) is affected by Bipolar Disorder<sup>42</sup>.

6% of women suffered from panic attacks.

3% of women suffered from schizophrenia. Approximately 1% of the adult population in Ireland is affected by schizophrenia<sup>43</sup>.

**All Women**

**Women in Emergency Accommodation**

- 36% of women had a combined diagnosed physical and mental health condition.
- 40% of women used alcohol.
- 59% of women using alcohol indicated problem alcohol use.
- 20% of women used drugs.
- 52% of women that used drugs, used heroin.
- 74% of women that used drugs used a combination of two or more drugs – polydrug use.
- 48% of women that used drugs were intravenous users.
- 42% of women in emergency accommodation had a combined diagnosed physical and mental health condition.
- 65% of women in emergency accommodation used alcohol.
- 60% of women in emergency accommodation using alcohol indicated problem alcohol use.
- 45% of women in emergency accommodation used drugs.
- 71% of women in emergency accommodation that used drugs, used heroin.
- 65% of women in emergency accommodation that used drugs used a combination of two or more drugs – polydrug use.
- 64% of women in emergency accommodation that used drugs were intravenous users.

<sup>41</sup> World Health Organisation fact sheet Europe 03/03

<sup>42</sup> Bipolar Ireland ([www.bipolarireland.com](http://www.bipolarireland.com))

<sup>43</sup> Schizophrenia Ireland, Lucia Foundation, 1999 ([www.shineonline.ie](http://www.shineonline.ie))



- 65% of women that used drugs also had a diagnosed mental health condition.
- 39% of women had challenging behaviour.
- 17% of women self-harmed. 7% of men in Cork Simon projects and services self-harmed.
- 16% of women expressed suicidal thoughts.
- 5% of women attempted suicide in the previous six months.
- 64% of women in emergency accommodation that used drugs also had a diagnosed mental health condition.
- 61% of women in emergency accommodation had challenging behaviour.
- 26% of women in emergency accommodation self-harmed. 11% of men in Cork Simon's *Emergency Shelter* self-harmed.
- 32% of women in emergency accommodation expressed suicidal thoughts.
- 13% of women in emergency accommodation attempted suicide in the previous six months.

The rate of self-harm among the general population in Ireland is estimated to be 217 per 100,000 population – or 0.2%<sup>44</sup>.

The rate of attempted suicide among the adult population (15 years+) in Ireland is estimated to be 190 per 100,000 population of women – or 0.19%; and 163 per 100,000 population of men – or 0.16%<sup>45</sup>.

#### All Women

#### Women in Emergency Accommodation

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• 28% of women had to be admitted to Accident &amp; Emergency in the previous month.</li> <li>• There were 38 admissions to A&amp;E in the previous month.</li> <li>• 23% of women used hospital out-patient services during the month prior to the snapshot study.</li> <li>• In the case of 25% of women, family conflict was a trigger for first becoming homeless.</li> <li>• In the case of 24% of women, domestic violence was a trigger for first becoming homeless.</li> <li>• Other triggers for women first becoming homeless were personal alcohol use at 15%, personal drug use at 10% and relationship breakdown at 9%.</li> </ul> | <ul style="list-style-type: none"> <li>• 29% of women in emergency accommodation had to be admitted to Accident &amp; emergency in the previous month.</li> <li>• There were 13 admissions to A&amp;E in the previous month.</li> <li>• 23% of women in emergency accommodation used hospital out-patient services during the month prior to the snapshot study.</li> <li>• In the case of 36% of women in emergency accommodation, family conflict was a trigger for first becoming homeless.</li> <li>• In the case of 26% of women in emergency accommodation, domestic violence was a trigger for first becoming homeless.</li> <li>• Other triggers for women first becoming homeless were personal alcohol use at 13%, asked to leave by family at 13% and personal drug use at 13%.</li> </ul> |
|--|---|

<sup>44</sup> National Registry of Deliberate Self-Harm Annual Report 2010

<sup>45</sup> The European Journal of Health, Volume 14, Issue 1, Pp. 19-23



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