



**Where Are They Now?**

**How Did I Get Here?**

**A follow-up study to Cork Simon's  
2013 report 'How Did I Get Here?'**



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October 2014





Thanks to the staff and volunteers at Cork Simon's Emergency Shelter and Housing Support Team for their help and co-operation in compiling this report.

Thanks to Jacklyn Foley and Owen O'Reilly, Head of Qualitative Research at Franklin Research, for their time and skills in conducting and writing the in-depth interviews.  
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Special thanks to the men and women using Cork Simon services for sharing their time, experiences and life stories.

Campaigns & Communications Team, Cork Simon Community.

# Where Are They Now?

A follow-up study to Cork Simon's  
2013 report '*How Did I Get Here?*'

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## 1. Where Are They Now? - Introduction

'Where Are They Now?' is a follow-up report to a paper Cork Simon Community published in October 2013 - 'How Did I Get Here?' That report explored the pathways into homelessness among people staying in our emergency shelter for a five week period in early Summer 2013. It analysed people's life histories and experiences, their personal challenges and health problems, and it examined the supports people needed to facilitate their move out of homelessness.

Twelve months later, 'Where Are They Now?' reviews the current housing of that same group of people, attempts to identify the supports that helped people to move out of homelessness and the barriers that are preventing people from leaving emergency accommodation. Similar to the 2013 report, 'Where Are They Now?' uses a mix of in-depth one-to-one interviews and an analysis of people's life histories and experiences.

*"My mam passed away while I was in prison and I was not allowed out for the funeral...My brother died through a drowning accident when I was younger...My partner committed suicide...Seven of my close friends have died from overdoses...I've been to two treatment centres...I feel circumstances dictate your life..."*

- Liam

*"I used to do heroin all day every day...I used to have ten to fifteen bags a day."*

- Garry

*"Addiction is horrible."*

- Eileen

*"A lot of bullying goes on."*

- Sean

*"I was knocked out and had to be taken to the hospital and I had concussion for three weeks."*

- Martin

*"Some people shouldn't be in the shelter – they should be in a psychiatric hospital."*

- Eamon

*"I have depression on and off all of my life. I used to sleep all day and be awake all night."*

- Dave

*"It's hard being around strangers."*

- Patricia

*"When the tears start coming out of my eyes it's like something I should have done years ago."*

- Eamon

*"I find it difficult to find accommodation...Most landlords have stopped taking rent allowance."*

- Alan

*"Only for the kids I'd be dead long ago."*

- Cian

No matter how many times we hear of people's personal experiences of homelessness, it's impossible to imagine what life being homeless is truly like. Homelessness can have a devastating and long-lasting impact on people's lives. People become homeless for a variety of different reasons. For many, homelessness is the result of a brief crisis in their lives. With the right supports, they can be, and are, assisted out of homelessness quickly. However, as our study 'How Did I

*Get Here?'* in 2013 demonstrated, some people become homeless as a result of a culmination of multiple crises over a long period. People become overwhelmed by this series of personal crises and problems, many of which can be outside their control. They build up over time – sometimes years, until that final crisis moment that triggers homelessness. As Liam puts it, *"I feel circumstances dictate your life..."*

At Cork Simon our door is open to all who become homeless – whether because of a brief crisis in their lives or because of more complex reasons, and no matter what their personal or family circumstances. From street to home, Cork Simon is there with people every step of the way, bringing a range of internal and external supports that are tailored to each person's individual needs. The supports are working – although they are stretched. Accessing housing is proving to be more problematic.

There's no doubt but that we're experiencing a housing crisis *and* a homelessness crisis at present. It's been building for well over a year. All of Cork Simon's services are experiencing an increase in demand. 208 different people were recorded sleeping rough in Cork for one night or more in the eight months to the end of August 2014 – an increase of 60% compared to the same eight-month period in 2013. The number of people squatting in derelict buildings increased by 67%, and the number of people staying with friends – unstable and unpredictable housing, increased by 39%<sup>1</sup>. Some 766 people used our Soup Run in 2013 – a 29% increase compared to the previous year<sup>2</sup>. Our emergency shelter is overflowing every night – operating at 10% above capacity in an effort to tackle rough sleeping. All of our housing options – flats with visiting support and high-support houses with on-site 'round-the-clock care, are occupied fully – and there's a growing waiting list. Local Authority housing lists are growing ever longer, with average minimum waiting times ranging from two to six years<sup>3</sup>. No new housing options have become available to us

this year. Rough sleeping and the demand for frontline services can only increase. More lives will be affected. More people will become long-term homeless. The Government's goals of ending long-term homelessness and the need to sleep rough by 2016<sup>4</sup> are slipping away.

The '*How Did I Get Here?*' study in 2013 analysed the life histories and experiences of fifty people who stayed at Cork Simon's emergency shelter over a five-week period<sup>5</sup> in early summer. All fifty had been staying in the shelter for longer than a week. The analysis was combined with in-depth interviews conducted by Franklin Research with seven of the people who had stayed. '*How Did I Get Here?*' highlighted many of the disadvantages, problems and crises that people who are homeless have had to face and were dealing with at the time. It demonstrated that it can quite often be a long road for people into homelessness peppered by events and circumstances, different personal and social factors, that conspire together to push people over the edge. But it also highlighted the resilience of people; that with the right housing, help and support, people can and do rebuild their lives. A briefer analysis was included of an additional twenty people that stayed for less than seven days.

Moving the calendar twelve months forward, '*Where Are They Now?*' confirms that resilience. It analyses the current housing status of those seventy people in emergency accommodation a year ago. It

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<sup>1</sup>Cork Simon Rough Sleeping Update January – August 2014

<sup>2</sup>Keeping Count 2013: A Profile of Cork Simon Services in 2013 – Cork Simon Community (2013)

<sup>3</sup>[www.corkcity.ie/services/housingcommunity/housingallocation/Average\\_Waiting\\_Times.pdf](http://www.corkcity.ie/services/housingcommunity/housingallocation/Average_Waiting_Times.pdf)

<sup>4</sup>Government Housing Policy Statement – Department of Environment, Community & Local Government (June 2011).

<sup>5</sup>24 June to 28 July 2013 inclusive.

explores the factors that facilitated those people who managed to move out of the shelter and into housing. It attempts to identify the barriers that prevented those people still stuck in emergency accommodation twelve months later from being able to move out and start leaving homelessness behind them. Again, people's experiences and life histories were analysed through their Common Assessments<sup>6</sup>; again, these were combined with in-depth interviews with eleven people who were part of the original study in 2013. Names and some other details have been changed to protect people's anonymity.

It's clear that no matter what challenges people are facing – battling alcohol or drug addiction, trying to manage poor mental

health, dealing with long-term unemployment, the consequences of poor education, dealing with literacy problems, the fall-out from a history of care, experience of the criminal justice system, the effects of broken families; that none of them present a significant barrier preventing people from moving out of homelessness. The biggest barrier of all is the severe shortage of housing appropriate to people's needs – or the ability to access that housing. The supports are working; the availability of housing is a failure.

The Campaigns & Communications team at Cork Simon Community would like to especially thank the men and women using Cork Simon services for sharing their time, experiences and life stories.

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<sup>6</sup>The Common Assessment is a comprehensive assessment of each person's needs covering eleven key areas. The goal at Cork Simon is to complete a Common Assessment for each person staying at the emergency shelter for longer than seven days.

## 2. Where Are They Now? - Summary

Seventy people were included in the original *'How Did I Get Here?'* study in 2013. Twenty people were short-term homeless – they had stayed in the shelter for less than seven nights over the previous thirty-six months. Fifty people were medium-term or long-term homeless – they had stayed for longer than seven nights over the previous thirty-six months; those long-term homeless had stayed for over six months. All fifty people had a Common Assessment completed. For the most part the findings in *'How Did I Get Here?'* and *'Where Are They Now?'* are based on an analysis of the Common Assessments of those fifty people combined with several in-depth one-to-one interviews. The outcomes twelve months later for the twenty people who were short-term homeless are explored separately and briefly in *Chapter 7 – A Word About Short-Term Homelessness'* on page 36.

### WHERE ARE THEY NOW?

48% (n. 24) were still stuck in emergency accommodation twelve months later whilst 38% (n. 19) were in housing with or without support. In 14% (n. 7) of cases there was no record of current housing, including one person who had moved from Cork. People's current housing twelve months on from the original study broke down as follows:

#### **48% (n. 24) remained in emergency accommodation:**

- 26% (n. 13) were still in emergency accommodation;
- 16% (n. 8) had returned to the emergency shelter after moving to housing within the last twelve months but their tenancies broke down;
- 6% (n. 3) were in prison and likely to return to emergency accommodation upon release;

#### **24% (n. 12) were housed with support (on-site or visiting):**

- 8% (n. 4) were in high-support housing with on-site 'round-the-clock care';
- 8% (n. 4) were in social housing (provided by Cork Simon or another Approved Housing Body) with visiting support;
- 6% (n. 3) were in private rented housing with visiting support (provided by Cork Simon Housing Support Team);
- 2% (n. 1) were in residential treatment;

#### **14% (n. 7) were housed without support:**

- 8% (n. 4) were in private rented housing with no visiting support (living independently);
- 6% (n. 3) had returned to the family home;

#### **14% (n. 7) no record of current housing.**

### LEAST LIKELY TO BE HOUSED

People long-term homeless at the time of the original study were much less likely to be housed twelve months later, as were 18-34 year olds. Older age groups were split more evenly between those housed and those still stuck in emergency accommodation.



### **NEEDS COMPARISON: HOUSED V STILL REMAINING IN EMERGENCY ACCOMMODATION**

Comparing the Common Assessments of people housed versus those stuck in emergency accommodation twelve months later found that rates of being unskilled, of poor mental health, long-term unemployment, problematic alcohol use, early school leaving, literacy problems and learning difficulties were broadly similar. Experience of the criminal justice system, problematic drug use and poor physical health were higher among people housed, suggesting that the experience of complex needs not be a barrier to housing once the appropriate supports are in place. The most notable exception was the rate of a history of psychiatric care – twice as high among those remaining in emergency accommodation compared to people housed.

The picture was similar when analysing people's support needs around independent living skills – nineteen individual independent living skills, which for the purposes of this and the '*How Did I Get Here?*' report were broken into eight broad categories. The rates of support needs around Nutrition, Focus, Personal Motivation and Coping Skills were broadly similar among people housed and those still stuck in emergency accommodation twelve months later. Rates of support needs around Managing Money and Dealing with Tenancies were considerably higher among those housed, whilst rates of support needs around Hygiene and Managing Health were noticeably higher among those still remaining in emergency accommodation.

The most significant difference between the two groups was in the range or number of independent living skills for which people required support. 26% of people housed required support with 10 to 19

independent living skills compared to 50% of people still remaining in emergency accommodation.

### **CONCLUSIONS OF COMMON ASSESSMENT ANALYSIS**

The analysis of people's Common Assessments suggests that people's needs pose few barriers that prevent people from being housed. People who were housed twelve months after the original study were dealing with many of the same challenges as those who still remained in emergency accommodation. Their support needs around independent living skills were broadly similar – in some cases higher among those housed. There were two notable exceptions: those still stuck in emergency accommodation twelve months later had considerably higher rates of a history of psychiatric care, suggesting a greater degree of poor mental health. Their rates of support needs around managing health were also higher. They also required support around a greater number of independent living skills. It may be that many of this group require high-support housing (on-site 'round-the-clock care) for a period of time (some referred to it in interview). Others may find that their ability to access and maintain independent housing would be enhanced if visiting support from mental health services was incorporated into their overall care package.

### **PEOPLE STILL REMAINING IN EMERGENCY ACCOMMODATION - ONE-TO-ONE INTERVIEWS**

Franklin Research conducted one-to-one interviews with five people still stuck in emergency accommodation twelve months after the original study – all men ranging in

age from 25 to 38 years. Three of the five spent time in prison over the last year. Three of the five used drugs problematically. All but one were long-term homeless at the time of the original study.

to deal with their issues and look to moving out of the shelter. They all identified their keyworkers, and most identified access to healthcare and the methadone programme as the most important supports for them.

### ***BARRIERS TO LEAVING EMERGENCY ACCOMMODATION***

Each of the five were asked to identify barriers that they felt were preventing them from moving out of emergency accommodation. They cited an inability to secure Rent Allowance, an inability to find suitable housing and landlords not accepting Rent Allowance, their drug addiction, waiting for treatment (for addiction), possible incarceration, institutionalisation and lack of personal motivation.

### ***PEOPLE HOUSED - ONE-TO-ONE INTERVIEWS***

Franklin Research conducted one-to-one interviews with six people who were housed twelve months after the original study – four men and two women ranging in age from 26 to 50 years. Two were in high-support housing (on-site 'round-the-clock support), whilst four were in housing with visiting support. Five of the six used alcohol and / or drugs problematically. All six had at least one diagnosed mental health condition. All had experience of the criminal justice system in the past.

### ***PREFERRED HOUSING***

Three of the five interviewees identified housing (either private rented or provided by an Approved Housing Body) with visiting support as their preferred housing option, one identified high-support housing (with on-site 'round-the-clock support) and one was focused on securing a place in a residential treatment centre (for drug use) and not looking beyond that.

### ***MOVING OUT OF EMERGENCY ACCOMMODATION***

All six were asked what they felt helped them to move out of emergency accommodation. All highlighted the keyworkers at Cork Simon's emergency shelter. All but one highlighted the Activities Programme<sup>7</sup>, all but two highlighted the access to the medical team at the shelter, and all four interviewees who were in housing with visiting support highlighted their Housing Support team keyworker. One very striking aspect of the interviews among those housed was how all but one highlighted their renewed contact with their families as an important factor in helping them to leave homelessness behind them.

### ***VALUABLE SUPPORTS IN EMERGENCY ACCOMMODATION***

The five interviewees were asked to identify the key supports available to them in the emergency shelter that are helping them

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<sup>7</sup>The Activities Programme works across all Cork Simon services creating opportunities for people to build self-confidence, build social networks and facilitate interaction with the wider community.

### **PLANNING FOR THE FUTURE**

Whilst all five interviewees that still required emergency accommodation were very much focused on securing housing and not looking too far beyond that, the six people housed were planning for the future, looking at ways to improve their lives and building a better future. All but one were focused on "...getting my own place..." – a flat or a house. One talked about hoping to return to the family home. Two were planning to attend a treatment centre (for their addictions) and two were looking for work. Five of the interviewees were hoping to find a place to live where their children could stay with them.

Many of the barriers cited by those still remaining in emergency accommodation were mirrored by those who were housed – battling addiction, waiting for treatment, institutionalisation and personal motivation, suggesting that they are barriers that can be, and are, overcome with the right supports in the right housing. The analysis of people's Common Assessments suggests similar. Both groups talked about these supports in equal measure – in particular, the emergency shelter keyworkers, access to healthcare and the methadone programme / addiction counselling. Those housed were much more likely to talk about the Activities Programme as a key support. It's clear too from the interviews with people housed that these supports are maintained once people move into housing – and are, perhaps, more effective.

### **CONCLUSIONS**

Not surprisingly, people still stuck in emergency accommodation twelve months on from the original study were very much focused on their difficulties, dealing with their personal problems and trying to secure housing. In contrast, those housed talked about their ability to deal with their problems, were planning for their future and, for the most part, were working on rebuilding relationships with their families.

Finding housing – and the inability to access housing, whether it's because of difficulties with the social welfare system (problems with Rent Allowance) or landlords not accepting Rent Allowance, or finding housing appropriate to people's needs (High-Support housing with on-site 'round-the-clock care) appears to be the most significant barrier that is preventing people from moving out of the emergency shelter.

### 3. How Did I Get Here? - The Original Study

#### 3.1 THE BACKGROUND

The goal at Cork Simon's emergency shelter is to complete a comprehensive assessment of each person's needs once they've stayed at the shelter for longer than seven days. The Common Assessment, the format of which is agreed with Cork City Council, HSE and other homeless service providers in the Southwest, covers eleven key areas:

- Personal details;
- Housing information, including history of accommodation;
- Education history;
- Work / Training history;
- Care history;
- Health and Well-Being, including Mental Health;
- Drug use and Alcohol use history;
- Income and Financial Assessment;
- Legal issues, including experience of the criminal justice system; and
- An assessment of Independent Living Skills.

Once completed the Common Assessment forms the basis of a Care Plan, agreed with each person and tailored to each person's needs – a de facto pathway out of homelessness. The Care Plan is reviewed regularly and updated when required.

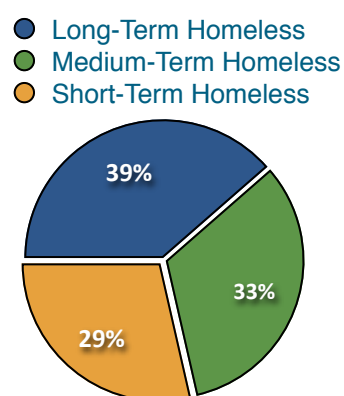
The Common Assessment for each person staying in the shelter during a five-week period in early summer 2013<sup>8</sup> was analysed for *'How Did I Get Here?'* Franklin Research conducted in-depth interviews with

seven residents with a view to adding context to the analysis.

While limited in scope, the findings offered an insight into the most common triggers of homelessness among Cork Simon residents. It offered an insight into people's pathways into homelessness, the key issues, problems and crises that people are dealing with and that need to be addressed, in tandem with the provision of appropriate housing, if the government's targets on tackling homelessness are to be met.

#### 3.2 HOW DID I GET HERE? - THE PEOPLE

Between 24 June and 28 July 2013 inclusive a total of seventy people stayed at Cork Simon's emergency shelter.



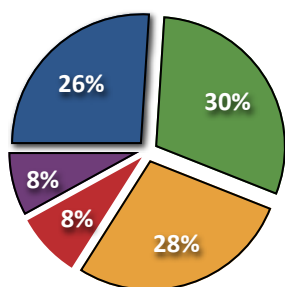
Length of time homeless at the time of the original study - *'How Did I Get Here?'*

39% (n. 27) were long-term homeless (a resident of the shelter for more than six months consecutively or cumulatively over

<sup>8</sup>24 June to 28 July 2013 inclusive.

twenty-four months), 33% (n. 23) were medium-term homeless (a resident of the shelter for more than a week but less than six months), whilst 29% (n. 20) were short-term homeless (a resident of the shelter for less than one week). 71% (n. 50) had a completed Common Assessment. Stays in other emergency hostels or equivalent were not included.

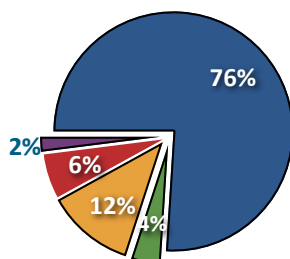
● 18-26 yrs ● 27-34 yrs ● 35-44 yrs  
● 45-54 yrs ● 55+ yrs



Age groups of participants in the original study - 'How Did I Get Here?'

People's gender, age and nationality were broadly in line with the profile of shelter residents over the course of a full year<sup>9</sup>. 86% (n. 60) were male; 73% (n. 51) were Irish nationals; 56% (n. 28) were 18-34 year olds; 28% (n. 14) were 35-44 year olds.

● Ireland ● UK ● Poland  
● Other EU ● Non EU / EEA



Nationality of participants in the original study - 'How Did I Get Here?'

### 3.3 HOW DID I GET HERE? - THE FINDINGS

The analysis of the fifty Common Assessments highlighted the most common issues that were affecting people staying in Cork Simon's emergency shelter at the time. The one factor that united all was an inability to secure stable, affordable housing, but there were also many other factors, both structural and personal, often inter-connected – an insight into the complex nature of the problems people are trying to address as a result of various crises in their lives:

- 92% (n. 46) were unemployed;
- 80% (n. 40) had experience of the criminal justice system;
- 78% (n. 39) were early school leavers
- 76% (n. 38) were unskilled;
- 76% (n. 38) were using alcohol and / or drugs to the extent that it was causing problems in their lives;
- 68% (n. 34) had a diagnosed mental health condition;
- 60% (n. 30) had a diagnosed mental health condition and were using alcohol and / or drugs problematically;
- 56% (n. 28) had spent some time previously in a care institution;
- 46% (n. 23) require medium or high levels of support with living skills;
- 44% (n. 22) had a diagnosed physical health condition;
- 36% (n. 18) had a literacy problem;
- 30% (n. 15) had spent time previously in psychiatric care;
- 20% (n. 10) were in debt;
- 14% (n. 7) had no income;
- 12% (n. 6) had a learning difficulty;
- 10% (n. 5) had a current or past gambling problem.

<sup>9</sup>Cork Simon's Keeping Count 2013 report found that 85% of Cork Simon's shelter residents were men, 23% were 18-26 year olds, 25% were 27-34 year olds, and 28% were 35-44 year olds. 69% were Irish nationals.

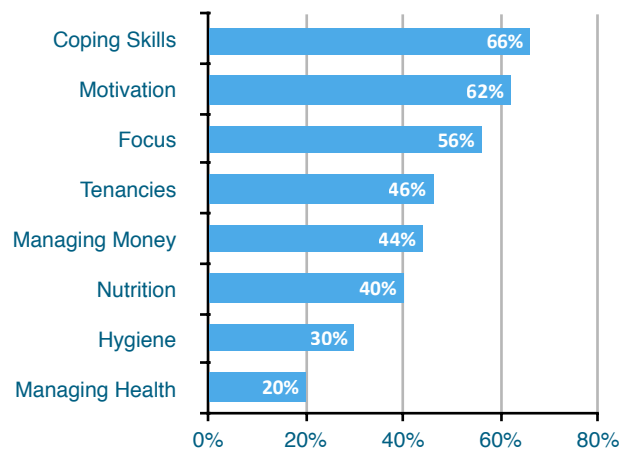
The interplay between the various risk factors was striking. One factor lead to another, or influenced another, or started a chain of events that overwhelmed people to the point of homelessness. This analysis of people's Common Assessments highlighted five key triggers that eventually pushed people over the edge:

- 68% (n. 34) Housing Crisis;
- 64% (n. 32) Relationship breakdown;
- 64% (n. 32) Substance Misuse;
- 36% (n. 18) Financial Circumstances; and
- 24% (n. 12) Poor Mental Health.

The Common Assessment includes an assessment of people's Independent Living Skills, covering nineteen areas, which, for the purposes of this analysis, were divided into eight broad categories as follows:

- **Dealing with Tenancies -**
  - Understanding Tenants Rights and Obligations;
  - Dealing with Landlord or Housing Authorities;
  - Dealing with Basic Maintenance, e.g. Changing Light Bulbs, Fuses, etc.;
- **Managing Health -**
  - Managing Medication;
  - Caring For Your Health;
- **Focus -**
  - Attending a Course or Job 9-5 Monday-Friday;
  - Making and Remembering Appointments;
- **Personal Motivation -**
  - Finding Out About and Using Local Services;
  - Filling Your Day;
  - Commitments – Seeing Things Through to the End;
- **Coping Skills -**
  - Dealing with Loneliness / Isolation;

- Dealing with Difficult / Stressful Situations;
- **Managing Money -**
  - Living within a Budget;
  - Paying Rent and Bills;
- **Hygiene -**
  - Caring for Personal Hygiene;
  - Keeping Accommodation Clean;
  - Laundry;
- **Nutrition -**
  - Cooking / Nutrition;
  - Shopping;

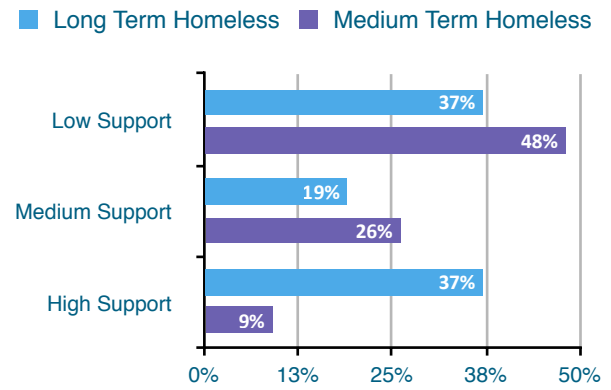


The Percentage of people requiring Support for each category of Independent Living Skills - 'How Did I Get Here?'

Coping Skills - dealing with loneliness and isolation, and dealing with difficult or stressful situations, was the most common category of independent living skills that people required support with – accounting for 66% (n. 33) of people. Personal Motivation for 62% (n. 31) of people was the next most common category. 56% (n. 28) required support with Focus; 46% (n. 23) required support with Dealing with Tenancies; while 44% (n. 22) required support with Managing Money.

The final analysis of Independent Living Skills found that almost half of people

required medium to high levels of support with basic living skills. One in four required high levels of support – ten or more independent living skills; one fifth required medium levels of support – five to nine living skills; while over one third required low levels of support – up to four living skills. There was a correlation between the length of time homeless and the levels of support required – for example, those that stayed in the emergency shelter for long periods of time required the highest levels of support.



Levels of Support required for people Medium-Term v Long-Term Homeless - 'How Did I Get Here?'

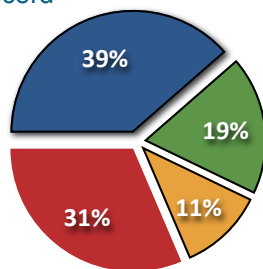
## 4. Where Are They Now? - Twelve Months Later

### 4.1 HOUSING STATUS

Twelve months on<sup>10</sup> from the original 'How Did I get Here?' study, the current housing status of each of the seventy people was reviewed. 'Where Are They Now?' found that 39% (n. 27) were still in emergency accommodation whilst 30% (n. 21) were in housing with or without support.

Not all of the twenty-seven people still in emergency accommodation had remained there for the twelve month period. 11% (n. 8) had been housed at some point in the previous twelve months. However, for a variety of reasons, their tenancies broke down and they returned to emergency accommodation, highlighting what can be a lengthy journey out of homelessness for some as they move between housing stability and instability.

- Remaining in Emergency Accommodation
- Housed with Support
- Housed without Support
- No Record



Housing of the seventy original participants 12 months on from 'How Did I Get Here?'

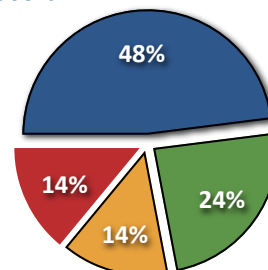
#### Housing Status of the original seventy:

- 33% (n. 23) were still in emergency accommodation or rough sleeping;
- 4% (n. 3) were in prison (and likely to return to emergency accommodation);
- 1% (n. 1) were in hospital (and likely to return to emergency accommodation);

- 7% (n. 5) were in high-support housing with 'round-the-clock care';
- 1% (n. 1) were in residential treatment;
- 6% (n. 4) were in a Cork Simon flat or in a flat provided by other Approved Housing Body (AHB), with visiting support;
- 4% (n. 3) were in a private rented flat with visiting support;
- 7% (n. 5) were in a private rented flat without visiting support;
- 4% (n. 3) had returned to family;
- 7% (n. 5) had moved from Cork (overseas and within Ireland), housing unknown;
- In 24% (n. 17) of cases there was no record of current housing.

Reviewing the housing status of the fifty people who were medium or long-term homeless in the original study, and who had their Common Assessment completed, 'Where Are They Now?' found that 48% (n. 24) still required emergency accommodation whilst 38% (n. 19) were in housing with or without support:

- Remaining in Emergency Accommodation
- Housed with Support
- Housed - No Support
- No Record



Housing of the fifty original medium / long-term homeless participants 12 months on from 'How Did I Get Here?'

Again, not all of the twenty-four people still in emergency accommodation had

<sup>10</sup> 29 July 2014



remained there for the twelve month period. 16% (n. 8) had been housed at some point in the previous twelve months. However, for a variety of reasons, their tenancies broke down and they returned to emergency accommodation, highlighting what can be a lengthy journey out of homelessness for some as they move between housing stability and instability.

#### **Housing Status of the Original Fifty who had a Common Assessment Completed:**

- 42% (n. 21) were still in emergency accommodation or rough sleeping;
- 6% (n. 3) were in prison (and likely to return to emergency accommodation upon release);
- 10% (n. 5) were in high-support housing with 'round-the-clock care;
- 2% (n. 1) were in residential treatment;
- 8% (n. 4) were in a Cork Simon flat or in a flat provided by other Approved Housing Body (AHB), with visiting support;
- 4% (n. 2) were in a private rented flat with visiting support;
- 8% (n. 4) were in a private rented flat without visiting support;
- 6% (n. 3) had returned to family;
- 2% (n. 1) had moved from Cork (overseas and within Ireland), housing unknown;
- In 12% (n. 6) of cases there was no record of current housing.

'Where Are They Now?' found that those who were long-term homeless at the time of the original study were much more likely to be still in emergency accommodation twelve months later – 63% remained in emergency accommodation whilst 22% were in housing with or without support.

*"I have been in the shelter off and on since (date), when I was 18.. Prior to turning 18 I was in a hostel... as I was thrown out of home due to my drug and alcohol addiction...I was nuts and I was f..ing up their lives."*

– Garry

Those who were medium-term homeless at the time of the original study were much more likely to be housed twelve months later – 57% were in housing with or without support whilst 30% were still in emergency accommodation. Similarly, those who stayed in the emergency shelter for the first time in 2013 were much more likely to be housed twelve month later.

*"I moved into Simon due to things going 'pear shaped'; I crashed a car and lost my house within 1 week and I started drinking then. I was living in the shelter (but) I'm now living in (Cork Simon high support house)...depression is a big problem. I still owe money to the Credit Union."*

– Cian

## **4.2 MOST LIKELY TO BE HOUSED**

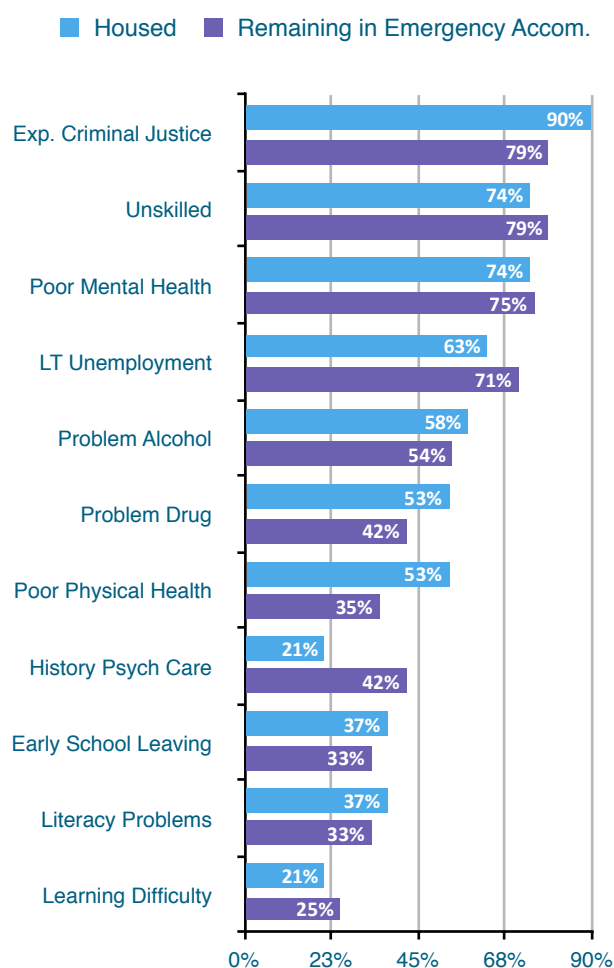
The original study defined medium-term homelessness as stays in emergency accommodation of more than one week but less than six months. Long-term homelessness was defined as stays in emergency accommodation of six months or more.

Younger age groups were more likely to be still in emergency accommodation twelve month later. 30% of 18-34 year olds were in housing with or without support whilst 52% were stuck in emergency accommodation.

Among older age groups the difference was much less pronounced - 48% of those aged 35 years and over were housed twelve months later whilst 43% remained in emergency accommodation.

*"I was in care at 11 years old. I've been in and out of emergency shelters for 3.5 years. I was abused while in care...the same place my father was abused 40 years earlier. I've spent a lot of time in and out of prison...My Mam passed away while I was in prison and I was not allowed out to the funeral. My brother died through a drowning accident when I was younger and my partner committed suicide. I have been in two treatment centres..."*

– Liam



Common Assessment histories of people Housed v people Remaining in Emergency Accommodation

### 4.3 WHERE ARE THEY NOW? - HOUSED V REMAINING IN EMERGENCY ACCOMMODATION

#### COMMON ASSESSMENT - NEEDS

Comparing the Common Assessments of people housed versus those remaining in emergency accommodation twelve months later, suggests the complex nature of people's needs presents few barriers to people being housed.

Rates of being unskilled, of poor mental health, long-term unemployment, problematic alcohol use, early school leaving, literacy problems and learning difficulties were broadly similar among those still stuck in emergency accommodation and among those housed.

Experience of the criminal justice system was higher among those housed – 90% as opposed to 79% among people remaining in emergency accommodation. Rates of problematic drug use and of poor physical health were also higher among those housed. It may be that people stuck in emergency accommodation have better access to healthcare through the in-house medical team<sup>11</sup>.

*"I was living in institutions from 12 years old to 22 years old, juvenile detention in Ireland and elsewhere.. Living in [a Cork Simon flat] (now), it's good to have my own space and be able to cook my own food. It's very noisy but you get used to it. (My*

<sup>11</sup> An HSE funded in-house team of doctors and nurses for physical and mental health is located at the Emergency Shelter.

*addiction is manageable ...Depression has improved due to socialising. I have depression on and off all my life."*

– Dave

There was one notable exception – 42% of those still stuck in emergency accommodation twelve months later had spent some time previously in psychiatric care; just 21% had done so among those who were housed. On further analysis it was found that this group had much higher rates of Depression, Anxiety, Memory Loss, Paranoia, ADHD, Bi-Polar Disorder, Schizophrenia, Personality Disorder and incidents of self-harming.

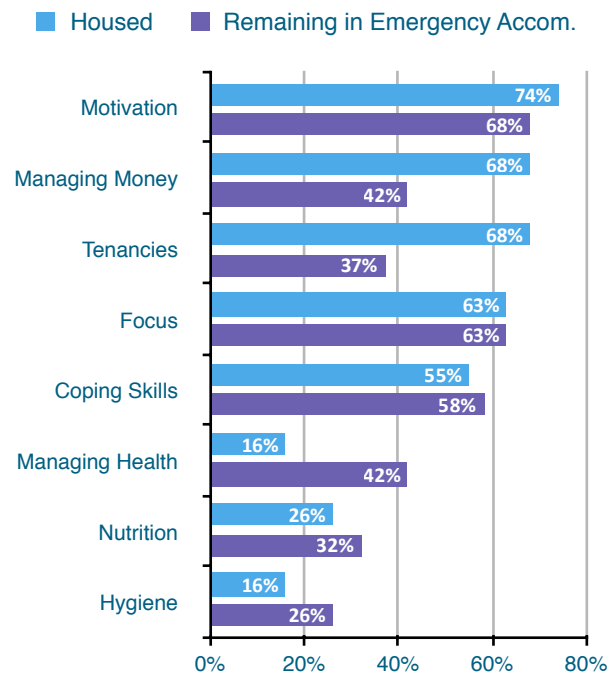
### COMMON ASSESSMENT - INDEPENDENT LIVING SKILLS

The Common Assessment includes an assessment of people's support needs around independent living skills, covering nineteen individual skills across eight broad categories.

People's support needs around living skills to maintain their tenancies were also broadly similar between those housed and those stuck in emergency accommodation. The rates of support needs around Nutrition, Focus, Personal Motivation and Coping Skills were broadly similar.

*"Supports in [Cork Simon flat] have helped, getting help with dealing with stress and panic attacks through writing and other techniques."*

– Sean



Support Needs among people Housed v people Remaining in Emergency Accommodation

Rates of support needs around Managing Money and Dealing with Tenancies were noticeably higher among people housed. Support needs around Hygiene and Managing Health were significantly higher among those remaining in emergency accommodation. These high rates of support required around Managing Health among people stuck in emergency accommodation may be linked to the high rate of having previously stayed in psychiatric care.

*"I would like to move on to independent living with Simon as I want the continued support through access to doctors and staff managing medication which is very useful."*

– Dave

The most notable difference between those housed and those remaining in emergency accommodation lies in the range of supports that people need around independent living skills. Just 26% of people housed require support with ten to nineteen individual living skills compared to 50% of

those stuck in emergency accommodation. It may be that this 50% require high-support housing, the availability of which is limited. During the interviews several people stuck in emergency accommodation highlighted high-support housing as a possible housing solution for them. Others may find that their ability to access and maintain independent housing would be enhanced if visiting support from mental health services was incorporated into their overall care package.

*"The doctors and nurses are useful...Simon regulating medication is great...Activities are good...(My) keyworker is very helpful and does a lot...(named) treatment centre helps...I need to get my (health) sorted... I'm hoping to get rent allowance... I'm interested in getting a job...Having these supports takes the stress off my shoulders."*

– Sean

## 5. Where Are They Now? - Remaining In Emergency Accommodation

48% (n. 24) of the fifty people in the original study who had a Common Assessment completed still required emergency accommodation twelve months later. Of these, 71% (n. 17) had been long-term homeless. All but one of the remaining seven people subsequently became long-term homeless. By the end of July 2014 they had collectively spent 8,745 nights in Cork Simon's emergency shelter over the previous thirty-six months – equivalent to 24 years. The longest stay over that period was 864 nights – 2.4 years or almost 29 months. Stays in other emergency shelters were not included.

Not all had remained in emergency accommodation for the entire twelve month period. Six months on<sup>12</sup> from the original study, 21% (n. 5) were in housing with or without support. Nine months on<sup>13</sup> from the original study 33% (n. 8) had moved into housing with or without support. Their tenancies subsequently broke down and they were back in emergency accommodation by the end of July 2014. Even the lowest threshold emergency shelters must take measures to ensure the health and safety of their residents, volunteers and staff. For this reason residents are from time-to-time subject to sanctions in order to ensure the safe operation of the service. This had an impact on Liam:

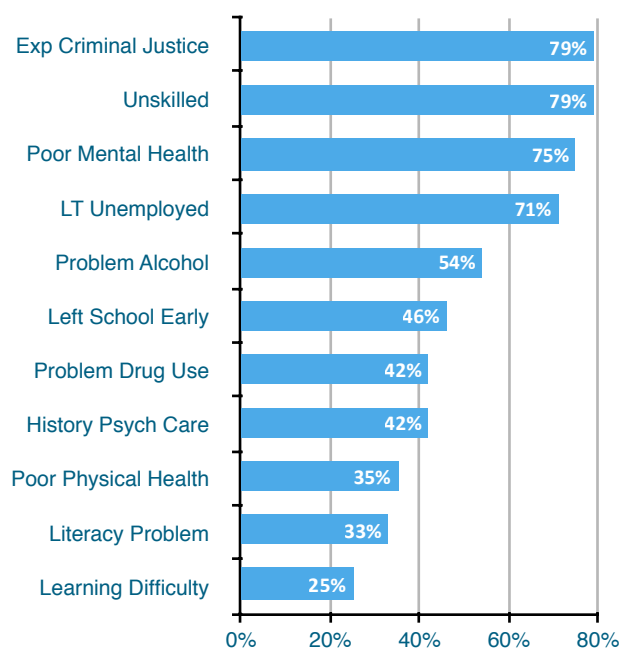
*"I spent 6 months in prison last year; I also spent some time sleeping on the streets due to sanctions in the Shelter. I spent two months in (Cork Simon high-support house) but I had to leave..."*

- Liam

*"Shelter staff helped me get my own place in (named area) but I got thrown out."*

- Cian

The majority of people remaining in emergency accommodation had high rates of experience of the criminal justice system, were unskilled, had poor mental health, were long-term unemployed and were using alcohol problematically.



Most common issues affecting people Remaining in Emergency Accommodation

### EXPERIENCE OF CRIMINAL JUSTICE SYSTEM

79% (n. 19) of people stuck in emergency accommodation had experience

<sup>12</sup> 29 January 2014

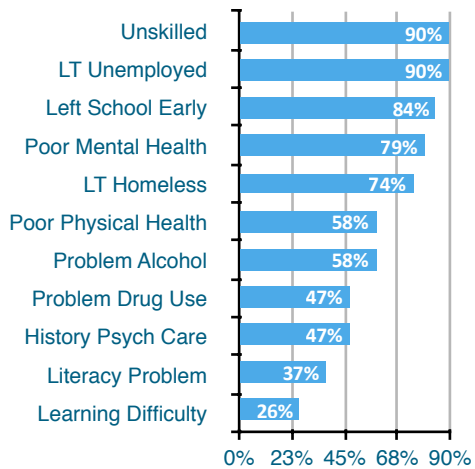
<sup>13</sup> 29 April 2014

of the criminal justice system in the past; at least 47% (n. 9) were in prison in the twelve month period following the original study.

*"Not feeling down on myself; not staying in bed during the day so the depression is better. (My) health is up and down."*

- Martin

Among those who had experience of the criminal justice system, 74% (n. 14) were long-term homeless at the time of the original study, however all were long-term homeless twelve months later.



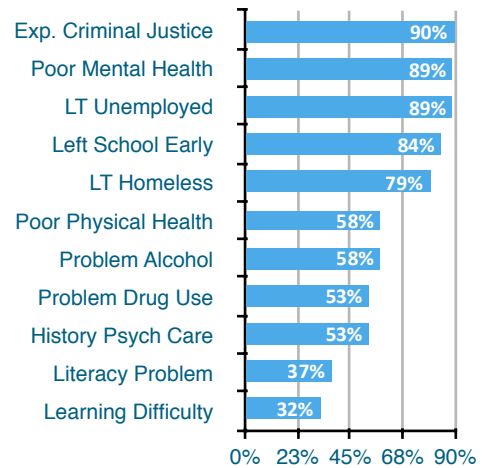
Most common issues affecting people with Experience of the Criminal Justice System and Remaining in Emergency Accommodation

Poor education, poor mental and physical health and problem alcohol use were the most common issues to affect the majority of people who had experience of the criminal justice system and still stuck in emergency accommodation.

Over 80% were unskilled, were long-term unemployed and had left school early. Just under 80% had at least one diagnosed mental health condition - depression (affecting 67%) was by far the most prevalent. 58% were using alcohol problematically, whilst just under 50% were using drugs problematically.

### UNSKILLED

79% (n. 19) of people remaining in emergency accommodation were unskilled.



Most common issues affecting people Unskilled and Remaining in Emergency Accommodation

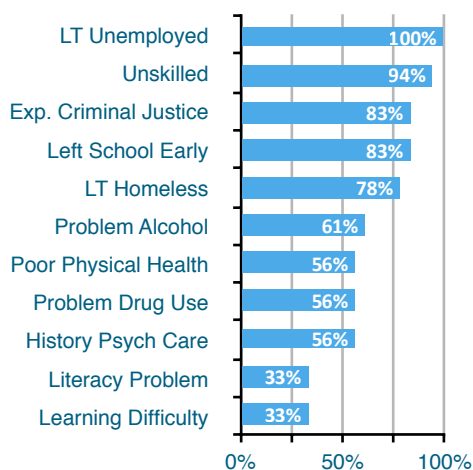
Those who were unskilled and still stuck in emergency accommodation had the highest rates of poor mental health, of a history of psychiatric care and of being long-term homeless at the time of the original study. Rates of problematic drug use were also higher - affecting the majority of this group.

*"I am living in Simon...prior to that I was in prison... I have been in and out of Simon for 20 years."*

- Alan

### POOR MENTAL HEALTH

75% (n. 18) of people remaining in emergency accommodation had at least one diagnosed mental health condition. Depression, Anxiety, Attention Deficit Hyperactivity Disorder (ADHD), Paranoia, Schizophrenia and Bipolar Disorder were by far the most common conditions.



Most common issues affecting people with Poor Mental Health and Remaining in Emergency Accommodation

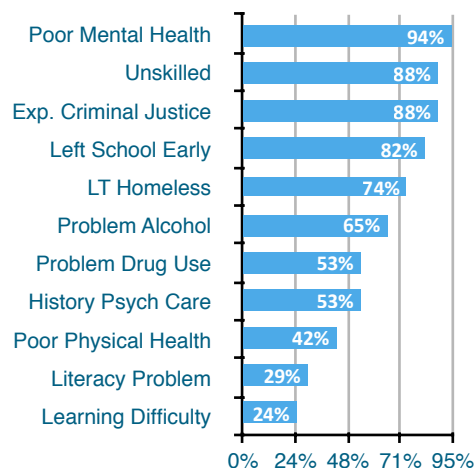
People with poor mental health and remaining in emergency accommodation had the highest rates of long-term unemployment - affecting all 100%. They also had the highest rate of problem alcohol use, problem drug use, and, not surprisingly, the highest rates of a history of psychiatric care.

*"Sick people should be in a hospital, people suffering from mental health shouldn't be in the Shelter."*

- Cian

### LONG-TERM UNEMPLOYMENT

71% (n. 17) of people remaining in emergency accommodation were long-term unemployed.

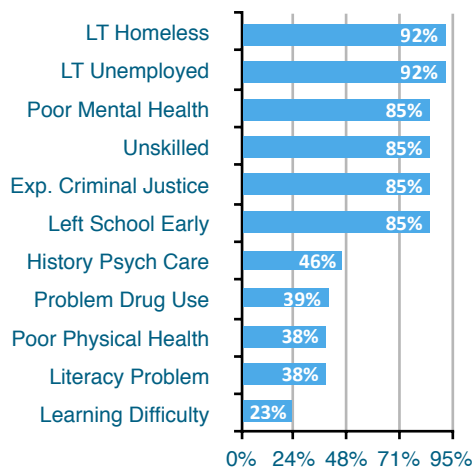


Most common issues affecting people Long-Term Unemployed and Remaining in Emergency Accommodation

Among those long-term unemployed and still stuck in emergency accommodation were the lowest rates of experiencing a learning difficulty, or literacy problems, and the lowest rates of poor physical health. Rates of problem alcohol and / or drug use were high - but not the highest.

### PROBLEM ALCOHOL USE

54% (n. 13) of people remaining in emergency accommodation were using alcohol problematically.



Most common issues affecting people Using Alcohol Problematically and Remaining in Emergency Accommodation

People using alcohol problematically and remaining in emergency accommodation had the highest rates of long-term homelessness at the time of the original study. They had the lowest rates of being unskilled and the lowest rates of poor physical health.

## 5.1 BARRIERS TO LEAVING EMERGENCY ACCOMMODATION

The analysis of people's Common Assessments suggests that people's needs present few barriers that prevent them from being housed so long as the appropriate supports are available. There are some notable exceptions – higher rates of a history of having spent some time in psychiatric care (perhaps suggesting poorer mental health), and a broad range of support needs around independent living skills among people stuck in emergency accommodation twelve months on from the original study. The availability of housing appropriate to people's needs, or an ability to access housing appropriate to people's needs, may be the most significant barrier preventing people from being housed.

### ONE-TO-ONE INTERVIEWS

Franklin Research interviewed five of the people still stuck in emergency accommodation twelve months on from the original study – all men ranging in age from 25 years to 38 years. Three of the five spent time in prison over the last year. Three of the

five used drugs problematically. All but one were long-term homeless at the time of the original study.

### IDENTIFY BARRIERS

Each of the five were asked to identify barriers that prevented them from moving out of emergency accommodation. Inability to secure rent allowance, lack of housing and landlords not accepting rent allowance, drug addiction, waiting for treatment (for drug use), possible incarceration, institutionalisation and lack of personal motivation were identified by the five men as barriers that they believed were preventing them from being housed.

*"I have been in prison. I'm in Simon since I got out of prison. I was on the streets for a while too."*

- Garry

### READY TO MOVE

All expressed a strong desire to move out of emergency accommodation. Garry says, *"Yes, I'm ready to move on; I'm fed-up of heroin; so many of my friends have died from drugs."* Garry was in residential care for young people on turning eighteen. He's been in prison, in emergency accommodation and has slept rough: *"I was on the streets for a while too. Sleeping rough is hard but you have to get on with it."* He says he used to do heroin *"...all day, every day. I used to have 10-15 bags a day."* He says he has some recent charges against him and is due in court soon for *"Sleeping in*



*cars and other minor stuff.*" He cites his drug use and possible incarceration as barriers preventing him from being housed. He's waiting to get into a treatment centre for his drug use, but must wait *"...another 4 or 5 weeks for urine sample to be drug-free."* He believes the treatment centre will be his first step to being housed.

*"I really want to get out of the shelter",* says Niall. *"I can look after myself so I would like to move into my own flat."* Niall's first time staying in emergency accommodation was eight years ago, *"...for about a year."* He subsequently moved into a flat and *"... living independently, but I had a problem getting further accommodation."* Niall identified a lack of personal motivation and a level of institutionalisation as a barrier that's preventing him from being housed. *"I've gotten used to the circle and the environment".*

Liam says, *"I want to get out of the shelter and stop using heroin. Seven of my close friends have died from overdoses."* Liam was in care from the age of eleven. He says he was abused while in care – the same place he says his father was abused 40 years earlier. Since turning eighteen Liam says, he has *"... spent a lot of time in and out of prison. I've been in and out of the emergency shelter for 3.5 years. My Mam passed away while I was in prison and I was not allowed out to the funeral. My brother died through a drowning accident when I was younger and my Partner committed suicide. I have been in two treatment centres."* Liam cites his addictions as the barrier that's *"... preventing me from moving on."* He was in a Cork Simon high-support house for two months in the past year, but was asked to leave following an incident. Even the lowest threshold housing must take measures to

ensure the health and safety of their residents, volunteers and staff. For this reason residents are from time-to-time asked to leave in order to ensure the safe operation of the service. Liam feels helpless: *"I feel circumstances dictate your life as I can't avoid heroin (when I'm homeless) as people are shooting up around me."*

Alan says, *"I would like to move on and I would be happy ... with a half decent place; my only request is that I have my own toilet."* He also mentions a Cork Simon high-support house as a possible option. Alan says he's been *"...in and out of Simon for 20 years."* He has also spent time in prison. Alan identifies difficulties in finding accommodation, in finding a landlord that will accept rent allowance, and his drug addiction as barriers preventing him from being housed: *"I will be able to get rent allowance but most landlords have stopped taking rent allowance."* He says, *"I find it difficult to stay off drugs (while being homeless)."* Alan spent one month in the past year staying in a relation's home *"... and I was drug-free."* But he says he was warned by Social Welfare that his payments would be discontinued by staying there and was forced to move back to emergency accommodation. *"It was like putting a child in a sweetshop as I went back on the drugs."*

Martin says, *"I want to get living arrangements sorted; one thing at a time. I'm not feeling down on myself...the depression is better."* Martin identifies his inability to secure rent allowance because of rent arrears as the main barrier preventing him from being housed. *"I owed money to (the local authority)...but I'm paying back now, so I'm back on the housing list and I've got a medical card."* At the time of the interview he was hopeful of hearing positive

news from the Housing Support team about the availability of a flat (still waiting at time of writing).

*drug-free.*" Garry was in contact with his family: *"I have contact with my mother, step-father and siblings. I have a girlfriend for the past seven years; she lives with her mother."* His interview suggests his drug use is a barrier preventing him from strengthening further that support network.

### **PREFERRED HOUSING**

All five interviewees identified the type of housing they would like to move to – each identified specific housing appropriate to their needs. Three identified housing (either private rented or through an Approved Housing Body) with visiting support, one identified high-support housing (with on-site 'round-the-clock support), and one was focused on securing a residential place in a treatment centre (for drug use), and not looking beyond that.

Alan identified a Cork Simon high-support house as *"...an option."* Like most institutional settings emergency shelters face great challenges in preventing drug use on the premises and such circumstances can make it difficult for people who are trying to remain drug-free. Alan identified *"...a single room is necessary as sometimes the person sharing the room is using...it's very difficult to stay away from drugs then."* Many of the rooms in Cork Simon's emergency shelter are currently shared rooms in an effort to accommodate as many people sleeping rough as possible. Alan says it's difficult to get proper care in that environment: *"...other residents can drag one down."*

Garry was focused on securing a place in residential treatment for his drug use: *"...I need to get into treatment first."* At the time of the interview he had to wait *"...for another four or five weeks for urine samples to be*

Liam was *"...hoping to get a house."* He had met with the *"Housing Officer...I have two children in foster care and I want them to be able to stay with me at weekends once I get a house."*

Martin and Niall separately wanted to move into their own flat. Niall felt by doing so he would have *"...more opportunities for training and education."* However, he says he's found it *"...difficult to find a place..."* in the area where he wants to live. Martin was most anxious to get his living arrangements sorted. His rent allowance was restored and was waiting for some news about the availability of a flat from the Housing Support team.

### **VALUABLE SUPPORTS IN EMERGENCY ACCOMMODATION**

The five interviewees were asked to identify the key supports available to them in the emergency shelter that are helping them to deal with their issues and look to moving out of the shelter. They identified their keyworkers, access to healthcare and the methadone programme as the most important supports for them.

All five highlighted the important role their keyworker in the emergency shelter played in their lives. As Liam put it, *"My keyworker is a beautiful person."* Garry described his keyworker as *"...very good; she gives me loads of help."*

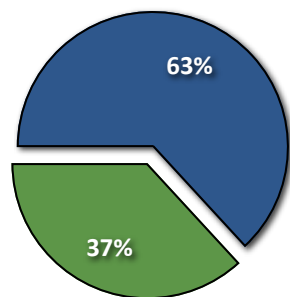
Access to healthcare was highlighted by four of the five interviewees. According to Martin, *"Access to the doctor and psychiatrist are good as my health is up and down. Psychiatrist was a great help."* Liam said the *"...access to the doctor is good."*

The three interviewees using drugs problematically highlighted the importance of the methadone programme. *"I'm on the methadone programme"*, says Alan, *"so my drug use has gone way down."* Garry was also on the methadone programme and described it as *"...going OK as I don't need heroin, but I still have the odd hit for pain relief."* Liam described it as *"good"*, but *"...not enough to do without other drugs."*

## 6. Where Are They Now? - Housed With Or Without Support

38% (n. 19) of the fifty people in the original study who had a Common Assessment completed were housed with or without support twelve months later. Of those, 68% (n. 13) had been medium-term homeless at the time – they had stayed at the emergency shelter for more than a week but less than six months over the previous thirty-six months. 32% (n. 6) had been long-term homeless.

- Housed With Support
- Housed Without Support



Nature of housing among people Housed

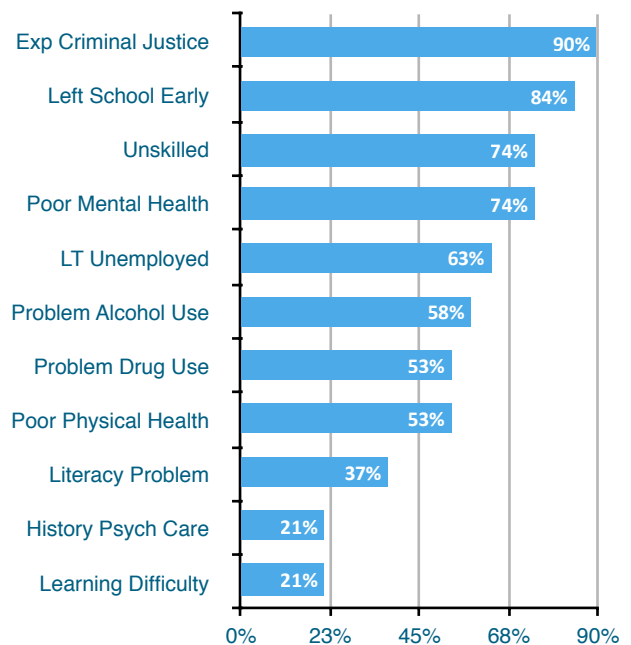
Among those who were housed, 63% (n. 12) were in supported housing (on-site or visiting support), whilst 37% (n. 7) were in housing without support. Of the twelve people in supported housing (on-site or visiting), 50% (n. 6) had been long-term homeless at the time of the original study, whereas all of those in housing without supports had been medium-term homeless at the time of the original study.

### Housing Type among those Housed:

- 26% (n. 5) were in high-support housing with 'round-the-clock care;
- 21% (n. 4) were in a Cork Simon flat or in a flat provided by another AHB\* with visiting support;
- 11% (n. 2) were in private rented with visiting support;
- 21% (n. 4) were in private rented without visiting support;

- 16% (n. 3) had returned to family;
- 5% (n. 1) were in residential treatment;

\*Approved Housing Bodies are independent non-profit making organisations that provide rented housing for people who cannot afford to buy their own homes, and specialist housing, such as housing for older people or people who are homeless. They provide housing on a similar basis to a local authority.

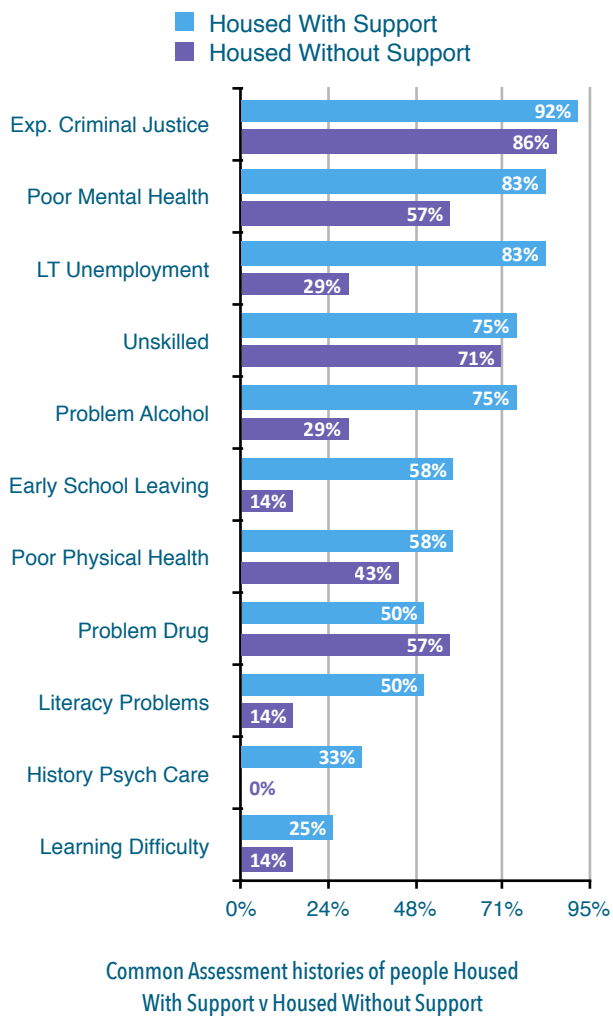


Most common issues affecting people Housed With or Without Support

The majority of people who were housed twelve months on from the original study had experience of the criminal justice system, were unskilled, had at least one diagnosed mental health condition, were long-term unemployed, were using alcohol and / or drugs problematically and had at least one diagnosed physical health condition. These were clearly not barriers preventing them from being housed.

## 6.1 HOUSING WITH SUPPORT V HOUSING WITHOUT SUPPORT

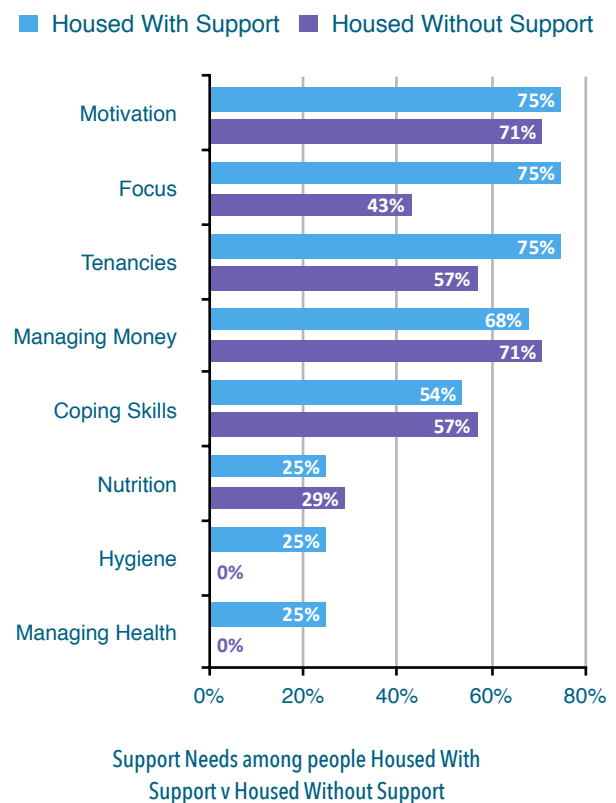
Comparing the Common Assessments of people housed with support versus those in housing without supports highlights significant differences in the needs of the two groups. Whilst rates of experience of the criminal justice system, of being unskilled, and of problematic drug use were similar, rates across all other needs were significantly different.



People in housing with supports (on-site or visiting) had higher rates of poor mental health, history of psychiatric care, problematic alcohol use, poor physical health, early school leaving, literacy problems, and long-term unemployment. None of those in housing

without support had spent time in psychiatric care. Just 14% had been long-term homeless at the time of the original study compared to 42% of those who were in housing with support. It's clear however, that none of these issues in themselves presented barriers to people being housed – the only difference was the nature of their housing.

When comparing people's support needs around independent living skills, the differences were not as pronounced. The rates of support needs around Personal Motivation, Managing Money, Nutrition, and Coping Skills were broadly similar. Among people housed with supports (on-site or visiting) the rates of support needs around Tenancy Experience, Focus, Hygiene and Managing Health were significantly higher compared to people in housing without supports. Again, however, they clearly did not present any barriers to people being housed so long as the housing was appropriate to people's needs.



## 6.2 LEAVING EMERGENCY ACCOMMODATION

The analysis of people's Common Assessments suggests that people's needs present few barriers that prevent people from being housed. The needs of those housed versus those still in emergency accommodation twelve months after the original study are broadly similar with some notable exceptions as outlined.

### ONE-TO-ONE INTERVIEWS

Franklin Research interviewed six of the people housed (with supports) twelve months on from the original study – four men and two women ranging in age from 26 years to 50 years. Two were in high-support housing (on-site 'round-the-clock support), whilst four were in housing with visiting support. Five of the six used alcohol and / or drugs problematically. All six had at least one diagnosed mental health condition. All had experience of the criminal justice system in the past. All had very different pathways into homelessness.

### BECOMING HOMELESS

Patricia first stayed in Cork Simon's emergency shelter in 2012 as a result of "...*bad relationships...*" because of "...*drink.*" At the time of the interview she had been living in a Cork Simon flat with intensive visiting support for ten months. She describes herself as being "...*the youngest of 19.*" She says

she "...*speaks to her Dad and sister.*" At the time of the interview she was expecting to be sent to prison for non-payment of historic fines for being drunk and disorderly.

Eamon first stayed at the emergency shelter in early 2013. His relationship with his family broke down after he was arrested for "...*a misunderstanding.*" The case was subsequently dismissed. At the time of the interview Eamon was living in a flat for ten months provided by an Approved Housing Body (AHB)<sup>14</sup> with visiting support. He doesn't have any addictions and says he can manage his own medication for his poor mental health.

Sean first stayed in the emergency shelter in 2012 after his family home burned down. He's managing his problematic drug use through a methadone programme and suffers from poor physical health. Sean's been in a Cork Simon flat with intensive visiting support since early 2014.

Dave says he was "...*living in institutions for 10 years since he was 12 years old – juvenile detention in Ireland...*" and elsewhere. He first stayed at the emergency shelter in 2001. Dave's been in a Cork Simon flat with intensive visiting support since mid-2014. He had been in a similar flat previously but his tenancy broke down and he returned to emergency accommodation before moving to high-support housing (on-site 'round-the-clock support) for a year and a half. Dave says "...*it's good to have my own space and be able to cook my own food.*" Dave's suffers from depression "...*on and off all of my life. Depression has improved due to*

<sup>14</sup>Approved Housing Bodies are independent non-profit making organisations that provide rented housing for people who cannot afford to buy their own homes, and specialist housing, such as housing for older people or homeless people. They provide housing on a similar basis to a local authority.

*socialising.*" He says his addiction – drugs and alcohol, are "*manageable*".

Two people were in high-support housing (on-site 'round-the-clock support) – Cian and Eileen. Cian first stayed in Cork Simon's emergency shelter in early 2013 after he had to "*...walk away from my house as I couldn't live with my partner anymore.*" He says "*...things went pear shaped; I crashed a car and lost my house within one week. I started drinking then.*" He's been in Cork Simon's high-support house since mid-2014. Cian suffers from depression – "*...it's a big problem.*" At the time of the interview he said he'd been drinking "*...the last couple of weeks due to boredom but it's not a big problem.*"

Eileen moved to high-support housing in mid-2014. She first moved to the house last year, but had to leave when incarcerated. She returned to the emergency shelter upon release and was due to return to the high-support house the day after being interviewed. Eileen describes the high-support house as "*...a stepping stone.*" She says she feels she can't "*...live on my own at the moment; it would be too hard. Addiction and prison are stopping me from moving on. Addiction is horrible.*"

### **MOVING OUT OF EMERGENCY ACCOMMODATION**

All six were asked what they felt helped them to move out of emergency accommodation. All highlighted the keyworkers at Cork Simon's emergency

shelter. All but one highlighted the Activities Programme<sup>15</sup>, all but two highlighted the access to the medical team at the shelter, and all four interviewees in housing with visiting support highlighted their Housing Support team keyworker.

### **KEYWORKING**

The importance of keyworking in emergency accommodation cannot be underestimated in supporting people to move to appropriate housing. All six interviewees spoke very highly of their keyworker in the shelter. "*...I never seen anybody so helpful regardless of what they are faced with; they do their best...*", says Eamon. Patricia agrees: "*My keyworker is great. Her support is incredible; she never gave up on me.*" Cian describes how his keyworker in the shelter "*...helped me to get to see my son; one hour a month at the moment. Only for the kids I'd be dead long ago.*" Dave took some time to get used to keyworking: "*...meeting her every week used to be a bit stressful but got used to it and it was good to engage every week. (My) shelter keyworker helped me move out of the shelter.*"

### **ACTIVITIES PROGRAMME**

The Activities Programme was highlighted as another key support that helped people move from emergency accommodation. The Activities Programme works across all Cork Simon services creating opportunities for people to build self-confidence, build social networks and facilitate

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<sup>15</sup>The Activities Programme works across all Cork Simon services creating opportunities for people to build self-confidence, build social networks and facilitate interaction with the wider community.

interaction with the wider community. The Activities Programme can help people to improve their personal motivation and focus, can help alleviate boredom and offers an alternative to more destructive lifestyles. *"Loneliness and boredom are not a nice combination", says Eamon, but he says, "Activities are fantastic; still doing the Simon activities..."* Patricia agrees: *"Boredom is a problem when drinking..."* but *"Activities are great to keep busy..."* Sean says that through activities he's *"...getting help with dealing with stress and panic attacks through writing and other techniques."*

### HEALTH TEAM

The medical team at the emergency shelter was highlighted by four out of the six interviewees as a key support that helped them to move from emergency accommodation to housing. Eamon talks about his consultations with the counsellors and psychiatrist on the medical team, and his use of reflexology. *"The Counsellor and psychiatrist are a good help as I was struggling in life before meeting them. When tears start coming out of my eyes it's like something I should have done years ago. Prior to medication I never felt calm – there was a lot of anxiousness and I always felt up and down. (Since the) psychiatrist changed (my) meds...it's been plain sailing. Reflexology is a great support – it's a great relief of tension."*

Whilst Sean also talked in positive terms about the health team, he also found *"Simon regulating medication is great as I would abuse benzo's<sup>16</sup> if the medication wasn't*

*regulated."* Patricia focused on the Addiction Counsellor, describing him as *"...a great help for dealing with bereavement and alcohol issues. He put me on the straight and narrow."*

### HOUSING SUPPORT TEAM

The four interviewees who were in housing with visiting support highlighted the importance of their Housing Support team keyworker in maintaining their tenancies. *"Staff...are good at connecting and engaging; they ask 'How are you?' and 'Are you using much?'"*, according to Dave. Sean agrees: *"Supports...are great...if you want help they'll help you. My keyworker is very helpful and does a lot. Having these supports takes the stress off my shoulders."* Patricia says she benefits from having a plan: *"...it helps as I need to know what's going to happen."*

### EXTERNAL SUPPORTS

There were external supports too that interviewees highlighted as helping them to move from emergency accommodation into housing, and maintain their housing. Cian and Patricia talked about Alcoholics Anonymous (AA): *"...meetings are great to keep busy",* says Patricia, *"...they are all over the city."* Cian felt *"AA meetings are a help and now I haven't had a drink in a long time."* Sean talked about a treatment centre he uses: *"...treatment centre helps as doctor prescribes methadone."*

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<sup>16</sup> Benzodiazepines - a prescription drug commonly acquired on the black market, are prescribed to reduce anxiety or stress. They are sometimes used to ease the comedown from stimulant drugs.



### IMPORTANCE OF FAMILY

One very striking aspect of the interviews among those housed was how all but one highlighted their renewed contact with their families as an important factor in leaving homelessness behind them. Eamon says, *"(I have a) good relationship with my family – daughters and granddaughter. (My) nephew is very ill at the moment (very concerned about it)."* Eamon talks about his *"strained relationship"* with his mother and sister, but hoping to *"...build back trust."*

Dave talks about the *"good relationship"* he has with a sister of his – he says, *"(I) met her in Simon shelter seven months ago (she was staying in the shelter also), and prior to that (I) hadn't seen her in years."* His father is deceased but he says he doesn't want to *"bother"* his mother *"...when things are not going well (as) I don't want to bring my family down and impose on their lives."* Dave says, *"Meeting my sister seven months ago helped me to move out of the shelter and into a (Cork Simon flat)."*

Sean talks about his daughter and his hope to find a place where she can come and visit him. Patricia says, *"(I'm) getting to see my children every second week; foster mother is present. Two are living with my sister and one is living with foster mother."* Cian sees his four children *"...every week but I have nowhere to bring them so (I) can't afford to see them every day. I used to have the children at the weekend but the place was too small. Only for the kids I'd be dead long ago."*

### PLANNING FOR THE FUTURE

Whilst all five interviewees that still required emergency accommodation were very much focused on securing housing and not looking too far beyond that, the six people housed were planning for the future, looking at ways to improve their lives and building a better future.

All but one were focused on more independent forms of housing, *"...getting my own place..."* – a flat or a house. One talked about hoping to return to the family home. Two were planning to attend a treatment centre (for their addictions) and two were looking for work. Five of the interviewees were hoping to find a place to live where their children could stay with them.

Eamon said he hopes to get back to the family home in time: *"(I) would like to be living at home by Christmas as (my) mother's health is ailing and hoping to help look after her."* He said, *"...the relationship is strained at the moment and I need to build back trust. If I'm lucky enough to get back home I will stay going to my counsellor and psychiatrist."* He says he's not looking for work at the moment because of his medical problems.

Cian and Eileen (both in high-support housing), and Dave were looking for an independent place of their own, but they felt living on their own would not work for them. The Common Assessment identifies a range of nineteen key Independent Living skills, of which isolation / loneliness is but one, with which people may require support in order to maintain their tenancies successfully. Cian says, *"I would like to live in the (named) area but I don't want to live on my own due to boredom."* He wants his children to visit at

weekend and *"...have space for them."* He says, *"I would love to get back to work...spray painting cars and bikes...but you need your own place to do it and I don't have a licence until May 2015."*

Eileen says her current housing (Cork Simon high-support house) is *"...a stepping stone..."* She says, *"I intend getting my own place...I feel I can't live on my own at the moment; it would be too hard."*

Dave wants to *"...move on to independent living with Simon as I want the continued support through access to doctors and staff managing medication – it stops me taking too much."* Sean says having neighbours is *"...important for company."*

Both Sean and Patricia were focused on attending a treatment centre (for their addictions) and then finding suitable housing.

At the time of the interview Sean was doing *"pre-entry meetings"* for a three to four month stay in a treatment centre, *"...as they do a benzo<sup>17</sup> and methadone detox."* He was also focused on getting a long-term knee injury *"sorted"*, which he felt was impacting on his plans for treatment. After treatment he says, *"I am hoping to get rent allowance for a two-bedroom place that my daughter can visit."* He says he's *"...interested in getting a job working with forklifts or as a driver."*

At the time of the interview Patricia was waiting for a place in a five-month residential treatment centre. She felt *"Going to treatment is scary as it is hard being around strangers and people are different."* However, Patricia was *"Looking forward to my children visiting once a week when I'm (in treatment) and they can stay one night a month."* On completion of her treatment Patricia wants *"... to get an apartment away from this area of the city. It would be too easy to slip back (into bad habits) around here."*

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<sup>17</sup> Benzodiazepines - a prescription drug commonly acquired on the black market, are prescribed to reduce anxiety or stress. They are sometimes used to ease the comedown from stimulant drugs.

## 7. A Word About Short-Term Homelessness

In addition to the fifty people who were homeless medium or long-term at the time of the original study, a further twenty people staying in the emergency shelter during the five week period stayed for less than seven days. They were short-term homeless – people who may have experienced one or more episodes of requiring emergency accommodation for very short periods of time.

Collectively at the time the twenty people had spent 57 days in the shelter over the previous four years – an average of almost three days per person. They never had a comprehensive assessment completed because each stay was too short. When asked on their arrival to the emergency shelter where they expected to be in seven days time, 45% (n. 9) expected to have left the emergency shelter, however 40% (n. 8) expected to be still in emergency accommodation or staying with friends.

30% (n. 6) expected to return home, and 15% (n. 3) expected to be in private rented housing. However, 30% (n. 6) expected to be in emergency accommodation, 10% (n. 2) expected to be staying with friends, while 10% (n. 2) did not know. 5% (n. 1) did not answer.

### 7.1 SHORT-TERM HOMELESSNESS - WHERE ARE THEY NOW?

Twelve months on from the original study, '*How Did I Get Here?*', the housing status of just five of those twenty people short-term homeless was known.

Two people were still in emergency accommodation, another person was in hospital and two people were housed - one with visiting support.

## 8. Franklin Research - One-To-One Interviews

### BACKGROUND

The purpose of this research is to attempt to locate and communicate with people who were living in emergency accommodation at Cork Simon Community and had participated in an earlier research in 2013. This follow up research aimed to:

- Try to see what had happened to these people over the following year;
- Whether any lessons could be learned by the community in how to best provide services for people who are homeless.

### TERMS OF REFERENCE

- To attempt to locate and communicate with participants in the '*How Did I Get Here?*' 2013 survey of people in emergency accommodation in the Cork Simon Community in early Summer 2013;
- To see if any lessons could be learned by the community from the particular circumstances of these people.

### METHODOLOGY

In-depth interviews were seen as an ideal way to prompt discussion and get feedback on what had happened to the person over the intervening year. Eleven such interviews were conducted which led to in total over six hours of recorded interviews. Names and some other details have been changed to protect people's anonymity.

Limitations to the research include:

- It was difficult to locate people who had participated in the previous in-depth interviews as in many cases they had moved on or were un-contactable.

However, a large amount of experiences were collected and they may prove useful in understanding how to improve services at Cork Simon Community.

### RESEARCH FEEDBACK

Any feedback, points of information on the research and/or its methodology may be addressed to Franklin Research, attention Owen O'Reilly, [owen@franklin.ie](mailto:owen@franklin.ie)



## CIAN

- Cian is currently a resident of a Cork Simon High-Support house ('round-the-clock on-site support');
- He was a resident of Cork Simon's emergency shelter during the research period in 2013.

### WHERE I WAS:

I moved into Simon in 2013 due to things going 'pear shaped'; I crashed a car and lost my house within one week and I starting drinking then. I was living in the emergency shelter up to (recently). Previously (I was) living in (my) own house in (named area) but had to walk away from the house as I couldn't live with my partner anymore.

### CURRENT SITUATION:

I'm now living in (a Cork Simon High-Support house). It has no trouble; shelter is very dangerous, I previously had a knife pulled on me. I'm drinking the last couple of weeks due to boredom but it's not a big problem, depression is a big problem. I still owe money to the Credit Union.

I have four children. I see three of them every week but I have nowhere to bring them so can't afford to see them every day. I used to have the children at weekends but the place was too small.

### WHAT HELPED ME MOVE ON:

- My keyworker in the shelter is brilliant, helped me to get to see my son who is 5 years old, one hour a month at the moment;
- 'Only for the kids I'd be dead long ago';
- Activities that the Cork Simon organises are good;
- AA (Alcoholics Anonymous) meetings are a help and now I haven't drank bad in a long time;
- Shelter staff helped me get my own place in (named area) but I got thrown out;
- I can go to the Shelter staff and ask them anything.

### FUTURE PLANS:

I would like to live in (named) area but I don't want to live on my own due to boredom. I would like to get the kids at weekends and have the space for them. I would love to get back to work.

### OTHER SUGGESTIONS:

I don't like calling to the shelter as it's too dangerous. Sick people should be in a hospital, people suffering from mental health shouldn't be in the Shelter.

## EAMON

- Eamon is currently a resident of an Approved Housing Body (AHB)\* flat with visiting support from Cork Simon's Housing Support team;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- Eamon was medium-term homeless at the time of the original study;

\*Approved Housing Bodies are independent non-profit making organisations that provide rented housing for people who cannot afford to buy their own homes, and specialist housing, such as housing for older people or people who are homeless. They provide housing on a similar basis to a local authority.

### WHERE I WAS:

I was a resident of the emergency shelter for the first-time in (date). I moved to (a Cork Simon flat) in (date) and then moved to (named) flat in (date). Prior to shelter I was living in my own home with my (family). The shelter food is fantastic, great variety and good canteen staff.

There was a misunderstanding... and I was arrested...the case was subsequently dismissed.

### CURRENT SITUATION:

Currently a resident of (named flat), which is beautiful with own TV, cooker, bed, and so on. I have no addictions and I'm able to administer my own meds.

### WHAT HELPED ME MOVE ON:

- Staff in the shelter are fantastic, never seen anybody so helpful regardless of what they are faced with they do their best;
- Keyworkers are very nice and very helpful. (Named key worker) is very good;
- Counsellor and psychiatrists are a good help as I was struggling in life before meeting them. When the tears start coming out of my eyes it's like something I should have done years ago;
- Reflexology is a great support - it is a great relief of tension. Relationship course was very good too but there weren't many people that used it;
- Good relationship with my family;
- Activities are fantastic, still doing the Simon activities even though I'm not part of Simon anymore; keeps me busy - Loneliness and boredom are not a nice combination;
- Delighted to get into Simon they give great help that is needed;
- Prior to medication I never felt calm, there was a lot of anxiousness and always felt up and down. Psychiatrist changed meds and since...it's been plain sailing.

### FUTURE PLANS:

I'm off the housing list because of where (I am ) living at the moment but hoping to get back to family home / mother's home in time. If I'm lucky enough to get back home I will stay going to my counsellor and psychiatrist. I would like to be living at home by Christmas but the relationship is strained at the moment and I need to build back trust with.

### OTHER SUGGESTIONS:

Some people shouldn't be in the shelter they should be in a psychiatric hospital.

## DAVE

- Dave is currently a resident of (a Cork Simon flat) with high-intensity visiting support;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- He was long-term homeless at the time of the original study;

### WHERE I WAS:

I was living in institutions from twelve years old to twenty-two years old - juvenile detention in Ireland and elsewhere. Previously I was living in (a Cork Simon flat) for 2.5 years but it didn't work out. I returned to emergency shelters and was in a (Cork Simon High-Support house) for a while. The (High-Support house) is like a miniature shelter but you cook your own food, it is a transition to an apartment. While living in the shelter I was just staying in my room due to depression. I was waiting to get back into (a Cork Simon flat) for a year and a half.

### CURRENT SITUATION:

Living in (a Cork Simon flat), it's good to have my own space and be able to cook own food, it's very noisy but you get used to it. My addiction is manageable. Depression has improved due to socialising. I have depression on and off all my life.

I have no contact with my family as I don't want to bother them, when things are not going well I don't want to bring my family down and impose on their lives.

### WHAT HELPED ME MOVE ON:

- Shelter keyworker helped me move out of the shelter, meeting her every week used to be a bit stressful but got used to it and it was good to engage every week;
- (Housing Support team) keyworker sets goals like to keep place tidy;
- Simon's Activities and day trips are good;
- Staff in (Cork Simon flat) are good at connecting and engaging, they ask 'How are you?' Are you using much?'

### FUTURE PLANS:

I would like to move on to independent living with Simon as I want the continued support through access to doctors and staff managing medication, which is very useful as it stops me taking too much (meds).

### OTHER SUGGESTIONS:

Having neighbours is important for company.

## SEAN

- Sean is currently a resident of (a Cork Simon flat) with high-intensity visiting support;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- He was medium-term homeless at the time of the original study;

### WHERE I WAS:

I'm a resident of Simon since (date). I stayed in the emergency accommodation and other hostels for most of 2013. I was previously living in the family home.

### CURRENT SITUATION:

I'm a resident of (a Cork Simon flat) since (date), it's a lot better but there is a lot of noise from a neighbour and noise from people who can't get into the shelter and they tries to get in here. There is a good sense of community in (Cork Simon flat). I am using a lot less drugs now - I was shooting up a lot more before.

### WHAT HELPED ME MOVE ON:

- Supports in (Cork Simon flat) have helped, getting help with dealing with stress and panic attacks;
- The doctors and nurses are useful. Simon regulating medication is great as I would abuse benzo's<sup>18</sup> if the medication wasn't regulated;
- Activities are good.
- My key worker (named) is very helpful and does a lot;
- Keep the head down and if you want help they'll help you;
- Having these supports takes the stress off my shoulders;
- Treatment centre helps as doctor prescribes methadone.

### FUTURE PLANS:

I am hoping to get into treatment in (named) for 3 – 4 months as they do a benzo and methadone detox, currently doing pre entry meetings.

I am hoping to get rent allowance for a two- bedroom place so that my daughter can visit. I'm interested in getting a job.

### OTHER SUGGESTIONS:

A lot of bullying goes on with many of the vulnerable people.

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<sup>18</sup> Benzodiazepines - a prescription drug commonly acquired on the black market, are prescribed to reduce anxiety or stress. They are sometimes used to ease the comedown from stimulant drugs.



## **PATRICIA**

- Patricia is currently a resident of (a Cork Simon flat) with high-intensity visiting support;
- She was a resident of the Cork Simon emergency shelter during the research period in 2013;
- She was long-term homeless at the time of the original study;

### **WHERE I WAS:**

The reason for bad relationships was drink. (I) speaks to (family) - I'm the youngest. Previously I've been living in the Shelter, first time was (date).

### **CURRENT SITUATION:**

I'm living in (Cork Simon flat) for ten months, the apartment is small - my own bedroom, kitchen and bathroom. It's quiet when compared to the shelter. I'm waiting to go to Prison today for historic fines for being drunk and disorderly (approx. 20 fines), should be out by tonight. I'm still drinking on and off at the moment but not drinking much - maybe once a week. I'm getting to see my children every second week, foster mother is present.

### **WHAT HELPED ME MOVE ON:**

- Drug Counsellor was a great help for dealing with bereavement and alcohol issues. He put me on the straight and narrow;
- I am drinking in the last two weeks as the Counsellor is away;
- My keyworker is great, (name)'s support is incredible, she never gave up on me;
- AA (Alcoholics Anonymous) meetings are great support, they are all over the city;
- Activities are great to keep me busy - boredom is a problem when drinking;
- Having a plan helps as I need to know what's going to happen.

### **FUTURE PLANS:**

I'm going to treatment in (named) hopefully in three weeks - waiting on a bed, will be there for five months. Going to treatment is scary as it is hard being around strangers and people are different. Looking forward to my children visiting once a week when I'm in (treatment). When (treatment) is finished I want to get an apartment away from this area of the City. It would be too easy to slip back (into bad habits) around here.

## **MARTIN**

- Martin continues to remain in emergency accommodation;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- He is long-term homeless;
- Martin previously spent time in private rented housing with visiting support.

### ***WHAT HAS HAPPENED SINCE LAST YEAR?***

I am living in the shelter since (date) - in the shelter if people don't like you and if you're in their eye line they can go for you. I was knocked out and had to be taken to the hospital and I had a concussion for three weeks.

### ***WHAT ARE THE BARRIERS TO MOVING ON?***

I owed money so I couldn't get rent allowance, paying back now so I'm back on the housing list and I've got a medical card. I'm waiting for a decision from Housing Support team regarding an apartment, I should know in the next couple of weeks. 183 days you have to be in the homeless shelter to get rent allowance; I am now in shelter 1 year.

### ***DO YOU FEEL READY TO MOVE ON AND IF SO WHERE DO YOU WANT TO MOVE ON TO?***

No reservations about moving on. Not feeling down on myself; not staying in bed during the day so the depression is better. I'm not looking for work at the moment, I want to get living arrangements sorted, one thing at a time.

### ***WHAT ARE THE SERVICES IN SIMON LIKE?***

Key worker (named) is good. Staff try their best to help you. Access to the doctor and psychiatrist are good as health is up and down due to asthma. Psychiatrist was great help only had to make a few small changes.

## ALAN

- Alan is currently a resident of Cork Simon's emergency shelter;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- He was long-term homeless at the time of the original study.

### *WHAT HAS HAPPENED SINCE LAST YEAR?*

I am living in Simon...prior to that I was in prison and I was in (a Cork Simon High-Support house) prior to prison. I have been in and out of Simon for 20 years.

### *WHAT ARE THE BARRIERS TO MOVING ON?*

I find it difficult to find accommodation, I will be able to get Rent Allowance but most landlords have stopped taking Rent Allowance. I would be happy with a half decent place, my only request is that I have my own toilet. I find it very difficult to stay off drugs. I stayed away from the shelter for one month, and I was drug-free, but I was made move back into the shelter as my (Social Welfare) payment would be cut if I didn't. It's like putting a child in a sweetshop as I went back on the drugs.

### *DO YOU FEEL READY TO MOVE ON AND WHERE WOULD YOU LIKE TO GO?*

I would like to move on and I would be happy to go to most places in Cork. (Cork Simon High-Support house) would be an option also.

### *WHAT ARE THE SERVICES IN SIMON LIKE?*

- My keyworker is ok (said in a positive way);
- On the methadone programme so my drug use has gone way down;
- A single room is necessary as sometimes the person sharing the room can make it very difficult for you to stay off drugs;
- I also feel that some residents should be getting proper care but they're in the rooms with the other residents and they can drag one down;
- Computer training would give more independence as I am dependent on (others) to look for an apartment for me online.

## **NIALL**

- Niall is currently a resident of Cork Simon's emergency shelter;
- He was a resident of the emergency shelter during the research period in 2013;
- He stayed in a number of different emergency shelters in 2013 - he was long-term homeless at the time of the original study;
- Niall has also spent time sleeping rough.

### *WHAT HAS HAPPENED SINCE LAST YEAR?*

I am living in Simon and I also lived in other emergency shelters. I was previously living independently but I had a problem getting further accommodation. I was also in Simon (previously) for one year.

### *WHAT ARE THE BARRIERS TO MOVING ON?*

Laziness has prevented me from moving out of the shelter. I've gotten used to the circle and the environment. The staff in Simon have suggested places but it's down to me to make it happen I feel. I want my accommodation to be nice but I feel that is difficult to find particularly in the (area) where I want to live. There was a problem four months ago when I was getting a flat but because of a mix up I missed out on that particular flat.

### *DO YOU FEEL READY TO MOVE ON AND WHERE WOULD YOU LIKE TO GO?*

I really want to get out of the shelter. I am able to look after myself so I would like to move into my own flat. When I leave the Shelter there will be more opportunities for training and education.

### *WHAT ARE THE SERVICES IN SIMON LIKE?*

- My keyworker is ok (said in a positive way);
- I feel an Accommodation Office in the Shelter would be helpful. I don't trust Doctors and I have no addictions;

## GARRY

- Garry is currently a resident of Cork Simon's emergency shelter;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- He was long-term homeless at the time of the original study;
- Garry has spent time rough sleeping.

I have been in the shelter off and on since (date), when I was eighteen. Prior to turning eighteen I was in a (named) hostel as I was thrown out of home due to my drug and alcohol addiction...I was nuts and I was f...ing up their lives.

### *WHAT HAS HAPPENED SINCE LAST YEAR?*

I have been in prison...I'm in Simon since I got out. I was on the streets for a while too. Sleeping rough is hard but you have to get on with it.

### *WHAT ARE THE BARRIERS TO MOVING ON?*

I used to do heroin all day every day on the streets. I used to have 10 – 15 bags a day. I have some recent charges against me...sleeping in cars and other minor stuff.

### *DO YOU FEEL READY TO MOVE ON AND IF SO WHERE DO YOU WANT TO MOVE ON TO?*

Yes I'm ready to move on; I'm fed up of heroin so many of my friends have died from drugs. I'm waiting to get into (named treatment centre) for treatment - must wait for another 4 or 5 weeks for urine sample to be drug free. I've no interest in anything else - need to get into the treatment centre first.

### *WHAT ARE THE SERVICES IN THE SHELTER LIKE?*

- My keyworker is very good; she gives me loads of help;
- Access to medical is good. Methadone programme is going ok as I don't need heroin but I still have the odd hit for pain relief.

## LIAM

- Liam is currently a resident of Cork Simon's emergency shelter;
- He was a resident of Cork Simon's emergency shelter during the research period in 2013;
- Liam has spent time sleeping rough;

I was in care at eleven years old. I've been in and out of the emergency shelter for three and a half years. I was abused while in care in (named).

I've spent a lot of time in and out of prison; I've been in all of the prisons in Ireland. My Mam passed away while I was in prison and I was not allowed out to the funeral. (A sibling) died through a drowning accident when I was younger and my partner committed suicide. I have been in two treatment centres (named).

### WHAT HAS HAPPENED SINCE LAST YEAR?

I spent (time) in prison last year; I also spent some time sleeping on the streets when I couldn't get into the shelter. I spent two months in (a Cork Simon High-Support house) but I had to leave.

### WHAT ARE THE BARRIERS TO MOVING ON?

Addictions are preventing me from moving on. I use heroin every day and anything else I can get my hands on. I am also on the methadone programme. I feel circumstances dictate your life as I can't avoid heroin when people are shooting up around me.

### DO YOU FEEL READY TO MOVE ON AND IF SO WHERE?

I want to get out of the shelter and stop using heroin. Seven of my close friends have died from overdoses. I've met with the Housing Officer and I'm hoping to get a house. I have children in foster care and I want them to be able to stay with me at weekends once I get a house.

### WHAT ARE THE SERVICES IN SIMON LIKE?

- Methadone programme is good but it's not enough to do without other drugs;
- Access to the doctor is good;
- My key worker is a beautiful person.

## **EILEEN**

- Eileen is currently a resident of (a Cork Simon High-Support house);
- She was a resident of the Cork Simon emergency shelter during the research period in 2013;
- She was long-term homeless at the time of the original study.

### *WHAT HAS HAPPENED SINCE LAST YEAR?*

During the past year I was in prison, I am out of prison (number) months now. Prison is horrible and not a nice place to be. Getting up at 8am and sharing a cell with another person.

### *WHAT ARE THE BARRIERS TO MOVING ON?*

Addiction and prison are stopping me from moving on, addiction is horrible.

### *DO YOU FEEL READY TO MOVE ON AND IF SO WHERE DO YOU WANT TO MOVE ON TO?*

I am hoping to move back to (Cork Simon High-Support house) tomorrow - afterwards I intend getting my own place. (The High-Support house) would be a stepping stone as I need good supports to move on. I feel I can't live on my own at the moment, it would be too hard.

### *WHAT ARE THE SERVICES IN SIMON LIKE?*

- Access to medical is fine;
- Methadone programme is working ok. I don't desire heroin now;
- I have some contact with my siblings.

The shelter can be a dangerous place, there are sometimes fights and sometimes residents go for staff. In the shelter there are sin bins but if a needle is left on the bed you're asked to leave. I have a safe place if I can't get into the shelter.

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