Referral and Settlement in the Simon Community

A Report of the Study
Compiled by

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&
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June 1992
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INTRODUCTION

A basic premise of this report is that voluntary organizations, such as the Simon Community, are limited in the work they can undertake. Voluntary agencies grow out of a perceived gap in the existing services. Their expertise is confined to responding to that need in a particular way. As this report shows, homelessness is a complex problem which encompasses a multiplicity of needs. Being homeless is often the latest crisis in a series of crises in a person's life. Some of these crises have their roots in major and long-standing problems which have shadowed the person for many years. Others are of more recent origin and, if assistance is quickly provided, may transpire to be temporary and relatively minor difficulties. Yet if these temporary difficulties are not speedily addressed the likelihood is that they will develop into more serious problems.

Voluntary organizations cannot hope to address all the individual needs of all individual homeless persons. Nor is it desirable that they should attempt to do so. The Simon Community, and other voluntary organizations working with homeless people, can attempt to provide a voluntary 'ambulance service' of attending to people in need of emergency assistance. Simon also attempts to provide a permanent home for a small minority of people in its residential houses and the Simon work projects provide meaningful daytime occupation for some residents and former residents. Simon volunteers also seek to offer ongoing friendship and support to people who live inside and outside the Simon Community. But Simon cannot provide people with houses or with incomes or with health services; those are the functions of the statutory agencies.

That is why good referral services are of the utmost importance. In order that good referral services be provided by voluntary agencies, there must be close liaison between the voluntary agencies and the statutory sector. As this report shows, people can become homeless at any age. And no matter what age people are, the state of being homeless is always a major and immediate crisis: where to find a bed for the night, how to get money to pay for a hostel, where to find a place to wash, where to get a change of clothes, how to find something to eat, how to get sorted out tomorrow, if today can be got through. Negotiating these hurdles would be a daunting task for the strongest of individuals. For the person who is also suffering from bad health and may have other problems, it is an almost impossible ordeal. Yet what the homeless person needs does not amount to an unreasonable list of requests but to the basic conditions of life as recognized by the State: a place to live, an adequate income to live on.

This report has also shown that these needs can be addressed and met and that people can settle and maintain a good quality of life in their own accommodation if the proper supports are put in place for them at the right times. Many of these supports, e.g. a basic income, are statutory entitlements although, as is evident from the report, there can be difficulties for people in obtaining their entitlements. Other supports, e.g. the discretionary payments under the Supplementary Welfare Allowance Scheme, are dependent on a flexible and sympathetic response by statutory agencies to the homeless person's plight. The report calls for the recommendations of the 1986 Commission on Social Welfare to be fully implemented.
Years of homelessness take their toll on people's health. Not surprisingly, many of the residents and former residents who took part in this study were found to be experiencing severe and sometimes chronic health problems. Good liaison arrangements have been established between some Simon projects and the local health services. The report calls for such arrangements to be extended and developed and for a greater priority to be accorded by the statutory health agencies to the health needs of homeless and other vulnerable people.

Of concern to the Simon Community for many years has been the plight of long-stay psychiatric patients who are being discharged from institutional care into the community. In 1984, the Government published a major policy statement, Planning for the Future, in which it outlined the future shape and direction of the psychiatric services. Planning for the Future envisaged the gradual planned discharge of many long-stay patients into smaller psychiatric units and high-support hostels, based in the community and linking into community care services. The reality, as experienced by the Simon Community, is that patients are still being discharged from hospitals without adequate provision being made for their care or accommodation. Some become homeless and arrive at the door of a Simon shelter or other hostel. A night shelter cannot offer adequate care or accommodation to such people who are in a very vulnerable condition and who clearly need a high level of medical and professional support.

Some of the recommendations outlined in the report require a change in government policy and a commitment to allocate resources where they are badly needed, e.g. the provision of adequate housing. Four years ago, the Simon Community welcomed the publication of the Housing Act 1988, as the first piece of legislation enacted by the State to recognize the needs of homeless persons. The passing of the Act was the culmination of a long campaign by voluntary groups working with homeless people, including the Simon Community. In welcoming the Act, the Simon Community warned that adequate resources must be allocated to housing if the Act was to be effective.

Unfortunately, the passing of the 1988 Housing Act coincided with the Government's virtual axing of the public house-building programme. The result, four years later, is ever-lengthening waiting lists and a country-wide housing shortage which, if not addressed quickly, will reach crisis proportions in the near future. As the report shows, local authority housing is still the preferred option for those homeless people who wish to settle and it has also been the most successful option for those who have settled, notably in Dundalk, where a good relationship has been established between the Simon Community and the housing authority.

The 1991 Government housing policy document, A Plan for Social Housing, presented an attractive picture of statutory and voluntary housing agencies working together to provide imaginative and flexible responses to housing need. It should be acknowledged that the past decade has seen some progress in Government's thinking on housing policy. The introduction of the Capital Assistance Scheme in the early 1980s encouraged the development of the non-profit and voluntary housing movement and this sector, which is organized under the umbrella representative body, The Irish Council for Social Housing, is now recognized by the State as an important partner in the delivery of social housing. The largest social housing project in Dublin in 1991, the 96-unit Focus Housing scheme at Stanhope Green, was undertaken by a voluntary housing association.
Yet without resources imaginative responses will remain imaginary. The non-profit and voluntary housing sector can respond to special housing needs in a more flexible manner than the local authority. It cannot replace the local authority in meeting that broad range of housing needs which have traditionally been met by the public housing programme. All housing projects, whether built by a voluntary housing association or by the local authority, need to be maintained and managed. Increased funding is needed for the Capital Assistance Scheme for non-profit and voluntary housing and there is an urgent need for a defined scheme of funding for the management and running costs of special needs housing projects.

This report is addressed both to an internal Simon Community audience and to the broader community. It speaks out of the Simon experience yet it should not be thought to be an inward-looking exercise. It acknowledges that there are improvements that can be made in Simon practices which will result in a better referral and settlement service. But these improvements depend on a response by the statutory agencies. The best referral system in the world will not be of any use if there are not places and agencies to which people can be referred in the confidence that their problems will be attended to and assistance given. The report's findings show that this confidence does not yet exist. Simon staff were unhappy with a high number of the referrals they made on behalf of residents. Similarly there is little point in Simon or other voluntary bodies developing a comprehensive settlement service if there is not suitable accommodation available in which people can settle.

In planning this research, the Simon Community was keen that the views of homeless people themselves be heard. For this reason, the core of the study is the replies of residents and former residents to questionnaires designed by the research team of the researcher, Barbara Collins, and the research consultant, Dr. Kieran McKeown. These questionnaires were used as the basis of interviews conducted by the researcher with Simon residents in the shelters and residential houses and with former residents, now settled, in their flats or houses. Other data was collected by Simon staff using the research questionnaires.

The study is the most elaborate piece of research conducted by the Simon Community and includes information on a total of 153 persons at all stages of homelessness. Some have just recently become homeless, some have been with the Simon Community for many years yet are still living in 'emergency' shelters, some are settled and living contentedly in long-stay Simon residential houses and some have moved successfully from Simon to make a home for themselves in the wider community. All gave generously of their time and co-operation in the course of this study. It is their hope that this research will offer a window onto their world and show how their experiences, both good and bad, can be learned from and help homelessness be prevented and reversed.

Conall Mac Riocaird,
Research Co-Ordinator.
Referral and Settlement in the Simon Community

Galway Simon Community residential house, Lough Atalia Road. Photo: Peter Orford.
CHAPTER 1

Background to the Study

1.1 Introduction

The provision of accommodation for homeless people has been a core service of the Simon Community since its establishment in Ireland in 1969. The Simon Community provides emergency and long-term accommodation in its shelters and long-term care in its residential houses. The Simon Community is unable to provide emergency accommodation for all who request it. As a result many homeless people are referred to other agencies. It is increasingly recognized that more effective referral procedures are required to help those whose emergency accommodation needs cannot be met by the Simon Community.

There has been a marked increase in interest in rehousing and settlement of homeless people in recent years. It is recognized by residents and workers in the Simon Community that an adequate response to the problem of homelessness requires more than the provision of emergency accommodation and long-term care in residential houses. A more satisfactory and long-term solution for some residents will involve settlement in the community.

The central objective of this study is to provide more detailed information and analysis on the issues of referring and settling homeless people in Ireland. The background to this study is set by the problem of homelessness itself and by the need to evolve more enduring solutions to the problem. The background is also set by the work of the Simon Community and its continuing commitment to meeting the needs of homeless people.

This chapter outlines the background to the study by reviewing some of the most recent Irish literature on homelessness. Section 1.2 examines some of the difficulties associated with the definition of homelessness while section 1.3 describes some of the factors which determine homelessness. The extent of homelessness is examined in section 1.4 with particular reference to the measurement problems involved. Some of the characteristics of homeless people in Ireland, as revealed in recent Irish studies, are documented in section 1.5. An overview of some of the salient features of the Simon Community is presented in 1.6 with a brief synopsis of the main projects undertaken by each Community in Cork, Dublin, Dundalk and Galway. A Glossary of terms is included in 1.7.

1.2 Definition of Homelessness

Different studies of homelessness have used different definitions and a fully satisfactory definition of homelessness has not yet been developed. The 1988 Housing Act defines a homeless person as follows:
"A person shall be regarded by a housing authority as being homeless for the purpose of this Act if -

(a) there is no accommodation available which, in the opinion of the authority, he together with any other person who normally resides with him or who might be reasonably expected to reside with him, can reasonably occupy or remain in occupation of or

(b) he is living in a hospital, county home, night shelter or other such institution and is so living because he has no accommodation of the kind referred to in paragraph (a) and he is, in the opinion of the authority, unable to provide accommodation from his own resources."

This definition includes people living in a broad range of institutions such as night shelters and county homes and it includes single persons, women and children and couples in these institutions.

This definition is limited by the local authority's opinion as to whether the person has, or is able to provide, his own accommodation. It is also limited in that it does not include those who are called the 'hidden homeless' - i.e. women and young people who have left home because of family violence and who are living with friends or relatives. Neither does it include those people who are at risk of homelessness, such as people at the bottom end of the private rented sector who have no security of tenure, who are usually on weekly tenancies with no rent control, who live in housing conditions which are often deplorable. Nor does it take into account the dynamic nature of the process of homelessness, i.e. that people move in and out of homelessness.

1.3 Factors Determining Homelessness

Little research on homelessness was carried out in Ireland prior to the 1970s. The Simon Community and other voluntary organizations caring for homeless people documented their work throughout the 1970s and '80s. During the 1980s there was an increase in interest in homelessness and several research studies were undertaken. The conventional assumption that homelessness was the result of avoidable personal misfortune alone has changed and homelessness is now seen in the broader social and economic context. This changing perception of homelessness has been mainly due to a number of studies which emphasized the importance of the economic, social and political causes of homelessness.

Homelessness is a significant problem in Ireland today and is related to a number of social and economic trends. The first of these is the increase in poverty in Ireland. The Combat Poverty Agency noted in 1988 that poverty affects a third of the population, an increase of 4% on the 1980 figure. The sample interviewed in the Combat Poverty Agency study included only people living in households and did not include the homeless (National Campaign for the Homeless, Combat Poverty Agency, p. 3 - 6).

The second trend is the increase in unemployment. Unemployment rose from 60,000 in 1973 to 265,316 (20.4%) in 1991 (Monthly Live Register Statement, August 1991, C.S.O.). All the studies on homelessness have shown the links between poverty,
unemployment and homelessness (National Campaign for the Homeless, Combat Poverty Agency, 1990, p. 3 - 6).

The third trend is the growing threat of homelessness to women and children. These are the hidden homeless who are often homeless as a result of family violence. Homeless women tend to go to friends or relatives much more readily than to hostels (Kennedy, 1985).

The fourth trend is the decrease in the numbers of beds in psychiatric hospitals and the consequent discharge of patients into the community. The numbers in psychiatric units fell from 26,000 in the early 1960s to 8,000 in 1989 (National Campaign for the Homeless, Combat Poverty Agency, 1990, p.3 - 6). Many ex-psychiatric patients are being discharged into the community without adequate accommodation and follow-up support services. As a result, they fall through the safety net of statutory agencies and are forced to rely on voluntary services, including the Simon Community (Dublin Simon Annual Street Workers Report, 1987, p. 5). A study carried out by University College Galway in 1987 (Crehan J., Lyons N., Laver M., 1987, p. 22) found that 92% of long-stay patients in the psychiatric unit under study had no adequate home environment to go to on discharge.

The fifth trend is the cutbacks in government services, particularly in the provision of public housing. The Housing Act 1988 gave local authorities responsibilities for housing homeless people at the same time as the local authority housing programme had come to a virtual standstill. The number of local authority house completions has fallen from 7,002 in 1984 to 1,003 in 1990 (Department of the Environment, 1990 p. 14). At the same time, 45% of existing tenants had applied to purchase their house under the 1988 purchase scheme. This led to a further reduction in the number of houses becoming available for re-letting through normal vacancies. The end result is a dramatic increase in the housing waiting lists.

The overall configuration of these trends - particularly the deepening of poverty in the 1980s, the inadequate provision of community care supports for ex-psychiatric patients and the reduction in the local authority house building programme suggests that homelessness is likely to increase in the 1990s. There are signs too, that emigration, the traditional safety valve of the Irish economy, has stopped and that emigrants are returning home, some of whom, like their counterparts from earlier decades, have few skills and have become socially alienated and have developed other problems during their years abroad.

1.4 Extent of Homelessness

There is little published information on the extent of homelessness in Ireland. The last Government Census of homelessness was undertaken in 1925 and showed that there were 3,257 homeless people in Ireland at that time. This Census was carried out by the Garda Síochána and was a census of homeless persons observed wandering the public highways on a single night in November 1925. (Kennedy, S., 1985, p. 67).
There are no accurate figures for the numbers of homeless people in Ireland today. Various figures have been cited but the accuracy or usefulness of these figures is doubtful for the following reasons:

- the numbers of people counted as homeless depends on the definition of homelessness used;
- the current understanding of homelessness as a dynamic process rather than a static unchanging phenomenon increases the difficulties in estimating the numbers of people who are homeless;
- the lack of accurate and accessible records and the fact that the records have not been collated by the voluntary organizations dealing with homeless people;
- the lack of accurate and up-to-date statistics from the statutory authorities and the inadequacy and inappropriateness of the methodology used in collecting information by the statutory authorities.

The Housing Act 1988 (Section 9) obliged local authorities to carry out a three-yearly assessment of persons in need of local authority housing in their area. In 1989 these assessments were carried out throughout the country by the local authorities and they arrived at the figure of 987 homeless people in need of local authority housing in Ireland, of whom 761 were single (Department of the Environment, 1991, p.33). However, there are problems with these figures.

The first problem is that they fall far short of the number of shelter beds for the homeless throughout the country which was 1,646 according to a Department of Health count in 1983 (cited in National Campaign for the Homeless, 1990, p. 9).

The second problem is that there has been criticism of the manner in which local authorities made their assessments. Among many groups working with the homeless there is a strong belief that the local authority assessments have greatly underestimated the numbers of homeless in their areas. The assessment by Dublin Corporation, for example, only measured the numbers of homeless people who sought accommodation from them and arrived at a figure of 582, comprising 398 single people and 184 families (Kelleher, 1990, p. 9). Yet the Dublin Simon Community shelter, just one of several emergency short-stay hostels in the city, accommodated a total of 714 people in a twelve month period up to June 1991. The assessment in Cork carried out by the local authority found only 118 people to be homeless and in need of accommodation, although 335 people used the Simon Community shelter during 1990 (Cork Simon Community, 1990, p. 7).

The inadequacy of these figures is revealed by examining the breakdown of the results by local authority area. The local authority in Galway, for example, arrived at a figure of 275 in need of housing and estimated that only 16 of these were homeless, whereas the 1989 Annual Report of Galway Simon Community states that 306 people stayed in the Fairgreen Shelter during 1989 (Galway Simon Community Annual Report, 1989, p. 11). The local authority in Sligo reported no homeless people, although there is a shelter for homeless people in Sligo town. The two local authorities in Louth counted 35 homeless people, while the SUS study of homelessness in Co. Louth found 77 people in shelters, squatting or sleeping rough on a particular night and estimated that a total of 762 people experienced homelessness in the area in 1988 (SUS Research, 1990, p. 29).
The major failing of the Section 9 assessments, in relation to gauging the extent of homelessness, is that they were confined to counting only persons who wished to apply for local authority accommodation. The figures did not include the many homeless people who would not apply to their local authority Housing Department because of their belief that they would not be housed, or because they felt their only hope of housing was in low-demand housing estates. Neither did it include people at risk of homelessness or the hidden homeless.

Following the publication of the Government's *A Plan For Social Housing* in February 1991, a second assessment of housing need was carried out by local authorities in March 1991. In conjunction with this assessment, local authorities were also requested to undertake an Assessment of the Scale of Homelessness in their areas. Such an Assessment of the Scale of Homelessness had, in fact, been requested by the Department of Environment Guidelines to Section 10 of the 1988 Housing Act, first issued in November 1988 and later revised and reissued as Circular N9/91 in May 1991. The Simon Community, in submissions both to the Department of the Environment and to the negotiating partners of the Programme for Economic and Social Progress, had argued strongly that this Assessment be carried out.

These two assessments, of people in need of housing and of people who were considered homeless, were carried out in March 1991. Voluntary organizations, including the Simon Community, were critical of the lack of a proper methodology employed by local authorities in carrying out the Assessment of the Scale of Homelessness. Local authorities relied on asking voluntary organizations to supply numbers of people known to them who were homeless. Dublin Corporation, for example, asked voluntary agencies to fill out a census of persons staying in hostels on the night of 27th March 1991. In a letter to the Department in February 1991, the Simon Community expressed its fears that the inadequacy of the methodology being employed by local authorities would render the information arising from the Assessments as virtually useless in determining an accurate picture of the extent of homelessness in the country.

The results of the Assessment, published in the September 1991 issue of the Housing Statistics Bulletin (Department of the Environment, 1991, pp. 60-61) confirmed these fears. A total figure of 2743 homeless persons was recorded, with 34 housing authorities (5 County Councils and 29 Urban District Councils/Town Boroughs) reporting no homeless people in their areas. Among these housing authority areas were Carlow in which a night shelter opened in 1991, Athlone which has had a shelter for several years, Cavan which also has a shelter and Galway County Council which has a long-standing facility for homeless persons in Loughrea. The extent of the undercounting becomes clear when one considers that the Simon Community alone catered for 1500 people in 1991 through its various projects. As Simon is just one of many voluntary agencies providing services for the homeless it would be quite ludicrous to suggest that it works with over half the number of homeless people in the country.

Assessing the scale of homelessness by taking a one night census of homeless people using the services is totally inadequate. Homelessness is a process affecting people at different stages of their lives, it may be a recurring problem, it may be intermittent or it may be prolonged. The simplistic 'head count' method takes no account of the hidden
homeless, and those sleeping rough or those forced to double-share or those moving in and out of homelessness.

It has always been difficult to estimate accurately the extent of homelessness. This has been due largely to the mobile, invisible nature of the homeless population and to the problems of defining who is homeless. The current understanding of homelessness suggests that homelessness is a dynamic process rather than a static category. It is a process which includes people under threat of homelessness who are living in insecure accommodation, people sleeping in shelters and hostels, people double-sharing with families or friends, and people sleeping rough. The cycle of homelessness can be intermittent, recurring or prolonged. The numbers of homeless people will vary according to the definition used. The assessments undertaken by the local authorities so far are not an accurate account of the extent of homelessness.

1.5 Characteristics of Homeless People in Ireland

Homeless people are no longer seen as a homogeneous group of people. The variety of characteristics and circumstances of people living out of home have been described in the recent literature (See McCarthy, 1988; Kennedy, 1985; SUS, 1990 etc.). The term homeless includes a wide variety of people: single people, usually from large families, long-term unemployed, single parents, women and young people out of home because of family violence, ex-prisoners, ex-psychiatric patients, people with addiction problems, etc. Much of the literature on homelessness, reflecting this lack of homogeneity, focuses on particular aspects of homelessness such as homeless young people (McCarthy, Conlon, 1988) homeless women (Kennedy, 1985). However, all of those who are susceptible to homelessness have at least two things in common. They all are poor and they do not have a satisfactory home to live in. Many share similar life experiences of long-term unemployment, low socio-economic status and incomplete formal education. People can become homeless at different stages of their lives when poverty combines with a personal crisis such as family breakdown, family violence, death, emigration, discharge from an institution, etc.

Recent research on residents in the Simon Community (McCarthy, 1988, p. 2) shows that the homeless persons interviewed were from lower socio-economic backgrounds, from backgrounds of poverty and lack of opportunity and had low levels of formal education and employment skills. According to McCarthy, homelessness is a by-product of lack of income and lack of access to local authority housing and community care services.

A pronounced increase in certain categories of homeless people, especially among women and young people, has been noted. Kennedy, in her study of homeless women in Dublin (Kennedy, 1985, p. 174), found that homelessness is caused by severe family disruption, e.g. young women suffering the effects of violence and incest, women with children being subjected to family violence and disputes over the children. Their homelessness is often compounded by personal crises such as marriage breakdown and illness. She also found that, for some people, homelessness can be a recurring problem.
A recent study of young people out of home (Duggan, 1989, p. 34) notes the increase in the number of young people who are homeless. The majority of young homeless people come from disadvantaged families living in areas hardest hit by unemployment and poverty. She concludes that homelessness should be seen as a dynamic rather than a static process: "The move between home and the streets is not a short sharp break, but a process extended over months or years".

The process of homelessness has also been described in the SUS report on Homelessness in County Louth (SUS, 1990, p. 5) as a "cycle which can begin with the threat of homelessness, progress through emergency shelter conditions to resettlement and a living environment requiring ongoing support".

The Streetwise National Coalition (McCarthy and Conlon, 1988, p. 3) identified class position in society and housing legislation as key factors in predisposing a person to becoming homeless. Other significant factors were "Welfare payments that are too low to enable people to buy their way into the housing market, lack of a uniform rent allowance scheme, the absence of an effective community care programme for ex-psychiatric patients especially, and lack of aftercare or support services for people discharged from institutions. High levels of unemployment which affect people with low levels of education and work skills particularly badly, and high levels of emigration are also significant factors". They also pointed to the intermittent nature of youth homelessness as young people move in and out of home, trying to fit into the family structure.

Kelleher, in her 1988 study of homelessness in Dublin (Settling in the City, Focus Point, Dublin 1988) and in her follow-up study on the effects of the 1988 Housing Act (Caught in the Act, Focus Point, Dublin 1990), examined the settlement possibilities for homeless people in Dublin with special reference to the housing and related support policies of Dublin Corporation and the Eastern Health Board. She noted that Dublin Corporation listed 778 people as being housed in the six month period June 1986 to January 1987 under its residual "homeless" category. Dublin Corporation subdivided this figure into 7 distinct social categories of homeless person, according to family circumstances. Their ages ranged from under 20 to over 90 years of age (Kelleher, 1988, pp. 81 - 83).

This review of recent literature indicates that our understanding of people out of home must encompass all the categories of homeless people. It must allow for a broad band of causal factors such as inadequate public housing and social welfare policies, unemployment and low income, emigration, low levels of education, marital and family breakdown, psychiatric illness and lack of community care. Social and economic changes and personal crises which occur in a people's lives and which make them vulnerable to homelessness at different stages and times during their lives must also be taken into account.

The research on which this report is based is confined to a certain section of homeless people, namely the homeless people who are staying in the Simon Communities' shelters and residential houses or who have stayed there in the past. People come to the Simon Community at different stages of homelessness. Many have been homeless for several years while others are homeless as a result of a recent crisis such as family disharmony.
or eviction. Some are homeless for the first time, while for others it is a recurring problem. Some have never known a home, having been born into homelessness and reared in institutions. McCarthy (McCarthy, 1988, p. 4) found that twelve percent of the Simon Community residents she interviewed were reared in care. Nearly all have experienced a breakdown in significant relationships with their families. Nearly all are unemployed and dependent on welfare benefits, which ensures that they are trapped in the network of hostel living. Some of them are dependent on alcohol and drugs. Some have mental health problems. Many have been institutionalized for long periods of their lives in psychiatric hospitals or prisons.

1.6 The Simon Community

The Simon Community is a voluntary, non-denominational organization caring for homeless people. The Simon Community was founded in England in 1963 by Anton Wallich-Clifford. During the course of his work as a Probation Officer, Wallich-Clifford regularly came in contact with people who were frequently before the courts and in prison, and who, on their release, had nowhere to go except back to the streets. These were homeless people who had lost their homes, families and jobs. While several organizations were already providing shelter for the homeless these were institutional in their approach however, and lacked the flexibility and the personal approach which he felt was necessary to meet the needs of a group of people who had nothing more in common than the fact of being homeless. Simon was to become a 'community', a place where the lonely and neglected could find acceptance and friendship.

The Simon Community was established in Ireland in 1969 following a visit by Anton Wallich-Clifford to Dublin. The first Simon soup-run and, later, the first Simon house, were set up in Dublin. The Simon Community's approach is based on the philosophy of non-judgemental acceptance of people as they are. It emphasizes the value of human friendship and companionship, of working with people rather than for them, and the therapeutic values of community living. All Simon Community projects attempt to create and develop a sense of community based on acceptance and respect for the dignity of the individual.

Today there are four Simon Communities in the Republic of Ireland, in Cork, Dublin, Dundalk and Galway. Although each Simon Community is autonomous, all Communities work closely together and the National Office, based in Dublin, acts as a co-ordinating, servicing and resource agency for the four Communities.

The Simon Community works with homeless men and women and accommodates both in its projects where facilities allow. Each Community offers a range of services. All four Communities provide long-term accommodation in their residential houses and all run work projects for residents and former residents. The Simon Communities in Cork, Dublin and Dundalk provide emergency accommodation in their night shelters. Cork and Dublin Simon Communities also operate a soup run.
1.6.1 The Simon Community's Projects

The Soup Run is the most basic service provided by the Simon Community. Each night groups of part-time volunteers go out to people sleeping rough in derelict buildings, abandoned cars and other 'skippers', bringing them soup, sandwiches and companionship.

The Shelter: Strictly speaking, a shelter offers basic facilities, e.g. emergency accommodation, food, clothes, washing and medical facilities. For the majority of shelter users, it fulfils this function. But for some people, who are long-term shelter residents, the shelter has become their home.

Residential/Community House: The residential/Community houses vary in terms of the number of people accommodated in each. However, the underlying principle of these houses is to cater for small numbers of people who need long-term support and who are likely to benefit from living in close-knit, sharing groups.

The Work Projects are designed to provide day-time occupation for some residents. Activities include craftwork, furniture restoration, blockmounting and the manufacture of kindling sticks. The emphasis in the work projects is on participation and self management.

Follow-Up Groups offer a support service for former residents who have moved on to their own flats or who are in hospital or prison. This work is carried out by long-term part-time volunteers.

The Outreach Service is carried out by full-time staff and volunteers. The work involves meeting and helping, in any way possible, people who are homeless or who are threatened with homelessness.

Campaigning: All the Simon Communities are involved in campaigning for better services for homeless people and, at a broader level, the Simon Community seeks to challenge Irish society to accept responsibility for tackling the root causes of homelessness and for designing long-term strategies for its elimination.

1.6.2 Cork Simon Community

Cork Simon Community was founded in 1971 and operates the following services:

A nightly soup run: The soup run visits people living in private flats, Corporation housing and people sleeping rough. The soup run is an important part of Cork Simon Community's work and brings food, clothing, blankets and, most importantly, friendship to the people they visit. The soup run visits about 40 people each week.

Shelter: Situated at 34 Lower John Street. The shelter provides basic accommodation for up to 27 people each night. Approximately 335 people used the night shelter in 1990. The shelter also provides a referral and settlement service to help address residents' health, social welfare and long-term housing needs.
Residential Houses:

(1) Clanmornin, Boreenmanna Road residential house was built in 1990 with funding from the Capital Assistance Scheme. It is a new purpose-built 10 bedroom bungalow, replacing the former house which opened in 1971, and it provides long-term care for up to 8 older residents.

(2) Crosses Green residential house is a long-stay home for six residents. Most are between the ages of 40 and 60 years. In both residential houses, residents have their own room and pay a small rent towards the upkeep of the house.

The Work Project at the rear of Crosses Green house was started in 1986. Up to 16 residents and former residents, under the direction of a full-time supervisor, manufacture a variety of craft products for sale to the public.

The Simon Shop in Paul Street is a major source of fundraising and is run by volunteers.

1.6.3 Dublin Simon Community

Dublin Simon Community has been providing accommodation and food for homeless people since 1969 and operates the following services:

Outreach Services. A nightly soup run meets between 20-40 people each night who are sleeping rough. Over 13,000 contacts are made during the course of any year.

A full-time Outreach Worker is employed to provide day-time back-up and support.

In addition, a follow-up team of co-workers keeps contact with people who are no longer staying in the Community’s houses and who are in hospital, prison or their own accommodation.

Usher's Island Night Shelter. This new purpose-built shelter opened in 1989 and accommodates 30 people each night, including people who have been with Dublin Simon for many years and others who are in need of emergency short-term accommodation. Seven hundred and fourteen (714) people stayed in the year ending 30 June 1991. The shelter provides a referral service to help address residents' health, social welfare and long-term housing needs.

Residential Houses:

No 35 and No 36 Sean MacDermott Street These two large old houses in Dublin's north inner city provide a sheltered environment for older residents in need of long-term care.

Island Street House is a new purpose-built house and accommodates 11 residents who were formerly long-term shelter residents.

The Work Project, which is situated in the new workshop premises at Usher’s Island provides day-time occupation for approximately 15 people.

The Simon Shop in Camden Street is an important source of income.
1.6.4 Dundalk Simon Community

Dundalk Simon Community was founded in 1973 and operates the following services: *Sunnyside House* acts as both a shelter and residential house and provides temporary accommodation and long-term care. It can accommodate up to 25 people each night. One hundred and thirty seven (137) people were accommodated during 1990. The *Work Project* began in 1985. Activities include wood-kindling and in 1988 a blockmounting project was established. Ten people work on the work project.

*Settlement Service:* This new project gives support to up to twenty ex-residents who have moved out from the Simon Community, mainly to local authority housing. A Settlement Worker maintains contact with ex-residents and helps them to organize courses and recreational activities and generally to settle into the wider community.

The *Simon Shop* in York Street sells clothes and furniture and is an important source of income.

1.6.5 Galway Simon Community

Galway Simon Community was founded in 1979 and operates the following services: *Residential houses* which provide long-term care for the residents. *Orogrande* residential house on Lough Atalia Road opened in 1983 and accommodates six men in a permanent family-type home. *Dyke Road* house, which was opened in 1990, accommodates up to six residents.

*Work Project:* Residents are employed making kindling sticks and on a gardening project.

The *Simon shop* in Sea Road sells clothes and furniture and is an important source of income.

1.7. Glossary of Terms used

Over the years the Simon Community has developed its own set of practices and in particular its own terminology. The meaning of some of the terms used may not be clear to people unfamiliar with the Simon Community. The following is a glossary of the key terms used in this report.

A person staying in the Simon Community is termed a resident. The term former resident is used for the purpose of this study to describe people who have lived in the Simon Community and who have now moved on to their own houses, flats or other form of accommodation.

The Simon Community has two types of volunteer workers: full-time workers and co-workers. Full-time workers stay for periods of three months to sometimes more than a year, living in the houses and sharing the lives of the residents. Co-workers are part-time volunteers who make a regular commitment to help out on one of the projects for a night or few hours each week. Some projects, e.g. soup-run, fundraising, follow-up are
carried out exclusively by co-workers. Many co-workers are involved with the Community for a number of years and serve on management committees, etc.

The Simon Community services include the soup-run, shelter, residential houses and follow-up. The Simon Community does not use the term hostel to describe its houses. A residential house is generally for older, more enfeebled people; residents are encouraged to regard it as their home. A shelter is considered as emergency overnight accommodation, though in practice some residents will stay for years. Follow-up is a service whereby volunteers visit residents in flats, prison, or hospital. Dublin Simon Community employs one staff member to carry out a day-time service called outreach, aimed at people who do not use the shelters or other services. All Simon Communities employ Project Leaders, who are full-time staff members with responsibility for the day-to-day management of the houses, direction and supervision of volunteers and looking after the long-term welfare of residents. Some Communities employ Administrators, House Leaders, Referral and Settlement Workers and Work Project Organizers, each with their own areas of responsibility.

The following housing terms are also used in the report. Voluntary housing in this report refers to all housing provided by the voluntary sector. The term sheltered housing is used to describe the main types of housing projects which provide different levels of supported-living accommodation; these include independent self-contained units with on site communal facilities and with various levels of in-built support services. A residential shelter is a shelter providing high level support for long-term homeless people with serious behaviour problems who would be considered unsuitable for residential houses because of the disruption they would cause to other residents.

1.8 Conclusion

This chapter has described some of the main features that form the background to the study. It is noteworthy that in this review of literature there has been very little previous research on the issue of referring and settling homeless people. This is the central focus of the present study and is part of the more general commitment in the Simon Community to develop services for homeless people that go beyond the traditional provision of shelters and residential houses. Given this background, the research reported here is relatively innovative both in its content and in the types of response which it might facilitate to address the problem of homelessness.
Dublin Simon Community Shelter and Residential House, Usher's Island,
(Photo: Peter Orford)
Figure 2.1 Number and Category of Persons Known to the Simon Community Who Were Interviewed for the Study

- Shelter Residents: 83
- Residential House Residents: 45
- Former Residents Now Sold Outside Simon Community: 25
- Former Residents New Settled Outside Simon Community: 25

Profile Questionnaires: 83
Experiences and Attitudes Questionnaires: 116

- Profile Questionnaires: 83
- Experiences and Attitudes Questionnaires: 116

Persons Known to Simon Community: 133
CHAPTER 2

Methodology

2.1 Introduction

The objective of this research is to enable the Simon Community to develop policies and practices in the area of referral and settlement so that its response to the problems of homelessness can be made more effective and comprehensive. The methodology used in the study was designed specifically to achieve this objective.

This chapter describes the methodology used in the study. The key sources of information are described in section 2.2, followed by a description of some of the main features of the questionnaires in section 2.3. The considerations used in the selection of the sample are described in section 2.4 while the response to the interviews is described in section 2.5. The method of data analysis and the resulting structure of the report are outlined in sections 2.6 and 2.7 respectively.

2.2 Information Sources

The information in this report was collected during the period September 1990 to August 1991 from three main sources:

(1) from Simon Community staff i.e. Project Leaders, House Leaders and Settlement Worker;
(2) from current residents of the shelters and residential houses;
(3) from former Simon residents who have settled into their own accommodation.

Figure 2.1 provides a detailed breakdown of the numbers and types of residents and former residents from whom information was gathered. This figure indicates that information was collected on 83 shelter residents, 45 residential house residents and 25 former residents now settled outside the Simon Community, making a total of 153 people on whom information was collected. Two types of questionnaire were used in gathering information from residents and former residents. The first involved a Profile Questionnaire and the second involved an Experiences and Attitudes Questionnaire.

Profile Questionnaires, which were typically completed by Project Leaders, House Leaders or Settlement Worker, were completed on 83 shelter residents, 45 residential house residents and 25 former residents now settled outside the Simon Community. Thus detailed information on the profile of 153 persons known to the Simon Community was collected.
The Experiences and Attitudes Questionnaires were based on in-depth interviews with residents and former residents and were completed on 18 shelter residents, 9 residential house residents and 25 former residents now settled outside the Simon Community. Thus detailed information on the experiences and attitudes of 52 persons known to the Simon Community was collected.

A third type of questionnaire was used in collecting information from staff. Project Leaders in the Cork, Dublin and Dundalk Simon Communities and the Settlement Worker in Dundalk were interviewed on current referral and settlement policies and practices in each Community.

2.3 Questionnaires

The data used in the study was collected using three main questionnaires:

(a) The first questionnaire collected information on the referral and settlement policies and practices in the Simon Communities in Cork, Dublin and Dundalk. This information was collected from the Project Leaders in Cork, Dublin and Dundalk Simon Communities and the Settlement Worker in Dundalk. Galway Simon Community is not included in this aspect of the study as it was not, during the time of this study, involved in the running of a shelter. General information on the referral and settlement practices in each Community was collected using a structured questionnaire. These recorded interviews were conducted in December 1990.

(b) The second questionnaire collected information on the profile of persons known to the Simon Communities in Cork, Dublin, Dundalk and Galway. These comprised persons living in the Simon shelters, in the Simon residential houses and those former residents who were now settled outside the Simon Community. There was some slight variation in the questionnaires to address the different circumstances of each of these three subgroups. All questionnaires made use of a common core of identical questions covering demographic details, information on emigration, health, institutional care, income, previous accommodation history and referral and settlement services offered by the Simon Community. The Profile Questionnaire for residents in the shelters and residential houses were completed by Project Leaders and House Leaders, while the Profile Questionnaire for persons settled outside the Simon Community were completed by Project Leaders and Settlement Worker. All of these questionnaires were completed on 11th March 1991.

(c) The third questionnaire collected information on the experiences and attitudes of persons known to the Simon Community. Three variants of this questionnaire were used to address the different circumstances of (1) persons living in Simon Community shelters, (2) persons living in Simon Community residential houses and (3) persons settled outside the Simon Community. A common core of information was collected on the length of their stay in Simon, their perception of and satisfaction with the Simon Community's services, particularly in relation to referral and settlement, their accommodation preferences and satisfaction with their present accommodation and their settlement problems. These interviews were conducted between January - March 1991.
There are three main reasons why it was decided to have the Profile Questionnaire completed by members of staff in the Simon Community and to focus the interviews with the persons known to the Simon Community exclusively on their attitudes and experiences. The first is that many of the residents had difficulties remembering details such as time and sequences of events in their lives and it was both easier and considered to be more accurate to collect this information from staff. The second is that this method allowed more time during the personal interviews with residents and former residents to be given over to dealing with their experiences and attitudes and to concentrate on people's experiences of referral and settlement and on their accommodation preferences. This increased their willingness to co-operate in the research. The third is that the completion of the questionnaires by staff members focused the staff's attention on many issues relating to referral and settlement practices and policies.

2.4 Sample Selection

The selection of the sample of shelter residents with whom the Experiences and Attitudes Questionnaire was completed was based on the following considerations:

- The sample size was proportional to the numbers of people accommodated in the Simon Community shelters in Cork, Dublin and Dundalk in the previous year. The Fairgreen shelter in Galway was not included because the Simon Community has had only a minor involvement in the shelter since September 1990.
- The aim in selecting the sample was to maintain the balance between long and short stay residents and to include some residents who had unsuccessfully tried to settle outside the Simon Community. Wherever possible, women were also included in the sample.
- Previous experience had shown that there can be great difficulty getting some residents to co-operate and be available for interview. Some residents would also be unsuitable for interview because of psychiatric problems.

The selection of the sample of residential house residents with whom the Experiences and Attitudes Questionnaire was completed was based on the following considerations:

- The Simon Communities in Cork, Dublin and Galway have residential houses but there is none in Dundalk and so the latter is excluded.
- Some residents were reluctant to be interviewed.
- It was feared that some residents would be upset or feel threatened by being interviewed by an unknown person.
- Some residents were unable to be interviewed either because of senility or psychiatric illness with the result that the sample is drawn predominantly from the relatively younger age-group of residents (i.e. aged between 40-60) in the residential houses.
The selection of the sample of persons settled outside the Simon Community with whom the Experiences and Attitudes Questionnaire was completed was based on the following considerations:

- Former residents were selected from all four Simon Communities although problems contacting former residents in Galway meant only one former resident was interviewed.
- Former residents who had settled in local authority and private rented accommodation were included.
- The aim in selecting the sample was to interview people in two categories: people who were recently settled and people who were settled for a number of years.

2.5 Response to Interviews

The response to interviews by residents, persons settled outside the Simon Community and staff was very good. The advance preparation made by staff for the interviews was of great assistance and their co-operation, interest and active involvement in the project encouraged residents to participate also. The interviewees were selected in advance by the staff in each Community. Occasionally when these interviewees were unavailable they were replaced by people available and willing to co-operate on the day. Interviews took place in various venues including shelters, residential houses, Simon Community offices, settled persons' houses or flats. The length of interviews varied from approximately thirty minutes to over one hour.

2.6 Data Analysis

The substantial number of interviews - 205 in all - resulted in a rich data base of quantitative and qualitative data. All of the quantitative data was computerized, processed and then formatted in tabular form. Both types of data were subsequently blended in the analysis to form the core of the remaining chapters of the report. Before proceeding to the detailed analysis of the data in those chapters it may be useful to outline the structure of the remaining six chapters of this report.

2.7 Structure of the Report

This report is divided into eight chapters. Chapter Three describes the demographic and life style characteristics of the persons known to the Simon Community. These characteristics are described under the following headings:

- Age
- Sex
- Marital Status and Contacts with Spouses and children
- Type of home where Persons known to the Simon Community were brought up
- Emigration characteristics
Chapter Four describes the referral policies and practices in the Simon Community shelters. Contacts with referral agencies are examined. Eighteen shelter residents were interviewed and their satisfaction with shelter living and their referral experiences are described. The internal factors which affect the referral service are discussed under three headings: Simon Community policy and philosophy; internal Simon Community issues; inter-agency contacts.

Chapter Five presents an overview of settlement. The current settlement options used by Simon Community residents are outlined. The literature on the settlement experience of homeless people in Ireland and the rehousing and settlement experience in England, Scotland and Northern Ireland is reviewed. The settlement experience of each Simon Community is summarized while the settlement options and housing preferences best suited to current shelter residents are analysed. Details of the previous settlement attempts of 18 shelter residents are presented.

Chapter Six describes the settlement experience of people settled in Simon Community residential houses. The settlement process, settlement difficulties encountered, the factors affecting the settlement process such as the housing conditions and levels of social contacts and the role of the Simon Community in settlement are described.

Chapter Seven describes the settlement experience of 25 former Simon Community residents who are now settled in their own house or flat. The settlement process, settlement difficulties, factors affecting settlement such as the housing conditions, level of social contacts and contacts with the Simon Community are described. The role of the Simon Community in the process of settlement and the residents' settlement prospects are described.

Chapter Eight extrapolates those findings of the report that are internal to the Simon Community in order to draw out implications for changes in the Simon Community's current policy and practice.

Chapter Nine summarizes the main findings and identifies several recommendations for statutory agencies. The chapter involves a brief restatement of selected key findings of the report which forms the basis for the recommendations advanced.
CHAPTER 3

Demographic and Lifestyle Characteristics

3.1 Introduction

This chapter describes the characteristics of 153 persons who are known to the Simon Community, as a result of using its services over a number of years. Details of the numbers of people interviewed in each Community are presented in Figure 2.1. The persons comprise:
- 83 people in Simon Community shelters;
- 45 people in Simon Community residential houses;
- 25 people living in independent accommodation outside the Simon Community.

All information in this chapter was collected using questionnaires. The information was collected from two sources. Profile questionnaires were completed on each person, by Project Leaders / House Leaders or Settlement Worker, in each of the Simon Communities in Cork, Dublin, Dundalk and Galway. The profile information on all residents who were staying in the Simon Community's shelters and residential houses and on the sample of former residents was collected on 11 March 1991. Additional information on people's experiences of homelessness was gathered from a sample of shelter residents, residential house residents and former residents now settled outside the Simon Community. These interviews were conducted between January - March 1991.

The demographic characteristics of persons known to the Simon Community are described in section 3.2 to section 3.5. The age and sex distribution of persons known to the Simon Community is outlined in sections 3.2 and 3.3. Marital status and contacts with spouses and with their own children are revealed in section 3.4. Section 3.5 describes the type of home in which persons known to the Simon Community were brought up. Details on the emigration characteristics of persons known to the Simon Community are revealed in section 3.6. Information on the income of persons known to the Simon Community is presented in section 3.7 while section 3.8 describes the special health problems of the persons known to the Simon Community. Details of imprisonment are presented in section 3.9. Data on work projects are presented in section 3.10. Details on previous accommodation are presented in section 3.11. An in-depth study of the previous accommodation history and lifestyle of 52 persons' experience is given in section 3.12 while the problems contributing to the homelessness of persons known to the Simon Community are presented in section 3.13.

3.2 Age

The age profile of persons known to the Simon Community is summarized in Figure 3.1 and Table 3.1. The population of persons is evenly distributed between the different age
Figure 3.1 Demographic Characteristics of Persons Known to Simon Community, 1991

Persons Known to Simon Community 153

Age
- Nineteen to twenty nine 12 (8%)
- Thirty to thirty nine 27 (17%)
- Forty to forty nine 38 (25%)
- Fifty to fifty nine 27 (18%)
- Sixty to sixty five 18 (12%)
- Sixty five plus 31 (20%)

Sex
- Male 138 (90%)
- Female 15 (10%)

Marital Status
- Single 94 (61%)
- Separated 42 (27%)
- Married 9 (6%)
- Widow(er) 4 (3%)
- No information 4 (3%)

Contact with Spouse Where Married or Separated
- Yes 32 (47%)
- No 28 (36%)
- No information 10 (15%)

Contact with Children, If Parent
- Yes 34 (67%)
- No 32 (47%)
- No information 5 (10%)

Type of Home Where Brought Up
- Family Home 120 (78%)
- Residential Care 13 (9%)
- Relatives' / Friends' Home 2 (1%)
- No information 18 (12%)
### Table 3.1 Age of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Age of Person</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>19 - 29</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>23</td>
<td>27.7</td>
</tr>
<tr>
<td>40 - 49</td>
<td>23</td>
<td>27.7</td>
</tr>
<tr>
<td>50 - 59</td>
<td>12</td>
<td>14.5</td>
</tr>
<tr>
<td>60 - 65</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>65 +</td>
<td>9</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 3.2 Sex of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Sex of Person</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>Male</td>
<td>76</td>
<td>91.6</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 3.3 Marital Status of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>Single</td>
<td>55</td>
<td>66.3</td>
</tr>
<tr>
<td>Separated</td>
<td>19</td>
<td>22.9</td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Widower</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>No Information</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 3.4 Contact with Spouse of Married Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Contact with Spouse</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>12</td>
<td>52.2</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>26.1</td>
</tr>
<tr>
<td>No Information</td>
<td>5</td>
<td>21.7</td>
</tr>
<tr>
<td>Total*</td>
<td>23</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to be in the category married or separated.

### Table 3.5 Contact with Own Children by Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Contact with Own Children</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>37.8</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>40.5</td>
</tr>
<tr>
<td>No Information</td>
<td>8</td>
<td>21.6</td>
</tr>
<tr>
<td>Total*</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who stated they had children.
groups over 30 years. Only 12 people (8%) are under 30 years. Closer inspection of Table 3.1 reveals that on average the residents in Simon Community shelters are younger than persons living in either Simon Community residential houses or settled outside the Simon Community in their own house / flat. Thirty four Shelter residents (41%) are under 40 years. None of the residential house residents are under 40 years and only five (20%) people settled outside the Simon Community are under 40 years. Conversely, the majority of residential house residents are over 60 years. A previous study of all hostel residents in Dublin in 1988 found that 61% were 40 years or over (Focus Point, 1988, p. 12). This is broadly in line with the results of this study.

It is worth noting in this context that, although the Simon Community has traditionally given preference to accommodating an older age group in its houses, 34 (41%) of all shelter residents in the current study are under 40. The age structure in any shelter cannot always be planned; it is to a certain extent determined by the reactive nature of the provision of emergency accommodation. However it may reflect the increasing vulnerability of people in recent years to becoming homeless at an earlier age.

The proportion of people under 40 years of age staying in Simon shelters has policy implications for the management of both the shelters and residential houses. For shelters, one policy implication is that the needs and problems of younger homeless people are often different from the older group and the greater age variation from 19 years to over 65 years can present complex and difficult management problems. An important policy implication for residential houses is that there may not be the same demand in the future for residential care for older people because of the younger age profile of shelter residents and because of the current emphasis on settlement outside the Simon Community of shelter residents.

3.3 Sex

The vast majority of persons known to the Simon Community are male as Figure 3.1 and Table 3.2 indicates. There is very little variation in the proportions of men and women in the three categories of residence, with men averaging approximately 90% of the total in each category. This is similar to the results of other studies. One study of Simon Community residents in 1988 (McCarthy, 1988, p. 106) found that 89% were male while another study of Dublin Simon Community residents in 1976 (Hart, 1976, p. 10) found that 87% were male.

The reason why the majority of persons known to the Simon Community are men is partly a reflection on the type of facilities which it provides rather than any gender-specific policy. In the past, because of poor conditions and overcrowding, it was difficult to accommodate women. This still applies to the shelter in Cork. The new shelter at Usher's Island in Dublin has a room for emergency accommodation which is usually reserved for women residents and about five women are usually accommodated in the shelter. In Dundalk additional bathroom facilities were built in order to be able to accommodate women. The low number of women in the current study does not indicate that homelessness is not a problem for women, however. The phenomenon of hidden homeless women has been raised in many studies both in Ireland and in Scotland.
Referral and Settlement in the Simon Community

(Kennedy, 1985; Webb, 1989, p.5). As a general rule, men's homelessness expresses itself in stays in hostels, shelters or sleeping rough, whereas women tend to stay with families or friends rather than in hostels.

3.4 Marital Status and Contacts with Spouses and Children

The marital status of persons known to the Simon Community is summarized in Figure 3.1 and Table 3.3. The majority of persons, 94 (61%), are single. A further 42 (27%) are separated. The rate of separation among persons known to the Simon Community is exceptionally high by Irish standards. In the 1986 Census of Population, 1.4% of those aged 15 years and over described their marital status as being separated, divorced, deserted or marriage annulled (Census of Population, 1986).

The contacts of persons known to the Simon Community with their spouses and their children are summarized in Figure 3.1 and Tables 3.4 and 3.5. The data reveal that 34 (67%) had no contact with spouses. Almost half, 32, of the people known to have children had contacts with them. This varied between the three categories of residence with persons in Simon residential houses or settled outside Simon in a house/flat much more likely to have contact with their own children than those living in the Simon shelter. Information was not available for 10 (15%) of respondents indicating the sensitivity of the subject matter. The picture which emerges from Tables 3.4 and 3.5 is of a relatively isolated, unattached group of people, over 90% of whom are single, separated or widowed.

3.5 Type of Home where Persons Known to the Simon Community Were Brought Up

The type of homes in which people known to the Simon Community were brought up is detailed in Figure 3.1 and Table 3.6. The majority, 120 (78%), were brought up in their family home. No information is available on 18 respondents (12%). Thirteen respondents (9%) were reared in residential care which is exceptionally high by Irish standards given that the national rate of children in care is approximately 2 per 1000 children aged 18 years or less (Department of Health 1988; Census of Population 1986). This suggests, other things being equal, that people known to the Simon Community are forty-five times more likely to have been brought up in care than the national average.

3.6 Emigration Characteristics

The emigration characteristics of persons known to the Simon Community are summarized in Figure 3.2 and in Tables 3.7, 3.8 and 3.9. The majority, 105 (69%), have lived abroad, with little variation between the three categories of residence. The correlation between the process of emigration by unskilled people from poor backgrounds and the incidence of homelessness among returned migrants was noted by McCarthy (1988, p. 178) who found that 69% had emigrated for work at some stage in
Figure 3.2 Emigration Characteristics of Persons Known to Simon Community, 1991

- Places Lived Abroad
  - Britain 90 (56%)
  - Elsewhere in Europe 6 (8%)
  - Other 2 (1%)
  - Combinations of above 8 (7%)

- Length of Time Lived Abroad
  - Under one year 9 (9%)
  - Between one and under five years 9 (9%)
  - Between five and under ten years 16 (17%)
  - Between ten and under twenty years 26 (25%)
  - Between twenty and under thirty years 17 (16%)
  - Thirty years or more 12 (11%)
  - No information 25 (13%)

Figure 3.3 Sources of Income of Persons Known to Simon Community, 1991

- Main Source of Income
  - Unemployment Assistance 62 (41%)
  - Old Age Pension 27 (18%)
  - Disabled Person's Maintenance Allowance 22 (14%)
  - Disability Benefit 17 (11%)
  - Invalidity Pension 11 (7%)
  - Supplementary Welfare Allowance 6 (4%)
  - Unemployment Benefit 5 (3%)
  - Wage 2 (1%)
  - No information 1 (1%)

- Additional Sources of Income from the Simon Work Project
  - No 123 (69%)
  - Yes 30 (20%)

- Amount of Weekly Income
  - IRE40-IRE49 20 (13%)
  - IRE50-IRE59 88 (58%)
  - IRE60-IRE69 11 (7%)
  - IRE70-IRE79 24 (16%)
  - IRE80+ 5 (3%)
  - No information 5 (3%)
Table 3.7 Number of Persons Known to the Simon Community who Lived Abroad by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Lived Abroad</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N %</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>56</td>
<td>87.5</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>25.3</td>
</tr>
<tr>
<td>No Information</td>
<td>6</td>
<td>7.2</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.8 Places Abroad where Persons Known to the Simon Community have lived by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Place Abroad</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N %</td>
<td></td>
</tr>
<tr>
<td>Britain</td>
<td>44</td>
<td>79.6</td>
</tr>
<tr>
<td>Elsewhere in Europe</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Contributions of above</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.9 Length of Time Persons Known to the Simon Community have Lived Abroad by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Time Abroad</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under one year</td>
<td>Simon Shelter</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>N %</td>
<td></td>
</tr>
<tr>
<td>Between one and under five years</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>Between five and under ten years</td>
<td>11</td>
<td>19.6</td>
</tr>
<tr>
<td>Between ten and under twenty years</td>
<td>13</td>
<td>22.2</td>
</tr>
<tr>
<td>Between twenty and under thirty years</td>
<td>8</td>
<td>14.3</td>
</tr>
<tr>
<td>Thirty years or more</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>No information</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.10 Main Source of Income of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Main Source of Income</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Assistance (Downs' allowance)</td>
<td>43</td>
<td>51.8</td>
</tr>
<tr>
<td>Old Age Pension</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Disabled Persons Maintenance Allowance</td>
<td>8</td>
<td>10.8</td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance</td>
<td>6</td>
<td>7.2</td>
</tr>
<tr>
<td>Unemployment Benefit</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Wage/Salary</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>No Information</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.11 Additional Income from Simon Work Project of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Additional Income</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>74</td>
<td>89.2</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.12 Amount of Weekly Income of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Weekly Income (£)</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>Simon Shelter</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>Simon Residential House</td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>Outside Simon in House/Flat</td>
<td></td>
</tr>
<tr>
<td>70-79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Referral and Settlement in the Simon Community

their lives. The study shows that many of the people interviewed left Ireland in search of work, mainly in England. They had low levels of education and few skills. They became migrant workers moving around the country in search of work. They spent many years in boarding houses or lodging houses never setting down any roots and they lost contact with their families. They only returned to Ireland when they could not find employment. This process of emigration continued up until 1990. In 1991 the Simon Community and other agencies dealing with homeless people all reported an increase in the number of unemployed people returning from England many of whom now find themselves homeless.

The majority of persons known to the Simon Community who have lived abroad, 90 (86%), have lived in England; only six (6%) lived elsewhere in Europe. Table 3.9 reveals that of more than half the persons known to the Simon Community, who have lived abroad, 55 people (52%), lived abroad for 10 years or more and 12 (11%) lived abroad for 30 years or more. These figures confirm the findings of McCarthy's study (1988, p. 132) on the importance of lengthy emigration among Simon Community residents.

Closer inspection of Table 3.9 reveals that there are differences between persons in the different categories of residence. Half of the persons settled outside the Simon Community who have lived abroad, lived abroad for 20 years or more by comparison with six (19%) people settled in residential houses and 14 (25%) shelter residents. There is no immediately obvious explanation for this variation although the younger age profile of shelter residents would help to explain the lower percentage of persons in this category who spent very long periods abroad. In relation to the population of Ireland generally, there is no comparable data from which to draw comparisons.

3.7 Income Details

The amount and sources of income of persons known to the Simon Community are described in Figure 3.3 and in Tables 3.10, 3.11 and 3.12. The source of income of only 2 out of 153 people is a wage. These figures are comparable to the findings of a recent study of hostel residents in Glasgow (Glasgow Council for Single Homeless, 1990, p. 18) where 96% were found to be unemployed. The vast majority of persons in the current study, 150 (99%), receive social welfare payments. Strictly comparable statistics on source of income are difficult to obtain although it is worth noting that 37% of the total population in Ireland were dependent on Social Welfare Payments in 1989 (Department of Social Welfare, 1989, p. 7).

The data in Table 3.10 also reveal that one third of people known to the Simon Community (33%) are recipients of health-related benefits (Disabled Persons Maintenance Allowance, Disability Pension and Invalidity pension). This compares with 15% of all social welfare recipients in this category in Ireland in 1988 (Department of Health, 1989, p.41; Department of Social Welfare, 1988, p.7). In other words the proportion of persons known to the Simon Community who are in receipt of health-related payments is twice as high as for social welfare dependents generally. More generally it seems clear that the vast majority of people known to the Simon Community
are living in very poor circumstances given that the level of income provided by social welfare is generally regarded to be inadequate for a decent lifestyle (Report of the Commission on Social Welfare, 1986).

In recent years the Simon Community has been developing work projects to provide residents, both past and present, with the opportunity to engage in useful, interesting and rewarding work. A major impetus to the development of work projects came from funding received under the Second European Community (EC) Programme to Combat Poverty between 1986 and 1989 (O'Donovan and McKeown, 1989). The data in Table 3.11 reveal that 20% of persons known to the Simon Community received additional income from work projects. Closer inspection of the table reveals a marked difference in the numbers working on work projects in the three categories of persons known to the Simon Community. More than half of the people settled outside the Simon Community in this study, 13 (52%), were working on the work projects by comparison with eight (18%) of residential house residents and 9 (11%) shelter residents. Forty-three per cent of work project users in this study are settled outside the Simon Community which suggests that work projects may be an important factor in helping them to settle.

Information on the amount of weekly income is presented in Table 3.12. The data reveal that 108 (71%) people known to the Simon Community in this study have an income of less than IR£60 per week. The Commission on Social Welfare in 1986 estimated that an adequate weekly basic income was between IR£50 - IR£60 per person (Report of the Commission on Social Welfare, 1986, p.15). Allowing for five years' inflation the Commission's recommendation on adequate income for a single person in 1990 should be between £57 and £68 per week (Simon Community National Office (b), 1990, p's 10-15). It is worth noting that in 1991, 71% of persons known to the Simon Community are still on an income of less than IR£60 per week. Closer inspection again reveals marked differences in income among the different categories of residence, with 66 (80%) shelter residents and 34 (76%) residential house residents on an income of under IR£60 per week by comparison with only eight (32%) people settled outside the Simon Community. This is related to the fact that over half of those settled outside the Simon Community have additional income from work projects. Overall the vast majority of the persons known to the Simon Community are below the IR£57 - £68 line.

3.8 Special Problems

The health problems experienced by homeless people have been documented in many studies (Duncan, Downey and Finch, 1983, p.43; Hart, 1976, p.p.s.16, 17: Glasgow Council for Single Homeless, 1990, p.68 etc.). In this study, data on special problems, including health problems and hospitalization for physical and psychiatric illness, was collected in order to find out the prevalence and diversity of problems and the use of services among persons known to the Simon Community.

The information contained in Figure 3.4 and in Table 3.13 is based on the observations of staff members in the Simon Community. It is worth noting that those observations may not necessarily correspond with those of other health care professionals or even with the persons themselves. Notwithstanding these caveats, the observations of staff
Figure 3.4 Health and Other Problems of Persons Known to Simon Community, 1991

Persons Known to Simon Community
153

Special Problems
- Drink problem 98 (65%)
- Physical health problems 82 (41%)
- Psychiatric problems 61 (40%)
- Behaviour problems 52 (34%)
- Physical handicap 20 (13%)
- Drug problem 14 (9%)
- Gambling problem 13 (9%)
- Mental handicap 4 (3%)
- Other 7 (5%)

Persons on Medication
- No 100 (65%)
- Yes 53 (35%)

Hospitalisation for Physical Illness in Past Five Years
- No 68 (44%)
- No information 13 (9%)
- Yes 72 (47%)

Type of Medication
- Medication for physical illness 23 (43%)
- Medication for psychiatric illness 19 (36%)
- Medication for both 11 (21%)

Frequency of Hospitalisation in Past Twelve Months
- Once 28 (39%)
- Twice 8 (11%)
- Three times 3 (4%)
- Four times 1 (1%)
- Five times or more 4 (6%)
- Not in past year 28 (39%)
### Table 3.13 Special Problem of Persons Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Special Problem</th>
<th>Category of Residence</th>
<th>Total</th>
<th>N %</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Residential House</td>
<td>Outside Simon In House/Flat</td>
<td>N %</td>
</tr>
<tr>
<td>Drink problem</td>
<td>53 63.0</td>
<td>26 57.8</td>
<td>20 80.0</td>
<td>99 64.7</td>
</tr>
<tr>
<td>Physical Health problems</td>
<td>26 31.3</td>
<td>24 53.3</td>
<td>12 48.0</td>
<td>62 40.5</td>
</tr>
<tr>
<td>Psychiatric problems</td>
<td>30 36.1</td>
<td>20 44.4</td>
<td>11 44.0</td>
<td>61 38.0</td>
</tr>
<tr>
<td>Behaviour problems</td>
<td>29 34.9</td>
<td>17 37.8</td>
<td>6 24.0</td>
<td>52 34.0</td>
</tr>
<tr>
<td>Physical handicap</td>
<td>11 13.3</td>
<td>7 15.6</td>
<td>2 8.0</td>
<td>20 12.1</td>
</tr>
<tr>
<td>Drug problem</td>
<td>10 12.0</td>
<td>2 4.4</td>
<td>2 8.0</td>
<td>14 9.2</td>
</tr>
<tr>
<td>Gambling problem</td>
<td>5 7.2</td>
<td>4 8.9</td>
<td>3 12.0</td>
<td>13 8.5</td>
</tr>
<tr>
<td>Other</td>
<td>3 3.6</td>
<td>3 6.7</td>
<td>1 4.0</td>
<td>7 4.6</td>
</tr>
<tr>
<td>Mental handicap</td>
<td>4 4.8</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>4 2.6</td>
</tr>
<tr>
<td>Total</td>
<td>83 100.0</td>
<td>45 100.0</td>
<td>25 100.0</td>
<td>153 100.0</td>
</tr>
</tbody>
</table>

*The number of problems exceed the number of people because some people have more than one problem.

### Table 3.14 Persons on Medication Known to the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>Simon Shelter</td>
<td>Residential House</td>
</tr>
<tr>
<td>No</td>
<td>57 66.7</td>
</tr>
<tr>
<td>Yes</td>
<td>26 31.3</td>
</tr>
<tr>
<td>Total</td>
<td>83 100.0</td>
</tr>
</tbody>
</table>

### Table 3.15 Type of Medication taken by Persons Known to be on Medication by the Simon Community by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>Simon Shelter</td>
<td>Residential House</td>
</tr>
<tr>
<td>Medication for physical illness</td>
<td>11 42.3</td>
</tr>
<tr>
<td>Medication for psychiatric illness</td>
<td>12 46.2</td>
</tr>
<tr>
<td>Medication for both</td>
<td>3 11.5</td>
</tr>
<tr>
<td>Total</td>
<td>26 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to be on medication.

### Table 3.17 Frequency with which Persons Known to the Simon Community have been Hospitalised for Physical Illness in the Past Twelve Months, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Frequency in twelve months</th>
<th>Category of Residence</th>
<th>Total</th>
<th>N %</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Residential House</td>
<td>Outside Simon In House/Flat</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>15 40.5</td>
<td>8 36.4</td>
<td>5 38.5</td>
<td>28 38.9</td>
</tr>
<tr>
<td>Twice</td>
<td>4 10.8</td>
<td>2 9.1</td>
<td>2 15.4</td>
<td>8 11.1</td>
</tr>
<tr>
<td>Three times</td>
<td>3 8.1</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>3 4.2</td>
</tr>
<tr>
<td>Four times</td>
<td>1 2.7</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>1 1.4</td>
</tr>
<tr>
<td>Five times or more</td>
<td>4 10.8</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>4 5.6</td>
</tr>
<tr>
<td>Not in past year</td>
<td>10 27.0</td>
<td>12 54.5</td>
<td>6 48.2</td>
<td>28 38.9</td>
</tr>
<tr>
<td>Total</td>
<td>37 100.0</td>
<td>22 100.0</td>
<td>13 100.0</td>
<td>72 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those people who are known to have been hospitalised in the last five years.

### Table 3.18 Number of Persons Known to the Simon Community who have been Hospitalised for Physical Illness in the past five years, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>Simon Shelter</td>
<td>Residential House</td>
</tr>
<tr>
<td>Yes</td>
<td>37 44.6</td>
</tr>
<tr>
<td>No</td>
<td>36 43.4</td>
</tr>
<tr>
<td>No Information</td>
<td>10 12.0</td>
</tr>
<tr>
<td>Total</td>
<td>83 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those people who are known to have been hospitalised in the last five years.
members reveal that 99 (65%) of the persons known to the Simon Community were considered to have a drink problem, 62 (41%) were considered to have physical health problems, 61 (40%) were considered to have psychiatric problems and 52 (34%) were considered to have behaviour problems. Many people were considered to have more than one problem. Similar findings were reported in a previous study of Dublin Simon Community residents in 1976 which found that 54% drank at least four nights a week (Hart, 1976, p. 16) and 31% rated their physical health as poor (Hart, 1976, p. 15).

The high incidence of special problems among persons known to the Simon Community suggests that the Simon Community is fulfilling its original purpose of working with people who might have difficulty fitting into other hostels. The high incidence of problems, particularly drink problems and/or psychiatric problems, also suggests that staff and voluntary workers need to have a certain degree of familiarization with these areas in order to be able to refer people for specialist help.

Fifty seven per cent of Simon Community shelter and residential house residents were reported to have physical health problems or physical handicap. This is similar to the results of a Glasgow study of hostel residents (Glasgow Council for Single Homeless, 1990, p. 68) where 52% of male respondents reported current health problems.

Information on the numbers receiving medication and the type of medication received is presented in Table 3.14 and 3.15. Fifty three people (35%) in this study were on medication at the time of interview. Twenty three (43%) were on medication for physical illness, 19 (36%) for psychiatric illness and 11 (21%) on medication for both. There are no comparable figures for the general population of Ireland although data on medical cardholders, which amounted to 36% of the population in 1989, indicates that approximately 86% of the persons in this category were in receipt of at least one prescription in that year and approximately one quarter had 10 or more prescriptions (Report of the General Medical Services (Payments) Board, 1990, Tables 1, 16.1 and 20). This would suggest, other things being equal, that the level of dependency on medication among persons known to the Simon Community may be substantially higher than among the medical card population generally.

The number of people hospitalized for physical illness in the past five years is presented in Table 3.16. Almost half, 72 (47%), have been hospitalized at some stage in the past five years. Table 3.17 further reveals that 44 (29%) of the persons known to the Simon Community were hospitalized at least once in the past year. Although no comparable statistics are available, the figures for acute hospital discharges in 1988 (Department of Health, 1989, pp. 13 and 63) show that 14% of the general population of Ireland were discharged from hospital in that year (assuming that each admission to hospital is treated as a separate discharge). This suggests, other things being equal, that persons known to the Simon Community are twice as likely to be hospitalized as the general population of Ireland. Closer inspection of Table 3.17 reveals that shelter residents are likely to be hospitalized more often than residential house residents or people settled outside the Simon Community.

The numbers hospitalized for psychiatric reasons are presented in Figure 3.5 and in Tables 3.18 and 3.19. The data reveal that 44 (29%) have been hospitalized in the past five years and 15 (10%) have been hospitalized in the past year. Although no
comparable statistics are available, the figures for psychiatric hospital admissions in Ireland in 1986 (Department of Health, 1989, pp. 47, 13) reveal that 0.6% of the total population of Ireland were admitted to psychiatric hospitals in that year, by comparison with 10% of the persons known to the Simon Community in the period March 1990 - March 1991. This means, other things being equal, that persons known to the Simon Community are 15 times more likely to be admitted to psychiatric hospital than the general population of Ireland.

Closer inspection of the data in Table 3.19 reveals that there are variations between the three categories of persons known to the Simon Community in terms of their admission to psychiatric hospital. Residential house residents are less likely to have been hospitalized in the past year than shelter residents or people settled outside the Simon Community. This may reflect the emphasis on the use of outpatients' psychiatric services by residential house residents. Although residential house residents have serious chronic mental health problems their health care is better organized and their lifestyle is more stable than shelter residents. Great efforts have been made in the past few years to link into the local health service network and many residential houses are now visited on a regular basis by Public Health Nurses and Community Psychiatric Nurses.

Attendance at Addiction Treatment / Rehabilitation Centres is summarized in Table 3.20. The data reveals that 48 people (31%) have attended Addiction Treatment Centres at some stage in their lives. It is worth noting that, over twice that figure, 99 people (65%), were considered to have a drink problem. (Table 3.13). There are no strictly comparable national statistics. Admissions for alcohol abuse and psychosis to public psychiatric hospitals and units in 1987 was 188.5 per 100,000 population equivalent to 0.19% of the population. (The Health Research Board, 1987, p.42). However these figures exclude admissions to private hospitals and clinics for addictions.

The picture emerging from this section is that many of the people known to the Simon Community have major health problems. It is worth emphasizing that the data are based on the Project Leaders' daily experience of contact and caring for the health problems of residents and not on independent medical assessment. Nevertheless the observations of staff members are backed up by other indications of health problems such as the high take up of health-related social welfare payments (Section 3.7) and the high incidence of hospital admission for physical and psychiatric illnesses (Section 3.8) which have also been reported in the study. These results suggest that for the Simon Community there may be a need for more staff training in basic health care as well as satisfactory referral procedures and more contacts with the local health care services, particularly for shelters, where the health problems are more urgent.

3.9. Imprisonment

The number of persons known to the Simon Community who have been in prison is summarized in Figure 3.5 and in Table 3.21. The data indicate that 30 people (20%) have been imprisoned in the previous five years. There are variations in imprisonment
Figure 3.5 Experiences of Institutionalisation by Persons Known to Simon Community, 1991

- Persons Known to Simon Community 153

Hospitalisation for Psychiatric Illness in Past Five Years
- Yes 87 (57%)
- No 95 (62%)
- No Information 14 (9%)

Persons Who Ever Attended Addiction Treatment Centre
- Yes 48 (31%)
- No 87 (57%)
- No Information 13 (8%)

Persons in Prison in Past Five Years
- Yes 30 (20%)
- No 110 (72%)
- No Information 13 (8%)

Frequency of Hospitalisation in Past Twelve Months
- Once 14 (12%)
- Twice 0 (0%)
- Three times 1 (2%)
- Four times 0 (0%)
- Five times or more 0 (0%)
- Not in past year 24 (55%)
- No Information 5 (11%)

Frequency of Being in Prison in Past Two Years
- Once 14 (30%)
- Twice 2 (5%)
- Three times 2 (5%)
- Four times 0 (0%)
- Five times or more 3 (8%)
- Never 18 (46%)

Last Time in Prison
- Less than six months ago 12 (40%)
- Between six months and under one year ago 5 (17%)
- Between one year and under two years ago 4 (13%)
- Between two years and under five years ago 6 (20%)
- No Information 3 (10%)
Table 3.18: Number of Persons Known to the Simon Community who have been Hospitalised for Psychiatric Reasons in the Past Five Years, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Hospitalised for Psychiatric Reasons</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>No</td>
<td>54</td>
<td>65.1</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>22.9</td>
</tr>
<tr>
<td>No Information</td>
<td>10</td>
<td>12.0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.19: Frequency with which Persons Known to the Simon Community have been Hospitalised for Psychiatric Reasons in the Past Twelve Months, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Frequency in twelve months</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>Once</td>
<td>6</td>
<td>31.5</td>
</tr>
<tr>
<td>Twice</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Three times</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Four times</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Five times or more</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not in past year</td>
<td>6</td>
<td>42.1</td>
</tr>
<tr>
<td>No Information</td>
<td>5</td>
<td>26.3</td>
</tr>
<tr>
<td>Total*</td>
<td>19</td>
<td>73.7</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have been hospitalised in the last five years.

Table 3.20: Number of Persons Known to the Simon Community who have ever Attended an Addiction Treatment/Rehabilitation Centre, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Addiction Treatment/Rehabilitation Centre</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
<td>51.8</td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
<td>34.9</td>
</tr>
<tr>
<td>No Information</td>
<td>11</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3.21: Number of Persons Known to the Simon Community who have been in Prison in the Past Five Years, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>In Prison</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>No</td>
<td>52</td>
<td>62.7</td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>25.3</td>
</tr>
<tr>
<td>No Information</td>
<td>10</td>
<td>12.0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have been in prison in the last five years.

Table 3.22: Last Time Persons Known to the Simon Community have been in Prison, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Last Time in Prison</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td>Less than six months ago</td>
<td>10</td>
<td>47.6</td>
</tr>
<tr>
<td>Between six months and under one year ago</td>
<td>4</td>
<td>18.0</td>
</tr>
<tr>
<td>Between one year and under two years ago</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>Between two years and under five years ago</td>
<td>4</td>
<td>19.0</td>
</tr>
<tr>
<td>No Information</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total*</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have been in prison in the last five years.
between the three categories of persons known to the Simon Community. A larger proportion of shelter residents, 21 (25%), have been imprisoned during the previous five years by comparison with four (16%) of people settled outside the Simon Community and five (11%) of people in residential houses. We do not know how serious the offences were but McCarthy found in her study of Simon Community residents (McCarthy, 1988, p.144) that the vast majority had been in prison for relatively minor offences, such as begging, vagrancy, shop lifting, stealing a bottle of wine etc.. This is also the general experience of Simon Community workers.

Details on the last time the person was imprisoned are summarized in Table 3.22. The majority of those who have been in prison in the past five years, 21 (70%), were in prison in the previous two years. There are however marked differences between the three categories of persons known to the Simon Community in relation to those who have been in prison in the previous two years. Among residential house residents, only one person was in prison in the previous two years by comparison with three persons settled outside the Simon Community and 17 shelter residents. Additional data in Table 3.23 indicate that none of the residential house residents or the persons settled outside the Simon Community was in prison more than once in the previous two years by comparison with seven of the shelter residents.

The data in Tables 3.21, 3.22 and 3.23 indicate that shelter residents are much more likely to have been imprisoned, and imprisoned more frequently, than residential house residents and people settled outside the Simon Community. This indicates a more unstable lifestyle among shelter residents. There is no strictly comparable data in relation to imprisonment although it is interesting to note that 0.13% of the population of Ireland were committed to prison under sentence in 1988 (Annual Report on Prisons and Places of Detention, 1988, p. 91, Table 4(d)) by comparison with 11% of the people known to the Simon Community who had been in prison in the previous year. In other words, persons known to the Simon Community are, on average, 85 times more likely to have been imprisoned than the general population of Ireland.

3.10 Work Projects

The data on work projects are presented in Figure 3.6 and in Tables 3.24, 3.25, 3.26 and 3.27. Table 3.24 reveals that 67 people (44%) known to the Simon Community have been referred to work projects. Closer inspection of the table reveals that there are variations between the numbers referred to work projects in the three categories. Sixteen people (64%) settled outside the Simon Community in this study have been referred to work projects by comparison with 19 (42%) of residential house residents and 32 (39%) of shelter residents. Table 3.25 indicates that almost all of those referred to work projects, 64 (96%), were accepted on them. The reasons why 86 people (56%) known to the Simon Community were not referred to work projects are summarized in Table 3.26. Thirty eight (38%) were considered unsuitable because of their age, health, personality or life-style, twenty three (27%) were uninterested or unavailable. In the case of 16 (19%), their stay in the shelter was too short for them to be referred to the work project. Eight people were not referred to the work project because there were no vacancies.
Table 3.23 Frequency with which Persons Known to the Simon Community have been in Prison in the Past Two Years, by Category of Residence, 1981

<table>
<thead>
<tr>
<th>Frequency In Two Years</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter N %</td>
<td>Simon Residential House N %</td>
</tr>
<tr>
<td>Once</td>
<td>10 47.6</td>
<td>1 8.3</td>
</tr>
<tr>
<td>Twice</td>
<td>2 9.5</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Three times</td>
<td>2 9.5</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Four times</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Five times or more</td>
<td>3 14.3</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Not in two years</td>
<td>4 19.0</td>
<td>11 91.7</td>
</tr>
<tr>
<td>Total*</td>
<td>21 100.0</td>
<td>12 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have ever been in prison.

Table 3.24 Persons Known to the Simon Community who have been Referred to the Work Project, by Category of Residence, 1981

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Referred to the Work Project</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter N %</td>
<td>Simon Residential House N %</td>
</tr>
<tr>
<td>No</td>
<td>51 61.4</td>
<td>26 57.8</td>
</tr>
<tr>
<td>Yes</td>
<td>32 38.6</td>
<td>10 42.2</td>
</tr>
<tr>
<td>Total</td>
<td>83 100.0</td>
<td>36 100.0</td>
</tr>
</tbody>
</table>

Table 3.25 Reasons Why Persons Known to the Simon Community were not Referred to the Work Project, by Category of Residence, 1981

<table>
<thead>
<tr>
<th>Reasons why not referred to Work Project</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter N %</td>
<td>Simon Residential House N %</td>
</tr>
<tr>
<td>Person uninterested / unavailable</td>
<td>12 22.5</td>
<td>7 26.9</td>
</tr>
<tr>
<td>Person unsuitable because of age</td>
<td>6 11.8</td>
<td>6 23.1</td>
</tr>
<tr>
<td>Person unsuitable because of health / personality / lifestyle</td>
<td>12 23.5</td>
<td>6 22.1</td>
</tr>
<tr>
<td>Too short a stay in shelter</td>
<td>15 29.4</td>
<td>0 0.0</td>
</tr>
<tr>
<td>No vacancies on project</td>
<td>6 11.8</td>
<td>1 3.8</td>
</tr>
<tr>
<td>No information</td>
<td>0 0.0</td>
<td>6 23.1</td>
</tr>
<tr>
<td>Total*</td>
<td>51 100.0</td>
<td>26 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who have not been referred to the Work Project.

Table 3.26 Number of Persons Known to the Simon Community who were Referred to and are Still on the Work Project, by Category of Residence, 1981

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Still on Work Project</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter N %</td>
<td>Simon Residential House N %</td>
</tr>
<tr>
<td>No</td>
<td>20 68.0</td>
<td>11 87.9</td>
</tr>
<tr>
<td>Yes</td>
<td>9 31.0</td>
<td>8 12.1</td>
</tr>
<tr>
<td>Total</td>
<td>29 100.0</td>
<td>19 100.0</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have been referred to and accepted on the Work Project.
Figure 3.6 Referral to Work Projects of Persons Known to Simon Community, 1991

Persons Known to Simon Community
153

Persons Referred to Work Project
No 86 (56%)
Yes 67 (44%)

Persons Accepted on Work Project
Yes 84 (96%)
No 3 (4%)

Reasons Why Persons Not Referred to Work Project
Person uninterested / unavailable 23 (27%)
Person unsuitable because of age 15 (17%)
Person unsuitable because of health / personality / lifestyle 18 (21%)
Too short a stay in shelter 18 (19%)
No vacancies on work project 8 (9%)
No information 8 (7%)

Persons Still On Work Project
Yes 30 (47%)
No 34 (53%)
The figures in Table 3.27 indicate that 30 (47%) of the people referred to work projects are still on them. Closer inspection reveals marked differences in the three categories however with 13 (81%) of those settled outside the Simon Community still on the work project by comparison with eight (42%) of residential house residents and nine (31%) of shelter residents. These figures seem to suggest that referrals to work projects last longer and are more successful among people settled outside the Simon Community than among shelter or residential house residents. The reasons for this are unclear but people settled outside the Simon Community may have a greater need for the additional support, both financial and social, which work projects offer. Their lifestyles are also more settled.

3.11 Previous Accommodation

The shelter, or in some cases the soup run, is usually the first point of contact that a homeless person has with the Simon Community. The vast majority of persons in the present study including those living in Simon Community residential houses or in their own accommodation spent some time initially staying in a Simon Community shelter. Data on the length of time persons known to the Simon Community lived in a Simon shelter are presented in Figure 3.7 and in Table 3.28. Sixty one people (40%) lived in Simon shelters for less than six months. Closer inspection reveals marked differences in the three categories of residence, however.

Fifty one (62%) of current shelter residents have lived there for less than 1 year, the majority of these, 47 (57%), staying for less than six months. These figures suggest that Simon Community shelters are providing emergency or short-term care for over half its residents. At the other end of the spectrum 14 (17%) of shelter residents were living in the shelters for ten years or more. A further 22% (18) have lived there between one to ten years. This suggests that within the shelters there are at least two quite substantial sub-groups with possibly different needs and different types and levels of service requirements.

It is noteworthy that residents in residential houses lived for prolonged periods in shelters before settling in residential houses. Twenty eight (62%) lived in Simon shelters for periods varying from one to 14 years. In fact only 6 people (13%) lived for less than one year in shelters before moving to residential houses. The precise reasons why residents spend such a long time in shelters before moving to residential houses may be due to the lack of places or to the fact that their lifestyle, at that period, made them unsuitable for a place in a residential house. The finding that 5 (11%) never lived in shelters, coming directly to residential houses probably through the soup run, is also worth noting.

In relation to persons settled outside the Simon Community the results show that over half of these, 13, lived in shelters for less than one year. This may indicate that people who only stay in shelters for a short time, are more likely to settle outside the Simon Community. The data in Table 3.28 are consistent with this pattern. Similar findings were found in recent research in Glasgow (Glasgow Council for Single Homeless, 1990,
Figure 3.7 Previous Accommodation of Persons Known to Simon Community, 1991

Persons Known to Simon Community 153

Length of Time Lived In Simon Shelter

- Less than one month 39 (26%)
- Between one and under six months 22 (15%)
- Between six months and under one year 9 (6%)
- Between one and under two years 11 (7%)
- Between two and under four years 12 (8%)
- Between four and under six years 12 (8%)
- Between six and under eight years 11 (7%)
- Between eight and under ten years 2 (1%)
- Between ten and under twelve years 11 (7%)
- Between twelve and under fourteen years 2 (1%)
- Fourteen years and over 11 (7%)
- Never stayed in shelter 5 (3%)
- No information 8 (4%)

Places Stayed Prior to Simon Shelter / Residential House

- Sleeping rough 36 (24%)
- Another hostel 25 (16%)
- Living in own home or with family / friends 42 (28%)
- Discharged from hospital or prison 8 (5%)
- Other forms of accommodation 21 (14%)
- No information 20 (13%)
### Table 3.38 Length of Time Persons Known to the Simon Community Lived in a Simon Shelter, by Category of Residence, 1991

<table>
<thead>
<tr>
<th>Length of Time in Shelter</th>
<th>Simon Shelter N</th>
<th>Residential House N</th>
<th>Outside Simon In House/Flat N</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one month</td>
<td>52</td>
<td>22</td>
<td>6</td>
<td>80</td>
</tr>
<tr>
<td>Between one and six months</td>
<td>15</td>
<td>11</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Between six months and under one year</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Between one and under two years</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Between two and under four years</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Between four and under six years</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Between six and under eight years</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Between eight and under ten years</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Between ten and under twelve years</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Between twelve and under fourteen years</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Fourteen years and over</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Never stayed in shelter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>45</td>
<td>25</td>
<td>153</td>
</tr>
</tbody>
</table>

### Table 3.39 Age of Person Known to the Simon Community When First Stayed in Hostel, 1991

<table>
<thead>
<tr>
<th>Age</th>
<th>Simon Shelter N</th>
<th>Residential House N</th>
<th>Outside Simon In House/Flat N</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fourteen to nineteen</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Twenty to twenty-nine</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Thirty to thirty-nine</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Forty to forty-nine</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Fifty or more</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No information</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>9</td>
<td>3</td>
<td>30</td>
</tr>
</tbody>
</table>

### Table 3.31 Period of Time During which Persons Known to the Simon Community Have Stayed in Various Hostels, 1991

<table>
<thead>
<tr>
<th>Period of Time</th>
<th>Simon Shelter N</th>
<th>Residential House N</th>
<th>Outside Simon In House/Flat N</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to four years</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Five to nine years</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Ten to fourteen years</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Fifteen to nineteen years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Twenty to twenty-four years</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Twenty-five years or more</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>9</td>
<td>3</td>
<td>30</td>
</tr>
</tbody>
</table>

### Table 3.32 Extent to which Respondents in Simon Hostel Have Slept Rough, 1991

<table>
<thead>
<tr>
<th>Sleep Rough</th>
<th>Simon Shelter N</th>
<th>Residential House N</th>
<th>Outside Simon In House/Flat N</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>8</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>9</td>
<td>8</td>
<td>33</td>
</tr>
</tbody>
</table>

*The total refers to those persons who are known to have slept rough.*

---

*The total refers to the number of people with whom in-depth interviews were conducted.*
where it was found that recent entrants to hostels were twice as likely to be looking for alternative accommodation as longer-term residents. This is an issue that would be worth investigating in more detail.

Data on where persons known to the Simon Community stayed before coming to a Simon shelter or residential houses is presented in Table 3.29. The results show that at least 61 (40%) came from insecure accommodation with 36 (24%) sleeping rough and a further 25 (16%) coming directly from another hostel. Forty-two (27%) came from living in their own home or with family or friends. Eight (5%) were discharged from hospital or prison. Twenty one (14%) came from other forms of accommodation and there was no information on a further 20 (13%).

3.12 Previous Accommodation:  
An In-depth Study of 52 People's Experiences

Further detailed information on previous accommodation history and life style, including sleeping rough, was gathered from 52 people known to the Simon Community. The information was gathered by means of in-depth personal interview with 52 people of whom 18 respondents were living in Simon Community shelters, 9 were living in Simon Community residential houses and 25 were former Simon Community residents now living independently outside the Simon Community. The information in the remainder of this section and in the next section refers to these 52 people.

The age at which these respondents first stayed in a hostel is presented in Figure 3.8 and in Table 3.30. The data reveal that respondents first became homeless at different times in their lives. Nearly one fifth, 10 (19%), first stayed in a hostel when they were aged between 14 and 19 years, while another fifth, 10 (19%), first stayed in a hostel when they were aged between 20 and 29. More than a quarter, 14 (27%) first stayed in a hostel between the ages of 30 and 39 while 11 (21%) first stayed in a hostel when they were between the ages of 40 and 49. A small number of respondents, 4 (8%), first stayed in a hostel when they were 50 years or more. This indicates that people can become homeless at any time during the course of their lives.

There are marked differences between shelter residents and people in the two other categories of residence in relation to the age at which they first stayed in a hostel for homeless people. Shelter residents were younger when they first stayed in a hostel. Eleven shelter residents (61%) first stayed in hostels before they were twenty-nine years old by comparison with only two (22%) residential house residents and seven (28%) people settled outside the Simon Community. This seems to suggest, given the age profile of people in the three categories, that the average age of the homeless person coming to Simon Community shelters is becoming younger. This may reflect the change of the age of admission policy in some shelters. As a general rule, Simon Communities traditionally catered for the middle aged or older homeless person. However in recent years with the increasing numbers of younger people seeking accommodation this has changed. For example, Dublin Simon Community reduced its over 40 years age limit to over 30 years in 1990.
In order to estimate the average length of time respondents spent living in hostels or sleeping rough, information was collected on when they first and last stayed in a hostel or slept rough. The period of time during which they stayed in hostels or slept rough was then calculated. This does not mean that they were living in hostels or sleeping rough constantly during this time. It does mean that they would probably have used hostels or slept rough, as they needed to, throughout this period. No effort was made to try to calculate the precise amount of time spent in hostels or sleeping rough since respondents were unlikely to accurately remember such details. At the same time the majority of respondents had no difficulty remembering the first and last time they stayed in a hostel or slept rough as these usually were significant events in their lives.

The data in Figure 3.8 and in Tables 3.30 and 3.35 combined with the information on previous settlement attempts (see Chapter Five, section 5.6 below) give an indication of the type of life the respondents lived during this period of time. The picture which emerges from these tables is that persons known to the Simon Community have been homeless, living in hostels or sleeping rough during a considerable part of their lives.

Data on the period of time during which respondents stayed in various hostels are presented in Table 3.31. The data reveal that hostels have been used by respondents over a considerable number of years. Almost all of the respondents are known to have stayed in hostels at some stage in their lives. Fifteen (29%) stayed in hostels for periods of up to four years while 14 (27%) lived in hostels during a period of between five and nine years. Sixteen (31%) lived in hostels for periods of between 10 and 24 years while four (8%) had lived in hostels during a period of 25 years or more.

There are differences in the length of time spent in hostels between the different categories of residence. In the main, shelter residents have spent much shorter periods living in hostels than persons in residential houses or settled outside the Simon Community. This probably reflects the younger age profile of shelter residents described above in section 3.2.

The data in Table 3.32 reveal that almost all of the respondents, 46 (86%), have slept rough at some stage during their lives. All of the residential house residents slept rough. The age at which respondents first slept rough is presented in Table 3.33. It is worth noting that five (11%) respondents first slept rough before they were 15 years old and 13 (28%) had slept rough before they were 20. At the other end of the time spectrum five (11%) of the respondents were over 49 years of age when they first slept rough.

Variations also emerge between the categories in relation to the age at which respondents first slept rough. The data show that shelter residents first slept rough at a younger age than respondents in the other categories of residence. Over half the shelter residents, eight (53%), first slept rough before they were 20 by comparison with one (11%) residential house resident and four (18%) of the people settled outside the Simon Community. Conversely six (67%) residential house residents first slept rough over 30 years of age whereas 13 people (5%), settled outside the Simon Community first slept rough between 20 and 39 years of age. The information contained in Table 3.30 and 3.33 suggest that Simon Community shelters are now caring for people who first became homeless at an early age.
Figure 3.8 Experiences of Shelters, Hostels and Sleeping Rough by Persons Known to Simon Community, 1991

Persons Known to Simon Community

52

Age When Persons First Stayed in Shelter

- Fourteen to nineteen 10 (19%)
- Twenty to twenty nine 10 (19%)
- Thirty to thirty nine 14 (27%)
- Forty to forty nine 11 (21%)
- Fifty or more 4 (8%)
- No Information 3 (6%)

Length of Time Stayed in Various Hostels

- Up to four years 15 (29%)
- Five to nine years 14 (27%)
- Ten to fourteen years 8 (15%)
- Fifteen to nineteen years 1 (2%)
- Twenty to twenty four years 7 (13%)
- Twenty five years or more 4 (8%)
- No Information 3 (6%)

Persons Who Have Slept Rough

Yes 46 (89%)

Age When Persons First Slept Rough

- Under ten 1 (2%)
- Ten to fourteen 4 (9%)
- Fifteen to nineteen 8 (18%)
- Twenty to twenty four 7 (13%)
- Twenty five years or more 4 (8%)
- No Information 3 (6%)

Age When Persons Last Slept Rough

- Twenty to twenty nine 7 (15%)
- Thirty to thirty nine 10 (22%)
- Forty to forty nine 15 (33%)
- Fifty or more 12 (26%)
- No Information 2 (4%)

Period of Time During Which Persons Have Slept Rough

- Up to four years 13 (29%)
- Five to nine years 7 (15%)
- Ten to fourteen years 2 (4%)
- Fifteen to nineteen years 7 (15%)
- Twenty to twenty four years 8 (13%)
- Twenty five years or more 9 (20%)
- No Information 2 (4%)
### Table 3.34 Age of Resident When Last Slept Rough, 1991

<table>
<thead>
<tr>
<th>Age</th>
<th>Simon Shelter</th>
<th>Simon Residential House</th>
<th>Outside Simon in House/Flat</th>
<th>Total</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twenty to twenty-nine</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>12</td>
<td>15.2</td>
</tr>
<tr>
<td>Thirty to thirty-nine</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>10.1</td>
</tr>
<tr>
<td>Forty to forty-nine</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>9.2</td>
</tr>
<tr>
<td>Fifty or more</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>9</td>
<td>8</td>
<td>32</td>
<td>40.0</td>
</tr>
</tbody>
</table>

### Table 3.35 Period of Time During which Persons Known to the Simon Community Have Slept Rough, 1991

<table>
<thead>
<tr>
<th>Period of Time</th>
<th>Simon Shelter</th>
<th>Simon Residential House</th>
<th>Outside Simon in House/Flat</th>
<th>Total</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to four years</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>10</td>
<td>12.8</td>
</tr>
<tr>
<td>Five to nine years</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>9</td>
<td>11.3</td>
</tr>
<tr>
<td>Ten to fourteen years</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Fifteen to nineteen years</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>Twenty to twenty-four years</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Twenty-five to Twenty-nine years</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Thirty to thirty-four years</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Thirty-five years or more</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>9</td>
<td>8</td>
<td>32</td>
<td>40.0</td>
</tr>
</tbody>
</table>

### Table 3.36 Last Time Persons Known to the Simon Community Were Settled in What They Regarded as Home, 1991

<table>
<thead>
<tr>
<th>Last Time</th>
<th>Simon Shelter</th>
<th>Simon Residential House</th>
<th>Outside Simon in House/Flat</th>
<th>Total</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six months or less</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Between six months and under one year</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Between one and under three years</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Between three and under five years</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Between five and under seven years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Between seven and under nine years</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Between nine and under eleven years</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Between eleven and under nineteen years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Between nineteen and under seventeen years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Between seventeen and under nineteen years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Between nineteenth and under nineteen years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nineteen years and over</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Never had a home</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>9</td>
<td>9</td>
<td>36</td>
<td>45.0</td>
</tr>
</tbody>
</table>

### Table 3.37 Type of Accommodation Which Persons Known to the Simon Community Last Regarded as Home, 1991

<table>
<thead>
<tr>
<th>Category of Residence</th>
<th>Simon Shelter</th>
<th>Simon Residential House</th>
<th>Outside Simon in House/Flat</th>
<th>Total</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared with others</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>Live alone</td>
<td>10</td>
<td>3</td>
<td>9</td>
<td>22</td>
<td>27.5</td>
</tr>
<tr>
<td>Never had home</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>9</td>
<td>9</td>
<td>36</td>
<td>45.0</td>
</tr>
</tbody>
</table>

* The total refers to the number of people with whom in-depth interviews were conducted.
One third of respondents, 15 (33%), last slept rough when they were between the ages of 40 and 49 while slightly more than a quarter were aged fifty years or more. Slightly more than one fifth, 10 (22%), last slept rough when they were aged between 30 and 39 while seven respondents (15%) last slept rough when they were between the ages of 20 and 29. In other words, sleeping rough extends to all age categories and tends to be more prevalent among those in their forties and fifties thus indicating that the threat and reality of sleeping rough persists even for older people.

Closer inspection of Table 3.34 reveals variations between the three categories. The majority of respondents in the Simon shelter, nine (60%), last slept rough when they were aged between 20 and 39. This contrasts with the respondents in Simon residential houses or settled outside the Simon Community where the vast majority were over 40 years. The influence of age seems to be operating here although other factors may be at work.

Data on the period of time during which persons known to the Simon Community slept rough are presented in Figure 3.8 and in Table 3.35. The data reveal that respondents have slept rough during a considerable number or years. Thirty one respondents (67%) had slept rough during a period of five years or more while only 13 (28%) had slept rough during a period of less than five years. One fifth, nine (20%), had slept rough during a period of between ten and under twenty years and slightly more than a quarter, 12 (26%), had slept rough during a period of between twenty and twenty-nine years. A further three (7%) had slept rough during a period of thirty years or more. The picture emerging from the data on previous accommodation is that persons known to the Simon Community have spent considerable periods of time out of home in very unstable living conditions. The reasons for this are unclear but may be related to the lack of suitable housing and lack of support for homeless people when moving and settling into their own accommodation.

Details on the last time respondents were settled in what they regard as home are presented in Figure 3.9 and in Table 3.36. In the main, these results can be regarded as a reliable indicator of how long the person is homeless. The data reveals four distinct patterns in terms of how long the respondent was homeless. Nearly a quarter, 12 (23%), have been homeless for six months or less. Another quarter, 13 (25%), have been homeless for between six months and under seven years. Slightly more than one fifth, 11 (22%), were homeless for between seven and nineteen years while 13 (25%) were homeless for nineteen years or more. These results show how homeless people are not a homogeneous group and spend widely varied amount of time out of home. It is worth noting that two respondents said they never had a home. Those respondents living in Simon residential houses or settled outside the Simon Community typically spent longer amounts of time out of home than shelter residents although the latter may yet spend many more years out of home. The fact that well over half (11) of respondents in Simon Community shelters were homeless for six months or less suggests, based on the previous experience of the Simon Community, that early intervention and ongoing support may help prevent these respondents from spending many additional years out of home. It also indicates the intermittent nature of homelessness.
The type of accommodation which respondents last regarded as home is described in Figure 3.9 and in Table 3.37. For 12 respondents (23%), their last home was a local authority house/flat while a further 11 (21%) regarded private rented accommodation as their home. Seventeen (33%) described their last home as either their parental home or when they were living with spouse or children.

The most noteworthy variation between the categories is that none of the shelter residents were last settled with family, spouse or children, relatives or friends by comparison with two thirds of residential house residents, 6 (67%), and over half, 14 (56%), of the persons settled outside the Simon Community. The more general impression to emerge from Table 3.37 is that homeless people share the same broad understanding of a home as society in general.

Data on the extent of living alone or sharing with others when last settled are summarized in Figure 3.9 and in Table 3.38. Over half (27) of respondents shared the home in which they last felt settled. Conversely 22 lived alone. Over half of respondents in the Simon shelters lived alone when last settled. This result combined with the fact that respondents in Simon shelters had not been settled with family or friends in their last home suggests that this group is highly detached from many of the normal links which bind individuals to society.

3.13 Causes of Homelessness

The information gathered in this study suggests that the homeless people are not a homogeneous group of people. Many share the same life experiences of unemployment, emigration and poverty, but the length of time people have been homeless and the time of the onset of homelessness varied considerably. The intermittent nature of the process of homelessness has also been clearly demonstrated. The views of the 52 respondents on the factors contributing to their homelessness were sought and the data on causes of homelessness are presented in Figure 3.9 and in Table 3.39. For all of the respondents there was no single cause of homelessness. Each respondent listed a number of factors which contributed to his/her homelessness. A total of 246 factors were mentioned, approximately five per respondent.

The most frequently cited cause of homelessness was accommodation problems. This was cited by 41 respondents (79%) and is indicative of how many homeless people see themselves as falling outside the net of conventional housing. In many cases accommodation problems are likely to be linked with other personal problems. One of those problems may be 'drink' which was cited as a cause of their homelessness by 37 (71%) respondents. Unemployment is another precipitating factor which was cited by 36 (69%) respondents. Family problems were mentioned by 22 (42%) respondents and marital problems by 21 (40%) respondents as contributory causes in their homelessness. Financial problems were mentioned by 22 (42%) respondents. Seventeen respondents (33%) said that a discharge from an institution, and 16 (31%) cited mental illness as a contributory cause of their homelessness. Six (12%) mentioned that physical illness or disability contributed to their homelessness. These results are consistent with previous
Figure 3.9 Previous Settlement Experiences of Persons Known to Simon Community, 1991
### Table 3.39 Contributory Causes of Homelessness According to Persons Known to the Simon Community, 1991

<table>
<thead>
<tr>
<th>Contributory Causes</th>
<th>Category of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simon Shelter</td>
<td>Simon Residential House</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Accommodation problems</td>
<td>13</td>
<td>72.2</td>
</tr>
<tr>
<td>Drink problem</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>Employment problems</td>
<td>10</td>
<td>55.6</td>
</tr>
<tr>
<td>Other family problems</td>
<td>10</td>
<td>55.6</td>
</tr>
<tr>
<td>Financial problems</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Marital Problems</td>
<td>7</td>
<td>38.9</td>
</tr>
<tr>
<td>Discharge from institution</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Mental illness</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Physical illness / Disability</td>
<td>2</td>
<td>11.1</td>
</tr>
<tr>
<td>Drug problem</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Gambling problem</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Legal problem</td>
<td>1</td>
<td>5.6</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>55.6</td>
</tr>
<tr>
<td>Total*</td>
<td>80</td>
<td>47</td>
</tr>
</tbody>
</table>

*The total refers to the number of contributory causes not the number of persons.
research on homelessness (see Chapter 1 section 1.5) as well as with the experience of
the Simon Community generally.

It is clear from the data that respondents saw their homelessness as caused by both
external and personal factors. The main external factors are shortage of suitable
accommodation and unemployment and its associated low income levels. The shortage
of suitable accommodation is related to the imbalance between the supply and demand
for both local authority and private rented accommodation. It is particularly related to
the severe underprovision of single person’s accommodation caused by lack of resources
for building or conversion of new single persons units. This leads to greater dependence
by single persons on insecure accommodation where breakdown leads to immediate
crises and further homelessness. The data presented in section 3.11 and 3.12 above on
previous accommodation and in section 5.6 below on previous settlement attempts
confirm that the problem of homelessness is aggravated by both the dependence on
insecure accommodation and the lack of support services needed when accommodation
problems arise.

The high rate of unemployment and the low levels of income that have been noted in
section 3.7 above are directly related to the respondents’ homelessness. These are
caused in turn by the general socio economic trends in Ireland and in the increase in
unemployment generally.

The personal factors cited as causing homelessness are mainly related to breakdown in
relationships and to health problems. The finding in this study are similar to the findings
of a recent study in Glasgow (Glasgow Council for Single Homeless, 1990, pp.33,34)
which also noted the importance of housing problems and relationship breakdown in
causing homelessness.

The policy implications of these findings are that homelessness needs to be tackled at
two levels. On the broader socio-economic level, homelessness can be prevented by the
provision of an adequate supply of suitable housing and by ensuring an adequate level of
income for everyone. At the personal level, homelessness can be prevented by
providing a settlement service which would provide the on-going support, advice and
help needed by many homeless people in coping with their personal, relationship and
health problems.
CHAPTER 4

Referral Policies and Practices in Simon Community Shelters

4.1 Introduction

The Simon Community is not always able to provide emergency shelter for all those who need it. As a result, people are referred to other agencies for accommodation. The Simon Community also refers residents to other service agencies, both voluntary and statutory, in response to their needs. For example, residents are referred to Employment Exchanges or Community Welfare Officers (CWOs) so that their entitlements to regular income can be met. Residents are also referred to Simon Community work projects or to FAS to look for work. Residents with health problems are referred to General Practitioners, hospitals or treatment centres.

Residents are sometimes referred from the shelters because of the limited number of beds available due to the pressures of demand for emergency accommodation. These referrals are made mainly to ensure the continuing supply of emergency accommodation. In many cases these referrals do not meet the needs of the resident. In fact these accommodation referrals can perpetuate the hostel circuit and the cycle of homelessness. Residents may also be referred because they are too young to stay in the shelter or because it is considered that the shelter may not meet their needs.

Referral therefore is an integral part of the service offered in the three Simon shelters in Cork, Dublin and Dundalk. Referral policies and practices vary in each Community. Referral work is done regularly in each of the shelters, although it is recognized that it often happens in an ad-hoc manner and occasionally residents are not referred to the appropriate service. In some cases they may not be referred at all.

For these reasons, there is a need for more effective referral procedures to be introduced. The term referral is used in this chapter and study in a broad manner to denote any advice, information or actions taken to facilitate a resident in the move from the shelter to the accommodation of his/her choice. Although the analysis is mainly concerned with accommodation referral, other referrals such as health, employment or income maintenance referrals are all discussed.

The information in this chapter was gathered from three sources:
• general information on referral policy and practices and issues affecting referral was collected from Project Leaders during a semi-structured taped interview;
• specific information was also gathered from Project Leaders on the referral practices pertaining to each shelter resident for the three month period prior to the interview;
• shelter residents own referral experiences and their level of satisfaction with referrals, collected through in-depth personal interviews with 18 shelter residents.
The importance of referral in each Community and the priority given to it are described in section 4.2. Section 4.3 describes the referral process. Section 4.4 has details of the agencies to which residents were referred. The information in these sections is based on semi-structured taped interviews with the Project Leaders in the Cork, Dublin and Dundalk shelters. Section 4.5, which is based on in-depth interviews with shelter residents, describes their satisfaction with shelter living and gives details of their referral experiences. The factors affecting the referral service are outlined in section 4.6.

4.2 Priority Given to Referral

Referral is very important in Dublin Simon Community and Cork Simon Community because the policy in both shelters is to provide emergency accommodation. The location of these shelters in the two largest cities in the State adds to the pressures on them to provide emergency accommodation. In Dublin, people are regularly referred to other hostels because there is a strict policy of not accommodating more than 30 people in the shelter each night. In Cork, because there are very few alternative referral options, the shelter is often overcrowded. In Dundalk, because the house functions both as emergency shelter and as a long-stay community house, there is less emphasis on referral. The Dundalk Simon Community house, "Sunnyside House", is the only facility in the area for homeless people. For these reasons and because there is not the same demand for emergency accommodation in Dundalk as in Cork and Dublin, people are rarely referred from the house against their wishes.

Dublin Simon Community recognized the importance of referral when the new shelter was opened in 1989. At that time Dublin Simon appointed a Referral Worker for an eight month period (November 1989 - June 1990). The Referral Worker's report, based on her work experience over that eight month period, highlighted the need for ongoing referral work so that an effective referral practice could be established and maintained (Collins, 1990, p.46). Since this present study was undertaken, Dublin and Cork Simon Communities have both decided to employ Referral / Settlement Workers who will be responsible for referral / settlement work and will provide training for other workers involved in referral. These new appointments were made in the autumn of 1991.

At present, referrals are carried out by the Project Leader and the full-time workers in both the Cork and Dublin shelters. It is very difficult to conduct referrals in a systematic manner in Cork and Dublin for the following reasons:

• shortage of staff and time
• turnover of volunteer workers
• lack of referral training for staff
• shortage of referral options

In addition, the Cork shelter has no suitable office in which to conduct referral interviews. In Dundalk Simon Community, because there is not the same demand for emergency accommodation, referral is less urgent and residents may initiate referrals themselves and are facilitated by the Project Leader in doing this.
4.3 The Referral Process

When a new person comes to the door of a Simon Community shelter they are interviewed, usually at the door, by the person on duty. This person may be a full-time worker, a co-worker, an overnight worker or the Project Leader depending on the time of day or night. A decision is made at this stage on whether the person will be admitted to the shelter for the night or referred to other agencies. Many factors influence this decision, chief among them being the availability of beds and the possibility of suitable alternative referral options. Other factors such as the experience of the person answering the door, the pressures of work at the particular time, the admission policy of the shelter and the worker's perception of the person's need for accommodation are all taken into account.

The policy in each shelter is to interview all new residents as soon as possible after arrival. Some residents are interviewed at the time of arrival, others are interviewed in the next day or two. The vast majority of all new residents are interviewed within two weeks of arrival. The number interviewed each day depends on the number of new residents and on the availability of staff time. In Cork and Dublin Simon Communities the number to be interviewed can be as high as five a day. In Dundalk Simon Community where the numbers are much smaller, there would not be one person each day.

A new standard information form for all Communities was introduced in 1990. This form was designed by the Simon Community National Office in consultation with Project Leaders following a report on record keeping. The form was piloted in one of the Communities over a two month period. There were 50 new residents during this period of whom 29 had an admission form filled out and 21 had none. The people on whom there was no information were usually people who arrived late at night and often left early next morning. Often the only information on these people was their name on a bed list. These and other difficulties experienced by all Simon Communities with record keeping have already been documented. (Collins, 1990, pp. 4, 10 and SUS Research, 1990, pp. 87-88).

Referral is the responsibility of the Project Leaders but is also done by full-time workers, co-workers and overnight workers. Although most referral work is done in the mornings, referrals can take place at any time throughout the day or night. The policy implications of this are that all staff members need basic referral information and training.

In Cork and Dublin shelters the emphasis is on referring people to alternative accommodation as quickly as possible. Homeless people are regularly referred from the shelters against their wishes because of the shortage of emergency accommodation. This means that people are often given a time-limit on their stay or are referred to other hostels. Residents are regularly referred from the shelters after a short interview, often conducted under difficult circumstances such as constant interruption and lack of privacy. Often there is not enough time to accurately assess their referral needs. In
Dundalk Simon Community, people are generally allowed to stay as long as they wish and are rarely referred from the Community against their wishes.

It is very difficult to quantify the time spent on referrals in Simon Communities because of the numbers of staff involved and because referrals are often done informally. Referral interviews usually take place in the office of each shelter. The Dublin shelter has two offices which are suitable for interviews. In the Cork shelter there is only one office which is used to store medical supplies, food and social welfare cards. The only phone is located in this office which is also used as a full-time workers' bedroom. There are constant interruptions which can make interviews difficult. The office in Dundalk Simon is also used as a full-time workers' bedroom and medical store and is also unsuitable for interviews. Both Project Leaders in Cork and in Dundalk said they would need a suitable quiet office in which to conduct interviews.

The admission card or information sheet is filled out on each resident on arrival or during the first interview. The main issues discussed during the first interview in Cork are residents' previous accommodation history, their proposed length of stay and their future accommodation plans. On the basis of this information, a referral / settlement plan is drawn up in consultation with the resident and an agreement is reached on length of stay. In Dublin the main issues discussed are the reasons for residents' present stay, their contacts with other hostels and their proposed length of stay. A referral decision is made during this interview and length of stay is agreed. The approach in Dundalk with its different emphasis on referral is different. In general people stay in the house for as long as they wish and the resident usually sets the agenda for the first interview.

There is a referral information pack available in the Dublin shelter. The information pack in Dublin, which was compiled by the Referral Worker, includes details on social welfare entitlements, housing and hostels and other referral agencies. There is a booklet on the Cork referral organizations available in the Cork shelter which is adequate, because there are so few referral options there. There is no referral information pack in Dundalk but it would be very useful to have one which could also list the contact person in each agency.

Different referral procedures are used with different agencies. Residents are encouraged to contact the referral agency themselves but if necessary the agency will be contacted in advance by telephone. Occasionally a short referral note is written.

4.4 Referral Agencies

One of the main problems with referral work is the shortage of suitable referral agencies. All people who come to a Simon shelter are in need of accommodation. Some are in a crisis situation and are only recently out of home. Others are long-term homeless. Some have other health or income-related referral needs such as those described in Chapter Three. The task facing the person making the referral is to assess the resident's needs, by looking at both the presenting problem and any underlying problems, and make an appropriate referral based on that assessment. Quite often, particularly in relation to accommodation, there is not a suitable referral option.
Data on the agencies to which Simon Community shelter residents were referred are summarized in Figure 4.1. One hundred and seventy-five referrals were made during the three months prior to the interview on behalf of 63 of the 83 shelter residents - slightly more than three quarters of the total. This figure represents an approximate average of three referrals per referred resident during the three-month period. A total of 20 residents (24%), were not referred to any agency during the three months prior to the interview in March 1991.

The reasons why 20 residents (24%) were not referred are outlined in Figure 4.1. Eight of these residents (40%) never stayed long enough in the shelters to be referred to any agency. These are usually people who come to the shelter, often arriving late at night, stay one or at most two nights, and leave without being interviewed or referred. A further four (20%) long-term residents were considered not to have any referral needs, and five (25%) other residents were considered to be able to look after their own referral needs. Three residents (15%) did not need or were considered unsuitable for referrals during that time.

There were three main areas of referral: health referrals, accommodation referrals and income referrals. The results in Figure 4.1 reveal that 29 (35%) shelter residents were referred to a General Practitioner while 22 (29%) were referred to other health-related agencies i.e. hospitals, treatment centres or public health nurses. This suggests that health is a major problem for shelter residents and confirms the findings detailed in Chapter Three above. Twenty five (30%) were referred to local authority housing departments and 20 (24%) were referred to private landlords or to other hostels. These figures suggest that a significant number of residents were looking for alternative accommodation to the shelter. Twenty eight shelter residents (34%) were referred to the Community Welfare Office. These referrals are usually for emergency income or for emergency accommodation. Twenty-two (27%) were referred to the Employment Exchange for their social welfare benefits. Slightly more than one fifth of the residents, 17 (21%), were referred to work projects.

The level of satisfaction among staff with the referrals made, is summarized in Figure 4.1 and in Table 4.1. Staff were very satisfied with the outcome of 14% of all referrals and were satisfied with the outcome of a further 28% of referrals made. They were however, dissatisfied with the outcome of 19% of referrals. No information was available on the referral outcome in over one third of the referrals. This indicates a lack of follow-up on referrals and can be clearly understood in the context of the current staffing arrangements. There may also be problems in gaining access to outcomes in certain cases. In order to evaluate the referral service however, follow-up is necessary.

Figure 4.1 indicates that the highest level of satisfaction was with referrals to the Employment Exchange. Staff expressed themselves as very satisfied or satisfied with the outcome of 19 (86%) of those referrals. Satisfaction was also high with referrals to Simon Work Projects where 12 of the referrals (71%) were regarded as satisfactory. Similarly 20 (69%) referrals to General Practitioners were regarded as satisfactory. The outcome of referrals to general hospitals was satisfactory in 8 (50%) of the referrals. The level of satisfaction with the outcome of accommodation referrals however was low: only 5 (20%) of referrals to local authority housing departments were deemed to be
Figure 4.1 Referral to Agencies of Persons in Simon Community Shelters, 1991

Persons Known to Simon Community
83

Persons Referred from Simon Community Shelter to Other Agencies in the Three Month Period, January - March 1991

Yes 63 (76%)
No 20 (24%)

Agencies to Which Referred (Total number of referrals: 175)
- General Practitioner 29 (35%)
- Community Welfare Office 28 (34%)
- Housing Department of local authority 25 (30%)
- Employment Exchange 22 (27%)
- Simon Community Work Project 17 (21%)
- General hospital 16 (19%)
- Private landlord 11 (13%)
- Other hostels 9 (11%)
- Alcohol treatment centre 4 (5%)
- Psychiatric hospital 2 (2%)
- FAS 2 (2%)
- Public Health Nurse 2 (2%)
- Other 8 (10%)

Persons Known to be (Very) Satisfied with Referral
- General Practitioner 20 (89%)
- Community Welfare Office 0 (0%)
- Housing Department of local authority 6 (20%)
- Employment Exchange 19 (88%)
- Simon Community Work Project 12 (71%)
- General hospital 8 (50%)
- Private landlord 1 (9%)
- Other hostels 0 (0%)
- Alcohol treatment centre 0 (0%)
- Psychiatric hospital 1 (50%)
- FAS 2 (100%)
- Public Health Nurse 1 (50%)
- Other 5 (63%)

Written Record of Referral?
- Yes 11 (17%)
- No 52 (83%)

Reasons Why Persons not Referred
- Not / never long enough in shelter 8 (40%)
- Long-term resident not wanting / needing referral 4 (20%)
- Resident wanted to / was able to refer himself 5 (25%)
- Referral not needed / not suitable 3 (15%)
Table 4.1 Level of Satisfaction by Simon Shelter Staff with Outcome of Referrals to Various Agencies, In the Opinion of the Simon Community, 1991

<table>
<thead>
<tr>
<th>Agency</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>No Information</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>6 27.5</td>
<td>12 41.4</td>
<td>2 6.9</td>
<td>0 0.0</td>
<td>7 24.1</td>
<td>29 100</td>
</tr>
<tr>
<td>Community Welfare Office</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>28 100.0</td>
<td>28 100</td>
</tr>
<tr>
<td>Local Authority Housing Dept</td>
<td>1 4.0</td>
<td>4 16.0</td>
<td>7 28.0</td>
<td>4 16.0</td>
<td>9 36.0</td>
<td>25 100</td>
</tr>
<tr>
<td>Employment Exchange</td>
<td>1 4.5</td>
<td>18 61.8</td>
<td>2 9.1</td>
<td>0 0.0</td>
<td>1 4.5</td>
<td>22 100</td>
</tr>
<tr>
<td>Simon Work Project</td>
<td>7 41.2</td>
<td>5 29.4</td>
<td>3 17.6</td>
<td>0 0.0</td>
<td>2 11.8</td>
<td>17 100</td>
</tr>
<tr>
<td>General Hospital</td>
<td>6 37.5</td>
<td>2 12.5</td>
<td>1 6.3</td>
<td>2 12.5</td>
<td>5 31.3</td>
<td>16 100</td>
</tr>
<tr>
<td>Private Landlord</td>
<td>0 0.0</td>
<td>1 9.1</td>
<td>2 18.2</td>
<td>2 18.2</td>
<td>6 54.5</td>
<td>11 100</td>
</tr>
<tr>
<td>Other Hostel</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>3 33.3</td>
<td>2 22.2</td>
<td>4 44.4</td>
<td>9 100</td>
</tr>
<tr>
<td>Alcohol Treatment Centre</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>2 50.0</td>
<td>0 0.0</td>
<td>2 50.0</td>
<td>4 100</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>0 0.0</td>
<td>1 50.0</td>
<td>1 50.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>2 100</td>
</tr>
<tr>
<td>FAS</td>
<td>0 0.0</td>
<td>2 100.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>2 100</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>1 50.0</td>
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<td>0 0.0</td>
<td>0 0.0</td>
<td>1 50.0</td>
<td>2 100</td>
</tr>
<tr>
<td>Other</td>
<td>1 12.5</td>
<td>4 50.0</td>
<td>1 12.5</td>
<td>0 0.0</td>
<td>2 25.0</td>
<td>8 100</td>
</tr>
<tr>
<td>TOTAL*</td>
<td>25 14.3</td>
<td>49 28.0</td>
<td>24 13.7</td>
<td>10 5.7</td>
<td>67 38.3</td>
<td>175 100</td>
</tr>
</tbody>
</table>

*The totals refer to the total number of referrals not the number of shelter residents (83).
satisfactory, while only one of the referrals to private landlords and none to other hostels were deemed satisfactory.

The main problems mentioned by Project Leaders in relation to the accommodation referrals was the severe shortage of suitable housing both in the local authority and private rented sector. In the case of the Supplementary Welfare Allowance scheme, as operated by Community Welfare Officers, the main problems identified by the Project Leaders were the discretionary nature of the service and the limited operating hours for the service. There was no information on the outcome of referrals made to the Community Welfare Office.

There are no formal arrangements or meetings between referral agencies and the Project Leaders. Nevertheless the Project Leaders reported that a good relationship existed between the staff in the referral agencies and the Simon Community staff generally. Given the lack of information on the outcome of some referrals it is obvious that there is a need for regular contacts and meetings with those referral agencies which are most commonly used, such as the Community Welfare Office, the local authority housing department and the health services. Agreed referral procedures could be jointly worked out to improve the service offered to the resident and also to cut down on unnecessary time wasting on the part of residents and staff. This is in line with the guidelines for housing authorities issued by the Department of the Environment on the needs of homeless persons (Department of the Environment, 1991, Circular N9/91, pp. 5 - 6).

4.5 Satisfaction of Shelter Residents with Shelter Living

In-depth interviews were conducted with eighteen shelter residents in March 1991 in order to ascertain their experiences of referral within the Simon Community and their satisfaction with referral procedures. Additional information was also collected on their experience of living in the Simon Community Shelters which will now be described.

Data on the extent to which the respondents liked living in the shelters are presented in Figure 4.2. Residents were asked "Do you like living here?". Many residents found it difficult to answer this question: some liked certain aspects of shelter living and disliked other aspects; others mentioned that while they did not mind living in the shelter for a short time, they would not want to live there permanently.

Inspection of Figure 4.2 reveals that the majority of respondents, 11 of the 18 people (61%), do not like living in the shelter. Six of these (33%) stated that although they were glad to be able to live in the shelter in a time of crisis they would not like to live there permanently. Four people (22%) mentioned they did not like some of the other residents particularly at night when they were drunk. Four people (22%) said they would prefer their own place.

Figure 4.2 also reveals that 7 of the 18 (39%) residents liked living in the shelters. Various reasons were given for this. Four people (22%) said they liked the people they were living with, two (11%) mentioned they liked being cared for and two (11%) mentioned their satisfaction with the living conditions.
Data on the positive and negative indicators of satisfaction with the shelters are revealed in Figure 4.2. It is worth noting, as the data confirm, that there was a generally high level of satisfaction with the living conditions and with the manner in which the shelters are run. All respondents were satisfied with the food. The vast majority were satisfied with the staff in the shelters, who were found to be friendly and helpful. The location of the shelters was considered convenient by vast majority of respondents, who also found the living conditions comfortable and felt it was safe to live in the shelters.

The main negative indicators identified relate to the other residents. The majority of respondents said it was difficult to get on with other residents, many finding their behaviour too noisy or rowdy. Half of respondents found the lack of privacy upsetting. A third of respondents found the shelters overcrowded and some found it difficult to get on with staff, or found the shelter dirty or the rules too rigid.

4.6 Satisfaction of Shelter Residents with Referral Experiences

Data on referral of residents to other agencies and their satisfaction with the Simon Communities' handling of the referrals are presented in Figure 4.2. Of the residents covered in these in-depth interviews, 14 out of 18 (78%) were referred to other agencies during their present stay in the shelter. All of these were satisfied with the manner in which the referrals were conducted by the Simon Community. Nine of the referrals (50%) were for housing, six (33%) had either applied to their local authority housing department or were saving for a private rented flat; three (17%) had applied for voluntary housing.

It is worth noting that the residents applying for voluntary housing in Dublin were applying for Stanhope Green Housing Project in Dublin which is a new housing project, built by Focus Housing Association, for homeless people. This is the first time that such a large project, comprising 96 units, has been built in Ireland. Four of the referrals (22%) were health related and one referral (6%) was health and accommodation related. Two respondents (11%) mentioned dissatisfaction with the outcome of their referrals to the local authority housing department.

Only five residents (28%) had any suggestions on how referrals could be improved. The following is a list of the suggestions made:
- provision of a 24 hour counselling service;
- extension of the range of housing options to include sheltered housing and transitional accommodation;
- more referral information on numbers and types of flats available;
- more staff training, particularly for full-time workers;
- more time for staff to talk to residents.

4.7 Factors Affecting the Referral Service

The internal factors affecting the referral service within the Simon Community can be looked at under three main headings:
- Simon Community policy and philosophy
Figure 4.2  Satisfaction with Shelter and with Referrals from Shelter Among Persons in Simon Community Shelters, 1991

Persons Known to Simon Community 18

Like Living in Shelter?

Positive Indicators of Satisfaction

- The food is good 18
- The staff are friendly 17
- The location of the shelter is convenient 15
- The staff are helpful 14
- The living conditions are comfortable 13
- The shelter is well-run by staff 13
- It is safe 13

Negative Indicators of Satisfaction

- It is difficult to get on with other residents 14
- The behaviour is too noisy or rowdy 13
- The lack of privacy upsets me 9
- The shelter is overcrowded 8
- It is difficult to get on with staff 4
- The shelter is dirty 4
- The rules are too rigid 4

Referral to Other Agencies

- Yes 14
- No 4

Satisfaction with Handling of Referral

- Satisfied 9
- Very satisfied 5
"Voluntary workers, along with Project Leaders and other permanent care staff, are the key service providers in each project."

Photo: Peter Orford.
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- Internal Simon Community issues affecting referral practice
- Inter-agency contacts

4.7.1 Simon Community Philosophy and Policy

The Simon Community philosophy affects both the provision of services and the manner in which services are administered. The following principles have an influence on the provision of the referral service:

Dependence on Voluntary Workers
Voluntary workers are described by the Simon Community as full-time workers and co-workers and, along with Project Leaders and other permanent care staff, are the key service providers in each project. The full-time workers are short-term, residential full-time volunteers who receive a weekly pocket money allowance which is roughly in line with the income of the majority of residents. The average age of full-time workers is 22 to 23 years and the Simon Community may be their first experience of residential care work. The average length of stay of full-time workers was 5.9 months in the period March 1990 to March 1991 (Simon Community (National Office) Annual Report, 1991, p.7). Full-time workers are involved in the day-to-day running of the houses and provide a major contribution to meeting residents' needs. Co-workers are part-time volunteers who provide a wide range of services including caring for residents, fundraising, management and campaigning. Whereas full-time workers, by definition are short-term (usually staying between 3 months and 1 year) and have a very intense involvement during their stay, the co-workers are often involved for several years in the projects and many have built up supportive and stabilizing relationships with residents.

Referral work is done by both voluntary workers and staff members. One policy implication of this is that there is an ongoing need for referral training. The number and turnover of workers involved means that there can be difficulties communicating referral decisions. Consequently there is a need for daily meetings to facilitate communication.

Acceptance
Acceptance is one of the basic principles underlying the Simon Community and goes back to its founder, Anton Wallich-Clifford. Almost from the start 'acceptance' meant different things to different people within the Simon Community. On the one hand it has been interpreted to mean total acceptance without seeking any change in residents. On the other hand those who encourage change among residents do not see this as incompatible with the spirit of acceptance. This discussion has taken place over the years in the Simon Community with each perspective being to the fore, at different times. At the present time, with the development of work projects as well as referral and settlement services, there is increasing commitment to the possibility of change among residents. This commitment is to a large extent unstated and there remains a certain amount of confusion and ambiguity among workers about this more pro-active understanding of acceptance.
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Community

'Community' is another of the basic principles of the Simon Community. The Simon Community is a community of homeless people and workers. All Simon Community projects attempt to create and develop a sense of community based on respect for the dignity of the individual. Community is expressed by volunteers and residents sharing accommodation, meals, recreation, work and holidays. Residents are encouraged to participate in the work and decision-making in the Simon Community. This commitment to community has in the past also implied a commitment to long-term care as for example in the residential houses. Certain ambiguities exist around the role of a referral and settlement service in the context of community and long-term care. These ambiguities are particularly in evidence when residents are being referred from shelters in order to ensure the supply of emergency beds. On the other hand the community ideal is enhanced and extended when former residents are happily and comfortably settled in their own homes and when the value of community is taken with them to develop a 'caring' community outside the Simon Community.

The Oral Tradition in the Simon Community

The oral tradition involves keeping the amount of documentary material on any resident to a minimum and has developed since the early days of the Simon Community. It seems to spring from the idea of treating each resident as a person rather than as a client and is closely associated with two of the basic principles of the Simon Community namely "acceptance" and "community". The oral tradition has a major impact on the provision of a referral service in that it is a major stumbling block to adequate record-keeping. It exists side by side with the long Simon Community tradition of campaigning for better services for homeless people (Simon Community National Office (c), Information Booklet, 1990, p. 5). Recently the tension between these two traditions has been noted and efforts have been made to improve record-keeping in shelters. However, in order to establish good record-keeping practice there must be a commitment to and an acceptance of its value and its worth by all members of the Simon Community.

In addition to the Simon Community philosophy, the management policies within each Community can also affect referral. The priority given to referral and the current referral practices are typically a reflection of the referral policy of each Community. This policy may be stated or unstated or it may be clear or unclear. It may also be open to the individual interpretation of the staff members.

Shelter Policy

Referral policy, stated or unstated, is related in turn to the overall shelter policy. If the shelter functions mainly as an emergency shelter then referral must be given a high priority or else there will be no emergency accommodation available. In the Dublin and Cork Simon Community shelters, whose stated aim is to function as emergency shelters, there are at least two distinct patterns of shelter use. On the one hand, emergency accommodation is provided by both shelters as evidenced by the fact that 32 shelter residents (39%) in this study were living in the shelter less than one month. On the other hand, 32 (39%) of shelter residents in the study were living in the shelter over one year, and 14 of these (17%) were living there for over 10 years (Table 3.28 above).

The implication of this is that a significant proportion of shelter residents slip through the referral net to become long-term shelter residents. In the past, when there was less
emphasis on referral, many people came to the shelter and stayed to become long-term residents. The numbers of long-term residents may also be due to the following factors:
• no suitable referral options for these people;
• inadequate resources in terms of staff and time to undertake referral work in the Communities;
• no referral policy at the time; the practical difficulties of getting suitable properties for residential houses;
• the policy ambiguity surrounding the issue of long-term versus short-term care and the different emphases given to both types of care at different times in the history of the Simon Community;
• the difficulties in running a large emergency shelter, with constant turnover of residents and volunteers.

It is important therefore for each Simon Community to look at referral work in relation to its shelter policy generally and to decide on future policy and priority for referral in the light of current shelter use patterns. Other factors such as the needs of residents and the limitations on the service because of limited resources which the Simon Community can provide also need to be taken into account. In addition, the contemporary application of Simon Community principles of “community” and “acceptance” need to be clarified as well as the meaning of short-term and long-term care. This is a debate which has been conducted over the years in the Simon Community and was a theme of the 1990 National Conference. Many of these issues were raised but need further thought and discussion. It might be useful for each Simon Community to organize a forum for this discussion and to review the overall policy of the shelter, particularly as it relates to referral.

4.7.2 Internal Practical Issues affecting Simon Community Referral Practices

Project Leaders were asked to describe the internal practical issues affecting referral practices. Specific questions were asked in relation to the following key areas as identified in the Dublin Simon Community report on referral (Collins, 1990, pp. 37,38):
• staff training and time availability
• record keeping
• provision of suitable office space
• referral information pack
• referral meetings
• follow up

Staff Training
All the Project Leaders mentioned the need for ongoing referral training for full-time workers and staff. This is particularly important because of the constant changeover of workers. At present full-time workers receive on the job training as well as training during their weekly staff meeting. Referral training is essential for all workers within each Community since referral can take place throughout the 24 hours of each day. The Project Leaders in Cork and Dublin shelters felt referral work should be done by a Referral Worker who would also be responsible for referral training of other staff members. In Dundalk there appears to be no need for additional staff to do referral work.
Record Keeping
The need for systematic recording of accurate referral information was acknowledged by Project Leaders, although in Dundalk this need was not so great because of the smaller numbers of people involved. The quality of the service offered to each resident is improved by the keeping of accurate records which also facilitates the smooth running of the shelter. It also reduces inconsistencies in approach and practice and facilitates communication between workers.

At another level, good record-keeping enables the staff to constantly evaluate their work and change procedures and practices where necessary. It also helps in future planning for each resident and for the Community as a whole. Informed discussion and planning of referral options for residents can take place when referral information is recorded on an ongoing basis. The systematic collection of accurate information can also provide the basic data needed for campaigning for better services for homeless people.

All Project Leaders recognize that there are difficulties in achieving good record-keeping while acknowledging its importance. This view is confirmed by the data in Figure 4.1 which reveal that a written record of referrals was made for only 11 (17%) of the 63 residents who were referred. This is a very low figure, but given the staffing situation and the oral tradition in the Simon Community, it is not entirely surprising.

The main problems in keeping adequate records are:
• shortage of trained staff and the lack of experience of record-keeping among voluntary workers;
• the large numbers of workers involved in keeping records;
• the difficulty in providing ongoing training for workers;
• the difficulty in communicating referral decisions among all workers;
• the oral tradition in the Simon Community and a consequent lack of commitment to record keeping;
• residents who arrive late at night and leave early next morning are often not available for interview or referral;
• a small minority of residents are reluctant to provide information.

The Project Leaders in the Cork and Dublin shelters felt that record keeping would only be improved when a Referral Worker was employed to take responsibility for record keeping and training of other workers and staff members.

Provision of suitable office space
The shelters in Cork and Dundalk do not have a suitable room, which is quiet and free from interruptions, in which to conduct private interviews with residents. The assessment of residents' needs is the key to successful referrals. A good assessment requires skill and takes time. It cannot be done in a short interview punctuated by constant interruptions. Residents need privacy, space and time in order to be able to express their needs, with confidence.

Referral Information
A written referral information pack is available in Cork and Dublin shelters. This information needs to be constantly updated and extended. It is also important that this
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information is easily accessible and that workers are aware of its existence and trained in its use. There is a need for a referral information pack in Dundalk Simon Community.

Referral Meetings
Regular meetings between all workers and staff are needed to communicate referral decisions, according to the Project Leaders. This is particularly important in Dublin and Cork shelters which have more transient residents and more staff.

Follow-up
The level of dissatisfaction with the outcome of referrals and the lack of information on the outcome of referrals suggests that, in order to ensure effective referrals, follow-up is essential. At present, follow-up rarely occurs because of shortages of staff and time. Experience has shown that unless there is a follow-up on referrals many people fall through the net of care services without their needs being met.

4.7.2 Inter-Agency Contacts
Successful referrals depend on regular inter-agency contacts. These contacts should take place at two levels. On the ground liaison and contact between local authorities, the health boards and the voluntary organizations is essential. At these meetings referral procedures could be discussed, agreed and maintained. There is also need for joint planning and policy development meetings at management and policy making level to discuss the broad issues affecting homeless persons and to develop new solutions to changing problems. This is in line with the recommendations of Circular No.9/91 (Section 9) from the Department of the Environment (Department of the Environment, 1991). Some contacts have already been established and meetings are taking place with some agencies in some Communities but a more formal and co-ordinated approach is necessary.

4.8 Conclusion
Referral is an integral part of the service offered by the three Simon Community shelters in Cork, Dublin and Dundalk. Although referral is done regularly in each Simon Community it often happens in an ad hoc manner and occasionally residents are not referred to the appropriate service and sometimes they are not referred at all.

Referral is more important in Cork and Dublin night shelters, because of their policy of providing emergency accommodation, than in Dundalk. Referrals can take place at any time during the day or night and are done by the person on duty at the time. There is no suitable office in the Cork and Dundalk shelters in which to conduct private, interruption free interviews. There is some referral information in Cork and in Dublin and there is no written referral information in Dundalk. Residents in each Simon Community are encouraged to contact the referral agencies themselves if possible but Simon staff will contact the agency by telephone or write a short referral note where necessary. One of the main problems with referral work is the shortage of suitable referral agencies and the inadequacy of their resources in terms of staffing and in terms of the actions that can be taken by them.
A total of 175 referrals were made during the three months prior to interview on behalf of 63 of the 83 shelter residents. A total of 20 residents were not referred to any agency during the three months prior to interview. There were three main areas of referral: health referrals, accommodation referrals and income referrals. Staff were satisfied with the outcome of only 42% of referrals made.

The main problems mentioned by Project Leaders in relation to the accommodation referrals was the severe shortage of suitable housing both in the local authority and private rented sector. In the case of the Supplementary Welfare Allowance scheme, as operated by Community Welfare Officers, the main problems identified by the Project Leaders were the discretionary nature of the service and the limited operating hours for the service.

Some of the basic principles of the Simon Community such as 'dependence on voluntary workers', 'acceptance' and 'community', affect both the provision of the referral service and the manner in which it is administered. The oral tradition is a major stumbling block to adequate record-keeping. The contemporary application of these principles needs to be clarified. Each Simon Community also needs to look at referral work in relation to its overall shelter management policy to decide, in the light of current shelter use patterns, on the future policy and priority for referral. A Referral / Settlement Worker needs to be employed in each Community to take responsibility for referral and settlement work and to undertake training of other staff members in these areas and to record referral information systematically. Suitable office space needs to be provided where none exists. Referral depends on regular inter-agency contacts which should take place on the ground and at management and policy making levels.
CHAPTER 5

An Overview of Settlement

5.1 Introduction

The Simon Community has always been involved in helping residents find a long-term solution to the problem of homelessness. In the past, the main way of helping people solve their homelessness was the provision of long term care in Simon residential houses and shelters. Local authority housing did not become a significant option for homeless people until the mid-1980s when a combination of factors, including the introduction of the £5,000 'surrender grant' (by which tenants who vacated their local authority dwelling to purchase their home were given a £5,000 subsidy), led to a temporary surplus of local authority housing. This situation has since been reversed. The virtual cessation of the public house building programme in the late 1980s has created a shortage of local authority housing and, consequently, the return of lengthy housing waiting lists throughout the country.

The goal of settlement work in the Simon Community is to help residents to move to the accommodation of their choice. For some residents settlement will mean a move to living independently in a house or flat of their own. Other residents, who are unable to live independently, may need long-term care and support. The Simon Community residential houses are designed specifically to provide this long-term care and support.

There is very little recorded information on settlement work within the Simon Community although it is an integral part of the service offered in each Community. One of the objectives of this study is to document the settlement work being done, to identify the range of settlement options available and to ascertain the preferences of Simon Community residents in relation to those options. Another objective is to bring together the Irish and international experience and expertise on the settlement of homeless people. These objectives are designed to enable the Simon Community to develop more effective and comprehensive policies and practices in the area of settlement, based on their own experience and on the experience of other agencies, both at home and abroad.

The two main types of settlement options which have been used by Simon Community residents are Simon Community residential houses and settlement in independent living accommodation. These two options are briefly described in section 5.2.1 and 5.2.2 respectively. The literature on the settlement experience of Irish homeless people is reviewed in section 5.3, and in section 5.4 the literature on rehousing and settlement experience of homeless people in England, Scotland and Northern Ireland is reviewed. The current settlement experience in the Simon Community is described in section 5.5. This information was gathered from semi-structured taped interviews with each Project Leader and Settlement Worker in December 1990.
Section 5.6 describes the settlement experience of Cork Simon Community. Section 5.7 describes the settlement experience of Dublin Simon Community and section 5.8 describes the settlement experiences of Dundalk Simon Community. The settlement options being discussed with 83 current shelter residents are described in section 5.9 and section 5.10 describes the previous settlement attempts of 18 current shelter residents. This information was gathered from personal in-depth interviews with the residents. Details on the housing preferences of 18 current shelter residents are presented in section 5.11.

5.2 Settlement Options Used by the Simon Community

5.2.1 Simon Community Residential Houses

The Simon Community has always been involved in long-term care of homeless people. To quote the words of its founder, Anton Wallich-Clifford, "It is fundamental to Simon that the care it seeks to extend should be unpressurized, long-term and even permanent" (Wallich-Clifford, 1968, p. 21). Long-term care has been provided in both the night shelters and in the residential or community houses. At present the Simon Community has seven residential houses in Ireland catering for up to 70 residents. Two of these houses were opened in 1990.

The aim of the residential house is to provide a permanent home and a caring, homely environment for a small group of people who would be unable to cope on their own. Most residents have been referred through the internal Simon Community network, either from shelters or soup runs. Residents are encouraged to participate in the daily running of the house, if they are able, and are involved in decision-making on issues regarding the house, through house meetings. Each resident pays a weekly rent. Each residential house has a different character depending on the mix of residents and their needs. Some houses cater for older, more feeble residents who need constant care while other houses have younger, more able-bodied residents and some houses have a mix of both.

5.2.2 Settlement in independent living accommodation

It is increasingly recognized by residents and workers alike that an adequate response to the problem of homelessness requires more than the provision of emergency accommodation and residential houses. A more satisfactory and long-term solution for some residents will involve settlement in independent living accommodation.

In the mid-1980s, with the introduction of work projects and with the possibility of residents being housed by local authorities, a move towards settlement outside the Simon Community began. Residents working on the work projects became interested in, and were actively encouraged to seek, alternative housing to the Simon Community. Some moved to other hostels, some to private rented accommodation and some to local authority housing. This all happened slowly and tentatively, not as a result of any
overall plan. It happened through a combination of factors: the increased independence and self-reliance many residents developed as a result of their stay in the Simon Community and their work on the work projects, the dedicated care and encouragement of many Simon Community workers, the greater accessibility of public housing in the mid-1980s and the increasing awareness among the residents of this.

Although settlement work has been carried out in all four Simon Communities, it has not always been documented. Some of the settlements in each of the Communities have been recorded in the Annual Reports. Some reports mention referrals/settlement, others do not. However it must be pointed out that these records are typically not an accurate or complete account of the referral and settlement work done over the years. Nevertheless the reports do indicate that settlement is not new to the Simon Community. They also indicate that very little is documented about the nature and extent of settlement work being done in each Community.

In 1989 the Dundalk Simon Community appointed a Settlement Worker, Brendan Lennon, who organizes and co-ordinates the settlement service of the Dundalk Simon Community. He began by conducting a survey of eight former residents who were settled in local authority accommodation. On the basis of his findings the settlement service was established. The service emphasizes the importance of a comfortable home and works with residents and other agencies to ensure this. The Settlement Worker provides help and support through all stages of settlement, does advocacy work and regularly visits the settled person in his/her home. Courses in budgeting, basic cooking and hygiene have also been organized. Since the commencement of this study, Referral and Settlement Workers have been appointed in both Cork and Dublin Simon Communities (September 1991).

5.3 The Settlement Experience of Homeless People in Ireland: A Review of the Literature

There is relatively little written on the settlement of homeless people in Ireland. Two Focus Point studies on the settlement of homeless people have been undertaken in Dublin. *Settling in the City* (Kelleher, 1988) provides base-line data and analysis on the procedure for housing and accommodating homeless people prior to the introduction of the 1988 Housing Act. The follow-up study, *Caught in the Act* (Kelleher, 1990), examines the implementation of the Act during the period April 1989-April 1990.

In *Settling in the City* (Kelleher, 1988), Kelleher found that homeless people during the period June '86 - January '87 were housed by Dublin Corporation in low-priority areas characterized by unemployment and vandalism where they experienced isolation from their family and friendship support systems. She also found that homeless people were housed by Dublin Corporation not as a result of planned policy but rather that houses were allocated in an ad-hoc manner as soon as a vacancy arose in order to prevent vandalism or squatting. Another finding is that there was no support or information given to applicants to help them settle into new accommodation.
Twenty six resettled homeless people were interviewed as part of Kelleher’s study. The following are the main difficulties they experienced:
- the large number of agencies they needed to contact on moving to a new area;
- inadequate assistance from Community Welfare Officers;
- the poor condition of the allocated accommodation;
- problems getting repairs done; arrears of bills;
- extreme isolation and lack of social support;
- lack of knowledge about their rights and entitlements.

The Focus Point follow-up report, *Caught in the Act* (Kelleher, 1990), found that although legislation relating to the needs of homeless people had been enacted, little had been done to provide extra resources or to restructure services in Dublin city to meet the needs of homeless people. The report found that the settlement needs of homeless people require a range of accommodation options varying from self-contained units to communal accommodation with various levels of support. The report also found that providing people with accommodation alone is insufficient. Homeless people often do not have the capacity or skills to settle and transform their new accommodation into a home. Essential services including welfare rights information, and a home-maker service are also required.

The report by SUS Research (1990), *Homelessness in County Louth*, commissioned jointly by Dundalk Simon Community and Drogheda Homeless Aid, involved nine individual interviews and two group interviews with homeless people in Dundalk and Drogheda. The settlement experiences of these homeless people were described and the following are some of the problems they experienced in the settlement process:
- lack of support, advice and accurate information about procedures when applying for housing and social welfare allowances, etc.
- lack of support in overcoming loneliness, illness and the pressures of dealing with uncertain housing conditions when settling into new accommodation;
- problems dealing with the statutory authorities. They experienced difficulties getting on the housing list and needed to actively pursue their case with housing officials. The housing offered was in poor condition, needing repairs to windows, doors and electrical appliances. The maintenance programme was inadequate, with some people waiting months for repairs to be done. They experienced difficulties in getting rent allowance and in getting rent receipts from landlords in the private rented sector.

In an internal report for the Dublin Simon Community, *An Evaluation of Referral Procedures* (Collins, 1990, p. 39), Collins found that the procedure for securing accommodation from Dublin Corporation was frustrating and disheartening for applicants. When people applied for housing they were told to keep in regular contact with housing officials. This involved lengthy queuing, usually to be told there was nothing available. Flats were only obtained if the Referral Worker in the Simon Community kept in regular contact with housing officials. Many residents also experienced difficulties in getting deposits and advance rent from Community Welfare Officers.

The literature on the settlement of homeless people in Dublin, Dundalk and Drogheda highlights the difficulties experienced by homeless people in getting accommodation.
either from local authorities or from the private sector. The provision of a wide range of housing options is seen as central to tackling homelessness. All studies mentioned the difficulties experienced with the Community Welfare Service, mainly because of the discretionary and sometimes inflexible nature of the service. The lack of information and/or the inaccessibility of the information about the services and procedures was also a problem. The lack of support and advice throughout the process of settlement created additional difficulties.

5.4 The Rehousing and Settlement Experience in England, Scotland and Northern Ireland: A Review of the Literature

There has been an increase in interest in the rehousing and settlement of homeless people in Britain and Northern Ireland in recent years. This emphasis on settlement reflects the recognition of the poor conditions in many large hostels and also the findings of many studies which indicated that hostel residents would prefer and were capable of living in their own house or flat. This literature review concentrates on three main areas:

- the housing preferences of hostel residents;
- the settlement experiences of rehoused hostel residents;
- rehousing strategies in England, Scotland and Northern Ireland.

The Housing Preferences of Hostel Residents

A major study of hostel residents in Glasgow in 1981 (Glasgow Council for Single Homeless, 1981, p. 57) concluded that single homeless men in that city did not want to live in hostels and stressed the need for alternative housing. Seventy seven per cent (77%) of the one-thousand one-hundred hostel respondents indicated a preference for living in a house or flat. This report made recommendations involving the provision of rehousing opportunities which formed the basis for the Glasgow Council Housing Department's strategy on housing provision for single homeless.

Other studies on settlement preferences of hostel residents have been undertaken in England and Scotland. A study of seventy four residents of a Salvation Army Hostel in England (Duncan, et al, 1983, p. 7) found that almost two-thirds of the residents would prefer to live in a flat and only four opted for hostel living. Of the 517 residents interviewed in the study Single and Homeless (Duncan, et al, 1983, p. 7), 70% opted for a house or flat, 16% for a bedsit and only 6% for another hostel.

Three hundred and thirty-two (332) residents were interviewed in a more recent study (Glasgow Council for Single Homeless, 1990, p. 47) of the housing preferences of hostel residents in Glasgow. The survey found marked differences in housing preferences related to gender and age differences and to differences in hostel experience. Two-thirds of the female respondents and one-third of male respondents were looking for alternative accommodation to hostels. Of those looking for alternative accommodation, 87% of the women and 78% of men wanted mainstream tenancies. The figures for people wanting to move out of hostels to independent living are much smaller than in the previous studies in Glasgow. The incidence of hostel living preference was higher among male residents with 59% of the men who were living in hostel for more than one year preferring hostel accommodation (Ibid, p.91). These figures may be explained by the
fact that between January 1983 and December 1988, 1,974 hostel residents were rehoused (Ibid, p.10). It may be reasonable to infer that the people most interested in rehousing had already been rehoused. The health of the hostel population was poor. The operation of the rehousing programme with its emphasis on mainstream tenancies seemed to contribute to the accumulation of unhealthy, middle-aged residents in the hostels (Ibid, p. 92). The report recommended that the rehousing programme be expanded to provide a wider range of housing options including an increased stock of sheltered housing for elderly hostel residents. More single units with an in-built element of group living and the development of small-scale supported hostels for vulnerable residents were also required.

The Settlement Experience of Rehoused Hostel Residents

In a major study of the rehoused hostel residents in Glasgow (Glasgow Council for Single Homeless, 1985, pp. 4 - 5) in 1985, one hundred and fifty-six people were interviewed all of whom had been rehoused between 1980 - 1983. The study reported that 70% of rehoused hostel residents were still tenants at their rehoused address and only 2% had returned to a hostel. The main problems encountered since being rehoused were the long-term dependence on state benefits and consequent low level of income. Loneliness was a severe problem for a very small number of people. Most people felt they were managing well. The main problem experienced was budgeting (Ibid, p.1).

The results of two further studies of rehoused hostel residents suggest that the majority are capable of living independently. A survey conducted in 1983 in four areas in England, i.e. Greater London, Lewisham, Manchester and Liverpool, (Duncan, et al, 1983, pp. 63 - 65), interviewed 198 rehoused hostel residents. Almost two thirds, 63%, were still living in independent accommodation and a very small proportion, 6%, had returned to hostel living or were living in very poor conditions in their rehoused accommodation. The main problems encountered were budgeting, coping with domestic chores and loneliness.

A follow-up study on the effects after 10 years, of the closure of a forty bed hostel in Lochgelly in Scotland was undertaken in 1990 (Bennett, 1990). Nineteen of the original 40 were deceased, the whereabouts of six was unknown and 15 were contacted of whom 10 were interviewed. Eight of the 10 were found to be living independently and the remaining two who chose private lodgings, were still living at the same address. Budgeting, general household chores and cooking all presented problems particularly in the beginning.

All the studies reviewed here show that the majority of hostel residents want, and are capable of moving to, independent living accommodation. Many need the support of a home-maker service. The range of housing options needs to be extended to include sheltered and supported housing schemes with a built-in element of support and community living.

Rehousing Strategies in England, Scotland and Northern Ireland

The rehousing scheme in Glasgow is the largest and most influential scheme in the U.K. and is the forerunner of many of the other schemes in England, Scotland and Northern Ireland. The Glasgow strategy is based on improving local authority housing access for single homeless people and on the provision of a social work or home-maker service for
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those who require it. The offer of accommodation is not conditional upon the acceptance of a home-maker, however. The home-maker usually begins work when the person is allocated a house. The home-maker service provides advice and practical assistance with such tasks as cooking, cleaning and shopping.

Many local authorities in England have, in recent years, adopted new policies towards housing homeless single people. In 1982, Manchester City Council closed two council-run hostels and rehoused as many of the residents as possible by awarding additional housing points for hostel residents. The thrust of the settlement service was to offer general support and assistance rather than help with domestic tasks. (Dant and Deacon, 1989, p.13). Manchester had to provide a wide range of alternative accommodation including small hostels, in order to rehouse everyone including old and long-term hostel residents. In Aberdeen, an Integrated Housing Strategy was adopted which involved the closure of a hostel and the provision of a range of smaller hostels and rehousing in local authority housing. A home-making service was included in the strategy. In Edinburgh, the rehousing scheme includes a 'follow-up' service. The follow-up service emphasizes personal counselling and support rather than help with domestic tasks.

There has also been a substantial reduction in the number of people living in large hostels in London. This followed both a growth in rehousing into mainstream local authority accommodation and an expansion of small more sheltered housing projects. Resettlement teams were established by several London Boroughs, in particular the Joint Assessment and Resettlement Team (JART). All the other settlement services already described offered settlement support after the people had been offered a tenancy. In the case of JART people were referred to their service while still living in the resettlement units and the decision as to whether or not to rehouse the person was made by the JART team who would then approach the local authority for suitable housing.

The Leeds Shaftesbury Rehousing Project (LSP) emphasizes the importance of counselling and casework in the rehousing process. Work begins with the clients before rehousing takes place. Keyworkers are assigned to each client and regular one-to-one sessions take place. A relationship of trust and respect is established which gives the client a sense of support. The majority of homeless people in this project are rehoused in single self-contained units provided by the housing department. The project consistently refuses to accept substandard accommodation. When the LSP take over a property they become the tenant and the client becomes its licensee. The LSP usually remain as tenants for about one year after re-housing after which time the client takes over the tenancy himself. The LSP takes responsibility for initial repairs, maintenance and furnishings although clients are encouraged to become involved in the preparation of their homes. In the early stages of settlement clients are visited at least weekly. The level of subsequent support depends on clients' needs and wishes.

In the Open Door Resettlement Project in Belfast (Kelly, 1988), sixty three people were rehoused within a three year period. Forty-nine of these (71%) were still in permanent accommodation at the end of the project. The main reason for failure to maintain tenancies was poor mental health and lack of community health services. The greatest practical problem experienced by people was budgeting. The resettlement service offered by this project was a support service to enable homeless people to make the transition from institutional living into independent self-contained accommodation. The
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resettlement service covered the continuum of response from purely practical assistance right through to the in-depth "social work" necessary to overcome institutionalisation. The main aim of the resettlement programme was to assist individuals in establishing themselves in a suitable living environment, involving a range of housing options. A major contributory factor which led to the success of the Open Door Resettlement Project was the guarantee of good accommodation since this enabled a timetable of settlement to be drawn up for each individual.

This review of some of the rehousing schemes in Britain and Northern Ireland indicates that the emphasis of the early rehousing schemes was on rehousing people in mainstream local authority housing. Other schemes which involved the rehousing of hostel residents following the closure of hostels, emphasized the need for a broader range of housing options including small hostels and supported housing projects.

The need for a settlement service has been acknowledged by all the rehousing projects. The priorities of the service have changed from purely practical home-making assistance to a more general support service including home-making, information and counselling service.

5.5 Simon Community Settlement Experience

The information contained in this section is based on semi-structured interviews recorded with the two Project Leaders in the Simon Community in Cork and Dublin and the Settlement Worker in Dundalk Simon Community. The numbers known to have settled in the period December 1988 - December 1990 are detailed in Figure 5.1. These figures are based on the estimates provided by the Project Leaders and Settlement Worker. Figure 5.1 reveals that a total of 85 persons known to the Simon Community in this period have settled. The breakdown of these by type of settlement reveals that 40 (47%) settled in private rented accommodation, 23 (27%) in local authority housing and 22 (26%) in Simon Community residential houses. The high number settled in Simon residential houses is partly explained by the opening in 1989 of a new Simon residential house at Island Street in Dublin which accommodated eleven of the former long-term Dublin shelter residents. It is also worth noting that there may be other people, who formerly stayed with the Simon Community and who may have since settled, about whom there is no information. These are people who usually stay only one or two nights in the shelter before moving on.

The interviews with the Project Leaders in Cork and Dublin and with the Settlement Worker in Dundalk indicated that all of these Communities used a broad concept of settlement which included both the physical accommodation and the homeless person's perception of settled accommodation. In the context of the Simon Community, settlement can include independent living in private rented accommodation or local authority housing, living in sheltered housing, in a Simon Community residential house, or living as a long-term resident in a hostel or shelter. The point was made by all the staff interviewed that many of the long-term residents regard the shelters as their home and are settled there.
Settlement work tends to be given a lower priority relative to referral in both the Cork and Dublin Simon Communities. Settlement work is done by Project Leaders, full-time workers, co-workers and outreach workers. In Cork, soup runners are also involved. The amount and quality of settlement work done depends on the interest and time available for it among staff and voluntary workers. The situation in Dundalk is completely different. In 1989 a Settlement Worker was appointed to establish and coordinate a settlement service for the Dundalk Simon Community.

The experience of the Simon Community and of other agencies involved with the settlement of homeless people suggests that some of the crucial factors affecting the settlement process include:

- home-making help and advice;
- information service;
- mediation and advocacy with statutory bodies;
- help and advice in linking into the network of local social services.

Project Leaders were asked about the service offered in their Communities in relation to these factors. The settlement experience in each of these Simon Communities will now be analysed in more detail.

### 5.6 Settlement Experience of Cork Simon Community

#### 5.6.1 General characteristics

It is hard to quantify the amount of time spent on settlement work in the Cork Simon Community since it depends on the number of residents involved in settlement at any time. The Project Leader devotes at least one day each week to settlement work and usually about five residents are involved in settlement work at any one time. A settlement plan is typically worked out with each resident. The policy is to encourage residents to do as much as they can for themselves. Staff will help residents where necessary by phoning flat advertisements, by making appointments and occasionally by accompanying residents to view flats. The Community Welfare Service will also be contacted with regard to the exceptional needs payment for furniture, and for flat deposits and rent supplements. The Simon Community also helps with the provision of furniture. Support is also given to residents in the period of time immediately after settlement. These residents are welcome to visit the shelter for meals or to use the washing facilities.

The soup run is also involved in settlement work in Cork through visiting many of the former residents on a regular basis. Some settlement decisions are recorded in the Community, particularly applications for local authority housing or flat deposits.

Residents who wish to settle in independent living accommodation usually select this option themselves. Residential house vacancies are advertised in the shelter and
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Residents who are interested are interviewed and selected, based on the following considerations:

- the needs of the house and the needs of the applicant;
- the applicant's ability to co-operate and communicate;
- the applicant's ability to maintain reasonable hygiene standards;
- the applicant's drinking history.

Four main settlement options are used by the Cork Simon Community:

- local authority housing;
- private rented accommodation;
- other hostels (only available for women and older men);
- Simon Community residential houses.

The supply of local authority housing is totally inadequate in Cork, particularly in areas where residents wish to settle. Some shelter residents have been offered flats in "hard-to-let" areas. The supply of suitable cheap private rented accommodation is also totally inadequate. The Project Leader in Cork felt that the local authority and private landlords were prejudiced against accommodating Simon Community residents.

In relation to emergency accommodation there are, in addition to the Simon Community shelter, only two other hostels in Cork, one for women and the other for older men. There is a chronic shortage of emergency accommodation places for young men in the city.

There are some long-term shelter residents who need alternative accommodation but who are considered unsuitable for residential houses because of their current lifestyle and behaviour.

5.6.2 Factors Affecting Settlement

The experience of the Cork Simon Community in relation to each of the following factors suggests that substantial improvements are required in relation to each.

Home-making help and advice
Many of the settled former residents experience difficulties with budgeting, managing their home, cooking and also experience loneliness and isolation. The Simon Community soup run is the only follow-up service.

Information Service
There is no information service in Cork for homeless people with the exception of Threshold which provides a housing information service for landlords and tenants.

Mediation and Advocacy with Statutory Bodies
Mediation and advocacy are important although most residents are able to contact the agencies themselves. The discretionary nature of the Community Welfare Service is a problem and many residents need help in getting their entitlements.
Help and Advice in Linking into the Network of Local Social Services

Cork Simon Community can only provide minimal help in this area although most residents are able to do this themselves.

The Simon Community Work Project and the Soup Run are the two main forms of support to the Cork Simon Community settlement service. The following resources are needed within the Simon Community to provide a comprehensive settlement service:

- a Street Worker / Settlement Worker with responsibility for the settlement service;
- more settlement training for staff;
- more inter-agency contacts.

5.6.3 Other Settlement Services required in Cork

The settlement options for Simon Community residents in Cork are totally inadequate. There is a need for a wider variety of housing options. The following options are required according to the Project Leader:

- a small emergency night shelter catering for 12 to 15 people;
- a residential shelter for long-term residents whose lifestyle is unsuitable for the present residential houses;
- sheltered housing with independent dwelling units with on-site communal facilities and caretaker service;
- sheltered housing with independent dwelling units with visiting support services;
- an adequate supply of local authority accommodation suitable for single people;
- suitable cheap private rented accommodation;
- a drop-in information or day-care centre.

5.7 The Settlement Experience of Dublin Simon Community

5.7.1 General Characteristics

Settlement work is done on an ad hoc basis and is not the special responsibility of any specific Simon Community worker. Full-time workers do not receive specific training in settlement work. The Project Leader spends an average of eleven hours each week on referral and settlement work. The time spent depends on the number of residents involved. This can vary from none to seven or eight people at any one time. Residents who wish to settle into independent living usually select this option themselves. They are told about the settlement options available and are referred to the relevant agencies. When a vacancy arises in a residential house all shelter residents are notified and interested residents put their names forward. Residents are selected on the basis of their suitability and need for residential care. The needs of the existing residents and how the new person will fit into the existing group are also taken into account.

Settlement decisions and progress are sometimes recorded. Four main settlement options are used by Dublin Simon Community:

- local authority housing;
- private rented accommodation;
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- long-term hostels;
- residential houses;
- sheltered housing (e.g. Stanhope Green Focus Housing Project is a recent option).

Since 1988, there has been an increasing shortage of local authority housing in Dublin. Some current residents in Dublin Simon are on the housing list for over twelve months. Although there are no formal regular meetings with the Housing Allocations Officer, the Project Leader is in contact with the Housing Department frequently. The Homeless Persons Housing Officer of Dublin Corporation visited the shelter and met residents twice in 1990.

The view of the shelter Project Leader in Dublin Simon Community is that there is also a shortage of suitable cheap private rented accommodation. The accommodation that is available is often run-down and dilapidated. It is often difficult to get flat deposits and rent allowances because of the discretionary nature of the Community Welfare Service. Prejudice of landlords against Simon Community residents also militates against their chances of getting suitable accommodation.

5.7.2 Factors Affecting Settlement

In relation to the factors affecting settlement, the experience of the Dublin Simon Community highlights a number of areas where improvements are needed.

*Home-making help and advice*
Many former residents experience difficulties in this area although the Simon Community can provide little help. The Soup Run in Dublin concentrates its efforts mainly on people who are on the streets and living in squats or sleeping rough. It also visits some former residents who have settled in flats. The follow-up group also visit a few settled residents, although the bulk of its work to date has been concerned with visiting former residents who are in hospital or prison.

*Information Service*
There are a number of information services for homeless people in the Dublin area. Focus Point operates an information service specifically for homeless people. Threshold provides information on housing matters in relation to the private rented sector.

*Advocacy and Mediation with Statutory Bodies*
This service is important for many residents and the Community Welfare Officers and Housing Officers are regularly contacted by Simon staff on behalf of residents.

*Help and Advice in Linking into the Network of Local Social Services*
Loneliness is the greatest problem that settled people experience according to the Project Leader of the Dublin shelter. Some former residents are helped by co-workers and by the follow-up group. The work project provides long-term support and follow-up for former residents and is a major part of the settlement service. Settled former residents will often help shelter residents look for a flat and give advice and information on how to get social welfare entitlements.
The following resources and services are needed within Dublin Simon Community according to the Project Leader in order to provide a comprehensive settlement service:

- a Referral / Settlement Worker with responsibility for settlement service;
- a proper assessment of settlement needs and a matching of these needs to the available services;
- a settlement information pack;
- adequate record keeping;
- follow-up and support service for settled people;
- inter-agency contacts.

5.7.3 Other settlement services required in Dublin

The settlement options for Simon Community residents in Dublin are totally inadequate. There is a need for a wider variety of housing options according to the shelter Project Leader in Dublin Simon Community. The following options are required:

- sheltered housing with independent dwelling units with on-site communal facilities and caretaker service;
- sheltered housing with independent dwelling units with visiting support services;
- an adequate supply of local authority accommodation suitable for single people;
- suitable cheap private rented accommodation;
- more residential house places.

5.8 The Settlement Experience of Dundalk Simon Community

5.8.1 General characteristics

The settlement service in Dundalk Simon Community is organized and co-ordinated by the Settlement Worker. The Settlement Worker is also responsible for the development of work projects and fund-raising. The Settlement Worker was appointed in 1989. He began by surveying all former Simon Community residents who had been housed by Dundalk Urban District Council during the past 10 years (Lennon, 1990). The purpose of this survey was to find out about the current housing situation and to discover the settlement problems encountered. Eight people living in seven dwellings were visited. It was as a result of this survey and the actions taken by the settlement worker that substantial improvements have been made by the Dundalk Urban District Council and the health board in relation to the conditions of houses allocated and the level of cooperation between the Simon Community and other agencies.

The following is a summary of the main findings of that survey:

*Housing Conditions*

Most dwellings were in a deplorable condition when they were occupied. Tenants had extreme difficulties getting necessary repairs done.
Supplementary Welfare Service
The discretionary nature of the service was a problem. Only one of the eight persons interviewed knew of, and had benefited from, the exceptional needs payment.

Support Services
Many experienced loneliness and felt the need for home visits and help in dealing with statutory bodies.

On the basis of these findings the settlement service was established. A key dimension of the service is that the accommodation offered to the homeless person must be of an acceptable standard before moving in. In line with this the Settlement Worker and resident inspect every offer of accommodation from Dundalk Urban District Council. If the tenancy is accepted by the resident, and the house needs decoration, a scheme has been established by the Settlement Worker whereby the local authority supply the paint necessary to decorate the house. The house is then decorated by the tenant with the help of other Simon Community residents. A good clean, bright housing environment is seen as essential to successful settlement. Repairs are usually completed before the house is occupied. This is the result of many contacts with the repair section of the housing authority. This means better conditions prevail in the houses now being occupied by Simon Community residents.

Exceptional needs payments for furniture are now paid by the Community Welfare Service to all Simon Community residents moving to their own accommodation. This is the result of ongoing liaison between the Settlement Worker and the Community Welfare Officer. The Simon Community in Dundalk also provides furniture which it transports to the new house where necessary. The Settlement Worker keeps in regular contact with former residents throughout the process of settlement. Referral decisions and outcomes are recorded. There is a written settlement information pack. The three main settlement options used by the Dundalk Simon Community are:

• local authority housing;
• private rented accommodation;
• long-term stay in Sunnyside House, Dundalk.

The supply of local authority housing is inadequate and there are long waiting lists. Local authority housing is the best option for Simon Community residents because it is more secure and cheaper. The supply of cheap suitable private rented accommodation is also inadequate. There is also prejudice among private landlords against accommodating Simon Community residents.

There is no residential house in Dundalk and Sunnyside House provides both emergency and long-term care. Some of the long-term residents are unable to move to their own accommodation and are settled in Sunnyside House. Dundalk Simon Community is planning to improve the living conditions in Sunnyside House so that long-term residents will have their own bedrooms. The Community has applied under the Capital Assistance Scheme for funding to rebuild Sunnyside House. It is hoped that this work will be completed by late 1992.
5.8.2 Factors affecting settlement

The experience of the Simon Community in Dundalk in relation to the factors affecting settlement illustrates the importance of having a person specifically allocated to this type of work.

Home-making help and advice
Home visits are an essential part of the settlement service in Dundalk. Former residents are visited regularly by the Settlement Worker. The Settlement Worker also arranged for the Legion of Mary and a young visitation group to keep in touch with four residents. A short course on budgeting, basic cooking and hygiene was organized in October 1990 and attended by nine former residents. This course was given by a local home economics teacher. Further courses on budgeting, basic cooking and hygiene and on human development and stress management are being organized in the Autumn 1991. A weekly social club is organized for former residents.

Information service
There is no information service in Dundalk for homeless people. Former residents usually contact the Settlement Worker with any information queries.

Mediation and Advocacy with Statutory bodies
A substantial amount of Settlement Worker's time is spent dealing with problems in this area.

Help and Advice in Linking in to Local Social Services
The majority of former residents are well informed about their social welfare entitlements. They are informed about the services within Dundalk Simon Community.

The following resources are needed within the Dundalk Simon Community in order to provide a comprehensive settlement service:
• as the number of settled people increase, a full-time Settlement Worker will be needed.
• further training in settlement work and information on other settlement projects is required.

5.8.3 Other settlement services required in Dundalk

The settlement options for Simon residents in Dundalk are inadequate. There is a need for a wider variety of housing options. The following are required:
• sheltered housing with independent dwelling units with on-site communal facilities and caretaker service;
• sheltered housing with independent dwelling units with visiting support services;
• an adequate supply of local authority accommodation suitable for single people;
• suitable cheap private rented accommodation.
5.9 Settlement Options For Shelter Residents

The information in this section was obtained from Profile Questionnaires completed by Project Leaders on 83 residents in Simon Community shelters. Data on the number of shelter residents with whom settlement options were discussed in the three months prior to this interview (March 1991) and the types of settlement options discussed are presented in Figure 5.2. Settlement options were discussed with 50 residents (60%). The range of options discussed is narrow and for 43 (66%) residents the option involved staying on in the shelter, 19 (29%) of whom were to stay in the shelter until they got local authority housing and 18 (28%) were to stay in the shelter until they got private rented accommodation. Continued stay in the shelter was the only option discussed with six of the residents (9%). Referral to another hostel was discussed with 12 residents (19%). A move to Simon residential house was discussed with six residents (9%).

Data on the numbers of settlement options being discussed with each resident is summarized in Figure 5.2. A total of 72 options had been discussed. The number of settlement options being discussed is high although it is clear that many of the options being discussed are not very satisfactory and obviously reflect the shortage of suitable options. Conversely no settlement options were discussed with 33 (40%) of shelter residents in the previous three months. The reasons for this were given as follows. Eight residents (25%) were considered unsuitable because of life style; no suitable option was available for six of the residents (18%); and five (15%) were long-term shelter residents. It was considered that seven (21%) of the residents were able to make their own accommodation arrangements and a further seven (21%) never stayed in the shelter long enough to be referred.

Data on the long-term settlement options best suited to shelter residents' needs, in the opinion of Project Leaders, are presented in Figure 5.3. Two main types of settlement options were selected by Project Leaders: supported living accommodation and independent living accommodation. Supported living accommodation including Simon Community shelters, residential houses, other hostels and sheltered housing were considered the most suitable options for 45 (54%) residents. Of these, 12 (15%) were considered best suited to long-term stay in Simon Community shelters, 10 (12%) were considered best suited to living in independent self-contained units with visiting community support services, 10 (12%) were considered best suited to living in independent units with on-site communal facilities, nine (11%) were considered best suited to Simon Community residential houses and four (5%) were considered best suited to other hostels. The most suitable option for 29 (35%) residents was considered to be independent living accommodation including private rented accommodation and local authority housing. Of these, 18 (22%) were considered best suited to local authority housing and 11 (13%) were considered best suited to private rented accommodation. Figure 5.3 also reveals that of those residents considered best suited to independent living, 20 (24%) were considered best suited to living alone and 9 (11%) were considered best suited to sharing their accommodation.

There are policy implications in this information both for the Simon Community and for other agencies. The Simon Community has been involved in the provision of both emergency care and residential care. There is a gap in the provision of services in the
Figure 5.1 Persons Known to the Simon Community Who Have Settled in the Period December 1988 to December 1990

<table>
<thead>
<tr>
<th>Private Rented Accommodation 40</th>
<th>Local Authority Accommodation 23</th>
<th>Simon Community Residential House 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork 27 (64%)</td>
<td>Cork 10 (24%)</td>
<td>Cork 5 (12%)</td>
</tr>
<tr>
<td>Dublin 10 (31%)</td>
<td>Dublin 5 (16%)</td>
<td>Dublin 17 (53%)</td>
</tr>
<tr>
<td>Dundalk 3 (27%)</td>
<td>Dundalk 8 (73%)</td>
<td>Dundalk 0 (0%)</td>
</tr>
</tbody>
</table>

Figure 5.2 Discussion of Settlement Options with Persons in Simon Community Shelters, 1991

Persons Known to Simon Community 83

Shelter Residents with whom Settlement Options were Discussed

Yes 50 (60%)

No 33 (40%)

Type of Options Discussed

- Stay in shelter until resident gets local authority accommodation 19 (29%)
- Stay in shelter until resident gets private rented accommodation 18 (26%)
- Referral to other hostel 12 (16%)
- Move to Simon residential house 8 (9%)
- Referral to hospital / treatment centre 4 (8%)
- Continue to stay in shelter up to three months 3 (5%)
- Long-term stay in shelter over three months 3 (5%)

Number of Settlement Options Discussed

- One 32 (39%)
- Two 15 (16%)
- Three 2 (2%)
- Four 1 (1%)
- None 33 (40%)

Reasons Why no Settlement Options Discussed

- Resident uninterested in / unsuitable for accommodation referral because of lifestyle / drink problem 8 (25%)
- Not / never long enough in shelter 7 (21%)
- Resident is making / capable of making own accommodation arrangements 7 (21%)
- No suitable option available 8 (18%)
- Long term resident not wanting / needing to discuss settlement options 5 (15%)
Figure 5.3 Achieving the Most Suitable Settlement Options for Persons in Simon Community Shelters, 1991

Refer and settle in the Simon Community

- No information 5
- Other 4
- Shelter violence related 2
- Other housing related 3
- Social security related 1
- None (0%)
- Unemployed
- Employed
- Live with parents
- Live in other hostel
- Other shelter 1
- Other related 4
- None (0%)
- Other
- Other

- No information 2
- Moving parents nearby 1
- Other

- Lack of money 1
- Other 1
- Other 1

- No action taken
- Action taken

- Resident's own property
- Other (community)
- Other (community)

- Resident
- Other
- Other

- No action taken
- Action taken

- Lack of shelter
- Other
- Other

- No action taken
- Action taken

- Lack of shelter
- Other
- Other

- No action taken
- Action taken

- Lack of shelter
- Other
- Other
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middle range, particularly in the provision of sheltered housing. This type of sheltered accommodation would suit 20 (24%) shelter residents yet there are few such options available. Stanhope Green Housing Project in Dublin will be providing, other things being equal, sheltered housing in 1991 and some of the shelter residents in the Dublin Simon Community have applied for this type of accommodation. In Cork, S.H.A.R.E. are providing sheltered housing for the aged but are reluctant to take homeless people with health problems. If the settlement needs of this substantial group of Simon Community residents are to be met then a broader range of housing options are needed.

5.9.1 Settlement Actions Taken

Data on the action taken to achieve the settlement options best suited to residents and the reasons why no action was taken are summarized in Figure 5.3. Some action was taken to achieve the settlement options most suited to residents needs in 59 (71%) of the cases; no action was taken on behalf of 24 (29%) of the residents, to the best of the knowledge of Project Leaders.

The actions taken on behalf of 32 residents were related, as Figure 5.3 reveals, to a move to independent living. Of these 21 residents were referred either to private rented or local authority accommodation, eight were advised to save for flat deposits and three were referred for a flat deposit to the Community Welfare Service. The actions taken on behalf of another 21 residents were related to supported living accommodation. Sheltered housing had been applied for, or an upgrading of present accommodation, was being considered for nine of the residents and referral to residential houses was being discussed with a further four residents. Long-term stay in a shelter was considered the most suitable option for five residents and referral to other hostels or housing agency such as Threshold or Focus Point was discussed with a further three residents. Given the severe shortage of local authority, private rented and voluntary housing the outcome of such actions is likely to be unsatisfactory.

No action was taken to achieve settlement options on behalf of 24 residents, more than a quarter of the total covered in the survey. For the majority of these residents, 17, there was either no suitable housing option or they never stayed long enough in the shelter for any action to be taken. A further three were considered unsuitable for settlement.

The central point to emerge from the preceding data is that settlement work is fundamentally constrained by the lack of housing options available. This is the main factor explaining the limited success of the settlement options pursued while also explaining why no settlement options have ever been pursued in a substantial minority of cases.

Data on the obstacles preventing residents achieving their settlement options, in the opinion of the Project Leaders, are presented in Figure 5.3. Two main type of obstacles were mentioned: obstacles external to residents and obstacles related to residents' health or behaviour. Obstacles external to residents refer to the shortage of suitable accommodation and the shortage of money and accounted for half of all the obstacles mentioned. The other half of the obstacles were related to the residents' physical and mental health problems and behaviour including drink or drug problems as well as their
unsettled life style, with 18% of the obstacles mentioned being related to a drink or drug problem, 11% to behaviour problems, 10% unsettled life style, 10% health problems. It is worth noting in this context that the provision of suitable housing alone will not solve homelessness. The personal problems faced by residents will also need to be addressed by home-maker and follow-up support and counselling services.

The picture emerging from this data is that referral and settlement work is being undertaken by Simon Community staff with shelter residents in spite of the severe shortage of referral and settlement options. It is probably true to say that settlement options are being discussed with more residents than will actually have the opportunity of taking up any of these options in the near future. This could be seen as part of the long-term preparation for settlement. It could, however, also lead to frustration and disappointment on the part of the residents. Some of this frustration and disappointment could be avoided by a commitment on the part of local housing authorities to the allocation of suitable housing for homeless people. Local authorities have, in the past, been constrained by the lack of resources. The Government's new Plan for Social Housing (February 1991) marks a change in statutory housing policy and emphasizes the need for a wide range of social housing to meet all types of housing demands. However unless adequate resources are allocated and proper funding mechanisms put in place, the plan will fail. The fact that some form of sheltered housing is considered by Project Leaders as the most suitable settlement option for over half the shelter residents has policy implications for both the Simon Community and other housing providers. The gap in the provision of sheltered housing has already been noted in this section.

5.10 Previous Settlement Attempts

The information contained in this section was gathered from personal in-depth interviews with eighteen Simon Community shelter residents in Cork, Dublin and Dundalk. Data on the numbers who have attempted to settle in their own accommodation and the number of times they have attempted to settle are presented in Figure 5.4. Thirteen of the 18 shelter residents (72%) have attempted settling in their own accommodation since they became homeless. At least 37 unsuccessful settlement attempts have been made by these 13 residents. Five of these respondents have endeavoured to settle five times or more.

Data on the number of places where residents had lived in the past twelve months are presented in Figure 5.4. A total of 67 addresses were lived in during the previous 12 months, that is an approximate average of four addresses per person. These figures indicate a high level of mobility among the residents, although the figures are slightly distorted by the two residents who had lived at eight addresses and the one resident who had lived at twelve addresses. Thirteen of the 18 respondents had lived at three addresses or less.

Details of the type of accommodation in which shelter residents last settled and the time of the last settlement attempt are outlined in Figure 5.4. These tables reveal that
Figure 5.4 Previous Settlement Attempts of Persons in Simon Community Shelters, 1991

Persons Known to Simon Community
18

At tempted to Settle
Since Becoming
Homeless?

Yes
13

No
5

Number of Addresses
Stayed at in Past
Twelve Months

One
2

Two
5

Three
8

Four
1

Six
1

Eight
2

Twelve
1

Number of Times
Attempted to Settle

Once
3

Twice
3

Three times
1

Five times or more
5

No information
1

Type of Accommodation
Where Last
Attempted to Settle

Private rented bedsit
4

Local authority flat
3

Local authority house
2

Private rented flat
1

Private rented house
1

Other
2

When Last
Attempted to Settle

Six months or less ago
8

Between six months
and under one year ago
2

Between one and
under three years ago
1

Between three and
under five years ago
1

Difficulties
Experienced in
Attempting to Settle

Paying ESS bill (7) / paying rent (6) / budgeting (6)
19

Loneliness (7) / getting on with
neighbours (8) / making friends (4)
17

Getting Rent Allowance (4) /
getting furniture from Community Welfare Officer (2)
6

Relating to private landlords
5

Cooking (2) / keeping
accommodation clean (2) /
shopping (1)
5

Getting repairs done
2

Getting rent receipts
2

Getting furniture
1

Other problems
8
Figure 5.5  Settlement Preferences of Persons in Simon Community Shelters, 1991

Persons Known to Simon Community
18

Desire to Move from Simon Shelter?
Yes 18

Settlement Preference of Persons

- Live alone in private rented accommodation 4
- Share private rented accommodation 4
- Sheltered housing group scheme with on-site communal facilities 3
- Live alone in local authority flat 2
- Share local authority flat 1
- Live alone in local authority house 1
- Share local authority house 1
- Simon residential house 1
- Other 1

Actions Taken by Persons to Achieve Settlement Preferences

Type of Action Taken

- Application made for local authority housing 6
- Trying to get a flat / saving for a flat 5
- Application made for sheltered housing 3
- Other 2

Obstacles Preventing Persons Their Achieving Settlement Preferences

- No suitable accommodation available 8
- Health problems / drink problems 6
- Shortage of money 5
- Awaiting sheltered housing review 3
- Other 4
Referral and Settlement in the Simon Community

Residents tried to settle in both local authority and private rented accommodation, the vast majority of them within the past year. Overall, the picture that emerges from these tables is that the majority of residents have tried to settle and failed. Many have tried more than once to settle. The number of unsuccessful settlement attempts among the shelter residents points to the need for a follow-up settlement service.

Details of the problems experienced by shelter residents when they last settled are summarized in Figure 5.4. A total of 65 difficulties were listed by the 13 residents. This means that on average each resident experienced five problems. Three main problem areas were mentioned: money management; loneliness or relationship problems; problems obtaining services from other agencies. Difficulties in money management were mentioned very frequently (19 times). Seven respondents mentioned having difficulty paying E.S.B. bills, six mentioned having difficulty budgeting and six respondents mentioned having difficulty paying rent. Loneliness or relationship difficulties were also frequently mentioned (17 times). Loneliness was mentioned by seven of the respondents, six mentioned having difficulties getting on with neighbours, and four mentioned having difficulties making friends. Difficulties obtaining the services from other agencies were also frequently mentioned (16 times). Five respondents had difficulties relating to private landlords, four had difficulties getting rent allowance, two had difficulties getting furniture from Community Welfare Officers and two had difficulties getting repairs done and getting rent receipts and one had difficulty getting furniture.

Difficulties with household duties were mentioned less frequently (5 times). Two respondents mentioned having difficulties keeping accommodation clean and cooking and only one respondent mentioned having difficulties shopping.

The difficulties encountered by residents are as would be expected and are similar to the findings of the studies outlined in section 5.2 and 5.3. A comprehensive settlement service which would support residents through all the stages of settlement is required to alleviate these difficulties.

5.11 Settlement Preferences

Data on the housing preferences of the 18 shelter residents interviewed are summarized in Figure 5.5. The data reveal that all residents wish to move from the shelters. This confirms the findings emerging from previous figures that all residents wish to settle. The data in Figure 5.5 reveal that the settlement preferences of the majority of residents, 13 of the 18 (72%) interviewed, was for independent living. Private rented accommodation was the first accommodation choice of 8 of the 18 (44%) respondents, local authority accommodation was the first choice of 5 (28%) respondents. Only 4 respondents (22%) chose supported living accommodation. Sheltered housing with on-site communal facilities was the first choice of three of these respondents and Simon Community residential care was the first choice of only one respondent. Seven of the 18 residents (39%) indicated that they would prefer to live alone while 6 (33%) would prefer to share. These residents' choice of settlement options are in contrast with the
settlement options considered suitable by Project Leaders for shelter residents. The majority of residents interviewed chose independent living whereas the Project Leaders considered supported living accommodation the most suitable option for the majority of residents.

The opinions of Project Leaders on suitable settlement options were asked because of their understanding of the needs of residents based on their daily contact with the residents and because of their broader understanding and awareness of the range of available options.

The residents' low preference for the supported living accommodation option may be explained by the fact that this is a very new concept to the majority of those interviewed and may not have been properly understood by the respondents because of their limited contact with any sheltered housing projects. The low take up may also be explained by the residents' over optimistic expectations of their ability to cope with independent living.

The low level of interest in supported living accommodation among hostel residents was one of the findings of a recent report in Glasgow. (Glasgow Council for Single Homeless, 1990, pp.49,50). The majority of the male hostel residents who were looking for alternative accommodation were interested in mainstream tenancies. Interest in supported accommodation was virtually non-existent although 10% of long-term male residents who expressed an interest in rehousing preferred sheltered housing. The Glasgow report concluded that there was a substantial and continuing unmet demand for mainstream tenancies and that the preferences expressed almost certainly reflected the limited range of options available and reflected respondents' lack of knowledge of and information on the existing supported accommodation options.

In the light of what has been stated already it seems fair to draw the same conclusion from the data presented in this study. As more sheltered housing becomes available it will be necessary to inform residents about the options.

The data in Figure 5.5 show that 16 of the 18 respondents (89%) had taken some action to achieve their preferences, 6 of the 18 (33%) had applied for local authority housing, 5 (28%) had tried to get a flat or were saving for a deposit for one and 3 (17%) had applied for sheltered housing.

The obstacles preventing the 18 residents who were interviewed achieving their preferences are listed in Figure 5.5. In all, 26 obstacles were mentioned. Two main types of obstacles were mentioned: obstacles external to the respondents, and obstacles related to respondents' health. A total of 16 external obstacles were mentioned including no suitable accommodation available (8), shortage of money (5) and waiting for sheltered housing interview (3). Obstacles related to respondents' health were mentioned six times. The remaining four obstacles involved a combination of both.

The level of satisfaction with the help given by the Simon Community to shelter residents in order to achieve their accommodation preferences is described in Figure 5.6. Fourteen of the 18 shelter residents received help from the Simon Community in relation to achieving their settlement preferences. The majority of these, 11, were satisfied or
"A broad range of housing options, including supported living accommodation, is needed."

Dublin Simon Community residential houses, Sean Mac Dermott Street. Photo: Peter Orford.
Figure 5.6 Help Received from Simon Community by Persons in Simon Community, 1991

Persons Known to Simon Community

18

Received Help from Simon Community in Achieving Settlement Preferences?

Yes

14

No / no help needed

4

Type of Help Needed to Achieve Persons' Settlement Preferences

Needs help in getting a flat

7

Needs help in settling, including getting furniture, etc.

7

Needs to get health / drink problem sorted out

5

Needs to be accepted for sheltered housing / residential house

4

Other help needed including counselling, financial help, daycare centre, etc.

4

Level of Satisfaction with Help

Very satisfied

6

Satisfied

5

Dissatisfied

2

No information

1

Types of Help Received

Support / help / advice

6

Help in applying for sheltered housing

3

Help looking for / saving for a flat

3

Help applying for local authority flat

3

- Page 64b -
very satisfied with the help received. Two people were dissatisfied with the help they got, mentioned that the staff were too busy to help and that a person would be needed to do referral and settlement work. There was no information on one person. Data on the type of help received are presented in Figure 5.6. Help in applying for sheltered housing, private rented accommodation or local authority housing was mentioned nine times. General support or advice was mentioned six times. Four people said they got no help.

Information on further help that the shelter residents felt they would need to achieve their housing preferences is contained in Figure 5.6. The need for help in getting accommodation, both voluntary housing and private rented or local authority, was mentioned 11 times. Seven people mentioned they would need help settling into their new home - the type of help mentioned included help getting furniture and help setting up their new home. Five people mentioned they would need help getting their health problems sorted out.

In conclusion, two main types of settlement options are used by persons known to the Simon Community: residential houses and independent living accommodation. These options are more closely examined in the next two chapters. A considerable amount of settlement work is currently being undertaken in each Community. This work, however, is restricted by the limited resources in terms of staff and money. Settlement is also constrained by the lack of suitable housing options both in public housing and in the private rented sector, in particular by the almost complete lack of voluntary housing options. A broad range of housing options including supported living accommodation are needed.

In the opinions of the Project Leaders there were two main obstacles preventing shelter residents’ settlement: shortage of suitable accommodation, and health or behaviour problems. The majority of shelter residents had previously made unsuccessful attempts. The main difficulties experienced during their last settlement attempts were: money management; loneliness and relationship difficulties and difficulties obtaining services from other agencies. It is clear that the provision of housing alone will not solve homelessness. A comprehensive settlement service, including a home-maker and counselling service, which helps and supports people through all stages of settlement is needed.
CHAPTER 6

Settlement Experience of People Settled in Simon Community Residential Houses

6.1 Introduction

The Simon Community residential houses provide long-term care and support for people who are unable to live independently. The houses are staffed by teams of Project Leader/House Leader and full-time volunteer workers with support from part-time co-workers. Residents are encouraged to participate in the daily running of the house and are involved in decision-making issues regarding the house. Each resident pays a weekly rent. At present the Simon Community has seven residential houses in Ireland which accommodated 45 residents in March 1991.

This chapter describes the settlement experience of residents living in residential houses. The information was collected from two sources. The first source was information on all people living in Simon Community residential houses on 11 March 1991 which was collected from Project Leaders and House Leaders. Information was gathered on 12 residential house residents in Cork, 24 in Dublin and nine in Galway (Figure 2.1). The second source was information collected from nine residential house residents themselves through in-depth personal interviews. Two residential houses residents were interviewed from Cork Simon Community, three were interviewed from Dublin Simon Community and four were interviewed from Galway Simon Community (Figure 2.1). These interviews were conducted in February and March 1991.

The sample of residential house residents was selected in consultation with the staff in each Community. The following considerations affected the selection of the sample of residential house residents:
- some residents were reluctant to be interviewed;
- some residents were unable to be interviewed either because they were suffering from senility or psychiatric illness;
- it was feared that some residents would be upset or feel threatened by being interviewed by an unknown person.

The sample selected in residential houses was reduced by the above consideration and the nine people interviewed were selected by the Project Leaders or House Leaders concerned. Accordingly the sample is drawn predominantly from the more able residents (generally in the 40-65 years age range) in the residential houses.
The information in this chapter is presented under five main headings:

- Pre-settlement period;
- Early settlement experiences;
- Current situation;
- Other settlement options;
- Settlement Prospects.

### 6.2 Pre-Settlement Period

This section begins with a description of the previous settlement attempts of nine residential house residents. Additional information on their previous accommodation and their length of stay in the Simon Community shelters is presented in Chapter Three, sections 3.11 and 3.12.

#### 6.2.1 Previous Settlement Attempts of the Nine Residential House Residents who Were Interviewed

Two thirds (6) of the residents had not tried to settle since they became homeless (Figure 6.1). This is in sharp contrast with the people settled outside the Simon Community, as Chapter Seven, section 7.2.1 reveals, over 60% of whom had made previous settlement attempts. One of the three people who had tried to settle previously had tried once, one had tried twice and one had tried at least five times. Two had tried to settle in private rented accommodation and one had tried to settle in a local authority flat.

The difficulties experienced by these nine residents in their last home are described in Figure 6.1. Home-making difficulties, such as cooking, and keeping their accommodation clean were mentioned by five people. Family problems were mentioned by four people. Four people mentioned having difficulties with their accommodation. Money management problems, such as difficulty paying rent or budgeting were mentioned by three people. Drink problems or psychiatric problems were mentioned by three people. Two people had relationship problems and two people had difficulties relating to private landlords.

The reasons why people left their last accommodation are outlined in Figure 6.1. A total of 14 reasons were mentioned. Health problems, such as psychiatric problems or drink problems, were mentioned four times. Housing problems, such as a fire in the flat, flat vandalized, bad housing conditions or eviction, were mentioned four times. Another person left because he was returning to live in Ireland and one person hated living in his accommodation and never regarded it as home. Three people lived alone in their last accommodation and five people shared their accommodation.
Figure 6.1 Previous Settlement Attempts of Persons in Simon Community Residential Houses, 1991

Persons Known to Simon Community

Is This the First Settlement Attempt?
- Yes
- No

Number of Previous Settlement Attempts
- One
- Two
- Five or more

Type of Accommodation in Previous Settlement Attempt
- Local authority flat
- Private rented bed
d
- Private rented house

Difficulties Experienced in Last Home
- Cooking
- Family problems
- Housing problems
- Drink or psychiatric problems
- Paying rent
- Relating to private landlords
- Budgeting
- Keeping accommodation clean
- Loneliness
- Migration

Reasons for Leaving Last Home
- Depression/psychiatric problems
- Health problems
- Marital problems/family problems
- Fire in flat/flat vandalized
- Left because of problems paying rent/bills
- Drink problem
- Left to return home from England
- Very bad conditions
- Evicted
- Did not regard it as home/hated living there
- Other

Lived Alone in Last Home?
- Yes
- No
- No information
Figure 6.2 Selection Process of Persons for Simon Community Residential Houses, 1991

Persons Known to Simon Community
45

Reasons Why Persons were Selected for Residential House

- Needed long term care because of ill health 9 (20%)
- Needed long term care because unable to cope with shelter 9 (20%)
- Needed long term care because of old age 4 (9%)
- Needed long term care because unable to live alone 2 (4%)
- No alternative option / change of shelter policy 3 (7%)
- Combinations of above 18 (40%)

Procedures Used to Select Persons for Residential House

- Move discussed with person 42 (93%)
- Residential House Leader contacted 31 (69%)
- Meeting with House Leader before moving 30 (68%)
- Meeting with other house residents before moving 24 (53%)
- Visit to residential house before moving 23 (51%)
- Referral discussed with other house residents 19 (42%)
- New house opened 8 (18%)
- No other option / unsatisfactory referral 3 (6.7%)
- Was moved for personal safety 1 (2%)
- Other 2 (4%)
6.2.2 The Role of the Simon Community during the Pre-Settlement Period

The process of settling homeless people in residential houses varies in each Simon Community. Factors such as the number of places available in residential houses, the needs of the resident and his/her suitability, the needs of the resident group in the house, the pressure for more emergency beds in the shelters and the staffing arrangements in shelters and residential houses all influence the process. The Simon Community's role at the pre-settlement stage is discussed under two headings: Selection for settlement and Referral procedures.

Selection for Settlement

The selection process for settlement in residential houses has changed and developed over the years and also varies from Simon Community to Simon Community.

In recent years more thought and care has been given to the selection process. This was the case in Lough Atalia and Dyke Road houses in Galway. Similarly, Island Street house in Dublin was entirely planned and a high amount of consultation went into selecting the residents for it. In the past the selection process was often interrupted by outside forces such as the closure of houses or other outside factors. For example, Boreenmanna Road house in Cork inherited the residents who had been living in the houses before the Simon Community took over the running of it.

In this context, one Project Leader spoke about a resident who had to be moved for reasons of personal safety. Others spoke of residents who came to residential houses at a time of crises in their lives such as serious accidents or health problems and remained in the residential houses. There was no clear-cut selection procedures for residential houses. Some people moved into the shelters and became long-term residents, others stayed in the shelters for a short time and moved to other accommodation; still others who were more private and isolated people never stayed in the shelters and slept rough until they directly moved to residential houses (See Chapter Three, section 3.11). Some of the long-term shelter residents moved on to residential houses, others did not. One of the most striking things about the shelters in Cork and Dublin is that there is a substantial group of long-term residents who are now considered unsuitable for residential houses usually because of chronic alcohol or behaviour problems and the shelter effectively plays the role of a residential house for them. These people are considered unsuitable for settlement outside the Simon Community and at present the only option for them seems to be continued stay in the shelters. The Project Leader in Cork spoke about the need for a residential shelter for these people. In the Cork and Dublin Simon Community shelters this group of long-term shelter residents live side-by-side with the constantly changing group of people requiring emergency accommodation.

Although there was, in the past, no clear-cut selection procedure for residential houses, factors such as the availability of places in residential house or the person's suitability or the length of time they were living in the shelter were taken into account. In view of this, staff were asked why the current residents had been selected for residential house living. The reasons for selection are presented in Figure 6.2. The reasons given by staff suggest that residential house residents are a vulnerable group who were selected because of poor health, old age or because they were unable to cope with the stress of
shelter living. The vast majority, 42 (93%), were selected because they needed long-term care. This is consistent with the stated purpose of the residential houses which is to accommodate people who are unable to look after themselves. Nine (20%) were in need of long-term care because of poor health. Another nine (20%) were unable to cope with shelter living. Four people (9%) needed long-term care because of old age and two (4%) were unable to live alone. The largest subgroup of 18 people (40%) needed long-term care for any combination of these reasons. For three residents (7%) there was no alternative settlement option.

Referral Procedures
Referral procedures to residential houses have changed and developed over the years and also vary from Community to Community. In recent years much more thought and care is given to the referral process and moves to residential houses are usually well planned and take place in a systematic manner after consultation with the resident, staff and resident group in the residential house. The current emphasis is on facilitating as much discussion and contact as possible, before moving, between the proposed new resident and the staff and other residents in the residential house. The procedures described here relate to the time when each person moved to the residential house. The current referral procedures are described in Chapter Five, section 5.6 and 5.7.

The referral procedures used when each person in this study moved to residential houses are described in Figure 6.2. A total of 183 procedures were used. This is an average of four procedures per person. The most frequently used procedure, as might be expected, was to discuss the move with the person concerned. This was done with almost all, 42 (93%), residents. Residential Project/House Leaders were contacted in the case of 31 (69%) residents and thirty (68%) residents had a meeting with the Project/House Leader before moving. Twenty four residents (53%) met with other house residents before moving and 23 (51%) visited the residential house before moving. The referral was discussed with other house residents in the case of 19 residents (42%). Other referral procedures were used on behalf of 14 (31%) of the residents.

6.3 Early Settlement Period

The information in this section was gathered from the nine residential house residents who were interviewed and is presented under the following headings:

- Housing Conditions
- Problems at the time of settlement
- Satisfaction with help received from the Simon Community at the time of settlement

Housing Conditions
None of the residents had difficulty getting their present accommodation (Figure 6.3). All of the residents were satisfied with the condition of the house when they first moved in, six (67%) said it was in good condition and three (33%) said it was in very good condition. No repairs were needed in the accommodation of six residents (67%), one person (11%) said that the repairs needed were not carried out.
Figure 6.3 Issues Arising at the Time of Settlement for Persons in Simon Community Residential Houses, 1991

Persons Known to Simon Community 9

Problems Getting Present Accommodation
- None 9

Conditions in Residential House When First Moved
- Very good condition 3
- Good condition 6

Were Repairs Carried Out?
- No repairs needed 8
- Repairs not carried out 1
- No information 2

Problems at Time of Settlement
- Cooking 2
- Budgeting 2
- Loneliness 2
- Shopping 1
- Getting on with residents 1
- Making friends 1
- Other 2

Satisfaction with Types of Help Received
- Very satisfied / satisfied 9

Suggested Improvements to Settlement Service for Shelter Residents
- People must want to settle themselves / it is up to each individual and their needs 3
- Support and help with application for housing / getting household furnishings / cooking / budgeting / decorating accommodation, etc. 2
- Need better shelter and work project 1
- No suggestions 3
Figure 6.4 Indicators of Quality of Accommodation in Simon Community Residential Houses.
Problems at the Time of Settlement
A smaller number of problems were experienced at the time of settlement by residential house residents than by people settled outside the Simon Community as Chapter Seven, section 7.3 below reveals. A total of 11 problems were mentioned by the 9 residents. Loneliness or relationship problems were mentioned by four people (44%), problems with domestic tasks and shopping were mentioned by three people (33%) and budgeting was a problem for two people (22%) (Figure 6.3).

Satisfaction with help from the Simon Community at the time of Settlement
A high level of satisfaction was expressed by residents in relation to the help they got from the Simon Community when settling into the residential house (Figure 6.3). Residents were asked how the settlement service could be improved. Three people (33%) said that residents must want to settle and that the decision to settle should be made by the residents themselves. Two people (22%) said that there was a need for support and help through all stages of settlement, one person (11%) mentioned the need for a better shelter and more work project places. Three people (33%) had no suggestions to make.

The picture emerging from this data is that the transition from shelter to residential house and the consequent settlement problems are not as great for residential house residents as for people who settle outside the Simon Community. This is as one would expect. People generally are moving from Simon Community shelters to the smaller, less frightening and more stable and caring community of the residential house. They still remain firmly within the umbrella of the Simon Community in an environment that is much more supportive and much less demanding than the outside world.

6.4 Current Situation
Staff and residents were asked about a range of factors which might affect residents' settlement in residential houses. These factors are discussed under five main headings in this section:
• A description of present accommodation and living conditions;
• Residents' satisfaction with present accommodation;
• Contacts with family, friends and neighbours;
• Contacts with health services;
• Extent of current problems.

6.4.1 Present Accommodation and Living Conditions
This section describes the physical living conditions in the residential houses in 1991 at the time of writing this report. The type and quality of care offered in residential houses is also discussed. It should be pointed out that the Simon Community plans to upgrade some of these older houses, e.g. the Dublin residential houses at Sean Mac Dermott Street, in the near future.
Physical Living Conditions
There is great variation in the physical conditions of Simon Community residential houses. Some of the residential houses are new, purpose-built, well-equipped units such as the houses in Cork at Boreenmanna Road, in Galway at Dyke Road and in Dublin at Island Street. By contrast the physical conditions in some of the older houses are not as good.

The location of some of the residential houses causes problems. The development of a sense of identity and community within the residential house at Crosses Green in Cork has been hampered somewhat because of the proximity of the work project to the house. Likewise the location of the Island Street house in Dublin at Ushers Island on the same site as the shelter and the work project has created similar difficulties. Conversely the location of the Lough Atalia house in Galway and Boreenmanna Road house in Cork in quiet residential areas has always helped them in establishing their identity and sense of community.

Staff were asked to describe the living conditions and type of accommodation occupied by residential house residents. This description is supplemented by the impressions formed by the researcher when she visited the residential houses. All residential houses have central heating and coal fires are also used in most houses. The condition of the accommodation occupied by the majority of the residents (73%) was described by staff as good (Figure 6.4). However the condition of the accommodation for 12 (27%) residents was described as bad.

Information on the problems with the accommodation, as described by staff, is presented in Figure 6.4. A total of 97 problems were recorded indicating a need for a more regular maintenance, repair and cleaning programme. Windows in need of repair were mentioned 27 times. The need for painting and decorating was mentioned 25 times. Toilets in need of repair were mentioned 15 times and an equal number mentioned that parts of the house were considered dirty. Baths in need of repair were mentioned 7 times and the need for electrical repairs was mentioned 6 times.

Information on the type of accommodation occupied by residents is presented in Figure 6.4. The majority of residents, 27 (60%) have their own bedroom. A further 13 (29%) share their bedroom with one other person and five people (11%) share their bedroom with two other people. The items of furniture in each resident's bedroom are listed. The information gathered suggests that there is room for improvement in the amount of furniture in some residents' bedrooms. As would be expected all residents have a bed and bed linen. All except one has floor covering. Three residents (7%) have not got a wardrobe and five (11%) have not got a chair in their bedroom. Eight residents (18%) have not got a bedside locker. Less than half the residents (20) have a wash-hand basin in their room. One third (15) have a bedside light.

Care in Residential Houses
Much discussion has taken place over the years within the Simon Community about the nature and type of care provided in residential houses. One of the issues discussed has been whether the residential houses are a 'home' for the people who live in them or whether they provide some form of 'residential care'. In an article in the Simon
Community Newsletter (No. 104, April 1985, pp.3-7) Justin O'Brien drew attention to some of the difficulties in providing residential care with the constant change of full-time workers. In particular, he noted the difficulties in building up authentic relationships between residents and full-time workers. More recent articles in the Simon Community Newsletter (No. 160, May 1990, pp.2-4) by Dublin Project Leader, Ann Burke, and Cork Project Leader, Peter Cox, mention the on-going staffing difficulties. A major factor in overcoming these difficulties has been the employment of permanent staff who provide continuity of care in some residential houses. This continuity of care has been supplemented in a number of residential houses by the development of close links with the local community health services and the use of their specialist help and advice.

One of the questions asked by Justin O'Brien in his article was: 'What kind of a home is it when a person has not got his own key to the front door?' This question leads to many other questions about the degree of "homeliness" or institutionalization in residential houses. In this study residents were asked if they had keys to the residential houses or to their own bedroom in order to give some indication of the level of independence / institutionalisation in the residential houses. The results show great variation in the practises within each Community and within each house. In some houses no resident has a key and a Community decision involving residents and staff has been made about this. In other houses the matter has not been considered at all by the Community. This may be because many of the residents in these houses are considered unable to look after a key. In other houses residents choose whether or not they want to have keys. Overall it seems that the residents who have keys are more able, more independent and less institutionalized than those who do not.

The majority of residents, 33 (73%), do not have a front door key to the residential house in which they are living (Figure 6.4). The reasons why residents do not have a front door key are summarized in Figure 6.4. The option of having a key was given to the majority of the residents who do not have a key (24, 73%). A Community decision that no resident should have a key was made in the case of these 18 residents. A further five residents (15%) did not want keys and one resident had lost his key. The issue had never been considered in the case of six residents (18%).

A smaller number of residents, nine (20%), had a key to their own bedroom. The reasons why the majority, 36 (80%) had no keys, are outlined in Figure 6.4. The matter had never been considered in the case of 21 (58%) of these residents. A further 10 people (28%) were offered a key but did not want it. There was no key available in the case of a further three residents (8%). One resident was not given a key for fear that he might lose it while another was not given a key because it was considered inappropriate.

The picture emerging from this data and from my own observations in the residential houses is that there is great variation in the living conditions in the different houses. The new house in Boreenmanna Road in Cork is a fine example of a modern purpose built house which has all the necessary conveniences for older people and at the same time has retained a warm comfortable, homely living environment. The houses in 35 and 36 Sean MacDermott Street, Dublin 1, while acknowledged as comfortable and friendly
Referral and Settlement in the Simon Community

places to live in, do not offer the standard of accommodation which the Simon Community increasingly regards as acceptable. As stated earlier, plans exist to upgrade these houses in the near future.

The level of repairs or maintenance needed in some houses suggests that a regular maintenance programme is required to ensure that good standards are maintained in all houses. The degree of institutionalisation in the houses also varies greatly. This is influenced by a number of factors such as the attitudes of full-time workers, co-workers and staff and the ability of residents in terms of their capacity to behave independently. Some residents, following many years of living in institutions, have become dependent and institutionalized.

There are many factors involved in the creation of a comfortable residential house. Good physical conditions are important. The importance of location has already been mentioned. However, the creation of the homely caring environment is not dependent on good physical conditions or location alone. More important still is the homely caring atmosphere created by the residents and staff. This was mentioned regularly by the residents interviewed. The other factor mentioned by residents is the importance of good relationships between residents and staff. The successful residential house is one where residents get along with each other and with staff and both help each other. The role of the staff is to facilitate the creation of this type of community and to provide the care needed by residents in an unobtrusive and caring manner. Many of the residents are old and require a high level of care. To achieve this level of care in a homely, friendly, non-institutional environment is the challenge of working in a residential house.

6.4.1 Residents' Satisfaction with Present Accommodation

A high level of satisfaction with their present accommodation was expressed by the majority of the nine residential house residents who were interviewed. Eight residents said they liked living in the residential house; only one person said they disliked living there (Figure 6.5). The person who disliked living in the residential house would prefer to live in his own flat. The things residents liked about living in residential houses are also summarized in Figure 6.5. A total of 18 favourable comments were made. The favourable comments fall into three main categories: satisfactory social contacts were mentioned by six people; satisfaction with their accommodation or its location were mentioned by five people; comments on the quality of life such as freedom and independence were mentioned by three people. Further indicators of satisfaction with their present accommodation are presented in Figure 6.5. Residents were asked about their level of satisfaction with the following five variables:

- the present condition of the house;
- the location of the house;
- the size of the house;
- the area in which the house was located;
- the type of housing.

All residents expressed a high level of satisfaction in relation to each of these variables. All the residents found the living conditions comfortable and all were satisfied with the
Figure 6.5 Indicators of Satisfaction with Housing by Persons in Simon Community Residential Houses, 1991

| Persons Known to Simon Community | 9 |

<table>
<thead>
<tr>
<th>Likes the House?</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<table>
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<tr>
<th>Things which Persons Like about the House</th>
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<tbody>
<tr>
<td>Likes atmosphere/company in residential house</td>
</tr>
<tr>
<td>Likes freedom to come and go</td>
</tr>
<tr>
<td>Likes having family and friends in house</td>
</tr>
<tr>
<td>Plenty of food</td>
</tr>
<tr>
<td>Likes having comfortable home</td>
</tr>
<tr>
<td>Likes central location</td>
</tr>
<tr>
<td>Likes to be able to make own decisions/in control of own life</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things which Persons Dislike about the House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would prefer own flat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Indicators of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living conditions are comfortable</td>
</tr>
<tr>
<td>The food is good</td>
</tr>
<tr>
<td>The location of the house is convenient</td>
</tr>
<tr>
<td>It is safe to live here</td>
</tr>
<tr>
<td>The house is well run by staff</td>
</tr>
<tr>
<td>The staff are helpful</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Indicators of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is difficult to get on with other residents</td>
</tr>
<tr>
<td>The house is overcrowded</td>
</tr>
<tr>
<td>The lack of privacy upsets me</td>
</tr>
<tr>
<td>The behaviour is too noisy or rowdy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Settled in House?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very settled</td>
</tr>
<tr>
<td>Settled</td>
</tr>
<tr>
<td>No Information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommend House to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No Information</td>
</tr>
</tbody>
</table>
Table 6.31 Frequency of Contact Between Person in Residential House and Selected Categories of Persons, 1991

<table>
<thead>
<tr>
<th>Category of Person</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily N</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>1 2.2</td>
</tr>
<tr>
<td>Community Psychiatric Nurse</td>
<td>1 2.2</td>
</tr>
<tr>
<td>Social Worker</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Chiropodist</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Member of family</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Friend</td>
<td>25 55.6</td>
</tr>
<tr>
<td>Simon Worker</td>
<td>45 100.0</td>
</tr>
<tr>
<td>Other</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Total</td>
<td>72 17.8</td>
</tr>
<tr>
<td>Average</td>
<td>8 17.8</td>
</tr>
</tbody>
</table>

Figure 6.6 Social Contacts and Problems of Persons in Simon Community Residential Houses, 1991

- Page 74b -
food and the location of the house. All felt it was safe to live there and that the house was well run by staff. All except one person said the staff were helpful. This indicates a high degree of satisfaction with residential house living among the residents who were interviewed. Only six negative comments were made. All the negative comments were related to the other residents. Three people found it difficult to get on with other residents. Negative comments relating to overcrowding, lack of privacy and noisy behaviour were made by one person.

All nine residents said they were settled in their present accommodation. A further indication of their contentment is the fact that eight of the nine residents would recommend residential house living to shelter residents.

6.4.3 Contacts with Family, Friends and Neighbours

The level of social contact is known to be an important factor affecting settlement as Chapter Four indicates. The level of contact between residential house residents and family members appears to be low. Twenty residents (44%), are never in contact with their family (Table 6.31). For the remainder, contacts with family members are generally infrequent. Only three people (7%) are in contact once a week, a further three are in contact at least once a month, a further 12 residents (27%) are in contact at least once every six months and six (13%) are in contact at least once a year. One person is in less frequent contact than that.

The majority, 40 (89%), have contact with friends. Over half (25) are in contact daily, a further eight (18%) are in contact at least once a week, two more (4%) are in contact at least once a month and one person is in contact at least once a year. As would be expected, all residents are in contact with Simon workers on a daily basis. Only one of the people interviewed is working on the work project. At the time of settling into the residential house two people were working on the work project and both found it helped them settle (Figure 6.6).

Seven of the nine residential house residents who were interviewed said they had friends in their neighbourhood (Figure 6.6). Only one person mentioned having problems with their neighbours. This problem related to the behaviour of teenagers or local children who were involved in taunting the resident. Only three residents said they had problems with other residents. These problems related to the behaviour of other residents under the influence of alcohol or when they are on a "high".

The nine residential house residents who were interviewed were also asked about their current problems. A total of 20 problems were mentioned by them, an average of two per person. Home-making problems such as cooking, cleaning and shopping were the problems most frequently mentioned by them (8 times). Budgeting is a problem for four people and another four people mentioned problems with loneliness. Three people (33%) said they had difficulties looking after themselves and one person (11%) said they had difficulties dealing with statutory agencies (Figure 6.6).
6.4.4 Contacts with the Health Services

Information on the frequency of residents' contacts with health agencies (such as General Practitioner, Public Health Nurse, Community Psychiatric Nurse, Social Worker, Chiropodist) was sought from staff in order to ascertain the level of statutory support they received from the health services. There is a low level of contact between residents and the health services (Table 6.31). It is worth noting in this context that regular contacts take place between the staff of some residential houses and the statutory health services. Almost half of the residents, 22 people, never have contact with a General Practitioner, and the contacts of the remaining 25 residents are infrequent. Over two thirds, 33 (73%) have no contact with Public Health Nurses or Community Psychiatric Nurses and the contacts of the remaining 11 people are infrequent. Almost all, 42 (93%) have no contacts with a Social Worker and the remaining three people (7%) are in contact less than once a year. Thirty four residents (76%) have no contacts with Chiropodists and of the remaining 11 people, ten are in contact at least once every six months.

It is clear from this that residents have a high level of contact with Simon Community workers and the majority have some contact with friends, although the level of contact with family members and with statutory health services is rather limited. The Simon Community is crucial to the lives of residents in providing care, support and companionship.

6.4.5 Current Problems

Another factor affecting the success of settlement is the level of problems or difficulties experienced by residential house residents. Staff were asked questions about the level of problems of all 45 Simon residential house residents in the following areas:

- social contacts;
- mobility;
- self-care ability.

Social Contacts

Living in residential houses involves much closer contacts with other residents and staff than would be the case in shelters. The emphasis is on community living and participation in the running of the house is encouraged. The level of social contacts required in residential houses could cause problems for some residents. Staff were asked about the level of problems in the following areas:

- getting on with other residents;
- making friends;
- loneliness;
- getting on with house leader or staff.

A total of 65 problems were mentioned. Relationship and social contact difficulties were mentioned 58 times. Loneliness is a problem for 27 residents (60%). Getting on with other residents is a problem for 17 people (38%) and making friends is a problem for 14 people (31%). A small number, seven residents (16%) have difficulties relating to staff.
"One of the most salient features is the high level of satisfaction that residential house residents feel with their accommodation and their feelings of settlement and contentment living there." P. 80
Table 6.41 Ability of Staff to Meet Needs of Person in Residential House in Relation to Mobility and Self Care, 1991

<table>
<thead>
<tr>
<th>Type of Need</th>
<th>Level of Ability</th>
<th>Always</th>
<th>Most of the time</th>
<th>Occasionally</th>
<th>Never</th>
<th>Resident does not need help</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking up and down stairs</td>
<td></td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td>Getting in and out of bed</td>
<td></td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td>Getting around the house</td>
<td></td>
<td>3</td>
<td>6.7</td>
<td>4</td>
<td>8.9</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td>Getting around outdoors</td>
<td></td>
<td>6</td>
<td>13.3</td>
<td>1</td>
<td>2.2</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td>Collecting social welfare</td>
<td></td>
<td>10</td>
<td>22.2</td>
<td>0</td>
<td>0.0</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td>benefit / pension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>27</td>
<td>12.6</td>
<td>10</td>
<td>4.4</td>
<td>5.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Self Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td>6</td>
<td>13.3</td>
<td>1</td>
<td>2.2</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td>17</td>
<td>37.8</td>
<td>1</td>
<td>2.2</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Washing</td>
<td></td>
<td>10</td>
<td>22.2</td>
<td>1</td>
<td>2.2</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Using WC</td>
<td></td>
<td>4</td>
<td>8.9</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Doing housework</td>
<td></td>
<td>15</td>
<td>33.3</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Cooking</td>
<td></td>
<td>14</td>
<td>31.1</td>
<td>1</td>
<td>2.2</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td>12</td>
<td>26.7</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Total*</td>
<td></td>
<td>78</td>
<td>24.6</td>
<td>1</td>
<td>3.5</td>
<td>0.0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The totals refer to the number of responses, not the number of residents.

Table 6.40 Ability of Person in Residential House in Relation to Mobility and Self Care, 1991

<table>
<thead>
<tr>
<th>Type of Ability</th>
<th>Level of Ability</th>
<th>Able to manage without difficulty</th>
<th>Able to manage with difficulty</th>
<th>Not able to manage at all</th>
<th>Not applicable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking up and down stairs</td>
<td></td>
<td>36</td>
<td>80.0</td>
<td>5</td>
<td>11.1</td>
<td>45</td>
</tr>
<tr>
<td>Getting in and out of bed</td>
<td></td>
<td>39</td>
<td>86.7</td>
<td>5</td>
<td>11.1</td>
<td>45</td>
</tr>
<tr>
<td>Getting around the house</td>
<td></td>
<td>37</td>
<td>82.2</td>
<td>8</td>
<td>17.8</td>
<td>45</td>
</tr>
<tr>
<td>Getting around outdoors</td>
<td></td>
<td>37</td>
<td>82.2</td>
<td>6</td>
<td>13.3</td>
<td>45</td>
</tr>
<tr>
<td>Collecting social welfare</td>
<td></td>
<td>34</td>
<td>75.6</td>
<td>3</td>
<td>6.7</td>
<td>45</td>
</tr>
<tr>
<td>benefit / pension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>183</td>
<td>81.3</td>
<td>27</td>
<td>12.0</td>
<td>8</td>
</tr>
<tr>
<td>Self Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td>38</td>
<td>84.4</td>
<td>3</td>
<td>6.7</td>
<td>45</td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td>27</td>
<td>60.0</td>
<td>2</td>
<td>4.4</td>
<td>45</td>
</tr>
<tr>
<td>Washing</td>
<td></td>
<td>34</td>
<td>75.6</td>
<td>1</td>
<td>2.2</td>
<td>45</td>
</tr>
<tr>
<td>Using WC</td>
<td></td>
<td>41</td>
<td>91.1</td>
<td>2</td>
<td>4.4</td>
<td>45</td>
</tr>
<tr>
<td>Doing housework</td>
<td></td>
<td>30</td>
<td>66.7</td>
<td>2</td>
<td>4.4</td>
<td>45</td>
</tr>
<tr>
<td>Cooking</td>
<td></td>
<td>30</td>
<td>66.7</td>
<td>1</td>
<td>2.2</td>
<td>45</td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td>32</td>
<td>71.1</td>
<td>0</td>
<td>0.0</td>
<td>45</td>
</tr>
<tr>
<td>Total*</td>
<td></td>
<td>232</td>
<td>73.7</td>
<td>11</td>
<td>3.5</td>
<td>45</td>
</tr>
</tbody>
</table>

* The totals refer to the total number of responses, not the number of residents.
Referral and Settlement in the Simon Community

Mobility
A number of questions were asked about residents' mobility and ability to care for themselves and to do domestic tasks. These questions were asked in order to ascertain the level of support and help residents need in these areas. The information is presented in Table 6.40. Questions were asked about residents' mobility in the following areas:

- ability to go up and down stairs;
- ability to get in and out of bed;
- mobility around the house;
- mobility outdoors;
- ability to collect social welfare payment/pension.

The majority of residents have no difficulties in relation to mobility. Thirty six residents (80%) are able to go up and down stairs, and 39 (87%) are able to get in and out of bed. Getting around the house and outdoors is not a problem for 37 (82%) residents. Thirty four residents (76%) are able to collect their social welfare payment. Conversely, a sizeable minority of residents have difficulties or cannot manage in some of these areas. Eleven residents (24%) have difficulties collecting their social welfare payment/pension of whom six (13%) are unable to do it. Nine residents (20%) have difficulties walking up and down stairs of whom one resident (2%) is unable to do it. Eight residents (19%) have difficulties getting around the house or outdoors. Six residents (13%) have difficulties getting in and out of bed.

Self-care ability
A number of more specific questions were asked about residents' ability to care for themselves. Questions were asked about residents' ability in the following areas:

- dressing
- washing
- doing housework
- bathing
- using W.C.
- cooking
- shopping

Information on these questions is presented in Table 6.40. The majority of residents have no difficulties with self care and domestic tasks. Almost all the residents, 41 (91%), are able to use the W.C. and 38 residents (84%) are able to dress without difficulty. A smaller number, 34 (76%), are able to wash and a smaller number again 27 (60%) are able to bathe without difficulty. Shopping presents no problem for 32 residents (71%) and cooking or housework is not a problem for 30 residents (67%). A higher proportion of people have difficulty with self care and domestic tasks than with mobility, however.

The information in Table 6.40 shows that while the majority of residents are mobile and can look after themselves, a sizeable minority need help in certain areas and some residents need help in all the areas. The areas where help is needed most is with bathing where 16 residents (36%) need help and washing where ten residents (22%) need help. The main areas where people cannot manage at all are: collecting Social Welfare payment (6 residents, 13%); doing housework (11 residents, 24%) cooking (13 residents,
29%) and shopping (11 residents, 24%). The level of care needed by some residents requires a high level of commitment and dedication on behalf of the staff. It is also worth noting that as residents become older the level of care required will be even greater. The high level of health problems has already been noted in Chapter Three section 3.8. The low level of contact with health services described in this chapter (section 6.4) suggests that most of the care which residents get will be given by the Simon Community staff. Moreover, the evidence in Table 6.41, which outlines the ability of Simon staff to assist residents in these areas of mobility and self-care, would seem to suggest that residents get all of the help they require as appropriate to their needs.

The information from both residents and staff indicate that residential house residents are a vulnerable dependent group of people, some of whom require a high level of support and care from the Simon Community. Many of the residential houses are already availing of the expertise of the local community health services. As the residents become older and as their health deteriorates the level of care required will increase. The residential houses have, for many years, been through the cycle of residents growing older. Some residents have been judged to be too ill to be cared for in the houses and have been referred to nursing homes. Others have lived out their last days in the houses. It is an ongoing problem for Project Leaders/House Managements to gauge how well the house can cope with the needs of individual residents and to decide whether the individual resident should be referred to somewhere more suitable. The Simon Community residential houses have their limits - they are not nursing homes and cannot cope with people who have very special medical needs, but like family homes, they can provide very good care for many people who are ill or elderly and, like families, they are often the preferred place for residents themselves to be.

### 6.5 Other Settlement Options

The information in this section was gathered from two sources: from residential house staff who provided their assessments on all 45 residents in the residential houses and from in-depth interviews conducted by the researcher with nine residential house residents. Staff were asked for their opinion on how satisfactory the housing situation of all the residents was. The housing situation of the vast majority of residents, 40 (89%) was considered satisfactory (Figure 6.7). Conversely, the housing situation of five residents (11%) was considered unsatisfactory.

Staff were also asked if there were other more suitable settlement options for residents. The residential house was considered the most suitable settlement option for 29 (64%) of the residents. Alternative settlement options should be considered for 16 (36%) residents. The settlement options best suited to these 16 residents are described in Figure 6.7. Two main types of options were selected by staff: sheltered housing; and long-stay geriatric home. The majority, nine of the 16 residents, were considered suitable for more independent living in sheltered housing. Five of these were considered suitable for living in self-contained units with visiting support services and a further four...
Figure 6.7 Opinion of Simon Community on Housing Situation of Persons in Simon Community Residential Houses, 1991

Persons Known to Simon Community

45

Satisfaction by Simon Community with Housing Situation of Person

- Very satisfactory: 25 (56%)
- Satisfactory: 15 (33%)
- Unsatisfactory: 5 (11%)

Other Settlement Options which, in the Opinion of the Simon Community, may Better Suit Needs of Person

- No: 29 (64%)
- Yes: 16 (36%)

Type of Settlement Options which, in the Opinion of the Simon Community, may Better Suit Person

- Live in independent self-contained units in group scheme with visiting support services: 5
- Sheltered housing group scheme for assisted independent living with on-site communal facilities such as warden or welfare staff: 4
- Old person's home: 6
- Other: 3
Figure 6.8 Settlement Prospects for Persons in Simon Community Residential Houses, 1991

**Accommodation Preferences of Persons Living in Residential Houses**
- Simon residential house
- Live alone in local authority flat
- Sheltered housing group scheme for assisted independent living with on-site communal facilities such as warden or welfare staff

**Reasons for Preferring Accommodation other than Residential House**
- Would like to have own home
- Would like to live alone

**Are Persons Settled in Residential House?**
- Yes
- No

**Reasons Why Persons Feel Settled in Residential House**
- I have good friends / neighbours / relatives in or near house / area
- The food is good
- I get on well with staff
- The house is comfortable
- I like the area
- It is a place I can call my own / it is a homely place
- I feel stable and peaceful
- I get the care I need
- I have privacy, independence and feel free to live life as I want
- Other

**Likelihood of Remaining Settled**
- Likely
- Do not know

**Persons Known to Simon Community**
were considered suitable for self-contained units with on-site communal facilities. Four residents were considered to be in need of greater care such as might be provided by a long-stay geriatric home.

There are policy implications in this information both for the Simon Community and for other agencies. Traditionally the Simon Community has been involved in the provision of both emergency care and residential care. The data collected from the staff in this study suggest that residential care is not the most suitable settlement option for a significant minority (36%) of current residential house residents. The probable reason for this is that there are no suitable alternative options. Alternatively, as suggested above, it may be because no formalized referral procedures were in place when the person was first referred to the residential house. Other factors affecting the demand for residential care, such as the younger age of current shelter residents and the current emphasis on settlement outside the Simon Community, have already been noted. All these factors suggest that the Simon Community needs to examine its future role in the provision of long-term care in residential houses. The gap in the provision of services in the middle range, particularly in the provision of sheltered housing has already been noted in Chapter Five, section 5.9 of this report. This is an area in which the Simon Community may wish to become involved.

The accommodation preferences of the nine residential house residents who were interviewed are described in Figure 6.8. Seven of the nine residents interviewed selected the Simon Community residential house as their first accommodation preference. The two people whose housing preference is different from their present accommodation would prefer to have their own home. One person would prefer to live alone in a local authority flat and one person would prefer to live in a self-contained unit in a sheltered housing scheme with on-site communal facilities. Both would like to live alone.

### 6.6 Settlement Prospects

The nine residential house residents who were interviewed were asked about their settlement prospects. Eight of the nine people now regard themselves as settled (Figure 6.8). Three main characteristics of settlement were described by these residents: good social contacts, satisfaction with their accommodation or its location, and lifestyle. Six people (75%) mentioned they liked the company in residential houses. Six people also said they liked the house or the area they lived in. Three people said that the food was good, and others mentioned the comfort and homeliness of the house and the quality of life it afforded. Two people mentioned their satisfaction with the staff. The one person who was unsettled said he would like a place of his own.

Residents were asked if they thought they would remain settled in the future. Seven of the nine people said they would stay settled (Figure 6.8). Two people were unable to say what would happen in the future. The reasons mentioned for their continued settlement relate mainly to personal feelings of contentment. Six people said they felt happy and contented where they were living. Two people said that although they were contented
they would prefer to have their own place and one person simply said he would remain settled because “this is my home”. These responses indicate a high level of contentment with living in residential houses and a feeling of being settled among the majority of residents.

One of the most salient features to emerge from Chapter Six is the high level of satisfaction that residential house residents feel with their accommodation and their feelings of settlement and contentment living there. This does not take away from the fact that they may not be appropriately placed there. It is noteworthy that staff felt that alternative settlement options should be considered for over one third of the current residents, the majority of whom were considered suitable for more independent living in sheltered housing. A small number require the care of a long-stay geriatric home. At a more general level, the role of the Simon Community and other agencies in the provision of a broad range of settlement options needs to be looked at in the light of the changing characteristics and needs of homeless people.
CHAPTER 7

Settlement Experience of People Settled Outside The Simon Community

7.1 Introduction

This chapter describes the settlement experience of 25 former Simon Community residents who are now settled in their own house or flat. The information was collected from two sources. The first source was information collected from the settled people themselves through in-depth personal interviews conducted between January-March 1991. The second source was information gathered from Project Leaders and the Settlement Worker in the four Simon Communities in Cork, Dublin, Dundalk and Galway.

The sample of 25 settled people was selected in consultation with the staff in each Simon Community. Ten settled people were interviewed in Dundalk, eight in Cork, six in Dublin and one in Galway. The aim in selecting the sample was to interview people in two categories: those who had recently settled and those who were settled for a number of years. Slightly more than half of the people in the sample (13) were settled for less than one year, the remainder (12) being settled for more than one year. Of the latter, three were settled between one and one and two years, another three were settled between two and four years, and four were settled between four and eight years and two were settled over eight years (Figure 7.1).

The literature on settlement of homeless people in Ireland (see Chapter 5 section 5.3 in this report) describes the difficulties experienced by homeless people in getting accommodation from either local authorities or the private rented sector and suggest that a wider range of housing options is needed to tackle homelessness. Lack of information and/or the inaccessibility to information about services and procedures is also a problem. All studies recommend that support and advice should be given to homeless people throughout the process of settlement (Chapter 5, section 5.3). The experience of the Simon Community is in broad agreement with these findings. Information on the settlement process was gathered under three main headings;

• Pre-settlement period;
• Early settlement period;
• Current situation and settlement prospects.

The information is presented in this chapter under these headings.
7.2 Pre-Settlement Period

This section begins with a description of previous settlement attempts. Additional information on previous accommodation and length of stay in the Simon Community is presented in Chapter Three (sections 3.11 and 3.12) above. Previous accommodation history is a factor influencing the success of settlement. As a general rule, the shorter the time a person is homeless the more likely it is that the settlement attempt will be successful.

7.2.1 Previous Settlement Attempts

The majority of settled people in this study, 17 (68%), have attempted to settle before (Figure 7.1). A total of 58 previous attempts have been made by these 17 people, seven of whom tried to settle five times. This indicates a great interest in settlement and also shows courage and perseverance on the part of the people concerned. The high number of settlement attempts is a further indication of the intermittent nature of homelessness and of the fact that those in this condition want to get out of it. A high number of previous settlement attempts among shelter residents was also noted in Chapter Five (section 5.10) above.

Type of Accommodation

Information on the type of accommodation where the person last tried to settle indicates that the majority, 11 of the 17 (65%), lived in private rented accommodation, typically a bedsit (Figure 7.1). This is likely to have been a bad experience for those involved and may help to explain why the preferred housing option according to the settled people themselves is local authority accommodation.

Problems Experienced

The problems experienced by settled people in their last accommodation are described in Figure 7.2. One hundred and eleven problems were mentioned indicating a high level of problems. This represents an average of four problems per person. Six main problem areas were mentioned: money management; home-making problems; loneliness and relationship problems; bad housing conditions; addiction problems; problems obtaining services. Difficulties in money management such as paying bills and budgeting were frequently mentioned (39 times). It is not surprising that so many people have problems budgeting when their level of income is so low. Most people on social welfare payments have budgeting difficulties. Nevertheless, the difficulties of homeless people in this area may be greater due to their lack of budgeting experience. The difficulties highlighted here and throughout the report point to the need for help in this area.

Home-making problems, such as cooking problems, shopping difficulties and keeping their accommodation clean were also mentioned frequently (21 times). A home-making service could help people to cope with these problems.

Loneliness and relationship problems, such as feeling lonely, difficulties making friends and difficulties getting on with neighbours were mentioned 20 times. Loneliness and relationship difficulties are a theme running through this report. Many people lose their
Figure 7.1 Previous and Present Settlement Attempts of Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community

25

Length of Time in Present Accommodation

- Under six months: 6
- Six months to under one year: 7
- One year to under two years: 3
- One year to under four years: 3
- Four years to under eight years: 4
- Eight years or more: 2

First Settlement Attempt?

No

- 17

Yes

- 8

Number of Previous Settlement Attempts

- One: 4
- Two: 2
- Three: 1
- Four: 3
- Five: 7

Type of Accommodation Last Tried to Settle

Private rented bed sit

- 10

Local authority flat

- 4

Local authority house

- 1

Private rented flat

- 1

Other

- 1

Accommodation Preferences

- Live alone in local authority house: 8
- Share local authority house: 5
- Share local authority flat: 3
- Live alone in local authority flat: 2
- Live in independent self-contained units in group scheme with visiting community support services: 2
- Simon Community residential house: 1
- Share private rented accommodation: 1
- Live alone in private rented accommodation: 1
- Other: 2
Figure 7.2 Problems Experienced in Previous Accommodation by Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community
25

Problems in Last Accommodation

- Money management problems: 39
- Homemaking problems: 21
- Loneliness and relationship problems: 20
- Bad housing conditions: 10
- Addiction problems: 8
- Problems obtaining services: 8
- Other: 5

Reasons for Leaving Last Accommodation

- Housing difficulties: 16
- Health and relationship problems: 15
- Difficulties paying bills: 6
- Returning to Ireland: 2
- Did not regard last place as home: 1
- Never had a home: 1
- Other: 3
Referral and Settlement in the Simon Community

social support network of family and friends through the process of homelessness. When they move from group living in a hostel or shelter to living alone, social isolation can be a major problem. Some people have lost their relationship skills through their years of homelessness. For settlement to be successful people will need help in building up their inter-personal skills.

Bad housing conditions were mentioned ten times. Addiction problems such as drink or gambling were mentioned eight times. Difficulties in obtaining services, such as getting repairs done, relating to private landlords and getting rent receipts were mentioned eight times. These difficulties may be due to lack of information about the service or the procedures used in getting the service. The Simon Community can help people cope with these problems by providing an information, advice and advocacy service and by giving people the skills and information necessary to obtain the services themselves.

The reasons why settled people left their last accommodation are outlined in Figure 7.2. A total of 44 reasons were mentioned. Three main reasons were mentioned. Housing difficulties, such as very bad housing conditions, accommodation too small, a move from private rented to local authority accommodation, fire or eviction were mentioned 16 times. Health and relationship problems, such as drink or other health problems, loneliness, family or marital difficulties were mentioned 15 times. Difficulties paying bills were mentioned six times. A further two people left because they were returning to Ireland. One person said he never had a home and one said he didn't regard the last place he was living in as a home.

The picture which emerges from this data is that the homeless people known to the Simon Community who have now settled have made numerous attempts in the past to settle. They experienced many problems in their previous settlement attempts, particularly in the areas of money management, home-making difficulties and loneliness and relationship problems. Many reasons were given for leaving their last accommodation including housing difficulties, health and relationship difficulties and money management difficulties. The same settlement difficulties and problems have been mentioned throughout this report. The extent of these difficulties and the number of previous unsuccessful settlement attempts point to the need for a service to help homeless people settle back into a home again. The recurrence of the same problems again and again suggests that without a settlement service homeless people are unlikely to overcome the arduous difficulties involved in settling down and making a home.

7.2.2 The Role of the Simon Community at the Pre-Settlement Period

This section describes the role of the Simon Community at the pre-settlement stage. The Simon Community's role is discussed under the following headings:

• Selection for settlement
• Selection of housing options
• Procedures used in obtaining accommodation
• Preparation for settlement

The information in this section was gathered from Project Leaders and the Settlement Worker.
The role played by the Simon Community at the pre-settlement period varies from Community to Community. Even within the same Community it can vary according to the priority accorded to each individual's settlement. Each Community places different emphasis on the type and amount of pre-settlement work or settlement preparation that is done.

**Selection for Settlement**

The decision to move from the shelter is sometimes made by the resident himself, at other times it is made after consultation with a staff member. Sometimes the decision is forced on the person by placing a time limit on his stay in the shelter. In general both the Cork and Dublin shelters encourage people to move from the shelter as quickly as possible because of the demand for emergency accommodation.

Almost all of those now settled, 24 (96%), were settled either because they were considered suitable or because they wanted to settle outside the Simon Community (Figure 7.3). One person was settled because he was considered too young for the shelter. In all shelters great efforts are made to move young people from shelters as quickly as possible.

**Selection of Housing Options**

The factors determining the housing options chosen by the resident himself or in consultation with staff are described in Figure 7.3. The type of options chosen was limited by the number and type of options available. Local authority housing was the most suitable option for 20 (80%) of the settled people. Local authority housing is usually more suitable because of the greater security of tenure, the low rents and the greater tolerance of what private landlords might call 'anti-social' behaviour. However a small minority of residents are unable to apply for local authority housing because of their previous housing record and a few of the people interviewed said they would not live in local authority housing. This was usually based on their previous experiences in local authority housing estates, usually in 'hard-to-let' areas.

Private rented accommodation was the only available option for 3 (12%) settled people and sheltered housing was the most suitable option for one person. The low preference of sheltered housing reflects the lack of sheltered housing options available. If more sheltered housing was available then a number of residents unable to live completely independently could be settled.

**Procedures Used in Obtaining Housing**

The first step in the process of obtaining rented accommodation involves contacting the local authority, private landlords or other housing agencies (Figure 7.3). The 25 settled people in this study made 62 such contacts, the vast majority of them with the local authority. Two types of contact were made with local authorities. The first involved putting their name on the housing list and this was done by 23 of the settled people. Typically, this was followed up by other contacts made by both the resident and the staff. The frequency of contacts varied with up to ten contacts being recorded in the case of two residents.
Figure 7.3 Settlement Selection and Procedures Used in Relation to Persons Now Settled Outside Simon Community, 1991

**Persons Known to Simon Community:**
- **25**

**Reasons Why Persons Were Selected For Settlement:**
- Considered suitable for settlement / wanted to move from shelter - **24**
- Too young for shelter - **1**

**Factors Determining Settlement Option Chosen:**
- Local authority housing - **13**
- Person tried private rented housing first but local authority house more suitable - **7**
- Private rented housing was the only option available - **3**
- Person was suitable for independent living - **1**
- Sheltered housing the most suitable option for person - **1**

**Procedures Used to Achieve Settlement Option:**
- Put name on local authority housing list - **23**
- Had other contact with local authority housing department - **22**
- Had contact with private landlords - **9**
- Had contact with other housing agencies - **3**
- Other - **5**

**Frequency of Contact Between Simon Community and Housing Allocation Officers on Behalf of Persons:**
- Once - **2**
- Two to five times - **13**
- Six to ten times - **2**
- No contact / no information - **8**

**Length of Time Persons (21) Now Settled In Local Authority Accommodation:**
- Under one month - **2**
- One month to under six months - **2**
- Six months to under twelve months - **5**
- Twelve months to under two years - **4**
- Two years to under six years - **5**
- Four years to under eight years - **2**
- Ten years to under twelve years - **1**

**Contacts Between Simon Community and Housing Allocation Officers In Relation to Persons (21) Now Settled In Local Authority Accommodation:**
- Yes - **18**
- No - **3**

**Preparation Received for Settlement:**
- Yes - **10**
- No - **15**

**Type of Preparation:**
- No formal preparation / one-to-one discussion with staff about settlement - **9**
- Spent time in transitional house before settlement - **1**
Figure 7.4 Housing Conditions and Repairs at the Time of Settlement for Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community
25

Type of Accommodation Where Settled
- Local authority house / flat 21
- Private rented house / flat 4

Problems Getting Present Accommodation?
- Yes 8
- No 17

Problems in House When first Moved In
- Dwelling in need of painting or decorating 17
- Windows in need of repair 13
- Parts of dwelling dirty 13
- Toilet or bath dirty 12
- Inside doors in need of repair or replacement 9
- Outside doors in need of repair or replacement 9
- Toilet or bath in need of repair 8
- Electrical repairs needed 5
- Other 2

Were Repairs Carried Out?
- Yes 18
- No 5

When Were Repairs Carried Out?
- Repairs completed before entry to house 3
- Repairs completed before first month 9
- Repairs completed between two and under six months 2
- Repairs completed between six months and under one year 1
- Repairs completed in one year or more 3

No repairs needed 2
It is well known that putting a name on a local authority housing list does not guarantee immediate access to a house. With the exception of a period in the latter half of the 1980s (see for example Kelleher, 1990, p.16), long waiting periods are the norm for local authority housing. The evidence in Figure 7.3 indicates that more than half of those now settled in local authority housing (12) had to wait 12 months or more for their house and over a third had to wait two years or more. Such long waiting periods, while indicative of the shortage of local authority accommodation, are also indicative of the residents' determination to settle despite the length of time required to do so.

The experience of the Simon Community is that putting a name on a local authority housing list is unlikely to produce results unless accompanied by follow-up contact with the relevant housing allocations officers. For this reason it has now become normal practice for the Simon Community to contact housing allocation officers on behalf of its residents. This is confirmed by the findings in Figure 7.3 which shows that contacts were made on behalf of 18 of 21 residents (86%) now settled in local authority accommodation.

**Preparation For Settlement**

The previous accommodation history and unsuccessful settlement attempts of many of the people in this study suggests the need for systematic preparation for settlement. Unfortunately, because of the limited resources of the Simon Community, this has not been possible. The majority of residents, 15 (60%), received no preparation for settlement according to the Project Leaders and the Settlement Worker in the four Simon Communities in Cork, Dublin, Dundalk and Galway (Figure 7.3). The preparation of 9 of the 10 residents who received preparation was not of a formal nature and mainly involved one to one discussion with staff about settlement. One person spent some time in a transitional house which he found helpful.

### 7.3 Early Settlement Period

The experience of the Simon Community shows that many people have great difficulties moving from the Simon Community to their own independent accommodation irrespective of whether their experience of homelessness is prolonged or intermittent. This section examines the issues arising for homeless people in the early settlement period following the initial decision to settle down. The information is presented under the following headings:

- Housing Conditions;
- Problems at the time of settlement;
- Help from the Simon Community at the time of settlement;
- Satisfaction with help received from the Simon Community at the time of settlement.
7.3.1 Housing Conditions

Good housing conditions are important for successful settlement. This is recognized by all four Simon Communities. It is a key element of the settlement service in Dundalk Simon Community which tries to ensure that each settled person has a comfortable bright home.

All of the respondents in this study had settled in rented accommodation. The majority of them, 21 (84%), had settled in local authority housing and only four (16%) had settled in private rented accommodation (Figure 7.4). The data collected for this report and the experience of the Simon Community generally suggest that local authority housing is the most suitable option for the majority of residents who are able to live independently. This is a positive affirmation of the value of local authority housing generally although worrying in the light of the severe shortage of suitable accommodation in this category as discussed above in Chapter Five (sections 5.6.1, 5.7.1 and 5.8.1).

Data on the problems experienced by settled people getting their present accommodation are presented in Figure 7.4. More than two thirds of the settled people (17) said they experienced no problem getting their present accommodation notwithstanding the fact that more than half of those settled in local authority accommodation had to wait one year or more for their house. The one third (8) who had a problem typically described this in terms of the long waiting period.

The condition of the house when the person first moved in is described in Figure 7.4. A total of 86 problems were mentioned by the 25 settled people, an average of three problems per settled person. Only two people said that no repairs were needed. The accommodation was in need of painting and decorating in the case of two thirds of the settled people 17, (68%). Inside or outside doors needing repair or replacement were also reported by nearly three quarters of the settled people, 18 (72%). The windows needed repair or replacement in over half, 13 (52%) of the cases. Over half, 13 (52%), found parts of the accommodation dirty. Toilets or baths in dirty condition were reported by 12 people (48%) and toilets or baths in need of repair were reported by 6 people (24%).

The necessary repairs to the accommodation were completed before entry to the house in the case of only three residents (12%). For a further nine residents (36%) the repairs were carried out in the first month after moving in. In a fifth of cases (5) however, the repairs have still not been carried out.

The nature and extent of the problems reported suggest that local authorities allocate accommodation to Simon Community residents before the necessary maintenance and repairs are carried out. The results of a number of recent court cases suggest that local authorities have certain obligations with regard to the standard of accommodation offered. Environmental health legislation also places local authorities under the same obligations as private landlords to ensure that the accommodation is habitable. The Settlement Worker in Dundalk Simon Community has negotiated an agreement with Dundalk Urban District Council whereby repairs are completed before the tenant moves in. If the house needs decorating the local authority provides materials required for the decoration with the actual decoration being done by the Simon Community.
7.3.2 Problems at Time of Settlement

Details of the problems experienced by settled persons at the time of settlement are summarized in Figure 7.5. A total of 64 problems were mentioned by the 25 settled people, equivalent to an average of three problems per settled person.

Four main problem areas were mentioned:

- loneliness or relationship problems;
- money management;
- problems obtaining services and problems with household duties.

Loneliness or relationship problems, such as making friends or getting on with neighbours, were mentioned very frequently (20 times). Difficulties in money management, such as budgeting, paying ESB bills and rent were also frequently mentioned (18 times). Difficulties in obtaining services, such as getting repairs done, getting furniture, getting gas or electricity connected or getting rent allowances / receipts were also frequently mentioned (17 times). Difficulties with household duties, such as with cooking, shopping and cleaning, were mentioned 8 times.

These results are significant because they indicate how the same problems which were experienced in previous settlement attempts recurred in the current settlement attempts. Without a specific settlement service to address these problems it seems clear that the risk of failure in relation to settlement attempts is likely to remain high.

A basic characteristic of all persons known to the Simon Community, as Chapter Three indicates, is that they have no resources apart from what they receive in Social Welfare payments. They are in no position to meet the outlay involved in setting up a home. For this reason they are heavily dependant on whatever help they can get. Figure 7.5 provides information on the help they received at the time of settlement. Over two thirds of the settled people (18) received help from the Simon Community in getting their furniture. Only two fifths (10) got help from the Community Welfare Officer. Two people got help from the Society of Saint Vincent de Paul, two from their family and one from friends. From this information it is clear that the majority relied on the Simon Community for help in furnishing their accommodation rather than on the Exceptional Needs Payment operated by the Community Welfare Service. A possible explanation for this may be difficulties with the Community Welfare Service reported by both settled people and Project Leaders. Payments are made on a discretionary and arbitrary basis and result in the homeless person having to rely on voluntary agencies. This is an important if not entirely new finding and serves to underline how the voluntary sector is often prevailed upon to provide services that are more properly the remit of the statutory services.

All of these findings illustrate the nature and extent of the problems encountered by former Simon Community residents when settling. The same settlement problems are mentioned by people throughout this report and are in line with the difficulties reported in other studies as outlined in Chapter Five, section 5.2 and 5.3. These difficulties are: getting suitable accommodation; loneliness or relationship problems; money management; problems obtaining services and problems with household duties. These
problems are not specific to homeless people but are common to all marginalised, socially vulnerable, poor people. Similar difficulties were reported by current shelter residents who had tried unsuccessfully to settle (Section 5.10). In this context it is worth noting that more difficulties were reported by the shelter residents than by the settled people (an average of five per person compared to three per person). Many of the difficulties with money management, household duties and obtaining services could be prevented by the provision of a settlement and home-making service. Personal development work is also needed so that people can learn to cope with their loneliness and relationship problems.

7.3.3 Role of the Simon Community at Time of Settlement

The help received from the Simon Community at the time of settlement is described in Figure 7.5. All 25 settled people received some help. Settled people were helped 97 times indicating that each settled person was helped, on average, in four different ways. Help was given in three main areas: getting furniture; contacting agencies; advice on Social Welfare. Help in providing, getting or transporting furniture was mentioned most frequently (52 times). Help contacting agencies was the next most frequently mentioned (32 times). Three main agencies were contacted. Community Welfare Officers, were contacted 13 times, eight times about furniture provision, four times about connection of electricity supply and once about rent allowance. Health related agencies were contacted 10 times and private landlords were contacted nine times. Twelve people were given advice on Social Welfare.

7.3.4 Satisfaction with help received from the Simon Community at the time of Settlement

Settled people were asked if they were satisfied with the help they received from the Simon Community at the time of settlement in the following areas:

- Making housing application
- Looking for accommodation
- Moving to the new house
- Setting up new home
- Claiming furniture grant
- Claiming rent allowance
- Advice on how to cope with running a house

The level of satisfaction with the help received from the Simon Community in each of these areas is described in Figure 7.5 and in Table 7.23. It is clear that the level of satisfaction with the help received is very high. Almost all of those who said they needed help were happy with the help they received. Only one person expressed himself as dissatisfied.

The high number who said they did not need or want help in relation to claiming rent allowance is explained by the fact that the majority were living in local authority housing and would not be entitled to it. The high number who did not need advice on how to cope with running a home is worth noting. It serves to underline the fact that
Figure 7.5 Role of Simon Community at the Time of Settlement in Helping Persons Now Settled Outside Simon Community, 1991

**Persons Known to Simon Community**
- 25

**Problems at Time of Settlement**
- Relocation Problems
  - loneliness (14)
  - moving friends (5)
  - getting on with neighbours (1)
- Money Management
  - budgeting (10)
  - paying ESB (9)
- Agency Problems
  - getting repairs done (10)
  - getting furniture (4)
  - getting ESB / gas connected (1)
  - getting rent allowance (1)
- Home Making Problems
  - cooking (4)
  - shopping (2)
  - keeping accommodation clean (2)

**Sources of Help in Getting Furniture**
- Simon Community (18)
- Community Welfare Officer (10)
- Society of Saint Vincent de Paul (2)
- Family (2)
- Friends (1)
- Other (2)

**Type of Help Received from Simon Community at Time of Settlement**
- Providing, getting and / or transporting furniture (52)
- Agency contacts in relation to tenancy (13)
- Community Welfare Officer (13)
- Health (10)
- Social welfare advice (12)

**Persons (Very) Satisfied with Various Forms of Help Received from the Simon Community**
- Making housing application (18)
- Looking for accommodation (17)
- Moving to new home (10)
- Setting up new home (18)
- Claiming furniture grant (8)
- Claiming rent allowance (1)
- Advice on how to cope with running a home (5)

**Suggested Improvements to Settlement Service of Simon Community**
- Support and help with application for housing / getting household furnishings / cooking / budgeting / decorising accommodation, etc. (11)
- Regular home visits and support for people who have settled (7)
- Ensuring that dependency on Simon Community does not develop (3)
- Proper assessment of person's suitability for settlement and of accommodation in area (1)
- More / better shelter space (1)
- Provision of transitional / halfway house (1)
- No information (1)
Referral and Settlement in the Simon Community

Table 7.23  Level of Satisfaction by Settled Persons with Help Received from the Simon Community in Relation to Settlement, 1991

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Not Applicable / didn't need or want help</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Making housing application</td>
<td>12</td>
<td>48.0</td>
<td>6</td>
<td>24.0</td>
<td>.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Looking for accommodation</td>
<td>12</td>
<td>48.0</td>
<td>5</td>
<td>20.0</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Moving to your new home</td>
<td>12</td>
<td>48.0</td>
<td>7</td>
<td>28.0</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Setting up your new home</td>
<td>11</td>
<td>44.0</td>
<td>7</td>
<td>29.0</td>
<td>1</td>
<td>4.0</td>
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<tr>
<td>Claiming furniture grant</td>
<td>7</td>
<td>28.0</td>
<td>1</td>
<td>4.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Claiming rent allowance</td>
<td>1</td>
<td>4.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Advice on how to cope with running a home</td>
<td>5</td>
<td>20.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>34.3</td>
<td>26</td>
<td>14.9</td>
<td>5</td>
<td>2.9</td>
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</table>

Table 7.29  Level of Satisfaction by Settled Persons with Various Characteristics of their Accommodation, 1991

<table>
<thead>
<tr>
<th>Characteristics of Accommodation</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>The present condition of your home</td>
<td>17</td>
<td>68.0</td>
<td>6</td>
<td>24.0</td>
<td>2</td>
</tr>
<tr>
<td>The location of your home</td>
<td>18</td>
<td>72.0</td>
<td>2</td>
<td>8.0</td>
<td>2</td>
</tr>
<tr>
<td>The size of your home</td>
<td>20</td>
<td>80.0</td>
<td>3</td>
<td>12.0</td>
<td>2</td>
</tr>
<tr>
<td>The area in which your home is located</td>
<td>18</td>
<td>72.0</td>
<td>2</td>
<td>8.0</td>
<td>2</td>
</tr>
<tr>
<td>The type of housing</td>
<td>19</td>
<td>76.0</td>
<td>2</td>
<td>8.0</td>
<td>2</td>
</tr>
<tr>
<td>Total*</td>
<td>92</td>
<td>73.6</td>
<td>15</td>
<td>12.8</td>
<td>10</td>
</tr>
</tbody>
</table>

*The total refers to the total number of responses to each level of satisfaction, not the number of persons.
while help is needed in many areas, homeless people can fend for themselves in certain cases. At the same time it is possible that some may have underestimated the level of problems that arise. This is indicated by the fact that 18 people reported having difficulties with money management.

Settled people were asked how the Simon Community could improve its settlement service for people moving to their own accommodation. The suggested improvements are outlined in Figure 7.5. Two main improvements were mentioned. The first involves practical help and support throughout all stages of settlement, from the time of application for housing, to getting furniture, decorating, cooking and budgeting. This type of practical help was mentioned by 11 (44%) people. The second type of help which was mentioned by 7 people (28%) involves social support in the form of regular home visits. The provision of a settlement and home-making service in each Community could address these two suggestions.

Three people mentioned that it was important to encourage shelter residents to do as much as possible for themselves so that long-term dependence on the Simon Community would not develop. This is a theme which was often mentioned by settled people. As one person said at a Simon Community seminar in Dublin on Referral and Settlement (26 July 1991), "there is a very fine line between interfering and helping people take control of their own lives". It can be very difficult to know how much a person can do for him/herself. The Simon Community's philosophy is to encourage people to help themselves, although peoples' ability to do things for themselves may sometimes be underestimated.

One person mentioned that the Simon Community should undertake a proper assessment of a person's suitability for settlement as well as an assessment of the suitability of the accommodation and the area in which it is located. This suggestion is a particularly important one. Sound assessment was a fundamental principle and practice of the settlement programme operated by the Open Door Resettlement Project (Kelly, 1986, Section 8.1(b)). Assessment of the person's suitability for independent living is a difficult task which requires skill and time and should be done jointly by the resident and Referral/Settlement Worker. The suitability of the accommodation and the area in which it is located are also important in successful settlement.

One person mentioned the need for more emergency accommodation and another mentioned the need for a halfway house or transitional house. The idea of a transitional or halfway house where people can prepare for settlement is a good one. It has been tried by the Simon Community in Cork and the person who spoke about it has spent some time in the transitional house and benefited from it.

The suggestions made are both reasonable and feasible and, with the provision of an adequately resourced settlement service, could be implemented.
7.4 Current Situation and Settlement Prospects

The 25 settled people were asked for their views on a broad range of factors affecting their current settlement, including:

- Satisfaction with their present accommodation;
- Facilities in their home (living conditions);
- Relationship with friends and neighbours;
- Contacts with other agencies;
- Extent of current settlement problems.

Their views on these issues will now be described.

7.4.1 Satisfaction with their Present Accommodation

A high level of satisfaction with their present accommodation was expressed by the vast majority, 20 (80%), of settled people (Figure 7.6). Only five people (20%) said they disliked living there. A thematic analysis was undertaken of the comments made by those who explained why they liked or disliked their present accommodation. The things which settled people like about their present accommodation are summarized. A total of 65 favourable attributes were mentioned. The favourable attributes fall into two broad categories: quality of life and having their own home. Freedom, independence, peace and privacy were the qualities of life mentioned. Freedom and independence were mentioned most frequently (30 times). Peace and privacy were the next frequently mentioned attributes, (16 times). Having their own home was what over half of the settled people liked most about their present accommodation. A further three people (12%) said they liked having good neighbours, friends or family living near them. The appreciation of the freedom and the privacy of their own home can be clearly understood in the context of the long history of homelessness reported in Chapter Three, sections 3.11 and 3.12 above.

The factors which settled people disliked about their accommodation are listed in Figure 7.6. Only one fifth of the settled people (5) mentioned factors they disliked. Two mentioned loneliness, and three were unhappy with the area in which their accommodation was located.

The high level of satisfaction with their present accommodation is further confirmed by the fact that all except one person would recommend independent living to other shelter residents. Homeless people are unlikely to be settled unless they are broadly satisfied with their housing situation. For this reason information was collected on the level of satisfaction with the following five variables:

- The present condition of their home;
- The location of their home;
- The size of their home;
- The area in which their home is located;
- The type of housing.

A high level of satisfaction with the five variables was expressed by the majority of settled people (Figure 7.6 and Table 7.29). A total of 107 satisfied or very satisfied responses were mentioned. Only 18 dissatisfied or very dissatisfied responses were
Figure 7.6 Satisfaction with Accommodation by Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community - 25

Like Living in Present Accommodation?

Yes 20
No 5

Persons (Very) Satisfied with Selected Characteristics of Accommodation

Would you Recommend Independent Living to Shelter Residents?

Yes 24
No 1

Things which Persons Like about Accommodation

- Like to be independent
- Like freedom to come and go
- Like privacy
- Like having own place / home
- Like to be able to make own decisions / in control of own life
- It is peaceful / quiet
- Like having good neighbours / family and friends in area / house
- Like having comfortable home
- Like living alone
- Like central location
- Other

Things which Persons Dislike about Accommodation

- Lonely living alone
- Unhappy with location of flat
- Would prefer to live in the country

The present condition of your home
23
The location of your home
20
The size of your home
20
The area in which your home is located
20
The type of housing
21
Figure 7.7 Facilities in Homes of Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community

25

Amenities

Type of Heating

Coal fire 13

Electric fire 7

Central heating 5

Items in Household

Cooker 25

Bed 25

Kitchen table 25

Kitchen chairs 25

Bed linen 25

Floor coverings 24

Cooking utensils 24

Armchairs 24

Radio 23

Wardrobe 22

Fridge 21

Electric kettle 19

Television 19

Telephone 6

Washing machine 5

Video 2

Bathroom

Toilet

Kitchen

Bedroom

Own use 18

Share with others in household 4

Share with others in building 3

Own use 18

Share with others in household 4

Share with others in building 3

Own use 21

Share with others in household 4

Share with others in building 4

Own use 21

Share with others in household 4

Share with others in building 4

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listed. The highest level of dissatisfaction expressed was with the area or location of the accommodation but even in this case it was mentioned only five times. Dissatisfaction with each of the other variables was mentioned only twice. This result provides strong confirmatory evidence that these variables are strong contributory factors to the settlement process and need to be taken into account in the development of a settlement service.

7.4.2 Facilities in their Homes (Living Conditions)

Settled people were asked a number of questions about the household facilities and items of furniture in their homes to give a picture of their living conditions. This picture is supplemented by the researcher's impressions when she visited the homes of over half (13) of the settled people. All respondents were asked if they had the following facilities in their home or if they shared them with the people they lived with or with others:

- Own bathroom;
- Own toilet;
- Own kitchen;
- Own bedroom.

It is part of the norm in our society that every home contains these basic facilities. All of the 25 settled people have these facilities although in three cases they had to be shared with others in the building (Figure 7.7). Data on the type of heating in the settled persons' accommodation are presented in Figure 7.7. Slightly over half (13, 52%) used a coal fire, five (20%) had central heating and seven (28%) used an electric fire. The relatively small proportion who had central heating, 20% compares with 33% of all households receiving unemployment assistance in 1987 who had central heating (Poverty and the Social Welfare System in Ireland (E.S.R.I.), 1988, p.74). On this indicator, the settled people known to the Simon Community are in a marginally worse position than certain categories of social welfare dependents.

Settled people were also asked about the furniture items they had in their homes. Most households have a cooker, a bed, a kitchen table and chairs, and bed linen and this was found to be the case with all the settled people (Figure 7.7). It was found however, that one person had no floor coverings, another had no cooking utensils and another had no armchairs. In addition two people had no radio, three had no wardrobe and four (16%) had no fridge. Eight per cent of all households in the ESRI study receiving unemployment assistance lacked a fridge in 1987 (ibid p.74). This means that, other things being equal, settled people are twice as likely not to have a fridge as all households receiving unemployment assistance. Six settled people (24%) had no electric kettle and six had no television. Only six people had a telephone. The numbers who lacked a telephone (76%) are almost the same as for all the households receiving unemployment assistance (75%) (ibid p.74). Only five settled people had a washing machine. The percentage who lacked a washing machine (80%) is four times greater than the proportion of households receiving unemployment assistance who lacked this item (24%).
These figures suggest that while the majority of settled people had a standard of accommodation which approximated to the norm, a small minority appeared to be without certain basic household necessities. The homes of the majority of settled people are adequately furnished although there is room for improvement in some cases. The majority of homes are fairly well maintained and comfortable. In Dundalk, where the Simon Community employs a Settlement Worker, great emphasis is placed on the importance of a comfortable home for successful settlement. This is apparent both in the conditions of the homes there and also in the satisfaction and pride expressed by the majority of the settled people.

7.4.3 Relationships with Family, Friends and Neighbours

The Greve report on *Homelessness in Britain* cites the breakdown in relationships with family and/or with those with whom accommodation was shared as the most important immediate reason for homelessness (Greve, 1990, p.15). Much of the literature on homelessness and settlement describes loneliness or lack of social contacts as problems for homeless people (Duncan et al., 1983, p.42; Glasgow Council for Single Homeless, 1985, p.39). These findings prompted us to ask the settled people known to the Simon Community about the level of their social contacts. Problems arising in this area could be a crucial indicator of the risk of failure in the settlement process.

The vast majority of settled people (21, 84%) live alone (Figure 7.8). None of the four people who share their accommodation reported any difficulties relating to their flatmates. The majority of settled people, (18, 72%), said they have friends in their neighbourhood. In this context it is worth noting that many of the settled people in Dundalk live in the same neighbourhoods. Some of them are in regular contact with each other and help each other out when problems arise. Many have also made friends in their local community. Nevertheless, a substantial number of settled people in this study, (10, 40%), reported having difficulties with their neighbours. Seven reported having problems with local children or teenagers. The kind of problems mentioned were bullying, taunting or stone-throwing. A further three people reported problems with adult neighbours.

A high level of contact with friends was reported. The majority, (19, 76%), said they were in daily contact with friends and a further two reported being in contact with friends at least once a week: another two were in contact at least once a month (Table 7.38). Only two (8%) reported never having contact with friends.

Fewer contacts with family were reported. Slightly more than half (13) of the settled people have contact with some member of their family. The contacts with family are less frequent than the contacts with friends. Five (20%) are in contact with family at least once a week, five are in contact at least once a month and three (12%) are in contact at least once a year.
Figure 7.8 Social Contacts of Persons Now Settled Outside Simon Community, 1991

Table 7.38 Frequency of Contact Between Settled Person and Selected Categories of Persons, 1991
Figure 7.9 Contacts With, and Help From, the Simon Community for Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community
25

Type of Contact Between Persons and Simon Community
- Visits the shelter 16
- Home visits by Simon worker 16
- Works on work project 13
- Gets monthly copy of newsletter 10
- Attends annual conference 8
- Attends Simon social club 8
- Other contacts 6

Type of Help Given to Persons by Simon Community
- Help to reduce loneliness 10
- Budgeting 8
- Cooking 6
- Dealing with statutory agencies 7
- Cleaning home 6
- Shopping 6
- Paying rent 5
- Paying ESB 5
- Caring for self 4
- Making friends in neighbourhood 3
- Other 3

Problems Experienced by Persons in Selected Areas
- Loneliness 12
- Budgeting 11
- Cooking 8
- Cleaning home 4
- Caring for self 4
- Dealing with statutory agencies 3
- Shopping 2
- Other 1

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7.4.4 Contacts with the Simon Community

The settled people in this study were asked about their level of contact with the Simon Community since the time of settlement. All settled people in this study are in contact with the Simon Community. To some extent this result is misleading since only those who were known to, and in regular contact with, the Simon Community were selected for the study. Many others, who have stayed with the Simon Community and have now settled, are no longer in contact and are not contactable through the Simon Community. Thus the results may overestimate the amount of contact that typically occurs between persons who have settled and organizations such as the Simon Community.

Notwithstanding this caveat it was found that a substantial amount of contact took place between settled people and the Simon Community (Figure 7.9). A total of 77 types of contact were mentioned (an average of 3 types of contact per settled person) clearly indicating a high level of contacts. Sixteen (64%) of the settled people visit the shelter and 16 (64%) are also visited at home by Simon Community workers. Over half (13) of the settled people work on work projects and ten (40%) get copies of the monthly newsletter. Eight people (32%) attend annual conferences and eight attend social clubs. Six (24%) people have other contacts. A high level of contact was also reported with Simon Community workers. Only one persons said they were never in contact. Over half reported daily contact, a further four (16%) reported weekly contact and another six (24%) reported monthly contact (Table 7.38). It would appear that for the settled people in this study, a high level of contact with the Simon Community is an important factor in their successful settlement. For many, the network of family support has broken down. The regular contact with the Simon Community in some way compensates for this and provides the social contact and support necessary for successful settlement.

7.4.5 Help from the Simon Community since Settlement

All the settled people in this study got help from the Simon Community since settlement (Figure 7.9). Different forms of help were mentioned 63 times indicating that a high level of help was given. It is worth noting in this context that 10 of the settled people in this study (40%) live in an area, i.e. Dundalk, where a Simon Community settlement service already exists. Help was given in four main areas: home-making; money management; reducing loneliness; and dealing with statutory agencies. Home-making help such as cooking, cleaning, shopping, caring for self was given 22 times. Help with money management such as advice in budgeting and paying bills was given 18 times. Help in reducing loneliness and making friends was given 13 times. Help in dealing with statutory agencies was given seven times.

These various forms of help indicate that the Simon Community has already developed some key elements of a settlement service. This service has been built up in a pragmatic way in response to the needs presented by people trying to settle and will form a solid basis on which to build on a more comprehensive and planned settlement service in the future.
7.4.6 Contacts with Health Services

Settled people were asked about the frequency of their contacts with the statutory health services in order to ascertain the level of statutory support they received. Data on the frequency of contacts are presented in Table 7.38. There is limited contact between settled people and the health services although three fifths (15) have contact with General Practitioner. None of the settled people have contact with a Social Worker. Only one person has contact with a Chiropodist or a Community Psychiatric Nurse. Only four have contact with a Public Health Nurse. The low level of contact with the health services is worth noting particularly in the light of the major health problems experienced by persons known to the Simon Community, as described in Chapter Three, Section 3.8. There is also a low level of contact with the Home Help and Meals on Wheels service. None of the settled people receive Meals on Wheels and only one person has a Home Help.

7.4.7 Current Problems

Settlement is a solution to the problem of homelessness. It is not necessarily a solution to all of the problems which homeless people experience. Some problems may persist even for years after the person has settled. It is in this context that the 25 settled people known to the Simon Community were asked about their current problems. The extent of problems currently experienced by settled people is described in Figure 7.9. A total of 43 problems were mentioned - less than two per person. This figure is smaller than the number of problems (64) mentioned at the time of settlement (Section 7.3). Three main problem areas were mentioned; home making problems such as cooking, cleaning, shopping and caring for self were the most frequently mentioned (16 times). Loneliness is still a problem for almost half (12) of the settled people. Money management problems such as budgeting and paying bills were the next most frequently mentioned problems (11 times). Only three people mentioned having difficulties dealing with statutory agencies.

These results indicate that settled people are still experiencing difficulties although not as many as they experienced at the time of settlement. The focus of the problems has shifted from difficulties with statutory agencies to home making problems. This information again points to the need for a home-making service and for advice on budgeting. Many settled people still experience loneliness and help in overcoming loneliness is a priority.

7.4.8 Settlement Prospects

An important dimension of the settlement process is the feeling of being settled. Among the 25 people in this study, 17 (68%) regarded themselves as settled in their present accommodation (Figure 7.10). Conversely, only eight people said they were unsettled. The people who regard themselves as settled were asked what it was about their present situation which made them feel settled. A total of 37 reasons for settlement were mentioned. Three main reasons were mentioned. Satisfaction with the accommodation
Figure 7.10 Settlement Prospects of Persons Now Settled Outside Simon Community, 1991

Persons Known to Simon Community
25

Are You Settled?
Yes 17
No 8

Are You Likely to Stay Settled in the Future?
Yes 16
No 5
No information 4

Characteristics of Situation Which Makes You Feel Settled

- Has good friends / neighbours / stable relationship / relatives in or near house / area
12

- It is a place I can call my own / it is homely
6

- Privacy, independence, free to live life as I want
5

- I like the area
4

- The house is comfortable
2

- I decorated the place myself
2

- It is stable and peaceful
2

Other 4

Characteristics of Situation Which Makes You Feel Unsettled

- Loneliness / living alone
4

- Do not like the area
2

- The flat / house is too small
2

- I do not like the city
1

Other 4
"The success of the settlement process is crucially dependent on the suitability of the accommodation and its location, the quality and extent of social factors and the quality of life which people can have in their own home."

Cork Simon Community soup run. Photo: Peter Orford.
or its location was mentioned 14 times. Good social contacts in the neighbourhood with friends, partners or relatives were mentioned 12 times. The quality of life which their home facilitated was mentioned seven times.

The reasons why eight people feel unsettled are described in Figure 7.10. Two main reasons were mentioned. Loneliness was mentioned by four people. Two people found their accommodation too small and three people did not like the area they were living in.

Respondents were also asked if they thought they would remain settled in the future. The majority, 16 (64%) said they would stay settled. Five said they were not settled and were unlikely to continue living there. Four people did not know what would happen in the future.

The picture emerging from these responses is that the success of the settlement process is crucially dependent on the suitability of the accommodation and its location, the quality and extent of social contacts and the quality of life which people can have in their own home. It is these factors which explain the feelings of contentment and satisfaction felt by so many of the settled people. Conversely, the people who are still unsettled tend to be those suffering from loneliness and who are dissatisfied with their accommodation or its location.

These findings have important implications for the development of a comprehensive settlement service. One implication is that a successful settlement strategy involves the provision of suitable accommodation in an acceptable location. Local authority housing appears to be the most suitable housing option. This reflects well on the local authorities but is worrisome because of the current severe shortage of local authority housing and because of the reluctance of some local authorities to develop a specific response to homeless people.

The need for a broad range of suitable housing has been mentioned throughout this study. In particular the need for a broad range of social housing, with varying degrees of support and communal facilities, has been illustrated by the numbers of previous unsuccessful settlement attempts, made by residents. This need has been confirmed by the selection by Simon staff of this form of social housing as the most suitable form of housing for the majority of current shelter residents. But the provision of housing alone will not solve the problems of homelessness. Many of the people in this study have other underlying problems such as health or relationship problems, loneliness and practical home-making problems. Successful settlement also implies the provision of a home-making service to help people cope with the practical problems and a counselling service to help people with their personal problems. Successful settlement also involves the building up of good quality, regular social contacts and, more fundamentally, it involves the person feeling happy and contented within themselves. Given the long history of unsettled life style experienced by many of the people known to the Simon Community, these characteristics of settlement may be difficult to achieve. The Simon Community provides social contacts and social support for the people in this study. Further links with the social network in the local communities where people are living are also needed. Personal development work is already taking place in the Simon Communities and work projects informally. More emphasis needs to be placed on the personal development of residents, both formally and informally in the future.
The people who are homeless are as varied as the general population. Some will be able to settle with very little help. Others will require long-term support. The skill in determining the amount of help that each individual requires is the key to a successful settlement service. The aim of the service should be to empower people to take control of their own lives by giving them the skills they require to do it.
CHAPTER 8

Recommendations for the Simon Community

8.1 Introduction

This chapter extrapolates the main findings of the report in order to draw out the implications for policy and practice for the Simon Community. The format of the chapter involves a brief restatement of selected key findings of the report which will form the basis for the recommendations advanced. The recommendations of the report are divided into four sections. Section 8.2 looks at referral and outlines recommendations for changes in Simon referral practices. Section 8.3 examines current settlement policies and proposes several improvements including the adoption of a settlement model. In Section 8.4, the health problems of Simon residents are summarized and links between the Simon Community and the health services are examined. Section 8.5 outlines implications of the findings for improving training for both voluntary workers and staff in the Simon Community.

On a general note, the following recommendations for the Simon Community are presented without taking account of possible cost implications. In common with other voluntary agencies, the Simon Community already provides a very high quality service at a very low cost to the State. Clearly, if the Simon Community is to implement these proposals in order to provide a better referral and settlement service to homeless people, then more funding of the Community's work must be forthcoming from the statutory agencies.

8.2. Referral

Overview

The policy of the Simon Community shelters in Cork and Dublin is to provide emergency accommodation. The shelters cannot provide emergency accommodation for all who require it and as a result people are referred to other agencies for accommodation. Often these referrals do not meet the needs of residents. In Dublin, residents are regularly referred to other hostels, some of whom operate a "limited-stay" policy (i.e. the resident is limited to staying a specified period of time in the hostel). The standards of the accommodation and service in these other hostels are often not as good as in the Simon Community. Referrals to other hostels often perpetuate the cycle of homelessness. In Cork, residents are encouraged to save for private rented accommodation and time limits are put on their length of stay in the shelter. Some people are encouraged to move into accommodation which may turn out to be unsuitable. The consequences of these types of referral can be seen in the number of previous unsuccessful settlement attempts that have been made by the people in this study.
There are three main policy implications of providing emergency accommodation:

- A referral worker needs to be employed. From the autumn of 1991, Cork and Dublin Simon Communities will both employ a Referral / Settlement Worker.
- The provision of emergency accommodation implies the availability of alternative follow-on accommodation. This is not the case at present. One of the most striking findings of this study, was the severe shortage of any kind of accommodation (Chapter Five, sections 5.6.3, 5.7.3, 5.8.3). Another, though less surprising, finding was that none of the referrals to other hostels was deemed satisfactory in the opinion of the Simon Community staff. The severe shortage of referral options raises questions about the viability of the policy of providing emergency accommodation and underlines the need for more emergency accommodation.
- Effective referral procedures need to be established between the Simon Community and the referral agencies. The need to establish good inter-agency referral contacts and procedures have been highlighted in this report.

This study has shown that there are at least two main groups using Simon Community shelters (Chapter Three, section 3.11). One group uses the shelter for emergency accommodation and another group lives there permanently. These two groups have different needs and different types of service requirements. The mix of young and old people and short and long-term residents raises some questions for shelter management. If the policy of the shelter is to provide emergency accommodation why are there long-term residents living there? How unsettling is the constant inflow and outflow of a large group of transient people for long-term shelter residents? Some older residents have spoken about being afraid of these transient people. Should shelters opt for providing either short-term or long-term accommodation only?

Referral work is a specialized skill. It involves being able to help the resident to express his/her referral needs. This sometimes involves looking at underlying personal and health problems and assessing a resident's ability to take up referral options. Referral work also implies a knowledge of the available services and an understanding of their operation. Successful referrals involve regular inter-agency contacts and the establishment of good working relations and practices with staff in these agencies (Chapter Four, section 4.7.2).

Referrals can take place at any time throughout the day or night. Consequently all staff and workers need referral training. The need for record keeping and better communication of referral decisions among workers and staff were highlighted in the report (Chapter Four, section 4.7.2). The 'oral tradition' prevalent in the Simon Community (Chapter Four, section 4.7.1) is a major stumbling block to adequate record-keeping. Some of the basic principles of the Simon Community such as 'dependence on voluntary workers', 'acceptance' and 'community', affect both the provision of the referral service and the manner in which it is administered. The contemporary application of these principles needs to be clarified (Chapter Four, section 4.7.1).

1. It is recommended, on the basis of the findings of this report, that a Referral/Settlement Worker needs to be employed by each Simon Community.
Referral and Settlement in the Simon Community

2. It is recommended, on the basis of the findings of this report, that on-going referral training should be provided for all staff and workers within each project. Referral training is essential for workers within each project since referral can take place throughout the 24 hours of each day.

3. It is recommended, on the basis of the findings of this report, that each Simon Community needs to look afresh at the founding principles of 'acceptance', 'community' and 'dependence on volunteers' and to clarify the role of referral and settlement in the context of these principles and to examine the contemporary applications of these principles.

8.2.1 Function of Simon Shelters

There is a lack of clarity about the functions of shelters as to whether they are providing emergency or long-term care. There is often a difference between stated policy and actual practice. Homeless people are not a homogeneous group and have a multiplicity of needs (Chapter One, section 5). While the Simon Community recognizes this multiplicity of need, the question arises as to whether the shelters, with their limitations, can provide a useful response to these various needs.

4. It is recommended, on the basis of the findings of this report, that each Community needs to evaluate its current policies and services.

The following areas should be examined:
- the use of shelter beds for emergency and/or long-term care;
- the effects on residents of mixing long-term and short-term residents;
- the implications of mixing long-term and short-term residents for service provision and management;
- the feasibility of providing emergency accommodation in the light of the severe shortage of follow-on accommodation;
- the possibility of shifting the focus of the service from emergency care and dealing with a large number of people at a superficial level to dealing with a smaller number of people at a deeper, more meaningful level over a longer period.

8.2.2 The need for Consistent and Systematic Support

The present policy of pressurizing residents to find their own accommodation by enforcing a limited stay policy or by referring them to other hostels is almost certain to perpetuate the cycle of homelessness and needs to be examined. To move successfully from shelter living to independent living is a slow process.

5. It is recommended, on the basis of the findings of this report, that residents will need consistent and systematic support, help and counselling through all stages of the referral/settlement process. Many will need help in dealing with underlying personal and health problems.
8.2.3 Record Keeping and Good Communication

Good record keeping improves the quality of the service to each resident and also facilitates the smooth running of the shelters. It also reduces the inconsistencies in approach and practice and facilitates communication between workers. At another level, record keeping helps Communities identify trends such as the increase in the numbers of returned emigrants needing emergency accommodation. Some of the information given in the process of making a referral is private and strictly confidential and should only be accessible to a limited number of staff.

6. It is recommended, on the basis of the findings of this report, that in order to establish good record-keeping practice there must be a commitment to, and an acceptance of, its value by all Simon Community Workers. In the interests of confidentiality information should be recorded at two levels:

- Basic details and referral decisions should be recorded on a form which is confidential but is accessible to workers and staff.
- More personal and confidential information should be recorded in another form which is strictly confidential and only accessible as required to certain staff members.

7. It is recommended, on the basis of the findings of this report, that regular referral meetings should take place in each project in order to facilitate the communication of referral decisions and to train workers in referral matters. In the large shelters these meetings should take place on a daily basis.

8.2.4 Referral/Settlement Information Pack

It is clear from the interviews with Simon Community staff and from visits to the different Communities that residents can only be helped through referral and settlement if Simon Community workers have proper and up-to-date information about the services available. This is not always the case at present in the different Communities.

8. It is recommended, on the basis of the findings of this report, that each project needs a referral information pack which should be regularly updated. This information should be easily accessible to residents, workers and staff. All workers should know of its existence and be trained in its use.
8.2.5 The Provision of Office Space

The assessment of residents' needs is the key to successful referrals. A good assessment requires skill and takes time. It cannot be done in a short interview punctuated by constant interruptions. Residents need privacy, space and time in order to be able to express their needs.

9. It is recommended, on the basis of the findings in this report, that the shelters in Cork and Dundalk require a suitable room which is quiet and free from interruptions, in which to conduct private referral/substraction interviews with residents.

8.3 Settlement

Overview

Traditionally the Simon Community has provided shelters and residential houses to cater for short term and long term accommodation needs of homeless people. This study has shown that the homeless people coming to the Simon Community now are younger than in the past. The younger age profile of shelter residents and the current emphasis on settlement outside the Simon Community of shelter residents has important policy implications for residential houses. Consequently, there may not be the same demand in the future for residential care for older people. The findings of this report suggest that residential care is not the most suitable option for a significant minority of current residential house residents (36%, see Chapter Six, section 6.5) and that only a small minority of current shelter residents (11%, see Chapter Five, section 5.9) were best suited to residential houses. The need for sheltered housing schemes with self-contained units and some communal facilities combined with various levels of support has been indicated by the findings in this report. This is an area in which the Simon Community may wish to become involved.

The majority of people in this study want to settle. This is demonstrated by the number of previous settlement attempts and by the housing preferences of current shelter residents. The fact that over half the people in this study who had settled outside the Simon Community had lived in the shelters for less than one year suggests, other things being equal, that the less time people stay in shelters the more likely they are to move to their own accommodation. Recent research in Glasgow has also suggested this.

Two main settlement options are used by the people in this study: independent accommodation in flats or houses and residential houses. This study has shown that these options are inadequate and that there is also a need for a broad range of sheltered housing options. This has been confirmed by the staff in each Simon Community. The nature, extent and recurrence of problems experienced by people endeavouring to settle in this study points to the need for a settlement service. The findings of this study show that the settlement process is crucially dependent on the suitability of the accommodation and its location, the quality and extent of social contacts and the quality of life which
people can have in their own home. A high level of contact with the Simon Community is also important for successful settlement because the network of family support has broken down for many of those known to the Simon Community. The maintenance of contact with the Simon Community is an important factor in explaining the feelings of contentment and satisfaction felt by so many of the settled people in this study. These findings have implications for the provision of a comprehensive settlement service.

Various settlement or rehousing models have been used in Britain and these have been summarized in Chapter Five, section 5.4. All the rehousing projects acknowledge the need for a settlement service. The settlement service in Dundalk Simon Community, which is described in Chapter Five section 5.8, is a model on which the other Simon Communities could base their service.

8.3.1 Simon Work Projects

Before proceeding to the detailed recommendations on the development of a settlement service it is worth examining one element that has proved to be a valuable resource in terms of settling homeless people, namely Simon work projects. The Simon Community European Work Project (1986 - 89) resulted in a number of substantial developments in work projects in relation to activities, working conditions and participation in decision-making (see O'Donovan and McKeown, 1989). The active participation of project workers in decision making has been facilitated through the holding of regular work project meetings. This in turn has given the participants more self-confidence and created opportunities for personal development. Many of the Project workers have also become skilled in the procedures involved in securing accommodation and social welfare entitlements. People who want to settle in their own home are often given help and advice by those who are already settled. An informal self-help group has developed in some Simon Communities.

Work Projects help the settlement process in the following ways:

- They provide essential social contacts for people moving from Community living to living on their own.
- They provide additional income for participants.
- They provide people with interesting and meaningful day-time activities.
- They help people with a drink problem to stay off drink at least between 9.00 am - 5.00 pm five days a week.
- Work Projects provide training in many basic skills including cooking, budgeting, cleaning, all of which are essential for someone moving into their own home.
- Work projects provide opportunities for personal development of the participants. This happens both informally, among the participants and staff, and also happens formally, when outside speakers are asked to talk to participants on issues of concern to them (e.g. housing, health, home-making, etc.)
- Work projects also help people to save for flat deposits and provides them with cheap good quality furniture.

It is important therefore that the referral / settlement service maintains close contacts with the work project in each Community.
8.3.2 A Settlement Service - A Model for the Simon Community

The settlement service model which is adopted by each Simon Community must offer a broad range of services and support, given the history of homelessness and the level of settlement problems described in this study. Settlement is a process which requires that support is given to the person at all stages of the process. Some people will be able to settle with very little help, others will require long term support. The emphasis of the settlement service should be to encourage people to do as much as possible for themselves. The settlement process can be divided into three periods: (1) the pre-settlement period; (2) the early settlement period; (3) on-going support in the post-settlement period. The needs of people and their service requirements will be different at the different stages of settlement.

The Pre-Settlement Period
The key elements in the pre-settlement period are:
- assessment of person's suitability for settlement;
- selection of suitable settlement options;
- information on housing applications, social welfare entitlements, health services, etc.;
- advocacy with statutory agencies;
- counselling;
- opportunities for personal development and the development of interpersonal skills;
- home-making courses, i.e. budgeting, cooking, etc.;
- skills development and social contacts through work projects, social clubs, etc.

The Early-Settlement Period
The key elements in the early-settlement period are:
- ensuring good housing and living conditions;
- advocacy with statutory agencies;
- information on services and procedures;
- counselling;
- personal development courses and the development of interpersonal skills;
- practical home-making service including advice and help with budgeting, cooking, etc.;
- home visits and visits by soup run or follow up group;
- linking into community services and amenities;
- social contacts and support through work project, social clubs, etc.

Post-Settlement Period - Ongoing Support
The key elements during the post-settlement period are:
- counselling, on-going support and personal development courses;
- home visits;
- information and advocacy as required;
- home-making help as required;
- social support through work project, follow-up group, social clubs, etc.;
- crises counselling as required.
10. It is recommended, on the basis of the findings of this report, that each Simon Community should establish a properly funded and resourced settlement service. The key elements of the settlement service will vary according to the settlement phase and will include the following elements:
   • assessment of person's suitability and selection of suitable settlement option;
   • service information;
   • advocacy with statutory authorities;
   • ongoing counselling and support;
   • personal development opportunities;
   • ensuring good housing and living conditions;
   • practical home-making service including help with cooking, budgeting, hygiene etc;
   • help linking into local services and amenities: home visits; social clubs, soup run visits, etc.

11. It is recommended, on the basis of the findings of this report, that each Simon Community should employ a Settlement Worker to organize and co-ordinate the settlement service. A settlement team comprising the Project Leader, Residential House Leader, Work Project Organizer and other concerned workers should be established. Regular settlement meetings should be held.

8.3.3 Work Projects and Settlement

As this report demonstrates, work projects have been shown to be a significant help to persons trying to settle in their own accommodation. In 1990 the Dublin work project introduced three casual work project places. Shelter residents wishing to move to their own accommodation are offered a 'casual' place usually for up to six weeks on the work project. This provides the resident with social and financial support during the difficult transition period.

12. It is recommended, on the basis of the findings of this report, that close links and co-operation should be established between the settlement service and work projects.

13. It is recommended, on the basis of the findings of this report, that each Community should consider reserving a number of casual places on its work projects for homeless people wishing to live independently.

14. It is recommended, on the basis of the findings of this report, that the settlement service should encourage the development of settlement self-help groups in each Community.

The recommendations for the Simon Community in relation to record keeping (Recommendation 6), an information pack (Recommendation 8) and the provision of office space (Recommendation 9) also apply to the provision of a settlement service.
8.3.4 Inter-agency Contacts

Good referral practice, as has been stated throughout this report, depends on good contacts and relationships being developed between the Simon Community and other agencies engaged in providing services for homeless persons. These agencies include other bodies, both statutory and voluntary, which provide accommodation, medical services, income maintenance and other services.

15. It is recommended, on the basis of the findings of this report, that satisfactory inter-agency referral procedures need to be discussed and agreed with the main referral agencies. Regular "on the ground" contacts should take place to establish and maintain agreed referral procedures.

8.3.5 Role and Condition of Simon Residential Houses

As the report indicates, the age profile of shelter residents is becoming younger. At the same time the age profile of residents in the residential houses is becoming older. This growing disparity between the two age-groups in Simon accommodation - while it does not apply to all the houses - does raise questions about the future uses of some of the residential houses.

Conditions in some of the residential houses have fallen behind the standard of accommodation in the upgraded shelters. While there are plans to refurbish the older houses this upgrading must also be accompanied by a regular maintenance programme in all Simon Communities.

There is a substantial group of long-term shelter residents in Cork and Dublin Simon Communities who are considered unsuitable for residential houses usually because of chronic alcohol or behaviour problems. These people are also considered unsuitable for settlement outside the Simon Community and at present the only option for them seems to be continued stay in the shelters. This group of people live side by side with the constantly changing group of people requiring emergency accommodation.

16. It is recommended on the basis of the findings of this report that the Simon Community should examine its future role in the provision of residential houses.

17. It is recommended, on the basis of the findings of this report, that a regular maintenance programme is required to ensure that good standards are maintained in all houses.

18. It is recommended, on the basis of the findings of this report, that the Simon Community examine the accommodation needs of long-term shelter residents and, in particular, the suitability of a residential shelter or small high support hostel for them.
8.3.6 Cork Simon Shelter

The Simon Community shelter in Cork is too small and the building is unsuitable for its present use. The Community proposes to build a new shelter. The Community should evaluate the need for both emergency and long-term care among its current shelter users. The Project Leader in Cork suggested that a 12 - 15 bed emergency night shelter and a residential shelter for current long-term residents is needed.

19. It is recommended, on the basis of the findings of this report, that until a new shelter is built, the Simon Community in Cork should decide on the maximum number of people it can accommodate and this policy should be strictly enforced.

8.4 Links with the Health Services

Overview

Many of the people in this study have major health problems. This was confirmed by the assessment of Simon Community staff and by the high take-up rate of health-related Social Welfare payments, by the high level of dependency on medication and by the high incidence of hospital admissions (Chapter Two, Section 2.8). Although the specific nature of the illnesses were not recorded it seems fair to assume that most health problems suffered by the people in the study were caused by their homelessness and the associated lifestyle. This suggests, other things being equal, that settlement will result in an improvement in the health of homeless people. This is borne out to some extent by the data presented in this study and by the experience of the Simon Community.

Many shelter residents are in poor health and their contacts with the health services are unsatisfactory. These problems have been exacerbated in recent years because of cutbacks in the health services. Many residents, because of their psychiatric or addiction problems or because of their lifestyle, are reluctant to spend hours waiting in outpatient clinics and are unable to make proper use of the existing services. Others needing hospitalization have often left the shelters by the time a bed becomes available in the local hospital. This results in deteriorating health and acute health problems often become chronic ones.

The Simon Community has always favoured the establishment of a comprehensive range of community health services and in recent years some of the Simon Communities have established good links with the network of local health services. An example of this type of good practice has been set up in Dublin Simon Community, both in the residential houses in Sean McDermott Street and Island Street, and in the shelter at Usher's Island.
Medical Support Team - Model used by Dublin Simon Community

The residential houses in Dublin Simon Community have established satisfactory links with the network of local community health services. A Public Health Nurse and a Community Psychiatric Nurse regularly call to the residential houses in Sean Mac Dermott Street and Island Street to visit the residents and care for their health needs. The emphasis is on building up relationships with the residents by regular visits to the house. The Community Psychiatric Nurse who visits Island Street House meets all the workers and staff members and advises them on how to deal with problems which may arise when caring for psychiatrically ill residents. All residents are registered with one General Practitioner who also visits the house on request. This medical support team model works very well in these residential houses.

The Project Leader of the Dublin Simon Community shelter at Usher's Island has set up a similar model in the shelter. Most of the regular long-term residents are registered with one General Practitioner who also does emergency calls to the shelter. Having one doctor works well, as the doctor becomes known and trusted by the residents, and it also makes the procedure of getting repeat prescriptions easier. Contact has also been established with the local Community Psychiatric Services and the Community Psychiatric Nurse visits the shelter as required. Many of the long-term residents need on-going nursing care and the local Public Health Nurse provides this care. The Community Psychiatric Nurse and the Public Health Nurse have also been involved in the education of workers, staff and residents on health-related matters. Talks have been arranged in Dublin Simon Community on First Aid, hygiene, health and diet. Linking into this type of community-based health service takes time and involves regular contacts between health care personnel and staff in each Simon Community project.

The health problems of shelter residents are more acute and their lifestyle is less stable than the residents in residential houses. Because of this, it is important that the local health care team visits the shelters on a regular basis. One of the difficulties with the medical support team model for shelters is that many of the shelter residents are transient and will not be registered with a General Practitioner. At present, transient people in Dublin Simon Community are referred to the outpatients' service in the local hospital or to Trust, a private charitable trust which was founded in 1975. Trust provides a medical social service for homeless people living in hostels or of no fixed abode.

20. It is recommended, on the basis of the findings of this report, that each Simon Community project links into the local health care services in its area so that the health problems of residents can be cared for in a satisfactory manner. The model used by the residential houses and shelter in Dublin Simon in dealing with the health problems of residents should be looked at by the other Communities. Because of the nature and extent of the health problems of shelter residents it is recommended that the local health care team visit each shelter on a weekly basis.
8.5 Worker and Staff Training

The need for worker and staff training is one of the main issues arising from this report. This was mentioned during interviews with all the Project Leaders and was one of the recommendations emerging from the seminar on Referral and Settlement held in Dublin on 26th June 1991. One of the basic principles of the Simon Community is its use and dependence on voluntary workers. In general the volunteers do an excellent job often under very difficult circumstances and the high level of care and respect which the Simon Community provides could not be given without voluntary workers. The evidence for this is seen in the high level of satisfaction expressed by both shelter and residential house residents with workers and staff. It is also evident in the relaxed, friendly and caring atmosphere that exists in each project. However, voluntary workers need the back up and support of professionals.

The dependence on voluntary workers has policy implications for the management of projects. One policy implication is that on-going training for these workers is essential. The present system of recruitment of full-time workers means that full-time workers can arrive or leave their projects at any time throughout the year. In the past few years there has been a shortage of suitable applicants. The four Simon Communities need a quota of 39 full-time workers at any time. In the year March 1st 1990 to February 28th 1991, a total of 106 full-time workers worked in the Simon Community and the yearly average was four short of the quota (Simon Community National Office, 1991, p.7). The recruitment of full-time workers is a priority for National Office and interviews take place at least once a week.

The findings in Chapter Six suggest that many of the residential house residents are vulnerable and dependent and that some require a high level of support and care from the Simon Community. Many of the residential houses are already availing of the expertise of the local community health services. The information gathered from the staff in residential houses suggests that, with the back-up and support of health professionals, the residential houses are able to provide the level of care required at present. As the residents become older and as their health deteriorates the level of care required increases. This points to the need for ongoing training for workers and staff.

On the job training for full-time workers already takes place and talks have been organized for staff and workers in some projects on specific health matters. However this type of informal training is not entirely satisfactory. A more formal systematic approach is needed. This is particularly necessary because of the large number and the frequent changeover of voluntary workers. On-going training for staff members is also required.

21. It is recommended on the basis of the findings of this report that there should be a comprehensive health care training programme for the staff and voluntary workers in each project. This training should cover three main areas:

- training in First Aid, basic health care and hygiene;
- familiarization with specific health problems e.g. alcoholism, drug abuse, AIDS, psychiatric illness and geriatric problems;
- training in appropriate referral procedures.
Training in First Aid and Basic Health Care
Compulsory first aid and basic health care courses should be organized for voluntary workers and staff working in the Simon Community. These courses should take place either before workers begin working on the project or within the first few weeks.

Familiarization with Specific Health Problems
Talks on specific health related matters, such as alcoholism, drug abuse, AIDS, psychiatric illness, geriatric problems, should be organized on a regular basis in each Community. Where possible, these talks should be given by professionals from the local health care area. These talks will provide Simon Community workers and staff with a basic familiarization with these issues and will facilitate a better understanding between the Simon Community and the medical and professional services which deal with these problems. This in turn will improve referral procedures.

Training in appropriate Referral Procedures
Referrals take place at any time during the day or night and consequently all workers need training in this area. Although the amount of referral work done in shelters is greater than in residential houses there is still a need for referral training in each project. The Referral/Settlement Worker should provide on-going referral training for all workers in the shelter. A referral information pack should also be available and readily accessible in each project.
CHAPTER 9

Recommendations for the Statutory Agencies

9.1 Introduction

The following recommendations for statutory agencies are divided into five sections. Section 9.2 examines current difficulties with referral practices which have been identified in this report from the experience of staff, workers and residents of the Simon Community. Referral can only work if the services and agencies to which a person is referred are accessible and responsive to that person's needs.

Section 9.3 summarizes this report's findings on the settlement experience of people known to the Simon Community and it outlines how a successful settlement programme may be established. It restates the case for more public housing provision and for a wider range of housing options for homeless people.

Section 9.4 reviews the findings in relation to how the health services are responding to the health needs of homeless people and identifies several changes in statutory policy which would improve the delivery of these services.

Section 9.5 makes recommendations on increasing social welfare payments to more realistic levels.
9.2 Referral

9.2.1 Supplementary Welfare Service

In Chapter Four two main difficulties were reported with the Supplementary Welfare Service: the limited hours of opening and the discretionary nature of the service (Chapter Four, section 4.4).

Homeless people become homeless throughout the 24 hours of each day. The Community Welfare Office has limited hours of opening and many people in need of emergency accommodation and financial assistance come to the Simon Community outside of these opening hours. Often they cannot be accommodated, particularly in Dublin Simon Community, and are referred by Simon to other hostels where possible. The cost of admission to other hostels for these emergency referrals is, at present, paid for by Dublin Simon Community. The Simon Communities in Dublin, Cork and Dundalk also provide a specialized referral and/or settlement service, the costs of which are not grant-aided and are borne by the Simon Community. These services should be funded under Section 10 of the Housing Act.

A basic characteristic of the people in this study is that they have no resources apart from what they receive in Social Welfare payments (Chapter Three, section 3.7). Another finding of this study is that while the homes of the majority of settled people are adequately furnished a small minority appeared to be without certain basic household necessities (Chapter Seven, sections 7.4.2). Nevertheless, only two fifths of the settled people in this study were given assistance by the Community Welfare Officer towards buying furniture. This may be because of the discretionary nature of the service or it may be because the service was unknown to some of the homeless people. Some of the settled people in this study and some staff members spoke about the critical approaches and judgemental attitudes of officials in some Health Boards. Some Community Welfare Officers, e.g., the staff of the Homeless Persons Unit in Charles Street, Dublin 8, are sensitive to the severe trauma experienced by homeless people. The experiences in other areas have been less satisfactory.

1. It is recommended, on the basis of the findings of this report, that the Community Welfare Office opening hours be extended and that arrangements be made between the health board, local authority and voluntary agencies to establish a 24 hour seven day emergency service to provide immediate assistance, information and counselling for those in crises.

2. It is recommended, on the basis of the findings of this report, that entitlements under the Supplementary Welfare Allowance system should be published and this information should be included in the Simon Community referral information pack.
Referral and Settlement in the Simon Community

3. It is recommended, on the basis of the findings of this report, that clear national public guidelines on the operation of rent supplement, flat deposits and exceptional needs payments should be issued and that practices need to be standardized in all Health Board areas. The basic furniture items which people are entitled to under the exceptional needs payments need to be reviewed and essential items such as a fridge, floor covering and curtains should be included.

4. It is recommended, on the basis of the findings of this report, that the Simon Community should be able to recoup, from the local housing authority under Section 10 of the Housing Act, the cost of emergency referrals to other hostels and referral procedures and funding arrangements should be agreed with these agencies.

5. It is recommended, on the basis of the findings of this report, that each Simon Community's Referral service which, in tandem with the Community's Settlement service, deals with the housing or rehousing of homeless persons, should be funded by Local Housing Authorities under Section 10 of the Housing Act.

9.2.2 Inter-agency referral procedures, liaison and policy consultations

6. Regular contacts should also take place at management levels with voluntary and statutory bodies to discuss common issues and to develop a united approach in dealing with the problems of homeless people. Each agency's role in the provision of the existing services needs to be examined. The gaps in the services which need to be tackled should be assessed. Broad policy issues need to be discussed so that solutions to changing problems can be developed.

7. It is recommended, on the basis of the findings of this report, that an overall hostel policy should be drawn up in the Dublin and Cork areas following consultation between all the hostels and other concerned agencies.
9.3 Settlement

9.3.1 Overview
A successful settlement programme has two main components:

- an adequate supply of suitable housing
- the provision of a settlement service

One of the main themes running through this report is the severe shortage of suitable housing options for persons known to the Simon Community and the narrowness of the range of options currently available. All Simon Community Project Leaders reported that the supply of suitable housing in their areas was totally inadequate (Chapter Five, sections 5.6.3, 5.7.3, 5.8.3). Housing policy, particularly in relation to housing provision and housing allocation, has a major impact on settlement.

The 1988 Housing Act, as explained in Chapter One, provides a legal definition of "homeless" and gives local authorities powers to assist homeless people to find accommodation. It also requires local authorities to take account of homeless persons in their allocation system (Simon Community National Office, 1988, pp. 17-18). However, the legislation is enabling legislation and does not oblige local authorities to house homeless people. The Act provides a framework upon which policy can be developed.

The Act and subsequent Circulars recognize that the provision of standard local authority accommodation is not the solution to the needs of all long-term or vulnerable homeless people. The legislation and guidelines to the Act give local authorities the powers to adopt a range of creative options such as shared or joint tenancies, the conversion of houses to small apartments and the renting of accommodation for homeless people. In the Simon Communities' experience to date, none of these powers have been significantly utilized by local authorities to find flexible answers to the needs of homeless people.

The recent submission from the Simon Community to the Government and Social Partners on A Programme for Economic and Social Progress (Simon Community National Office (b), 1990, pp. 10, 11) identified several problems in housing policy, particularly as they relate to the needs of homeless people. The submission documents the cutbacks in the funding allocated to local authorities for public housing. It also describes the fall in the number of local authority house completions and the sharp decline in the number of casual housing vacancies due to the popularity of the tenant purchase scheme. The combination of these and other factors such as the fall in emigration has led to a severe housing shortage.

The Government's Plan for Social Housing (Department of the Environment (a), 1991) envisages a much more flexible and imaginative approach to housing provision and strengthens the capital funding available to the non-profit and voluntary housing sector. However, it also envisages a decreasing role for local authorities in the direct provision of housing. There is thus an increased expectation that the non-profit and voluntary sector will deliver special-needs housing. Unless this plan is adequately resourced and funded the current housing problem will not be solved.
Housing authorities are obliged under Section 11 of the 1988 Housing Act to revise their scheme of letting priorities. The guidelines to the Housing Act, specifically state that no category, such as homeless people should be at a permanent disadvantage vis-a-vis other categories. However, at present the housing needs of single homeless people are not being met by local authorities. In Dublin, because of under resourcing and understaffing in Dublin Corporation's Homeless Persons' Unit, (Kelleher, 1990 P. 17), housing appears to be offered to homeless people in an ad hoc way, not as a result of a planned policy. The aim seems to be to prevent property becoming vacant and prey to vandalism or squatters. In Dundalk, people known to the Simon Community are housed in a systematic manner based on a housing list.

This report has shown that twenty three former residents are known to have been housed by the local authorities in Dublin, Cork and Dundalk between December 1988 and December 1990 (Figure 5.1). The numbers who were housed are very small when the numbers staying in the shelters during this time are taken into account. In the year 1990, 498 people stayed in the Dublin shelter, 335 in the Cork shelter and 137 in the Dundalk shelter (source: Annual Reports of the Simon Communities). From these figures alone it would appear that the housing allocation system for Simon Community Residents particularly in Cork and Dublin needs to be reviewed by the respective local authorities.

9.3.2 The need for a broad range of housing options

8. *It is recommended, on the basis of the findings of this report, that homelessness can be prevented by the provision of a broad range of housing options including local authority housing, voluntary housing with various levels of support, and private rented accommodation, to suit the different and changing needs of single people, couples and families.*

9.3.3 Proper planning needs proper research

9. *It is recommended, on the basis of the findings of this report, that a White Paper on Housing is needed to address the complexity involved in the planning, provision and allocation of housing. While the recent assessments of housing need and of the scale of homelessness, carried out under the 1988 Housing Act, will provide some information there is a need to undertake more comprehensive demographic research to enable proper planning for future provision.*

9.3.4 Realistic funding for a public housing programme

10. *It is recommended, on the basis of the findings of this report, that the government should allocate realistic levels of funding to the local authority house-building programme so that adequate provision can be made to meet the present levels of demand for public housing.*
9.3.5 Capital Assistance Funding for Voluntary Housing

11. It is recommended, on the basis of the findings of this report, that the level of capital assistance available to non-profit and voluntary housing associations under the Department of the Environment's Capital Assistance Scheme for the provision of self-contained dwelling units for 1/2 homeless persons should take more adequate account of the actual cost of the building.

9.3.6 An increased budget for non-profit and voluntary housing

12. It is recommended, on the basis of the findings of this report, that the funding allocated by Government for the provision of non-profit and voluntary housing needs to be increased.

The funding allocation for the Capital Assistance Scheme for 1991 is £11m. However, £21m worth of applications for projects under the Scheme had been lodged by April 1991. Thus, there is a queue of new projects awaiting funding.

9.3.7 Funding for management and running cost of special needs housing

13. It is recommended, on the basis of the findings of this report, that under the Act, arrangements should be made for funding the management and running costs of special needs housing provided by non-profit and voluntary housing organizations.

The Housing Centre/Irish Council for Social Housing presented a Pre-Budget Submission to the Government in 1990 (Housing Centre, 1990 p. 20) indicating the level of grant assistance required by organizations for the additional costs incurred in providing for the extra management and welfare support services, including staff costs, for special needs hostel/housing projects. According to the figures in the 1990 Submission, an additional special needs housing management grant of £30,000 per annum would be required for a group home/hostel which caters for ten persons. It is estimated that, for special needs hostel/housing projects with more than ten units, an additional amount of grant assistance of up to £1,000 per unit per annum would be required.

In 1990 Dublin Simon Community received IR£8,000 from Dublin Corporation and IR£6,000 from the Eastern Health Board.

9.3.8 Need for Guidelines on the Housing of Homeless People

14. It is recommended, on the basis of the findings of this report, that the housing allocation policy of local authorities to single homeless people needs to be examined by those authorities and clear guidelines on the housing of homeless people should be published by the local authorities in their statements of housing policy.
9.3.9 The Importance of Good Housing Conditions

Many of the houses/flats allocated to people in this study were in poor condition. This study has shown the importance, in the settlement process, of good housing conditions and of acceptable locations.

15. It is recommended, on the basis of the findings of this report, that the local housing authorities should ensure that the housing allocated to homeless people is in good condition, is in an acceptable location and that the necessary repairs are completed before occupation.

An example of this type of good practice has been established by Dundalk Urban District Council in conjunction with Dundalk Simon Community.

9.3.10 The Need for Housing Forums

One of the findings of this report is that the provision of housing alone will not solve the problem of homelessness (Chapter Seven, section 7.4.8). A co-ordinated approach towards the settlement of homeless people also involves co-operation and co-ordination between all the agencies providing housing, welfare and social support. The desirability of establishing such co-ordinating bodies, or local Housing Forums, has been acknowledged by both statutory and voluntary personnel. An Advisory Group, comprising representatives of various voluntary bodies, Dublin Corporation, the Eastern Health Board and the Department of the Environment met several times in 1989-90 to advise on the Focus Point reports, Settling in the City and Caught in the Act. One of the central recommendations in both reports was a call for the establishment of local Housing Forums. The local Housing Forum proved to be a major part of the success in tackling homelessness in Glasgow (see Chapter Seven for a description of the work undertaken by the Glasgow Council for the Single Homeless).

16. It is recommended, on the basis of the findings of this report, that local Housing Forums as recommended for Dublin by Kelleher in Settling In The City (Kelleher, 1988, p.13) should be established by local authorities in their functional areas. Such Housing Forums would comprise representatives of local statutory bodies, and voluntary organizations and would aim to ensure a co-ordinated response to homelessness and an integrated settlement strategy.

17. It is recommended on the basis of the findings of this report that the Settlement service in each Simon Community, which, in tandem with the Community's Referral Service, deals with the housing or re-housing of homeless persons, should be funded by the local housing authority under Section 10 of the Housing Act.
9.3.11 Statutory Funding of Simon Community Work Projects

As this report demonstrates, the Simon Community work projects have been shown to be a significant help to persons trying to settle in their own accommodation.

18. It is recommended, on the basis of the findings of this report, that there should be a realistic level of statutory funding from the Department of Labour for Simon Community work projects and other training activities which assist homeless persons to achieve access to the labour market.

9.4 Improving The Health Services

The Simon Community has been involved over the years in campaigning for better health services for homeless people and, in its response to Planning For the Future, the Department of Health's 1984 policy paper on the psychiatric services, it warned of the effects of too hasty a process of deinstitutionalisation without putting real community care in place (Send Them Home!, Simon Community (National Office), 1985, p.2). No adequate community care policy has been put in place however and the flow of discharged psychiatric patients arriving without warning at the doors of hostels has continued.

Some of the persons known to the Simon Community have become homeless following their discharge from psychiatric hospitals. There is growing evidence that the network of community care facilities envisaged under Planning for the Future (e.g. small residential units, high-support hostels) is not adequate to cope with the numbers of people formerly catered for by the psychiatric hospitals. More and more people suffering from psychiatric illnesses are forced to stay in hostels and night shelters which can offer little or no treatment facilities for their illnesses.

Emergency accommodation services are no answer to the needs of discharged patients. Although the Guidelines to the Housing Act issued by the Department of the Environment (Circular N9/91) stressed the importance of consultation between the health authorities and the housing authorities in order to ensure "proper co-ordination of discharge of homeless persons, particularly long-stay residents, from health board institutional care" (Circular (N/91, p. 5) there has been little practical implementation of this guideline.

There is a need also for interdepartmental meetings between the Departments of Health and Environment to work out a co-ordinated policy and resourcing response to this
problem. The Simon Community in its submission to Government and Social Partners recommended (Simon Community National Office (b), 1990, p. 16) that a proper system of community care be established for ex-psychiatric patients.

19. A policy of community care requires that:

• Inter-departmental discussions take place between the Departments of Health and Environment as a matter of urgency to put in place a co-ordinated and properly resourced policy on the accommodation needs of long-stay residents discharged from institutional care.

• Proper planning should take place between the statutory agencies and voluntary agencies on how deinstitutionalisation of patients should take place;

• Adequate resources should be provided to fund and provide the necessary facilities which Planning For the Future identified as necessary for a successful community care policy;

• A range of provision will be necessary for ex-psychiatric patients according to Planning For the Future. These include domestic scale residences, flats, lodgings, supervised hostels, high-support hostels, and accommodation attached to day facilities.

The results of this study serves to further underline the importance of these recommendations.

9.5 Income Levels

The income of the majority of people known to the Simon Community in this study is less than IR£60 per week and the source of their income is Social Welfare Payments (Chapter Two, section 2.7). The recommendations of the Commission on Social Welfare (1986, p.15), if adjusted for inflation, would indicate that an adequate income for a single person in 1990 should be between IR£57 and IR£68 per week. It is clear that the majority of persons known to the Simon Community are living in very poor circumstances given that the level of income provided by Social Welfare is generally regarded to be inadequate for a decent lifestyle.

20. It is recommended, on the basis of the findings of this report, that the recommendations on adequate income levels of the Commission on Social Welfare be fully implemented within three years and that thereafter the welfare rates be kept in line with the calculations of income adequacy and that, once these are achieved, annual rises should be in line with the Consumer Price Index.
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