



C2 - Joint Partner Meeting

SCI Presentation - Women's Health

4-6 September 2019

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Presentation Outline

- ❑ Report: The Impact of Homelessness on Women's Health
- ❑ Report: An Unhealthy State
- ❑ Report: Women and Homelessness - Resource Guide
- ❑ Report: Out of the Silence - Women's Mental Health in their own words
- ❑ Research: Women's Health and Homelessness in Cork
- ❑ Service Response: Cork Adult Homeless Integrated Team, Cork Kerry Community Healthcare
- ❑ Some Women Specific Resources in Ireland
- ❑ Summary



Research / Reports

The Impact of Homelessness on Women's Health



https://www.nwci.ie/images/uploads/NWCI_Womens_Health_and_Homelessness_-_6th_April_2018.pdf

**THE IMPACT OF HOMELESSNESS ON
WOMEN'S HEALTH**

APRIL 2018

The Impact of Homelessness on Women's Health

- Feminisation of adult homelessness population - up to 42-44% in 2018 as compared to 15% in 1997, and 39% in 2008
- Higher percentage than other European Countries (20-33%)
- Describes homeless policy and service delivery as 'gender-blind'
- Women's pathways into homelessness e.g. history of DV, trauma, hospitalisation, prison, institutional settings. And significant numbers via hidden homelessness.
- 62% of homeless families are lone parents & the majority of lone parent families are headed by women.
- Increased risk for those who are undocumented/cannot access services e.g. return to domestic violence

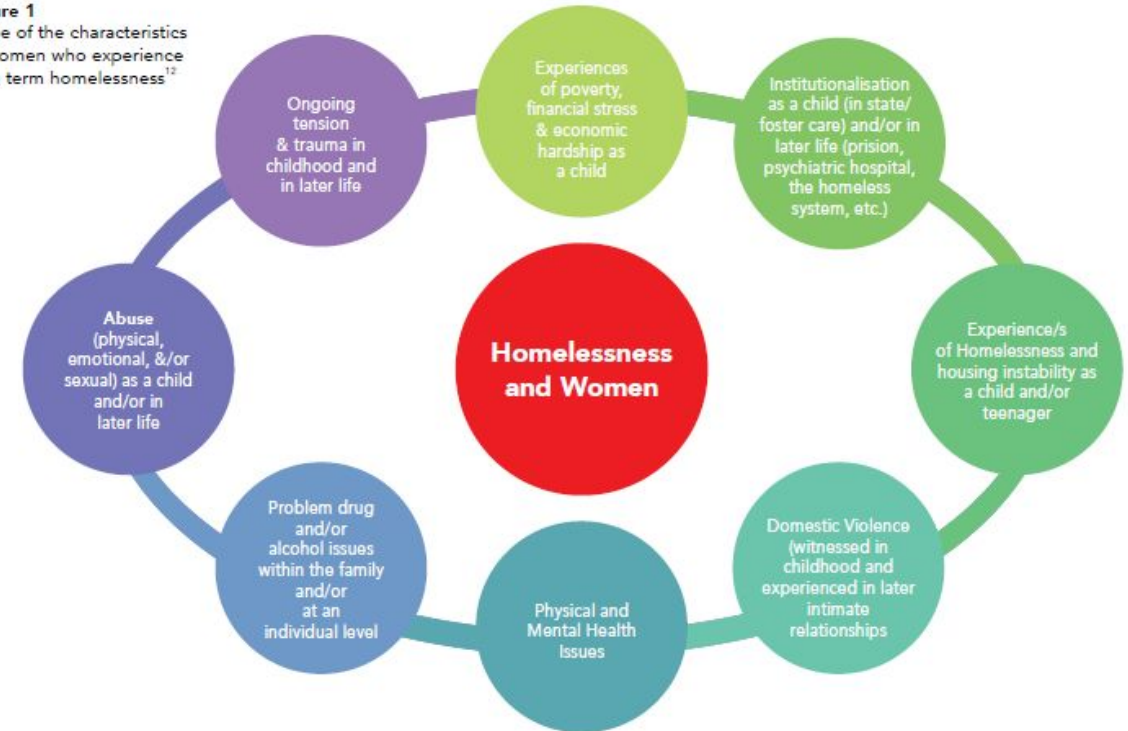
Recommendations from 'The Impact of Homelessness on Women's Health'

- 1.) Invest in the Prevention of Homelessness
- 2.) Increase the Provision of Social Housing
- 3.) Create Gender Sensitive Responses to Women's Homelessness
- 4.) Develop a National Health Care Strategy for Homeless People
- 5.) Improve Links between Health and Homeless Services
- 6.) Address the Issues of Stigma and Discrimination
- 7.) Tackle the Increasing number so families living in Emergency Accommodation
- 8.) Establish Combined Support Services for Women with Dual Diagnosis of Mental Health and Addiction Issues
- 9.) Address the Links between Domestic Violence and Homelessness

Women and Homeless - A Resource Guide



Figure 1
Some of the characteristics
of women who experience
long term homelessness¹²



/home/home1/public_html/Simon-Downloads/The-Simon-Community-Women-and-Homelessness-Resource-Guide.pdf

A checklist of what service providers need to do

Monitor, review and report on the implementation of gender sensitive actions on an ongoing basis to determine their effectiveness

Collate and analyse gender disaggregated data. there is a need for improved data and indicators on gender differences in relation to homelessness. Improved data will provide the evidence up which services can be assessed for any gender differences.

Consult and involve women from different backgrounds and demographics when creating a gender-sensitive system. It is only with this participation , that services can be appropriately adjusted to be more responsive to the experiences of women from all backgrounds

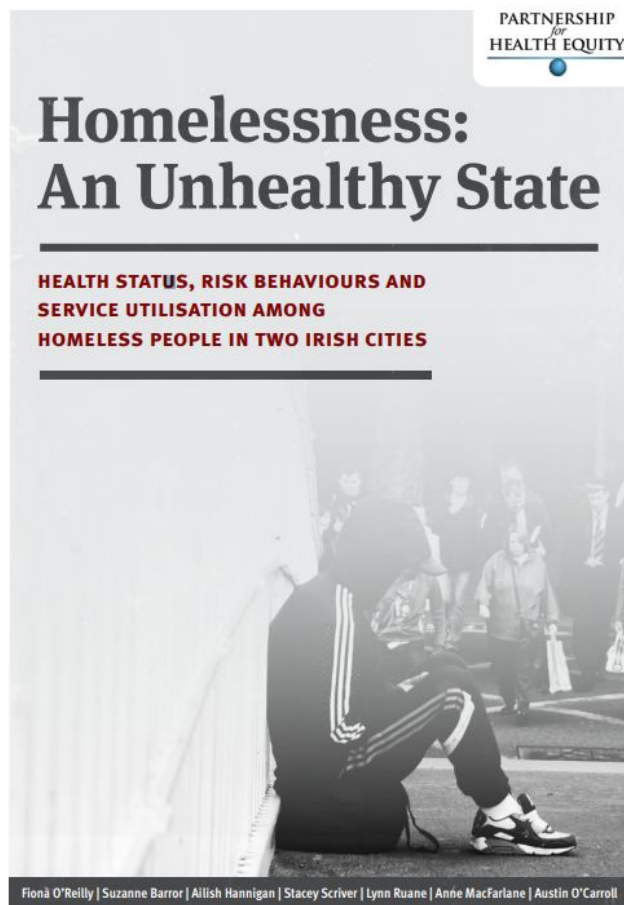
Offer some women only a) facilities, b) spaces, c) peer support groups. Implement some other demonstration projects as a good way of developing expertise and raising awareness of the importance of women only options

Improve awareness across the organisation about gendered differences in relation to homelessness/ A;; staff and managers need to be aware of gender differences and implementing a gender-sensitive approach in the planning and delivery of services

See senior level commitment and leadership in relation to the provision of gender sensitive services. Appoint a senior level manager within the organisation to take responsibility for working on gender sensitive approaches. Provide them with the relevant training. Appoint an individual in each region work on gender sensitive approaches and provide them with the relevant training and the capacity to train other.

A woman's needs, experiences and views should be taken into account in the allocation of their key worker.

Homelessness: An Unhealthy State



<https://www.drugsandalcohol.ie/24541/1/Homelessness.pdf>

Table 9: Main Reason for homelessness

	Dublin	Limerick	Total
n	536	63	599
Family or relationship problems or domestic violence	48.1%	55.6%	48.9%
Crime	5.0%	6.3%	5.2%
Mental health problems	4.7%	7.9%	5.0%
In care as a child	2.6%	0.0%	2.3%
Alcohol	12.7%	22.2%	13.7%
Financial or eviction	15.3%	11.1%	14.9%
Other	12.5%	7.9%	12.0%
Drugs	27.4%	22.2%	26.9%
Drugs or alcohol	37.9%	39.7%	38.1%
Drug or alcohol or family problems	73.3%	77.8%	73.8%

Homelessness: An Unhealthy State

- Although the same range of health conditions as the general population are experienced, they are experienced with greater frequency and severity and are developed at a younger age
- Furthermore, diseases that are rare in the general population such as HIV, Hepatitis and TB are common amongst homeless people
- Known issues accessing treatment despite health issues - e.g. 25% without medical card attribute structural barriers.
- **Recommendations:** -Improved service coherency, -Improved health care, -Health Promotion, -Addiction services, -Accommodation, -Further research

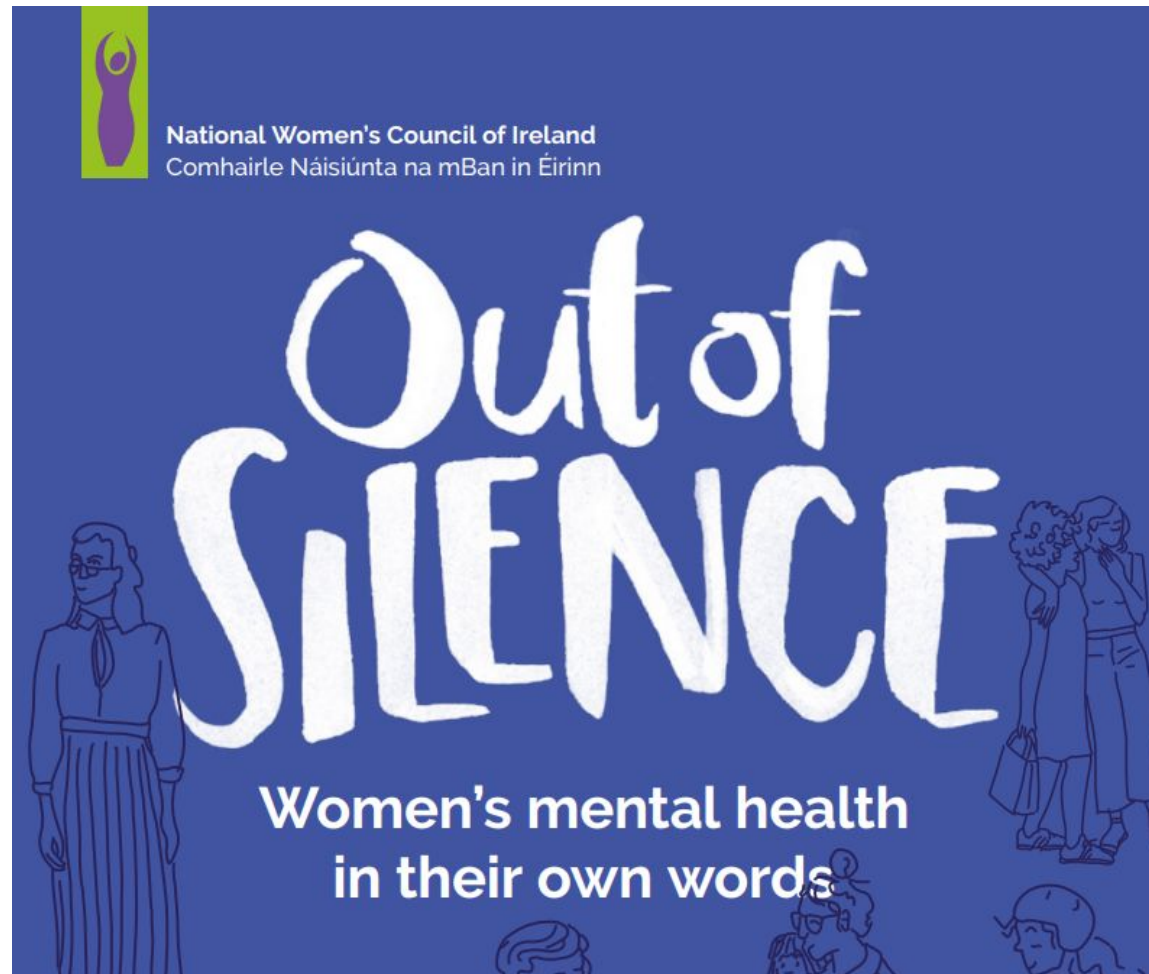
“To be noticed. To be asked. Not to be invisible, just left there. It’s hard enough being homeless without being treated like you are on the bottom.”

-26 year old homeless woman accompanied by two children
(2013 survey)

Table 23: Antenatal care and smear testing

		Dublin	Limerick	Total
Pregnant while homeless	n	49	3	52
	Antenatal check-ups	83.7%	100.0%	84.6%
Women reporting on smear tests	n	156	14	170
	Ever had a smear test	67.9%	85.7%	69.4%
No. of years since smear test	n	100	10	110
	1yrs	37.0%	50.0%	38.2%
	2yrs	20.0%	10.0%	19.1%
	3yrs	12.0%	10.0%	11.8%
	4yrs	15.0%	0.0%	13.6%
	5+yrs	16.0%	30.0%	17.3%

NWCI Report - Out of Silence



SHARE EPISODE



Ep 256 Women's Mental Health: Out of Silence
& Marian Keyes at the Safe World Summit

The Irish Times Women's Podcast

<https://pca.st/x9e1>

at current time



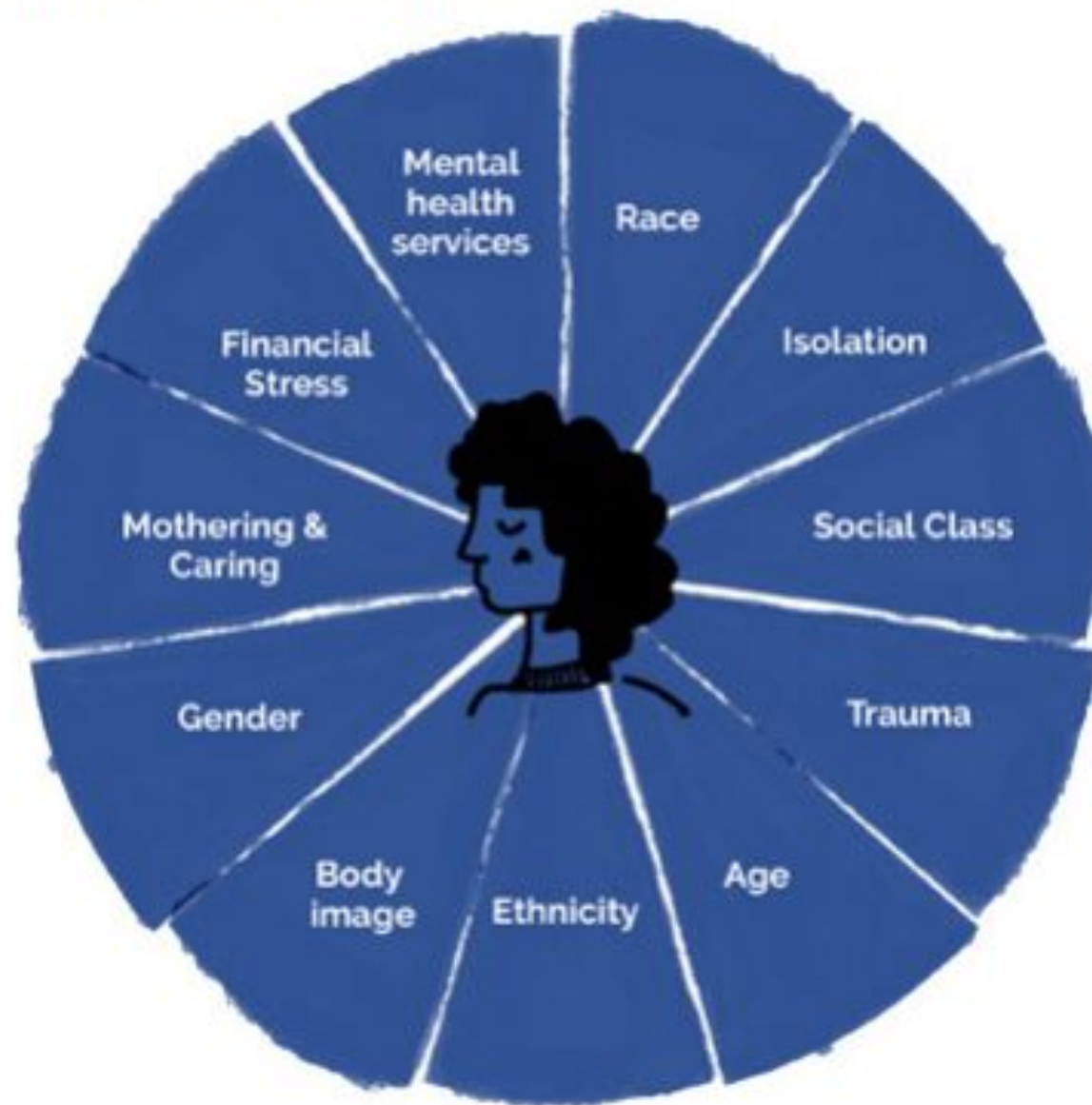
Gender differences in mental health³

	Women	Men
Life experiences	<ul style="list-style-type: none"> Sexual & emotional abuse Domestic violence Caring responsibilities 	<ul style="list-style-type: none"> Accidents, e.g. at work Victims & perpetrators of violence Social isolation Homelessness Prison
Socio-economic Realities	<ul style="list-style-type: none"> Poverty Gender Pay Gap Juggling demands of care & work Backbone of caring services but few in leadership positions 	<ul style="list-style-type: none"> Full-time employment Unemployment Retirement
Expression of mental distress & symptoms	<ul style="list-style-type: none"> Depression Anxiety Eating disorders Self-harm Perinatal mental health Borderline personality disorder 	<ul style="list-style-type: none"> Early onset psychosis Suicide Substance abuse Anti-social personality disorder
Pathways into services	<ul style="list-style-type: none"> Primary care Community services Maternity services 	<ul style="list-style-type: none"> Accident & Emergency Drug/alcohol services Criminal justice system
Treatment needs and responses	<ul style="list-style-type: none"> Community-based & informal (e.g. women's groups) Gender-specific services Greater risk of victimisation & exploitation 	<ul style="list-style-type: none"> Activity-based (e.g. men's sheds) Assertive outreach Early intervention

NWCI Report: Out of Silence - Gender differences in mental health

NWCI Report: Out of Silence - Factors impacting women's mental health

Factors impacting women's mental health



NWCI Report: Out of Silence - Overview of Women's Mental Health in Ireland

Overview of women's mental health in Ireland	
Young women	<p>In 2016, young women (15-24 years) were the group with the highest percentage of negative mental health.¹¹</p> <p>Ireland has the highest rate for child suicide of girls in the EU.¹²</p>
Suicide and self-harm	<p>More women than men attempt suicide, while men are more likely to die by suicide than women. The incidence of attempted suicide by females was 19% more than males.¹³</p> <p>In 2016, the female rate of self-harm was 24% higher than the male rate. The highest rates of self-harm were amongst young women (15-19-year olds). One in every 131 girls in this age group presented to hospital in 2016 as a consequence of self-harm.¹⁴</p> <p>Traveller women are dying as a result of suicide, at a rate almost 5 times higher than women in the majority population.¹⁵</p>
Maternal mental health	<p>16% of pregnant women attending maternity services across Ireland are at probable risk of depression during their pregnancy.¹⁶</p> <p>With the second highest birth rate in Europe, this means that each year over 11,000 women in Ireland could be experiencing, or at risk of depression during pregnancy.</p>
Violence against women	<p>25% of Irish women had experienced physical and/or sexual violence since the age of fifteen.</p> <p>8% of women in Ireland experience physical and/or sexual violence each year.¹⁸</p>
Dementia	<p>The incidence of dementia is substantially higher amongst women than men in Ireland (lifetime risk of one in six, compared with nearly one in 11 for men).</p>
Caring responsibilities	<p>Women undertake the majority of unpaid care work – 98% of those looking after the home/family were women in 2016.¹⁹</p>

NWCI Report: Out of Silence

- Women Experience

Women's experiences of mental health	Stigma, Isolation, Self-Harm, Suicide, Anxiety, Depression
Expectations of womanhood	Pregnancy, Motherhood, Caring Responsibilities, Expectations of Womanhood
Social determinants of women's mental health	Violence Against Women, Social Conditions, Addiction, Abuse, Class, Trauma, Financial Stress
Women's mental health at different life stages	Young women, Body Image, Ageing, Dementia, Menopause
The diverse experiences of women and their mental health	Intersectionality, Religion, Culture, Language, Immigration, Traveller Identity, Discrimination

NWCI Report: Out of Silence

- Women Call For Change

Prevention	Education, Early Intervention, Representation and Inclusion
Training	Gender Equality Training, Trauma Informed Care, Training on Culturally Appropriate Service Provision
Adequate supports	Alternatives to Medication, Counselling, Being Heard by Professionals, Women's Spaces, Peer Support, Addressing Social Determinants, Culturally Appropriate Services
Access to mental health services	Improvements in Services, Waiting Lists, Access to Services, Funding

Women's Health in Homelessness in Cork

Good Shepherd Services Cork Simon Community October 2011



www.goodshepherdservices.ie

Believe in People



www.corksion.com

Women's Health in Homelessness in Cork: key facts

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

Women's Health in Homelessness in Cork: key facts

- ❑ The most common diagnosed mental health condition was depression, affecting 40% of women.
- ❑ 8% of women suffered from bipolar disorder. Whereas, approximately 1% of the adult population in Ireland (and in most other countries around the world) is affected by Bipolar Disorder
- ❑ 6% of women suffered from panic attacks. 3% of women suffered from schizophrenia. Approximately 1% of the adult population in Ireland is affected by schizophrenia.
- ❑ 36% of women had a combined diagnosed physical and mental health condition.
- ❑ 13% of women in emergency accommodation attempted suicide in the previous six months.
- ❑ 74% of women that used drugs used a combination of two or more drugs – polydrug use.
- ❑ 71% of women in emergency accommodation that used drugs, used heroin.

Women's Health in Homelessness in Cork: key facts

- ❑ 26% of women self-harmed. 11% of men in Cork Simon projects and services self-harmed.
- ❑ 64% of women in emergency accommodation that used drugs also had a diagnosed mental health condition.
- ❑ 29% of women in emergency accommodation had to be admitted to Accident & emergency in the previous month.
- ❑ In the case of 36% of women in emergency accommodation, family conflict was a trigger for first becoming homeless.
- ❑ In the case of 26% of women in emergency accommodation, domestic violence was a trigger for first becoming homeless.
- ❑ 61% of women in emergency accommodation had challenging behaviour.
- ❑ The average age of women in emergency accommodation was 31 years – 6 years younger than the average age of men staying at Cork Simon's Emergency Shelter during the week of the snapshot study.
- ❑ Women presenting as significantly more disadvantaged within services than males.



Service Responses

Cork Adult Homeless Integrated Team Cork Kerry Community Healthcare



Origin of the AHIT

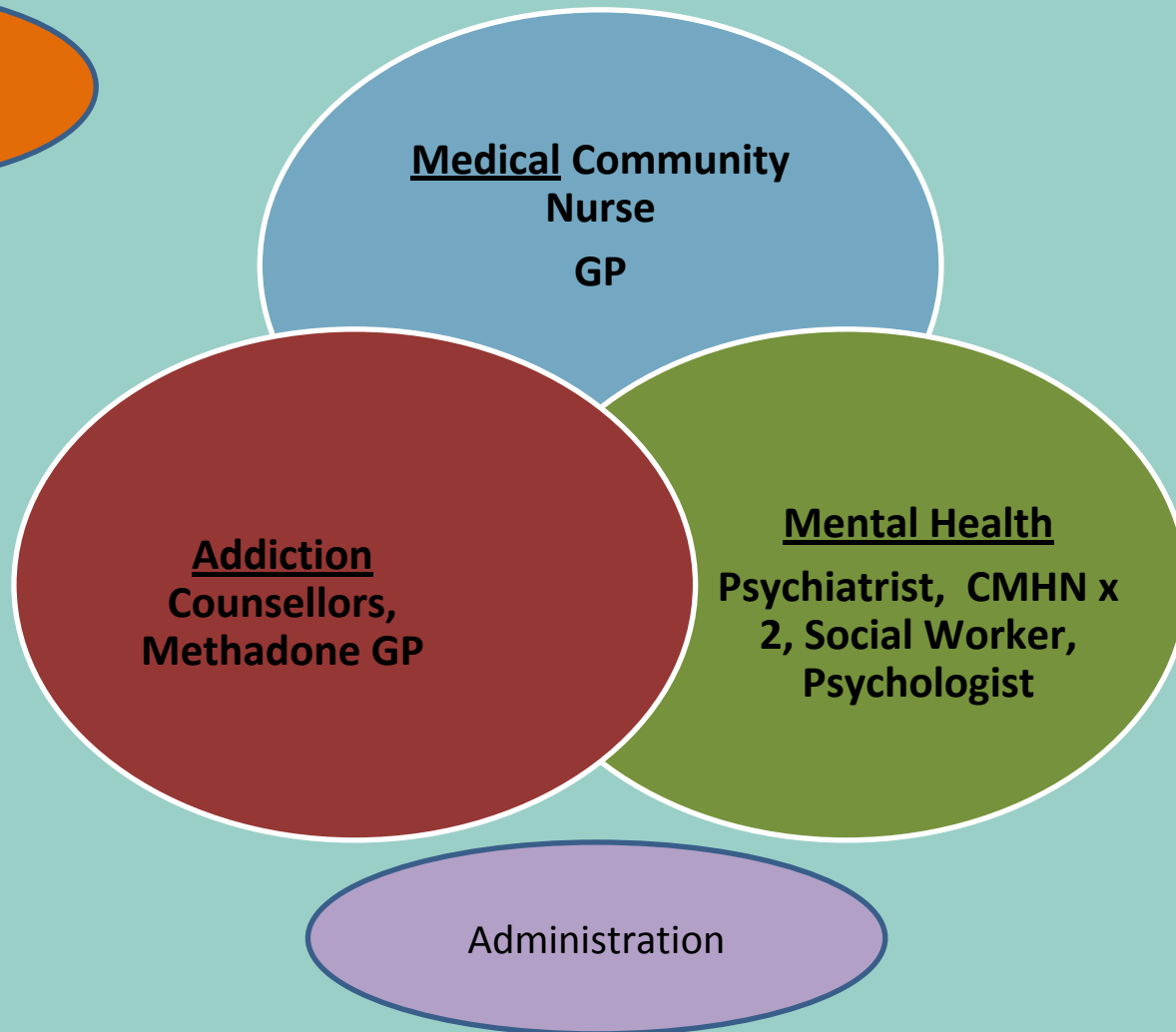
Based on research into Service users Recommendations

- Dedicated health services.
- Based in Homeless Shelters
- Primary Care
 - Public Health Nurses
 - GP services
 - Mental Health Including Psychiatrist
 - Alcohol/drug treatment
 - Dental services



Structure of the Team

Manager
Social
Inclusion



Pragmatic approach
Combine Specialist Services
Onsite
Low Threshold
Flexible
Trauma aware

Regular MDT
within specialist services
and between
specialist services

Aims of the AHIT

" Meeting the patient where they are at"

- Access - Onsite in shelters
- Assertive Outreach -an evidence based model of working with people with complex needs which involves working intensively with people with severe and enduring mental health problems, who have difficulty engaging with services
- Relationship building with patients to create and maintain trust and engagement
- Treating those who would not otherwise receive treatment, many not known to local service or disengaged
- Appreciating change and engagement take time, 'small changes'
- Objective to provide quality healthcare to a marginalised group but with clear objective of reintegration to local services
- Prioritise a partnership approach, liaising and working together with all other agencies involved in patients care.



Women Specific Services

- Flexible, low threshold service using harm reduction model.
- Non judgemental with awareness of trauma history, domestic violence, dual diagnosis and sex working.
- Preventative work, screening, vaccination and provision of sexual health services and contraception, especially long acting contraception.
- Social worker provides training on Guardianship, Custody and Access, Care Orders and Proceedings to staff.
- Nurse works one day a week in community addiction services providing an essential continuity of care, including a specialist service for pregnant women. This is linked with specialist high risk clinic and she follows woman antenatally and postnatally.
- Research and development specialist women's health clinic in local addiction service. *“Cross-sectional study on the need to provide contraceptive services to women attending opioid-substitution therapy.”*
- Research into trauma *“Moving towards Trauma Informed Care”*

“When you know you are not getting judged.”



Health Resources

Health Statutory & Voluntary Resources



SATU

JIGSAW
Young people's
health in mind

National Sexual Health Newsletter



Women's High Support Service, GSC

Women's High Support Service in Galway Simon Community, supports four women at any one time, who are exiting shelter/emergency homeless accommodation. They are supported to develop skills and access support that will enable them to move on to live successfully to a home of their own in the community. Typically women accessing this service would have multiple needs, have a history of homelessness, and benefit from access to mental and physical health services. They may require ongoing support to live independently which we provide if required when they move on to their own accommodation.





In Summary

In Summary!

A checklist of what service providers need to do

NWCI Report: Out - Women Call For

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Support, Addressing Social Determinants, Clinical Appropriate Services

- Improve awareness across the organisation about gendered differences in relation to homelessness/ A.; staff and managers need to be aware of gender differences and implementing a gender-sensitive approach in the planning and delivery of services
- See program management gender training sensit
- Improvements in Services, Waiting Lists, Access Services, Funding

Homelessness: An Unhealthy State

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- Address the Links between Domestic Violence and Homelessness



"When you know you are not getting judged."

Safe Spaces Non-judgemental
 Prevention Awareness of Trauma
 Gender Sensitive Responsiveness
 Intersection of Homeless & Health Services
 Trained Professionals



Thank you / Kiitos

Simon Communities Ireland
www.simon.ie

 /galwaysimon
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