Developing a Methodology to report on the number and cause of deaths amongst the homeless population in the Dublin Region

Dr. Bernie O’Donoghue Hynes,
Head of Research, Dublin Region Homeless Executive

Irish Street Medicine Symposium 2017
UCD, September 22nd 2017
• Context: DRHE
• Initial review of data on deaths in the Dublin Region
• NDRDI data
• Reconciliation of 2014 data
• Preliminary Findings
• Going Forward…
Dublin Region Homeless Executive

- One of nine regions nationally
- Four Dublin Local Authorities
  - Dublin City is Lead Local Authority
- 76% of national homeless population located in the Dublin Region
- Allocate Section 10 funding to NGOs in the region to deliver services in line with the DRHE’s Pathway to Home model of service provision. Also, provide services (all bookings into accommodation).
  - Reduce emergency accommodation, defer funding to prevention and support in housing, i.e. Housing Led
- Manage the National PASS office
  - Shared services database: all LAs and funded NGOs
- Research Unit
  - Track and report on implementation and increase our understanding of homelessness in the Dublin context in order to improve services for persons experiencing homelessness.
## Ethos Typology

<table>
<thead>
<tr>
<th>Conceptual Category</th>
<th>Operational Category</th>
<th>Living Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOUSELESS</strong></td>
<td>People Living Rough</td>
<td>Public Space or external space</td>
</tr>
<tr>
<td></td>
<td>People in emergency accommodation</td>
<td>Night shelter</td>
</tr>
<tr>
<td></td>
<td>People in accommodation for the homeless</td>
<td>Homeless hostel</td>
</tr>
<tr>
<td></td>
<td>People in Women’s Shelter</td>
<td>Women's shelter accommodation</td>
</tr>
<tr>
<td></td>
<td>People in accommodation for Immigrants</td>
<td>Temporary accommodation/reception centres</td>
</tr>
<tr>
<td></td>
<td>People due to be released from institutions</td>
<td>Penal institutions</td>
</tr>
<tr>
<td></td>
<td>People receiving longer-term support (due to homelessness)</td>
<td>Residential care for older homeless people</td>
</tr>
<tr>
<td></td>
<td>People living in Insecure accommodation</td>
<td>temporarily with family/friends</td>
</tr>
<tr>
<td></td>
<td>People living under threat of eviction</td>
<td>Legal orders enforced (rented)</td>
</tr>
<tr>
<td></td>
<td>People living under threat of violence</td>
<td>Re-possession orders (owned)</td>
</tr>
<tr>
<td><strong>INSECURE</strong></td>
<td>People living in temporary/non-conventional structures</td>
<td>Mobile homes</td>
</tr>
<tr>
<td></td>
<td>People living in unfit housing</td>
<td>Occupied dwellings unfit for habitation</td>
</tr>
<tr>
<td></td>
<td>People living in extreme overcrowding</td>
<td>Highest national norm of overcrowding</td>
</tr>
</tbody>
</table>

## Reconciliation of PASS to CSO National Figures

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 CSO Homeless Population 24/4/17</td>
<td>6,906</td>
</tr>
<tr>
<td>Adjustments:</td>
<td></td>
</tr>
<tr>
<td>CSO population in DV Refuges</td>
<td>-306</td>
</tr>
<tr>
<td>CSO population in non S.10 services</td>
<td>-468</td>
</tr>
<tr>
<td><strong>Adjusted CSO Total:</strong></td>
<td>6,132</td>
</tr>
<tr>
<td>DHPCLG April 2017 homeless population</td>
<td>6,189</td>
</tr>
<tr>
<td><strong>Difference</strong></td>
<td>57</td>
</tr>
</tbody>
</table>
First review of DRHE mortality data in 2016

- 2016 DRHE & HSE contracted TCD (Dr. Jo-Hanna Ivers and Prof Joe Barry) to report on the number of deaths, cause of death and if possible calculate a standardise mortality ratio.

- Reviewed data for eleven years
  - 2005 to 2010 prior to PASS
  - 2011-2015 PASS data available
  - Calculate a Standardise Mortality Ratio for 2011-2014 as PASS data available to calculate a denominator
Process of data collection and criteria used for inclusion by TCD

- **Initial Data Set**
  - Deaths reported to the DRHE as per the “Policy on Death of a Service User”
    - Death ‘in services’ only

- **Additional Data Set: Audit Service Providers**
  - Other known service users
    - Not in services at time of death

- **Verify deaths where possible:**
  - CRO/Coroners Report: 2014 and 2015 significant number of Coroners reports outstanding

- **Criteria for inclusion:** Had an active PASS record at time of death (i.e., had used services within the previous two years)
Despite improvements in the health of the general population in Ireland over the last three decades … the average age at death for homeless people is 42 years old.

- The SMR for homeless men was between 4 and 6.5 times higher compared to Dublin males in the general population.

- The SMR for homeless women was 6 to 13 times higher than Dublin women in the general population*.
  
  - These figures are subject to final verification

Due to be published Autumn 2017
Exploration of an alternative methodology

- Recommendation in TCD report: DRHE Produce Annual Report
  - Process very labour intensive
    - Seeking out death certificates / coroners reports
    - Auditing sector and checking each return with PASS
  - All reports two years in arrears (minimum) as waiting for Coroners Reports (due to the nature of coronial work i.e. inquests)
  - HSE advised contacting the NDRDI to discuss
- National Drug-Related Deaths Index (NDRDI) gathers data from closed coroners inquests
  - Was there an overlap with populations?
  - Were we duplicating their work?
National Drug-Related Deaths Index Data

• Action in previous National Drug Strategy.
  • Jointly funded by DoH and DoJ&E; Maintained by the Health Research Board

• Census of all:
  • drug-related deaths (e.g. accidental or intentional overdose)
  • deaths among drug users (e.g. due to hepatitis C and HIV).
  • alcohol-related deaths
  • deaths among those known to be alcohol dependent.

• Data is used to develop health and social service responses aimed at reducing the number of deaths.

• The number of drug-related deaths and deaths among drug users is one of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) key indicators to measure the consequences of drug use.
National Drug-Related Deaths Index 2004 to 2014 data
Ena Lynn, Suzi Lyons

Table 5 Individual deaths involving heroin, NDRDI 2004 to 2014 (N = 805)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All poisonings deaths</td>
<td>266</td>
<td>301</td>
<td>326</td>
<td>387</td>
<td>386</td>
<td>372</td>
<td>340</td>
<td>377</td>
<td>358</td>
<td>397</td>
<td>354</td>
</tr>
<tr>
<td>Individual deaths where</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>heroin was implicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% of all poisonings)</td>
<td>29(10.9)</td>
<td>47(15.6)</td>
<td>68(20.9)</td>
<td>80(20.7)</td>
<td>91(23.6)</td>
<td>114(30.6)</td>
<td>72(21.2)</td>
<td>64(17.0)</td>
<td>64(17.9)</td>
<td>86(21.7)</td>
<td>90(25.4)</td>
</tr>
<tr>
<td>Homeless</td>
<td>~</td>
<td>8(17.0)</td>
<td>16(23.5)</td>
<td>19(23.8)</td>
<td>7(7.7)</td>
<td>13(11.4)</td>
<td>14(19.4)</td>
<td>7(10.9)</td>
<td>10(15.6)</td>
<td>20(23.3)</td>
<td>26(28.9)</td>
</tr>
</tbody>
</table>

Heroin-related deaths in 2014

One quarter (25%) of all poisoning deaths involved heroin. Of those who died where heroin was implicated:
- 87% were male
- 81% involved more than one drug
- 48% were injecting at the time of the incident that led to their death

- 46% lived outside Dublin (city and county)
- 42% were not alone at the time of the incident that led to their death
- 29% were homeless
- 18% were recorded as being in addiction treatment at the time of their death.
Reconciling to NDRDI data: criteria for inclusion

- Decision to reconcile 2014 data as a test
- Must have a PASS record, i.e., had used state funded emergency accommodation within the past two years or actively engaging with day services or the rough sleeping Housing First Intake Team.
  - **Exclude**: who had a PASS record BUT had moved on to tenancy
Sample Year: 2014 data reconciliation

- Number of deaths captured via TCD investigation: 55

  + Add death reported to DRHE and verified after TCD completed work (i.e., death cert/coroners report now available) (n=8)

- Remove those who were in tenancy but had a PASS record and deaths that were still unverified in 2017 (n=29)

- Final DRHE figure for reconciliation with NDRDI data: 34
NDRDI data

- Housing status included in reports received
- Reconciliation would enable distinction:
  - If on PASS: verified homeless
  - If not on PASS: unverified homeless
- Anticipated a significant overlap in service users given the age and causes of death captured in TCD report
- NDRDI figure for reconciliation: 55 persons with ‘homeless status’
Reconciliation (_provisional_)

- Persons on both lists: 30
  - Died in services

- Persons on NDRDI, on PASS but no DOD reported: 19
  - Not notified to DRHE as death did not occur ‘in services’
  - PASS records updated

- Persons on PASS with DOD but not on NDRDI: 4
  - Death Cert obtained by DRHE but did not meet criteria for inclusion in NDRDI
Key Findings

- VERIFIED Deaths for the Dublin Region in 2014: 53

- 49 as per NDRDI (92%)
  - i.e., met the NDRDI inclusion criteria of being a drug or alcohol-related death

- 4 persons not on NDRDI list (8%)
Going forward...

- DRHE: Can we identify a vulnerable sub-population?
  - Cluster Analysis: Dr. Declan Redmond/Dr. Richard Waldron, UCD
  - 2012-2014 complete; pending: merge with 2015-2016 data;
Findings: Dublin Region (2012-2014)
Dr. Declan Redmond/Dr. Richard Waldron, UCD

Number of nights in homeless accommodation

- Transitional: 78%
- Episodic: 9%
- Chronic: 13%

Graph showing the number of nights in homeless accommodation with data points for different categories.
Findings: Dublin Region

Rough Sleeping Patterns of Engagement

<table>
<thead>
<tr>
<th>Sample Size (n)</th>
<th>Temporary</th>
<th>Episodic</th>
<th>Long-stay</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,634</td>
<td>290</td>
<td>38</td>
<td>1,962*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Clients</th>
<th>83%</th>
<th>15%</th>
<th>2%</th>
</tr>
</thead>
</table>

| Average No. of contact nights | 5,449 | 6,877 | 5,977 | 18,303 |

* 591 of these individual engaged in Rough Sleeping only – did not access emergency accommodation
Findings: Dublin Region

Rough Sleeping Patterns of Engagement individuals who did not access emergency accommodation

<table>
<thead>
<tr>
<th>Sample Size (n)</th>
<th>Temporary</th>
<th>Episodic</th>
<th>Long-stay</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>539</td>
<td>47</td>
<td>5</td>
<td>591</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Clients</th>
<th>91%</th>
<th>8%</th>
<th>1%</th>
<th></th>
</tr>
</thead>
</table>

Total number of individuals engaged in Rough Sleeping

| 1,634 | 290 | 38 | 1,962 |

Confirms the number of individuals targeted by Housing First not large but it is an effective diversion of resources
Going forward...

• DRHE: Can we identify a vulnerable sub-population?
  • Cluster Analysis: Dr. Declan Redmond/Dr. Richard Waldron, UCD

• Repeat the process annually:
  • 2 years lag time for deaths to ensure all relevant Coroners inquests are closed and data collected, so 2015 data will be reviewed in early 2018
  • SMR can be calculated and reported
  • NDRDI – can extract specific data on homelessness and causes/place of death?
  • What format can/should a report take?
Questions?

bernie.odonoghuehynes@dublincity.ie