



Office of the Minister
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Understanding Youth Homelessness in Dublin City

Key findings from the first
phase of a longitudinal
cohort study



Trinity College Dublin

children's research centre

research for children & young people

The National Children's Strategy
Research Series

Understanding Youth Homelessness in Dublin City

**Key findings from the first phase
of a longitudinal cohort study**

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* *The positions and/or organisational affiliations of a number of the Advisory Committee members have changed since the Committee was established in September 2004.*

Introduction

This report provides a summary of key findings from the first of a two-phase longitudinal study of young homeless people in Dublin city. The research was initiated in September 2004, when 40 young people were recruited and interviewed in-depth during a 6-month period, which extended to the early months of 2005. The study has now entered its second phase, which involves conducting follow-up interviews with the young people who initially consented to participate in the research.

This report documents several key findings from the study's Phase I: Life history interviews. It is important to note that it does not deal with all aspects of the research findings nor does it claim to present a complete account of young people's lives and experiences. Rather, the aim is to highlight core findings that have implications for understanding the problem of homelessness among young people in Dublin city.

The report is structured as follows:

- **Chapter 1** provides a brief overview of existing research on youth homelessness in Dublin.
- **Chapter 2** outlines the research methodology, describes the study's recruitment strategy and outlines the ethical procedures related to the conduct of the study.
- **Chapters 3, 4 and 5** summarise some of the study's key findings under the following broad headings: becoming homeless, homeless pathways and health and risk behaviours.
- **Chapter 6** concludes the report by discussing the implications of the findings for current understanding of the problem of youth homelessness.

1 OVERVIEW OF YOUTH HOMELESSNESS

This overview outlines what is currently known about the extent and nature of youth homelessness in Ireland, with a particular focus on research conducted in Dublin, together with a summary of the legislative and policy frameworks governing youth homelessness and a description of the services that target 'out of home' young people in Dublin city.

Youth homelessness in Dublin

A serious problem of homelessness among young people in Dublin became apparent from the early 1970s (Harvey and Menton, 1989). In 1976, a report published by HOPE estimated that there were at least 60 people under the age of 18 sleeping rough in Dublin city each night (Chance *et al*, 1976). Three years later, a second study by HOPE identified a total of 128 young people between the ages of 13 and 18 who had experience of sleeping rough (HOPE, 1979).

At this time, there was no available estimate of the number of homeless young people in Dublin city and relatively little was known about the extent and nature of the problem. However, a 1987 national survey conducted by the Streetwise National Coalition uncovered persuasive evidence of an increase in youth homelessness when it identified 405 homeless youth in Dublin and found 225 young people to be out of home in cities other than Dublin, including Cork, Limerick, Waterford and Galway (McCarthy and Conlon, 1988). By the early 1990s, mounting evidence of a significant youth homelessness problem had emerged (Daly, 1990). Research conducted in the Eastern Health Board (EHB) region in 1993 found 427 new cases of youth homelessness in the EHB area in that year (O'Sullivan, 1995). A short time later, a study revealed that 301 young people were placed in Bed and Breakfasts (B&Bs) by the Eastern Health Board in the Dublin area in 1994, compared to 35 in 1991 (Focus Ireland, 1995). During the mid- to late 1990s, research conducted within suburban localities of Dublin city also drew attention to the problem of youth homelessness within these areas. Focus Ireland (1995) counted a total of 70 young people who were either homeless or at risk of homelessness in Tallaght, while Perris (1999) found evidence of consistently high numbers of 'out of home' young people, aged 14-23, in Clondalkin.

More recent information on young homeless people can be gleaned from the 1999 and 2000 assessments, conducted by the Homeless Agency and the Economic and Social Research Institute (ERSI). The 1999 assessment, which included Dublin, Kildare and Wicklow, recorded 210 single homeless young people aged 20 or less in the last week of 25 March 1999; a further 490 people aged 21-25 were also recorded (Williams and O'Connor, 1999). The 2002 assessment pointed to a reduction in the number of homeless young people aged 20 or less, with the recorded number for this age group dropping to 140 (Williams and Gorby, 2002).

The most recent periodic assessment of homelessness in Dublin was carried out in March 2005 and indicates a further downturn in the number of homeless young people: only 62 single persons aged 20 or less were recorded and a further 203 young people were counted in the age group 21-25 (Homeless Agency, 2005). While the most recent assessment points to a clear decrease in the number of homeless people of all ages, it is nonetheless significant that, in 2005, young people under the age of 25 account for 18% of the total homeless population (*ibid*).

The methodological problems associated with estimating the prevalence of homelessness have been widely discussed and there is continued debate over enumeration techniques. Quantification is, of course, linked to definition and the absence of a single, universally acceptable definition of 'homelessness' tends to produce disagreement over the number of homeless people (Jacobs *et al*, 1999; O'Sullivan, 1996 and 2003).

However, in relation to young homeless people, there is general consensus that consideration needs to be given to a *continuum of housing situations* — ranging from young people at risk of homelessness to those who are temporarily without shelter to individuals who are persistently homeless — when assessing the number of young homeless people within any geographical area (Daly, 1996; Hutson and Liddiard, 1994; Watson and Austerberry, 1986). In Ireland, available estimates tend not to capture young homeless people who do not make contact with services. Since homelessness among the young is frequently 'hidden' (Forum on Youth Homelessness, 2000),

a significant number of 'out of home' youth may therefore go unaccounted for within many of the available estimates. This problem is exemplified in a 2005 study by the Health Service Executive (unpublished), entitled *Hidden homelessness among young people aged 16-21 years*, in which 257 young people were identified in the Eastern Health Board region who were at risk of homelessness and not engaging with the appropriate services (HSE, 2005).

Even the most recent Irish estimate by the Homeless Agency (2005) indicates that young people constitute a significant group among the overall homeless population and there may be many more living in inappropriate and/or unstable living situations (HSE, 2005). Youth homelessness in Ireland is primarily an urban phenomenon and Dublin city has consistently recorded the highest number of homeless youth nationally.

Legislation and policy

Although this report does not address the policy implications arising from the study's findings, it is nonetheless useful to briefly describe the legislative and policy frameworks governing responses to youth homelessness in Ireland.

The Child Care Act, 1991 was the first piece of legislation in Ireland to address the needs of homeless young people. Under the terms of Section 5 of the Act, the health boards are statutorily responsible for the provision of suitable accommodation for young people up to the age of 18 who are homeless or in need of care. Each health board is also obliged to issue a report setting out the provision it has made for children in need of care and protection (known as the Section 8 Report). Section 5 of the Act states:

Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation.

Section 45 of the Child Care Act, 1991 empowers former health boards (renamed Health Service Executive areas) to provide aftercare support for children in their care. However, this provision in the legislation is 'enabling rather than obligatory' (Kelleher *et al*, 2000) and although the Act and the accompanying regulations make it clear that preparation should begin well in advance of the young person leaving care, initiatives to assist young people in this situation are left to the discretion of individual Health Service Executive areas.

The Youth Homelessness Strategy, published by the Department of Health and Children (2001), provided a framework for tackling youth homelessness on a national level for the first time. The Strategy's stated goal is:

to reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at re-integrating him/her into his/her community as quickly as possible.

The Strategy acknowledged the vision underlying the National Children's Strategy (Department of Health and Children, 2000) and recognised the multi-dimensional nature of youth homelessness. In its discussion of the context and nature of youth homelessness, and in outlining action plans for the future, the document drew heavily on the analysis and recommendations of the report by the Forum on Youth Homelessness (2000). This forum was established in 1999 to plan the improvement and development of services for young homeless people. In its findings, published in 2000, it identified several fundamental weaknesses in the system of service to homeless children, including poor coordination between current services, scarcity and inaccuracy of information on homeless young people and their needs, the mismatch between service provision and the needs of young homeless people, the inappropriate organisation of emergency services and the general dearth of suitable accommodation.

The Youth Homelessness Strategy set out 12 specific objectives under the following three headings:

- **Preventive Measures** — the prevention of youth homelessness.
- **Responsive Services** — the need for prompt, responsive, child-focused services.
- **Planning/Administrative Supports** — the importance of coordinated inter-agency work in tackling the problem.

Particular emphasis was placed on the prevention of youth homelessness through the provision of support to schools, communities and families. The importance of tackling the problem of children at risk of homelessness in local areas through locally based services was also addressed. Where youth homelessness occurs, the Strategy stressed the need for prompt, responsive, child-focused services aimed at re-integrating the young person into his or her community as quickly as possible. Importantly, the established link between leaving care and the risk of homelessness was recognised (Keane and Crowley, 1990; Kelleher *et al*, 2000) and the Strategy set out an aftercare protocol requiring that each health board, in collaboration with the local authorities and other relevant statutory and voluntary agencies, devise a comprehensive strategy for effective aftercare as part of its 2-year plan to address youth homelessness.

Since publication of the Youth Homelessness Strategy in 2001, there has been some progress in developing strategies for young homeless people, including the publication of *National Guidelines on Leaving and Aftercare*, which have been approved by the Youth Homeless Strategy Monitoring Committee and have been circulated to all health boards.

Finally, the Homelessness Preventative Strategy, published by the Department of Environment and Local Government (2002), addresses the prevention of homelessness with specific reference to a number of target or 'at risk' groups, including adult and young offenders, people leaving mental health residential facilities, people leaving acute hospitals and young people leaving care.

Services for 'out of home' young people in Dublin city

The young people interviewed for the purpose of the current study framed many of their experiences with reference to the services they accessed at various junctures. It is important, therefore, to provide a brief overview of services targeting 'out of home' young people in Dublin.

Since 1992, the Health Service Executive (East) has a designated Crisis Intervention Service for homeless children and young people, commonly referred to as the Out-of-Hours Service (OHS). The OHS was set up to provide children and young people (under the age of 18) in crisis with the necessary services when all other services or options were exhausted or closed. It also aimed to prevent young people from becoming 'encultured' to street life (Kelleher *et al*, 2000). The requirements of the OHS stipulate that young people can only access the service by going to a Garda station after 8pm. It is then the duty of the Gardaí to contact the out-of-hours social work team, which determines whether the young person can return home or, if not, accommodation must be provided in one of the beds allocated to the emergency service.

Until 1999, the OHS had access to only 15 residential beds distributed among five residential units (Forum on Youth Homelessness, 2000). However, conditions of access to the OHS changed in December 1999 with the opening of the Nightlight Reception Centre on the north side of Dublin city (run by the Salvation Army and funded by the Health Service Executive). This service opens throughout the night, from 8pm until 6am. It provides food, washing and laundry facilities, and caters for up to 14 young people at any one time. The Centre can only be accessed by young people who are already known to the out-of-hours social work team and who have been previously assessed by social workers. Newly homeless young people in crisis still have to report to a Garda station in order to gain access to emergency accommodation.

In 2000, the *Report of the Review Group on Crisis Intervention Service for Children* identified a need for services and interventions targeting newly homeless youth, emphasising that this group needs to be differentiated from those who were homeless for longer and possibly resistant to services (Northern Area Health Board, 2000). The report recommended that an explicit objective of the

Crisis Intervention Service for newly homeless children and young people who arrive in the city centre should be 'to identify and intervene with children newly homeless in the city centre in a focused, coordinated process to achieve return to their local areas as early as possible' (*ibid*).

A major recommendation of this report related to the establishment of 'different levels of assessment of young people and the provision of accommodation to meet varying needs'. A tiered placement system was subsequently introduced and this meant that newly homeless youth and/or young people under the age of 14 were no longer to be placed in residential settings with older youth. This measure was an explicit attempt to separate the 'newly' homeless from those who had longer histories of homelessness.

Table 1 provides a breakdown of the six residential units in Dublin that form part of the Crisis Intervention Service catering for young people who are out of home. All six units are located in or adjacent to the city centre and, between them, there are a total of 47 beds.

Table 1: Residential units catering for out-of-home young people under 18 in Dublin*

Residential unit	Managed by	Total beds	Out-of-hours beds	Length of stay	Age	Gender
St. Jude's**	Dublin North East, HSE	6	0	Emergency/short term	12-15	Male and female
Parkview**	Dublin North East, HSE	8	0	Emergency/short term	15-17	Male and female
Le Froy/Nightlight	Salvation Army	8	8	Emergency	12-18	Male and female
Off the Streets	Focus Ireland	6	0	Short term	16-18	Male and female
Sherrard House	Homeless Girls Society	10	2	Emergency/short term	12-17	Female only
Eccles Street	CrossCare	9	2	Emergency/short term	12-17	Male only

* Based on information collated at the time of data collection in late 2004. Some of the figures (e.g. number of available beds) may have altered during the intervening period.

** St. Jude's and Parkview cater exclusively for the newly homeless.

Non-residential services for homeless youth include a number of day centres in Dublin city (The Loft, The Extension and Fáiltiú Resource Centre). They specifically target these young people in an effort to provide them with a safe and secure environment away from the streets. The services offered include basic care (food, laundry and washing facilities), as well as recreational and personal development activities, advice, information and one-to-one case work. In some centres, each young person has an allocated key worker who works to support them and to explore accommodation, training and educational options.

2 THE STUDY

In Ireland, the actual experience of youth homelessness is poorly understood: relatively little is known about how and why young people become homeless or about their life experiences either prior or subsequent to becoming homeless. This study sought to address these gaps in knowledge and to provide a more thorough understanding of youth homeless 'careers', based on the accounts of young people who are living 'out of home', i.e. on the streets, in hostels or other unstable living situations.

The term 'homeless' conveys a single experience of lacking a home. Yet, there are numerous reasons why a person may lack a home, such as, among others, following eviction or incarceration, on leaving a care setting or because of violent or abusive home conditions. Furthermore, homelessness as an experience tends not to remain fixed, but rather varies and can alter significantly over time (Anderson and Tulloch, 2000). For example, a young person may return home following a period of homelessness only to leave again at a later stage and live with friends, in hostels or on the street. There are a range of factors that can potentially influence their movement between these living situations over time. Knowledge and understanding of people's transitions into and out of homelessness is therefore important (Shlay and Rossi, 1992) and this is best achieved through longitudinal analyses of homelessness (Anderson and Christian, 2003; Clapham, 2003).

This report presents data from the first of a two-phase longitudinal cohort study of young homeless people. The research targeted young people in the Dublin metropolitan district, which has recorded the highest number of homeless youth nationwide. Criteria for inclusion in the study were:

- being homeless or in insecure accommodation;
- being between 12-22 years;
- living in the Dublin metropolitan area for the past 6 months.

This research did not aim to generate a representative sample of young people whose experiences are generalisable to the entire homeless youth population. Instead, it aimed to recruit a cohort of young people with a varied and illustrative range of experiences of homelessness. Purposive sampling (Patton, 1990), informed by insights gleaned from the 'community assessment' process (*see below*), was initially used to build the study sample. During later months of the fieldwork process, this strategy was combined with 'targeted' sampling techniques (Watters and Biernacki, 1989) to assist the achievement of diversity in relation to the age and gender of the study's participants, as well as variability in their current and past living arrangements.

Data collection methods

Community assessment

The study began with a community assessment, which is a period of engagement with professionals working within services and interventions designed to meet the needs of homeless youth (Clatts *et al.*, 2002). This initial consultation with service providers aimed to gather existing knowledge about homeless young people at community level, including their level of contact with services and interventions, and where and how they might be accessed for the purpose of participating in the study.

The time invested in this process produced important information about the structure of the homeless youth 'community', as well as knowledge about how to go about seeking and attaining access to potential participants. Contact was made with almost 40 service providers during the course of the community assessment and formal (taped) semi-structured interviews were conducted with 18 key informants across a range of organisations and agencies that deal directly with young homeless people. (The findings of these interviews are not presented in this report.)

Life history interviewing

This research uses the life history interview as the core method of data collection. A life history approach focuses on the collection and analysis of 'life stories' that speak to turning-point moments in people's lives and attempts to uncover respondents' interpretation of life events that are personally significant (Denzin, 1989).

All interviews commenced with an invitation to young people to tell their 'life story'. Following this, several key topic areas were prompted. Young people were asked to describe their family history, history of alcohol and drug use, history of street involvement and levels of contact with services. They were also asked to discuss their experiences of 'growing up', including their early family environment and childhood experiences, experiences at school and any key events or milestones during childhood and adolescence. Questions also focused on their social world, including important people in their lives (e.g. family members, peers, friends, romantic or sexual partner), their economic situation, current 'hang-outs' and health-related behaviour.

Interviews were conducted in a variety of settings, including hostels, residential units, drop-in centres and, less frequently, on the street. The interviews ranged in duration from 40 to 100 minutes. Respondents received a gift voucher to the value of €20 as a token of appreciation for their time and effort.

Access and recruitment

Permission was initially sought from 8 statutory and voluntary agencies to use their premises as recruitment sites. However, as time progressed, the range of recruitment settings extended to include additional hostels, night shelters, drop-in centres, places of detention and street-based settings. The non-agency settings used in this research included a number of street corners and other locations used for begging or sleeping rough. Over the course of conducting fieldwork, contact was made with more than 25 homeless services and agencies in an attempt to identify appropriate access routes. Although not all of the services contacted were used as recruitment sites, this level of engagement with service providers generated valuable local knowledge and informed the recruitment strategy to a considerable extent. Recruitment and interviewing extended over a 6-month period, from September 2004 to February 2005.

Ethical considerations

The process and procedures leading to the conduct of interviews with young people differed depending on the recruitment site in question, reflecting the range and type of venue used for the purpose of access. It was imperative that young people did not feel under pressure to participate and, in all cases, prospective respondents received a detailed account of the research aims and their role in the study. Interviews were rarely conducted on the occasion of first meeting young people and, instead, prospective participants were asked to *consider* participating in the study at this juncture. The vast majority of young people did, in fact, consent to participate and interviews were conducted at a time and place of their choice.

Young people over the age of 18 were in a position to give consent independently, but this was clearly not the case for young people under that age. Where possible, parental consent was sought, but in a small number of cases this consent was not attained. In all instances, careful consideration was given to the young person's circumstances and welfare, and the decision *not* to seek parental consent was taken only on the grounds that seeking such consent could potentially compromise the individual's safety (Rew *et al*, 2000). It is widely recognised that there are circumstances when the requirement of parental consent may not be in a young person's best interests, particularly when the research involves the participation of high-risk and multiple-problem youth populations (Brooks-Gunn and Rotheram-Borus, 1994; Ensing, 2003; Meade and Slesnick, 2002).

In cases where parental consent was not attained, consent was given instead by the young person's social worker and this was arranged in cooperation with the management of the setting where the young person resided. In keeping with recommended practice in the conduct of social research involving the participation of minors (Morrow and Richards, 1996), the written voluntary consent of each young person was attained prior to their participation in the study.

Data analysis

Analysis for this study was iterative and inductive (Ezzy, 2000). Early interviews were transcribed, read, discussed and debated close to the time of interview and some minor adjustments were made to the interview schedule during the initial weeks of fieldwork. Verbatim transcripts of all 40 baseline life history interviews were prepared. Data analysis commenced with the identification of key themes and this process informed the design of a comprehensive coding scheme to guide the analytical task. All interviews were coded manually in accordance with 15 separate coding categories. While many coding categories were generated to reflect the study's aims, others were identified on an iterative basis as revealed by the data, thereby incorporating issues and themes arising directly from the young people's life stories (Fetterman, 1989).

The final stage of the process of making sense of the data centred on the clarification and integration of emerging concepts and themes. Attention to negative instances (i.e. data that contradict emergent or dominant ideas and views) was a core strategy used to consider evidence that both challenged and extended existing concepts, ideas and arguments (Seale, 1999).

The analytic task aimed to generate a perspective on youth homelessness that reflects young people's experiences, views and interpretations. All of the quoted excerpts documented in Chapters 3-5 of this report are presented as closely as possible to the participants' spoken words. In some cases, minor editing was required to make the account more comprehensible to the reader. All identifiers (place of birth, names of friends, family members, etc) have been removed from quoted excerpts in order to preserve the anonymity of the young people involved.

Study sample

A total of 40 young people — 23 young men and 17 young women — were interviewed for this study. All participants were between the ages of 12 and 22 years. The average age for the total sample was 17.5 years, with females being slightly younger on average (16.5 years) than males (18.3 years) at the time of interview. Half of the young people interviewed were aged 15-17 and a further 15 were aged 18-21. Only two young people (both female) were 14 years or younger. Table 2 provides a breakdown of the study's participants by age and gender.

Table 2: Age and gender of participants (n = 40)

Age	Male	Female	All
12-14 years	–	2	2
15-17 years	9	11	20
18-21 years	12	3	15
22 years	2	1	3

All participants in the study were living in the Dublin metropolitan district for at least 6 months prior to interview. Thirty-five of the 40 young people were born in Ireland, two were born in Nigeria and the remaining three in Romania, South Africa and Bosnia, respectively (none entered Ireland as unaccompanied minors). Of the 35 Irish youth in the sample, 29 had lived in a suburban Dublin locality as children and the remaining 6 grew up in an inner city area in, or adjacent to, Dublin's city centre.

3 BECOMING HOMELESS

Almost half the study's young people (9 young men and 10 young women) became homeless for the first time at the age of 14 years or younger, while an additional 12 (9 young men and 3 young women) first experienced homelessness at the age of 15. For the remaining 5 males and 4 females, their first out-of-home experience occurred between the ages of 16 and 18 years. This finding suggests that, for this sample of young people, the early to mid-teenage years was the period of greatest risk for homelessness.

For the majority of the study's young people, the process of becoming homeless can be traced to early childhood when disruptions of various kinds — household instability, family conflict, family illness and other such factors — began to impact negatively on their lives. As children, almost all resided in poor neighbourhoods and a large number grew up in households where their parent(s) or caregiver(s) struggled to provide them with adequate care. Most endured multiple forms of childhood adversity, including economic hardship, neglect, inadequate or inconsistent care or abuse.

Among the many challenging home and family situations reported, parental illness or death was common, as was family conflict and parental alcohol or drug abuse. A large number recounted crises with one or both parents, ranging from minor disagreements to more sustained conflict to physical violence. Others reported deteriorating relationships with a parent or a step-parent, linked in many cases to difficult situations and events within the family home. Frequent moves to and from different locations and living situations also featured in several accounts, as did reports of physical and, less frequently, sexual abuse during childhood. For the majority, schooling was severely disrupted and many of the study's young people found it difficult to maintain the academic standards and expectations within the school(s) they attended. Several reported specific literacy and/or numeracy problems, and a smaller number had attended a special school for children with learning difficulties.

Pathways 'into' homelessness

There was enormous diversity in young people's accounts of becoming homeless and practically all told a unique story of leaving home. Nonetheless, it was possible to identify three broad pathways to homelessness. It is important to stress, however, that there is considerable overlap between the three pathways. Furthermore, while it was possible to 'categorise' the broad precursors to young people becoming homeless, their routes or pathways out of home should not be interpreted as 'causes' of homelessness; rather, their identification draws attention to the kinds of circumstances and experiences that work to push young people out of home.

Pathway 1: Care history

Sixteen of the 40 young people (40%) reported a history of State care. Histories of care varied: some had lived in foster care for either short or long periods, a number reported a combination of foster and residential care placements, and yet others had spent time in a residential children's home. A considerable number of young people — young women, in particular — reported moving between a range of care settings and the home of an extended family member (usually an aunt or grandparent) as children or young teenagers.

Although their care histories differed, young people's accounts of living in care strongly suggest that they did not integrate into the settings where they were placed; indeed, several appeared to reject the very notion of doing so. For a large number, successive care experiences were dominated by a pattern of rule-breaking, accompanied in some cases by deliberate attempts to orchestrate their removal from one or more settings. Some young people returned home or lived with a relative between placements. This constant movement between living situations appeared to arise primarily out of an inability to cope with unhappiness and crisis in their lives.

'Me ma got cancer and she died from it, so we all got put in foster families ... that was it and I went through voluntary care homes, about twelve foster homes I went through, em, that was about eight years ago. Yeah, about twelve foster houses. Then I was put in St. Michael's [Remand and Assessment Unit] for six months when I was only twelve or something.' (Young man, aged 17)

Residential instability produced exceptional vulnerability in these young people as children, as did the legacy of successive failed care placements. A large number expressed deep feelings of resentment about their separation from a parent and/or siblings, and several appeared not to know or understand why they were placed in care.

Research in Ireland has previously identified a history of State care as a risk factor for homelessness among young people, particularly at the point of leaving care (Keane and Crowley, 1990; Kelleher *et al.*, 2000). For many of the young people in this study, the risk of homelessness arose well in advance of the move from a care (at the age of 18) to an independent living situation.

Pathway 2: Household instability and family conflict

A considerable number of young people reported a succession of moves from various housing locations and living situations as children, suggesting that they experienced a high level of household instability during childhood.

'We moved around a lot and we never lived in a house for more than three years. And then when I got older, we would move every year. And we never had a choice, we just had to move. And then when I got to about 11 or 12, we [pause] ... moved again. It was alright at home, but it was hard.' (Young woman, aged 15)

These frequent and unexpected moves proved highly disruptive and distressing, and almost always impacted negatively on young people's ability to form lasting friendships and relationships. This is clearly seen from the responses of the same young woman as above (aged 15):

[What would you say was the hardest thing about all the moving house?]

'Leaving your friends and getting on with your life and just starting up all over. After a while I just got sick of it. Like sometimes, when I was about 12, I did go out and look for friends, but then one day I got fed up ...'

[So you stopped trying to make friends?]

'Yeah, I was sick of it.'

More often than not, there were several dimensions to the family problems and instabilities recounted by young people. But it was clear from the majority of accounts that the home-based difficulties they described had been ongoing for several years prior to their becoming homeless. Parental discord and/or marital breakdown featured strongly in the events leading to their first homeless experiences, as did conflict arising from the presence of a step-parent. Parental alcohol and drug abuse was also reported by a large number of young people. At the more extreme end of home-based crises, physical violence was reported. Four of the young people witnessed violence against a family member (mother or siblings) in their homes during childhood and a further 7 reported an episode or prolonged period of physical abuse by a parent or caregiver (frequently a step-parent).

'Well, I'm on the streets about 6, 7 months. I used to get beatings at home and all by my step-father. My real father is dead and my mother, she's an alcoholic and she always drinking an' all, and anytime she gets drunk and all and, when he [step-father] gets drunk, he always beats me up. And that's how I ended up being on the streets. Came into town and stayed on the streets.' (Young man, aged 15)

A profound lack of emotional support, coupled with neglect and/or abuse or violence, dominated the childhood memories of a large number of the study's young people and several left home because they felt unwanted or unsafe. While the home-based difficulties they experienced were almost always long-standing, a specific event or crisis often provided the 'trigger' or catalyst for their leaving home.

Pathway 3: Negative peer associations and problem behaviour

Nine of the study's young people (4 young women and 5 young men) reported a pattern of behaviour that led to persistent disagreement and conflict with their parent(s) or caregivers during their early to mid-teenage years. This behaviour included one or more of the following: drinking, drug-taking, breaking household rules, staying out late, getting into trouble at school and socialising with peers who were known 'troublemakers'. For a number of the young women, their involvement with an older romantic partner was the source of conflict at home.

'I used to live with me Grandad when I was a kid. He died in 1996. After that, I don't really know, I just started getting into trouble. I left school. Like I never used to get into trouble, I never thought I would be in trouble, but however. I wouldn't blame it on anyone, but the people I used to hang around with used to take drugs, smoke hash, drink a lot and stay out. That's the real reason why I used to stay out, you know what I mean. That's why I started getting kicked out.' (Young man, aged 19)

'So I started going out with that bloke for a few months ... and that relationship progressed and we kind of, we started being with each other and we decided like, "Ah, fuck it," we thought, "we'll run away to England". He wasn't running away; he was a lot older, well I was 15, 16, he was 18, 19. So we said we'd go to England.' (Young woman, aged 22)

While it is not possible to determine the precise origin or context of the behaviours reported by these young people on the basis of available data, the majority of accounts suggest that the behaviour they described cannot be divorced from a range of other home-based problems and difficulties, such as family illness or bereavement, conflict between parents or alcohol abuse by a parent. While several talked readily and at length about their own 'bad' behaviour, it was clear that, for most, there were long-standing home-based issues and problems that impacted negatively on them as children and their ability to cope with daily life as teenagers.

'There was too much fighting going on in me house with me Ma and Da, they were too strict, fighting every single day. I couldn't handle it, do you know what I mean ... They were just fighting, fighting, fighting for the slightest stupid thing that ever happened, you know. So I got sick and tired of it, so I started saying, "No" ... So I actually started staying out and I started gettin' used to it.' (Young man, aged 19)

Although a number of these young people admitted to being 'rebellious' or 'difficult' during their teenage years, the behaviour of others was clearly a response to the stress of home-based tensions. These young people frequently stated that they were 'kicked out' of home and a number reported a period of moving back and forth between home and other sleeping places during the initial stages of living out of home.

The first night out of home

Although the reasons for leaving home are complex and diverse, for almost all the young people their first night out of home — and, indeed, the ensuing period — was traumatic. For many, the telling of the experience centred on their presence at a Garda station. Some of them (although by no means all) had had no previous contact with the Gardaí and appeared to have little understanding of what was happening at the time.

'My mother brought me to the social worker ... and she said, "I don't want him, he's not my son". And I felt very upset and I went out looking for her and I couldn't find her. So they told me to hand myself in as homeless and they would put me through the Out of Hours. So I was waiting from 4 o'clock to 12 o'clock for someone to come out [to the Garda station] and pick me up. And when someone came out, we were still in the Garda station because he [the social worker] had to make phone calls to see where I could go and then they just found St. Jude's for me.' (Young man, aged 15)

For those young people who had endured a particularly traumatic incident prior to leaving home for the first time, the experience was even more frightening.

'Me Ma beat me up and I walked up the road to the Garda station ... I was shittin' it. I didn't know what was happening when I walked up the road ... em, me nose was broken and I had a black eye.' (Young woman, aged 15)

Whether placed in an emergency hostel by a social worker or forced to sleep rough, young people invariably recounted feelings of profound insecurity and fear.

'I can honestly say it was probably one of the scariest nights I've ever had. I was in a new place with none of my friends, none of my family. I didn't know what was happening and, as I say, the one thing I was mainly worried about was what the hell was going to happen because I don't like things I don't know.' (Young man, aged 20)

'I was just scared ... when you walk in the door [of the hostel] and see everything, it was, "Oh, my God, get me out of here!"' (Young woman, aged 15)

Only a small number stated that they felt relieved on leaving home and, among those who did, this feeling simply reflected the distress they had experienced during the period prior to their leaving.

[Did you feel upset?]

'No. I didn't really care 'cos I didn't want to live with me ma's friend anymore ... I was glad to get out of there anyway.' (Young woman, aged 15)

Not surprisingly, given the young age of the majority and the trauma surrounding their home-leaving, first nights away from home were distressing. Those young people who were placed in emergency hostel accommodation faced the challenge of a new and unfamiliar environment and the vast majority found the settings where they initially lived to be threatening, frightening and lonely.

Conclusions

Young people's homelessness cannot be attributed to a single or isolated event, even if the final 'trigger' for their leaving home almost always constituted a crisis point. The vast majority narrated a series of deprivations and losses regarding housing, caretakers and loved ones. Although the sources and severity of their home-based difficulties varied, family conflict emerged as a unifying theme across *all* of the pathways into homelessness. This finding is consistent with international studies, which have found family conflict, as well as family breakdown and/or family violence, to figure prominently as primary reasons for young people leaving home (Chamberlain and MacKenzie, 1998; Hyde, 2005; Mallett *et al*, 2005).

The majority of the study's young people perceived themselves to be unsafe or unwanted at home and the origins of the problems of a large number, including their homelessness, can be seen as an extension of the disruption and problems that commenced long before their first contact with homeless services. Despite differences in how their homelessness came about, many of their stories have in common an account of gradual or sudden dislocation. By the time the young people found themselves out of home for the first time, their experience of several of society's key institutions — family, school and/or State care — had been overwhelmingly negative. At a relatively early age, the vast majority were therefore living outside, or marginal to, the traditional supports that play a key role in preparing young people for the transition to adulthood.

4 HOMELESS PATHWAYS

A central premise of this research is that homelessness is best understood as a process that is subject to change over time (Clapham, 2003; Fitzpatrick, 1999 and 2000). This conceptualisation recognises that homelessness can be temporary, episodic or longer term, and that a range of factors and circumstances can potentially influence the events subsequent to young people's first 'out of home' experience.

The life stories of the study's young people are unfinished and a more complete account of their homeless 'careers' will be possible following the conduct of follow-up interviews with them. Nonetheless, the study's Phase I interviews generated a large volume of data on young people's lives subsequent to their becoming homeless. The following discussion documents some of the key trajectories or pathways to emerge from a detailed analysis of the life histories of the study's respondents.

Early homeless pathways

Young people did not enter into the same settings or environments on becoming homeless. Some made their way directly to the city centre where they slept rough for a period, while others reported sleeping rough in their local area for a number of weeks or months (prior to making contact with city-centre services). Sleeping rough meant sleeping in parks or fields or in more secluded settings, such as cars, buses, sheds or derelict or unfinished buildings. A number returned home intermittently during this initial period out of home, suggesting that they were willing to resolve their home-based difficulties at this juncture. Their efforts to do so did not prove successful, however, and all left or were asked to leave home following a period of days or weeks. None of the young women reported sleeping rough initially, but a number did stay with friends or extended family members in, or close to, their home neighbourhood.

For young men and women alike, such periods spent within or near their home neighbourhood without appropriate or secure accommodation constituted a period of 'hidden' or 'unofficial' homelessness. Most subsequently made contact with the Out-of-Hours Service (OHS) and were placed in one of the available city-centre hostels.

While reports of periods of 'unofficial' homelessness were relatively common, a larger number of the study's young people made immediate contact with the OHS and were subsequently placed in an emergency or short-term care setting. This meant that they presented as homeless at a Garda station and were then allocated an available emergency bed by a social worker. A number of the study's younger interviewees had, in fact, only recently been placed in one of the available residential settings. However, many of those over the age of 16 who took this initial path through the OHS embarked on a cycle of movement back and forth between various city-centre hostels. As will be seen later, this process worked to enmesh or draw them into a street-based culture (*see below*). Finally, a small number (mainly young women) were immediately placed in an emergency hostel by a social worker without first making contact with the Gardaí. These young people frequently remained in the emergency or short-term care setting where they were initially placed for a period of months or even years.

The hostel experience, sleeping rough and other living places

There was enormous variation in the type and number of accommodations used by the study's young people. While some had lived in only one hostel¹ since leaving home (or a care setting), others repeatedly used a number of hostels as well as a range of other sleeping places, including squats, the home of friends, private rented accommodation (usually for a short period) or the home of extended family members. One-third of the young people had stayed in an adult hostel at some time, 24 (60%)

¹ All of the living settings for young people under the age of 18 (including emergency or short-term accommodation) referred to throughout this report are residential care settings, which are subject to Social Service Inspectorate rules and regulations. However, young people consistently referred to these settings as 'hostels'. In keeping with the terminology used by the study respondents, we frequently use the term 'hostel' to depict young people's experiences of living in these settings. In other instances, we apply the official terminology (i.e. residential care settings). It is important, however, to differentiate between these living settings and adult hostels.

had slept rough and 18 (45%) had spent time in juvenile detention or prison. Only 5 of the young people were either currently, or had in the past, lived in supported or transitional housing.

Hostels differed in their rules, regulations and routines, and in the degree of structure they imposed on residents. In general, young people spoke favourably about hostels that catered for young people under 18 years, acknowledging that they provide a bed in a secure environment as well as regular meals, shower and laundry facilities. They recognised the care and advice offered to them in these settings and appreciated the commitment of staff and their efforts to make them feel 'at home'. Nonetheless, residents of hostels — whether providing short, medium or longer term accommodation — repeatedly emphasised the sense of powerlessness they experienced.

'There is one thing about staying in the hostels, you're in them. The bad thing about being in them, you're in them full stop and it's not your choice full stop whether you're in them or not. At 16 or 17, you can't get a flat really. I mean, so that the only, that's the bad thing about them really. It's the actual situation or else you're walking around the streets all night.'
(Young man, aged 17)

Hostels shoulder the responsibility of catering for young people from a wide variety of backgrounds, with highly individualised and, in some cases, challenging needs. Household rules, while necessary, cannot easily cater to individual needs and the onus on staff members to ensure the safety of young people means that 'care' can easily be interpreted by residents as a form of surveillance. Young people frequently stated that they felt they were constantly 'watched' by staff and, while aware of their need and right to be protected, they also found this level of supervision to be intrusive. For a variety of reasons, hostel life seriously compromised young people's need for private space and many stated that they found it difficult to find a place to simply spend time alone. As transitory and communal living spaces, tensions often run high in these settings, making daily life unpredictable and stressful. Indeed, young people who had lived in hostels for longer periods appeared to have become quite accustomed to the 'trouble' and chaos that frequently erupted within these settings. Although some were able to adapt and settle into hostel life for a period, most found it difficult as time progressed. Client turnover created a great deal of uncertainty and instability, and made it extremely difficult for young people to form meaningful relationships and friendships.

'Makes you cold-hearted though ... 'cos obviously people are goin' to put their guard up. Like anybody could come in here and I don't know their history. They could be on gear [heroin] and I wouldn't know. They could be a thief and I don't know ... You're better off just keeping yourself to yourself and people are making the mistake of getting attached to people. It's their mistake, 'cos basically either people are goin' to be horrible to you, untrustworthy, or else they wanna leave before you and they do leave and they don't come back and see ya all the time ... It's dangerous and mainly because it can't continue ... There was a girl here and they all got attached to her there and then she left and she hasn't called since. She's been gone now about a month and she's never once rang, never once come up to say hello.' (Young woman, aged 14)

Young people's accounts also indicate that, within at least some hostels, bullying and intimidation is commonplace and constitutes a significant risk, particularly for more vulnerable residents. Bullying appeared to take several forms and ranged from verbal harassment and abuse to property damage and theft. Victims of such bullying rarely reported these incidents to staff members because they feared that the negative ramifications of such action would far outweigh any personal losses resulting from the bullying itself.

Twenty-four young people (15 young men and 9 young women) had slept rough at some time since they became homeless. Of these, 3 (all young men) were sleeping rough at the time of interview. For the vast majority, sleeping rough was a last resort and often arose in a crisis following the loss of accommodation or inability to secure a hostel bed. A smaller number stated that they slept rough on occasions because they feared returning to a hostel where they had been bullied. Sleeping rough was frequently episodic and did not extend beyond two or three consecutive nights at any given time; this was certainly the case for young women, who generally feared and avoided sleeping rough. However, a smaller number of young people reported that they slept outdoors —

most frequently, when weather conditions were favourable — for periods that extended to several months. The majority portrayed sleeping rough as a humiliating and dehumanising experience, which triggered profound feelings of shame and guilt. For some, the realisation of not having anywhere to go constituted a defining moment in their homeless experience.

'It wasn't nice, do you know what I mean. People walking by you that kind of know you or something like that, you know ... They're saying, "Jesus Christ, look at the young fella, he's bleedin' sleeping rough", and all that. You never think of anything like that, but that's what happens when you've nowhere to go.' (Young man, aged 22)

Apart from the physical discomfort and the risk it posed to physical health, sleeping on the street was dangerous. Most of the study's rough sleepers had witnessed acts of aggression and violence, and others were victims of property theft and assault. Young women felt particularly vulnerable and almost always slept rough in the company of friends or a romantic partner.

'I think most women that sleep on the streets always stay with blokes. But for a woman to stay on the streets on her own, yeah, it would be very dangerous.' (Young woman, aged 20)

Many of the study's rough sleepers also used squats intermittently. These squats were usually located in or adjacent to the city centre in old derelict buildings or vacated local authority flats. These settings were not generally used as living spaces for extended periods because they were often structurally unsafe and, in any case, unsanitary. Those young people who identified themselves as 'problem' drug-users often used squats as sleeping places for short periods and they also used empty or derelict buildings for the purpose of injecting.

In general, the longer the duration of homelessness, the more likely young people were to have used a range of accommodation types and sleeping places, including hostels, friends' homes, squats and the street. With the exception of those young people who were 'newly' or recently homeless, the majority recounted a repertoire of living situations and, within a relatively short period of time, a large number had embarked on a cycle of movement between a range of 'official' and 'unofficial' sleeping places located in or near the city centre. The following discussion examines the impact of young people's entry into the city-centre homeless 'scene'.

The city-centre homeless 'scene'

The vast majority of the study's participants accessed hostel accommodation in the city centre following contact with the Out-of-Hours Service (OHS) and, for a considerable number, this constituted a significant 'turning point'. Of the 40 young people in the sample, 28 reported using the OHS at some time. In order to access this service, they were required to travel to the city centre where they were allocated an emergency bed in one of the available residential settings for young people under the age of 18. A large number did not subsequently find a stable place to live and embarked on a cycle of alternating between various emergency accommodations and other sleeping places, including the street, friends' homes or the home of a relative.

Those who used the OHS repeatedly and continued to move between city-centre hostels were particularly vulnerable to exposure to alcohol and drug use, criminal activity and intimidation and violence. Being 'streetwise' was crucial to surviving homelessness, as was the ability to defend one's property and reputation. For young men, in particular, displays of weakness or vulnerability presented a serious risk to one's ability to survive, as the following account illustrates:

'I'm telling you, anybody that shows weakness on the streets is going to be fucked. If you've anything valuable of any sort, you're fucked. I've seen blokes coming in, rich little kids coming in. One night, 'Bang!' — they don't know what to do. They're stripped. They don't know what's going on. "Where's me fuckin' runners?"; "Where's me clothes? Oh God, somebody else is wearing them". Do you know what I mean.' (Young man, aged 17)

The initial period of contact with the city-centre homeless 'scene' was a common point of initiation into a whole range of risky behaviours and, within a relatively short period of time, a large number

had become immersed in street-based social networks. Living in hostels, squats and on the streets brought young people into contact with other homeless youth, as well as with contexts and experiences which dramatically altered how they understood and perceived the options available to them. One young man explained how a combination of factors, including unstructured days, boredom and the absence of rewarding alternatives, served to enmesh young people in a daily routine of survival involving criminal activity and law-breaking of various kinds.

'It's a life of fucking crime, that's it. It's like a big circle being in the hostel. I've been in them years, you know what I mean ... Because if you're homeless, right, you're kicked out at half-nine in the morning and you can't go in 'till eight o'clock. So you've that whole day to waste, do you know what I mean. And how are you meant to be in school as well? It's very hard to be in education because like, by the time you go in at eight they see you, you know what I mean, you get placed, they bring you off somewhere, you stay there for the night, you wake up. It's very hard to get up in the morning and to FÁS and all ... And, you know, in Le Froy you'd wake up with six people there, you know what I mean. And they say "I'm going off robbing" and "Where are you going?" And you're automatically sucked in to the robbing business. Rather go out and rob something, and that's what you earn in the whole week, you know what I mean, for going out robbing someone, you earn the same amount. That's it.'
(Young man, aged 17)

Homelessness involves a range of possibilities, many of them risky (Mallet *et al*, 2004). A large number of the study's longer term homeless youth were heavily involved in drug use and for them daily life quickly became a repetitive cycle of committing crime to finance drug and everyday needs.

'And I am going out of here [hostel] in the morning and I have nowhere to go. Like I am just walking around and just robbing like ... Yeah, when I wake up in the morning, and most mornings it is just like, "Fuck this", you know, another day. It's like groundhog day — the same shit, different day like.' (Young man, aged 20)

The social scenes and economies available to these young people were structured by a range of situational factors and, in particular, by their social and economic exclusion. Essentially disconnected from home-based friends, family and school, they quickly became immersed in a social world dominated by affiliations and relationships with people in transient places. Like the places where they spent their time, these relationships were also frequently transient, but they did offer entry to venues and activities that provided money, companionship (if only temporarily), drugs and even status. Put differently, young people learned the street competencies they needed to survive by becoming embedded in social networks of homeless youth (Granovetter, 1985). This *process of acculturation* into street scenes was prominent in many of the life stories recounted by those young people who had been homeless for longer periods and who had moved repeatedly between a variety of emergency and short-term living situations.

The study's 'newly' or recently homeless

It is important to emphasise that the process of acculturation into street scenes (*see above*) did not characterise the experiences of all the young people interviewed. Not surprisingly, the study's newly or recently homeless² reported fewer living situations since the time they left home and most had little or no contact with a network of street-based homeless youth. All of these young people considered the hostel where they lived to be a short-term arrangement and most talked about moving to an alternative living situation in the future. Few appeared to know where this might be and a number expressed a desire to return home, even if their home situation could not realistically provide a safe and secure environment. The weeks or months since they had left home had clearly been difficult and most experienced loneliness and anxiety following their separation from family and/or home neighbourhood. Uncertainty weighed heavily on the minds of those whose first out-of-home experience was recent and most did not know when a suitable placement might be found.

² Although these young people are described as 'newly' or recently homeless, the majority had in fact lived in the residential setting where they were interviewed for a period of weeks. A smaller number had resided in the short-term setting where they were initially placed for several consecutive months.

The future of these young people is unpredictable and follow-up interviews will provide additional information on their current living arrangements. Some may move to a medium- or long-term hostel or to an alternative care setting, while others may return home. It is worth pointing out, however, that, at the time of interview, a number of the study's younger women (under 18 years) had lived in a short-term residential setting (hostel) for a considerable period of time (ranging from several months to two years). The relative stability of living in a single setting for such a period of time afforded them the opportunity and support to pursue conventional daily routines, such as attending school or a training programme and participating in structured leisure activities. However, there was a profound stigma attached to hostel life and some reported that they tried to conceal their living arrangements from their peers. The following account highlights young people's awareness of their marginality and of the assumptions and judgements of others; clearly, the young woman quoted did not consider the hostel where she lived to be a home:

'Like people see you differently because you live in a hostel because they say, "Ah, she doesn't live with her family" ... I wouldn't class this place as for a family.' (Young woman, aged 16)

Conclusions

Young people's experiences following the first night out of home were enormously diverse and space does not permit a thorough exploration of the pathways young people followed subsequent to their first homeless experience. The findings presented do, nonetheless, convey the instability and uncertainty that characterised the lives of young people on becoming homeless. An important point arising from the findings relates to their displacement from home and the negative consequences of residential instability for their well-being. Living out of home became an extremely hazardous experience for many of the young people. Those who got caught up in a cycle of using crisis-oriented services and short-term hostels were most at risk, not simply because of their exposure to drug use and criminal activity, but also because they were more likely to become active participants in street networks of homeless youth.

This finding exposes the location of city-centre services as posing a potential risk to out-of-home youth who, because of their extreme vulnerability, are likely to seek positive reinforcement from whatever sources of social support are available. These social networks, and the activities that many get drawn into within homeless 'scenes', may serve to further marginalise and isolate them, and later compromise their ability to find a stable place to live.

5 HOMELESSNESS, HEALTH AND RISK

Homelessness poses exceptional risks to people's physical health, personal safety and psychological well-being. Compared to their home-based peers, homeless children and youth are at far greater risk of psychological distress (Stephens, 2002; Whitbeck *et al*, 2000), unemployment (Chamberlain and MacKenzie, 1998) and spending time in juvenile detention centres (Inciardi and Surratt, 1998). The transience and stresses involved in homelessness are risk factors for developmental delay and behavioural health problems (Anderson *et al*, 1996; Clatts *et al*, 1998; Ringwalt *et al*, 1998), including substance use (Baron, 1999; Bailey *et al*, 1998). Without a stable living situation, primary healthcare and preventive physical and mental health services are difficult for young people to access. As a result, common symptoms of ill-health may go unnoticed or unattended, leaving them extremely vulnerable to physical and psychological health problems in later life.

At the time of leaving home or a care setting, many of the study's young people were already extremely vulnerable. Subsequent to their leaving home, the unpredictability of daily life exposed a large number to contexts, settings and relationships that further compromised their safety and well-being. The number and nature of the risks posed to the young people by virtue of their 'out of home' status are numerous and space does not permit a full account of the risk environments to which many were exposed. Instead, the following discussion concentrates on documenting a number of behavioural, physical and psychological health risks. As a starting point, however, it is important to draw attention to the vulnerabilities associated with young people's separation from family members and from their home neighbourhoods.

Dislocation from family and home neighbourhood

During adolescence, a young person's support network usually consists of family, school, peer groups and neighbourhood (Gilligan, 1999). However, homeless youth have restricted or no access to these supports. For many of the young people in this study, leaving home or a care setting was an abrupt and traumatic event that pushed them into settings and environments for which they were ill-prepared. While the circumstances surrounding each young person's home-leaving are unique, all experienced distress following their separation from familiar people and places, and they continued to suffer the absence of the many taken-for-granted supports that children and young people typically enjoy. A large number reported high levels of emotional distress, many expressed sadness about their situations, past and present, and several experienced more profound crises linked to the absence of a stable home and the ongoing trauma of early life experiences. It was not unusual, for example, for young people to express concern about a sibling(s) they had left behind and a number feared for the safety and well-being of a brother or sister. One young man, who had left home because of the violent behaviour of his step-father, worried about his siblings, whom he feared may have to endure similar distress and suffering.

[Do you ever worry about your brother and sister?]

'Yeah, like the thought of them being there with him [step-father] and seeing him and what he and me ma were like, that it could be the same thing with him and his girlfriend, do you know what I mean? It does, it scares me a bit now like.' (Young man, aged 17)

Young people sometimes had weekly or monthly access visits with siblings and many, including those who had difficult relationships with their parent(s) or carer(s), described warm and affectionate relationships with their brothers and sisters. However, maintaining contact with siblings was not always easy, particularly for those who moved frequently between living situations. Young people who were preoccupied with the daily struggle for survival were often forced to cancel meetings with family members and there were several reports of periods when their contact with siblings was sporadic.

The emotions expressed by young people about their family relationships had many dimensions. But, more than anything, their separation from family members brought about feelings of loneliness and social isolation. A number who had been homeless for longer periods expressed shame about their situations, linked in some cases to feelings of guilt about their behaviour and the trouble they had caused. Even when they were welcome in their own homes (which was not a given by any means), some felt out of place or inadequate on occasions when they did visit family members.

'I visit them [family]. They [siblings] are all real quiet. I am the black sheep. One works, another is still in school doing her Junior Cert, and my older brother, well he works as well. They've all got a life. I am trying to work something out.' (Young man, aged 22)

Social ties of all kinds were quickly severed when young people left home and few had maintained the connections and relationships that were once familiar and routine.

[Do you still hang around with your friends at home?]

'Not really now, not now. Because I'm out of me house, ya know what I mean. It all changes when you're out of home.' (Young man, aged 19)

The relationships young people forged in hostels and on the street were tenuous and transient, and often constituted a further source of stress. Indeed, many referred to the people they 'hung out' with as 'associates' rather than friends.

'I did have good friends, but when I started on drugs I lost all me friends and got acquaintances instead of friends. You get more associates than friends when you're on drugs, you know, you can't trust anyone.' (Young woman, aged 21)

While some young people stated that they had one or two people that they trusted, several spontaneously volunteered that they trusted no one at all.

'It is very hard to trust people on the street, very hard. The only one I trust is meself.' (Young woman, aged 22)

The residential displacement associated with becoming homeless brought about much suffering for young people and the emotional distress many subsequently experienced was strongly linked to the loss of social bonds, networks and familial supports. Young people moved into unfamiliar settings on leaving home or care, and a large number were subsequently confronted with situations and relationships that teenagers are not routinely expected to negotiate or manage.

Bullying, intimidation and violence

Attention has been drawn earlier in this report to the numerous pressures that young people experience as participants in hostel and street life and to the problem of bullying within these settings (*see Chapter 4*). This bullying was related to the transience of city-centre homeless scenes and to the profound lack of control that young people had over the venues where they resided or 'hung out'. Certainly, it appears that the kinds of social and personal bonds, relationships and nurturing that typically work to confer a sense of security and well-being were largely absent in the lives of a large number of the young people interviewed. Living and/or socialising in public spaces exposed young people to opportunities to participate in risky activities and these environments also encouraged competitiveness, bullying and violence. Indeed, their accounts of everyday life strongly suggest that bullying was pervasive in many hostels and street-based settings. Young people also commented on the inability of service providers to address and deal with bullying and harassment of this kind among hostel residents.

[Would you say that there's bullying going on in hostels?]

'Yeah, big time, big time. And like I don't know whether [pause] ... obviously the people there, the staff there are well educated, you know. But they just don't seem to know what's going on in front of their eyes, you know what I mean. This chap here a while ago, he was getting the piss took out of him, he was getting fuckin' bullied, that was what he was getting. I mean it's madness. But, I don't know, they just don't seem to cop on to what is going on around them, you know.' (Young man, aged 21)

Young people often feared for their safety and for the safety of their belongings. Many had their personal possessions stolen on at least one occasion, while others had been attacked and beaten since the time they left home. The vast majority of street-involved youth had witnessed violent acts — fights, beatings, muggings and other incidents — on a regular basis.

'There's a lot of violence on the street, yeah. There's a lot of muggings and robberies, a lot of violence, yeah, a lot of violence. A lot of shootings, a lot of stabbings.' (Young man, aged 19)

'I got smashed up in there [a squat] as well by five blokes with bars. I had cuts all over me head an' all over them beating me up an' all in there. That's why I wouldn't stay there anymore.' (Young man, aged 18)

The theme of survival was strong in many accounts of daily life and young people were constantly aware of the need to defend themselves. The street is, of course, a socially predatory environment and a number of young men, in particular, stated openly that they had resorted to violence to defend or protect themselves or to avenge previous assaults. It appears that young people's entry into hostel life had the unintended consequence of exposing them to opportunities that had an uncertain — and, all too often, negative — impact on their lives. As documented earlier, many were victims of violence, neglect or abuse as children (*see Chapter 3*). For at least a number, the violence that they experienced within homeless street scenes was a disturbing continuation of the victimisation from which they had fled as younger children or teenagers.

Drug use and related risk behaviour

At the time of conducting the interviews, only 8 young people were non-users of illicit drugs. The early age at which many started taking drugs was striking, with the average age of first drug use being 11.5 years for young men and 13 years for young women. Levels of drug involvement ranged from experimental use to episodic and recreational styles of consumption through to heavy and problematic drug use. Twenty of the study's young people reported lifetime use of heroin and, of these, almost all acknowledged that their drug use was problematic to the degree that it had become a dependency.

These young people did not report a simple cause-effect relationship between (problematic) drug use and homelessness, even if a large number had initiated the use of illegal drugs prior to becoming homeless. Indeed, several accounts placed the transition to using 'hard' drugs to the period following first homelessness. Furthermore, a number of young people first made contact with heroin 'scenes' through the services they accessed.

'I left school and I've been on the streets since I was 14. I was going through the Out of Hours and I was going through there and I was 15 actually when I went on drugs [heroin]. And I've just been going through ever since and I was back at home there a while ago and now I'm back here [hostel].' (Young woman, aged 19)

Drug use escalated for practically all of the young people as their 'careers' in homelessness progressed. Their engagement in street 'scenes' produced high exposure to drugs and regular contact with drug-users often allowed fledgling habits to become entrenched. For a considerable number, drug use became part of a lifestyle characterised by chronic instability and high susceptibility to a range of risk behaviours. Irrespective of gender, the majority of heroin-involved youth first experimented with heroin subsequent to becoming homeless and 4 young people stated that they initiated injecting following a period of living out of home and/or on the streets. Several of the young people described a recent illness experience related to their drug use and injecting drug-users almost always reported physical health problems of various kinds, most often abscesses from intravenous drug use.

Although reports of persistent syringe-sharing were relatively uncommon, a considerable number had borrowed injecting equipment on at least one occasion and there were many reports of sharing other drug paraphernalia, including spoons and filters. Furthermore, almost all were forced to inject in public locations (the street, derelict buildings, squats and public toilets), which posed serious health risks both to themselves and others. Five of the study's young people (3 young men and 2 young women) had received a diagnosis for Hepatitis C.

Health risks

As might be expected given the young age of the study's young people, many considered themselves to be healthy. Those who were 'newly' or recently homeless rarely related health problems and, across the sample, young people under the age of 17 tended not to report persistent health problems. However, there were many reports of physical health difficulties among the study's older respondents. All who had experience of rough sleeping acknowledged that it was difficult to manage their personal hygiene and health during these periods and several reported sustained periods of self-neglect, arising from practical barriers to keeping clean and warm and/or psychological 'states' that prevented them from attending to basic needs. Many others had ignored or neglected health concerns and accepted as 'normal' lingering or ongoing cold and influenza symptoms, toothaches, stomach pain and generally feeling unwell. The study's 'heavy end' drug-users — and injecting drug-users, in particular — were most likely to report bouts of illness or persistent ill-health. Skin infections, as well as malnutrition, weight loss and sleep deprivation, were commonly experienced and these problems were almost always linked to their use of unhygienic sleeping places and/or exposure to the elements. Respiratory problems, including asthma, bronchitis and pneumonia, were among the most commonly reported illnesses.

'Sleeping out would make you sick, give you colds and 'flu and that. That's what I got now the last night. It [a cold] started coming on the other night and then this morning I got up after sleepin' in the park and my chest was in bits, couldn't hardly breathe or nothing. I'm used to it now. I won't get any medical. It will just go away eventually itself.'
(Young man, aged 19)

Like the young man quoted above, many had grown accustomed to ongoing states of ill-health and responded to symptoms by deferring action in the hope that the condition would 'blow over'. The vast majority depended on Accident & Emergency departments and, more often than not, these hospital visits were a last resort arising from persistent pain and/or an inability to carry out routine daily tasks. Young people also talked about acquired injuries (broken bones, cuts and serious abrasions) as health problems and the origins of these injuries were almost always related to their homelessness. Street fights and, in fewer cases, injuries sustained within young people's own homes prior to their leaving were also mentioned as reasons for seeking medical attention.

[Have you been to a doctor in the past year?]

'I've seen doctors with me arm. I had a fractured arm, a broken wrist sort of fracture, I had. And like some cuts and scars on me head an' all, so I've been seeing doctors an' all for that.'
[Was that because of ...?]

'The beatings, yeah. On the street and with me family.' (Young man, aged 18)

The stresses in the lives of many of the young people interviewed — particularly those who had been homeless for longer periods — were numerous, wide-ranging and related, in most cases, to everyday realities and needs.

'Well, living on the streets causes stress like, sometimes it can cause me stress. Heroin causes me stress, robbing causes me stress.' (Young man, aged 21)

The use of alcohol and drugs to self-medicate or as an escape route from daily hardships were commonly reported among those who were out of home for longer periods, currently using adult hostels and/or heavily involved with drugs. However, there were also numerous reports of the deliberate use of substances as a coping mechanism among young people who did not report a drug problem.

'The only thing that helps me is hash. Helps me with all me problems. If I've anything [pause] ... I have a joint and mellow out and I'd be alright, do you know what I mean.'
(Young man, aged 19)

The stresses and anxieties experienced by young people ranged from everyday worries to more acute stress related to specific or ongoing personal, social, health or psychological problems. The number of reports of using drugs and/or alcohol as a coping mechanism highlights the absence of alternative and affirmative sources of support in their lives.

Conclusions

A mixture of dangerous circumstances, psychologically debilitating experiences and high propensity for risk-taking can have dramatic health consequences for homeless young people (Fitzpatrick and LaGory, 2000). In keeping with research conducted in other Western countries, this study's findings highlight the numerous threats that homelessness poses to the well-being of young people. The very public settings where they socialised presented an array of precarious opportunities and, at an extremely young age, many had become involved in a range of risk behaviours. The level of regular (daily) and/or dependent drug use reported is particularly worrying and the use of substances to self-medicate is indicative of young people's inability to cope with ongoing anxiety and stress. Homelessness is, of course, a chronic stressor that places young people at high risk of negative health consequences (Ensing and Gittelsohn, 1998). A large number of the study's young people (particularly those over 17) reported health problems; most had limited access to medical care and consequently they neglected persistent health difficulties.

It is claimed that being homeless places youth in an arena where violence is more likely to take place (Baron, 2003). Equally, research has demonstrated that the longer young people remain homeless, the greater their risk of both physical and sexual victimisation (Hoyt *et al.*, 1999; Terrell, 1997). This study's findings reveal the street as a highly competitive environment where young people are under constant pressure and threat. The findings also strongly suggest that violence and victimisation are significant problems among homeless youth. The ability to display and maintain a tough, macho image appears to be essential to surviving street life, as is the ability to defend oneself and one's property and reputation.

The findings presented in earlier chapters identified numerous events and experiences that impacted negatively on the lives of a large number of the study's young people as children. It appears that these difficulties continued or escalated for a large number on becoming homeless and that many of their more recent problems and crises were directly linked to the absence of a stable place to live.

6 DISCUSSION AND CONCLUSIONS

This research set out to address gaps in current knowledge and understanding of youth homelessness in an Irish context. Central to the study was a commitment to accessing young people's life histories and their perspectives on a range of circumstances affecting their lives. To this end, the interviewing process aimed to create an environment for the open narration of life events, processes and experiences, so that young people's own views on their situations, past and present, could be obtained. In other words, the study provided an insider's perspective on youth homelessness.

Although this report highlights several key findings of the research, it should not be read as a complete account of the experiences of the study's young people. There are many aspects of their lives that have received only brief mention and others that are too complex to deal with in this short document. This final chapter discusses some of the major issues arising from the findings already presented and also highlights several key points that have implications for understanding and responding to the problem of youth homelessness.

Pathways 'into' homelessness

Explanations for youth homelessness are varied and controversial, and it is difficult to disentangle the range of factors that precipitate homelessness (Hutson and Liddiard, 1994). This study does not claim to identify the causes of youth homelessness, but it does tell us a great deal about how and why young people left home (or care) and provides a valuable insight into how young homeless people frame and understand their leaving home.

Consistent with previous Irish and international research (Cleary *et al*, 2004; Focus Ireland, 1995; Hutson and Liddiard, 1994; Keane and Crowley, 1990; Kelleher *et al*, 2000; Perris, 1999; Smith *et al*, 1998), an array of factors placed the young people 'at risk' for homelessness. It was rare for young people to identify one factor in isolation and their accounts strongly suggest that a number of factors combine to produce vulnerability to homelessness. For many, the event precipitating homelessness was closely related to other events or home situations, while for others the move out of home was the final stage in a whole sequence of problems.

The following three pathways or routes to homelessness were identified:

- Pathway 1: Care history
- Pathway 2: Household instability and family conflict
- Pathway 3: Negative peer associations and problem behaviour

Although not mutually exclusive, these pathways point overwhelmingly to poverty and social deprivation, difficult family situations and strained relationships with parents and carers as key factors precipitating homelessness. An important finding arising from the identification of the three pathways relates to the early age at which the stability of young people's home or care situations were undermined, making them vulnerable to homelessness. Almost half of the study's young people experienced homelessness for the first time at or before the age of 14.

Significant also is that a very considerable number experienced a misuse of parental or carer power by some combination of emotional, physical or sexual abuse within their families. Research elsewhere has similarly found that, compared to domiciled youth, a large number of homeless young people come from homes where they have experienced some level of physical, sexual or emotional abuse and neglect (Gaetz and O'Grady, 2002; Ringwalt *et al*, 1998; Smith *et al*, 1998). Indeed, one of the first studies of homeless or 'unattached' youth in Dublin found that violence was a feature of the home lives of many of the young people (HOPE, 1979). The qualitative study of out-of-home young men in Dublin by Cleary *et al* (2004) also found that several of the men first became homeless in order to escape an abusive home environment.

Consistent with other Irish studies and with the broader international literature (Keane and Crowley, 1990; Kelleher *et al*, 2000; Perris, 1999; Randall and Brown, 1999), a large number of this study's young people had a history of State care. Although their care histories varied, placement breakdown was commonplace and several reported a history of multiple placements in foster care. Finally, a smaller number of young people identified their own substance-related behaviour and

their peer affiliations during early adolescence as factors that led to 'trouble' at home, as well as conflict with their parent(s) or carer(s). However, these behaviours were almost always linked to home-based difficulties and tensions, and frequently constituted a response on the part of the young people to stressful dynamics or relationships within their own homes.

The reasons why young people leave home and become homeless are therefore multifaceted and complex (Hyde, 2005). A large number of this study's young people shared the experience of intense family conflict and/or traumatic events or experiences within their homes. For a very considerable number, leaving home was a temporary solution to these home-based difficulties and conflicts, but this solution in many cases turned quickly into a more enduring break from home. This finding highlights the importance of early intervention initiatives aimed at preventing young people leaving home and, in particular, their entry to city-centre homeless 'scenes'.

Key Points: Pathways 'into' homelessness

- The stability of many of the young people's home or care situations was undermined at an early age and this instability created a high level of vulnerability to homelessness.
- Young people's homelessness was related to a complex mix of childhood and adolescent adversities, but was strongly linked to social deprivation, difficult family situations and a combination of neglect and/or physical, sexual or emotional abuse.
- Even if a specific crisis acted as a catalyst for young people to leave home, their homelessness was most often the culmination of prolonged home-based difficulties and traumatic life experiences.

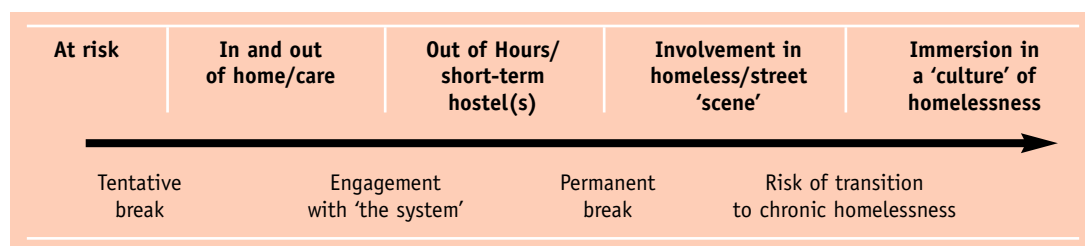
Youth homeless 'careers'

The life histories of the study's young people highlight the complexity of the experience we call 'youth homelessness'. Each young person told a unique 'story' about leaving home or care, and their life histories reveal considerable diversity in their experiences subsequent to becoming homeless. The range and type of accommodations accessed by young people varied, with some having resided in only one hostel and others moving between a range of living situations, including the streets, squats and living with friends or relatives. Young women were far less likely to report sleeping rough or squatting, and more likely to have spent periods living with relatives or friends, particularly during the early stages of homelessness.

The majority of young people found hostel life (i.e. hostels for the under-18s) difficult, even if most acknowledged that these settings provided a safe place to sleep, as well as practical help and contact with adults who gave support and advice. The high turnover of residents in these settings was particularly stressful and made daily life unpredictable for all and unmanageable for some. Despite these and other drawbacks, hostel life brought relative stability to the lives of a number of young people who had lived in one setting for a considerable period of time. These young people had not become involved or immersed in street scenes, most were not involved with drugs and they attended school, either in their home neighbourhood or in a school close to the hostel where they resided. It appears that they were 'protected' by a more stable placement and a daily routine characterised by a structured programme of activities, highlighting the critical importance of a stable living situation for young people who find themselves living out of home.

The notion that individuals experience differentiated 'pathways' through homelessness is central to this study. Amid the diversity and idiosyncrasy of individual cases across the study's sample, it was possible to build a model of youth homeless 'careers', based on young people's biographical accounts of becoming and being homeless (*see Figure 1*).

Figure 1: Model of the youth homeless 'career' phases



Source: Adapted from Chamberlain and MacKenzie (1998)

On becoming homeless, a number of young people initially sought out alternative accommodation with friends or extended family members, while others slept rough in their home neighbourhoods. For some, these weeks and months were characterised by periodic returns to the family home (or foster home), highlighting the young person's reluctance to make a more enduring break from home. This 'phase' could be said to constitute a *tentative break* from the family home or care setting (see Figure 1). Indeed, this study's analysis of young people's early trajectories through homelessness highlights a 'window of opportunity' for intervention between parents and their children — one that is all too frequently missed. None of the young people who fell into this broad 'at risk' category resolved their home-based difficulties. For some, a period of sleeping rough in their local area followed, while others moved directly to emergency hostel accommodation. Yet others moved between a mix of unstable living situations (friends, romantic partners, extended family) before making contact with the Out-of-Hours Service (OHS).

Upon contacting the OHS, young people entered into a system of intervention that was quite distinctive and the ensuing period saw many *engaging with the system* in numerous complex ways. At the point of moving into a hostel for the first time, young people had to familiarise themselves with their new surroundings and with the people who already occupied the living space they now shared. This was largely a process of 'sounding out', learning and waiting, and their vulnerability at this juncture cannot be overemphasised. Many had recently endured traumatic experiences or events, and all were entering into unfamiliar settings with little knowledge or understanding of what the future held. Young people engaged differently with this new social world. In the absence of follow-up data, it is not possible to comment at length on the study's 'newly' or recently homeless youth. At the time of interview, these young people had only recently been placed in an emergency hostel and their futures are rather unpredictable.

However, for those young people who had longer histories of homelessness, coupled with a history of multiple living situations and placements (hostels, sleeping rough, squatting, staying with relatives or friends), there are a number of identifiable patterns and trends. Most obviously, a large number started on a path of alternating between various emergency and short-term accommodations and, for many, this pattern extended over a period of years. This style of engagement with the system (i.e. with city-centre services) is striking for a number of reasons. Firstly, finding accommodation required their relocation to the city centre, a move which itself was a significant 'turning point' experience. Secondly, during this period, a large number started to develop strong connections with a street-based youth homeless 'scene', where they were exposed to a range of risky behaviours and activities. Although a considerable number were already experienced drug-users at this juncture, almost all expanded their drug repertoire and a number made the transition to 'hard' drugs. This period also saw many extending or embarking for the first time on behaviours and activities that enabled them to finance their everyday needs, including criminal offending.

Finally and importantly, those whose involvement in street scenes continued over an extended period moved incrementally towards making a more *permanent break* from home, family and community. Many who described this pathway through homelessness had become entrenched in heavy or problematic drug use. Their ability to manage their daily lives was hampered by the absence of a stable place to live and, for a considerable number, by physical health and

psychological problems. While the majority of the study's participants cannot be described as chronically homeless, a large number were heavily immersed in a 'subculture' of homelessness and some are clearly *at risk of transition to chronic homelessness*.

There is nothing fixed or absolute about the phases highlighted in the proposed youth homeless 'career' model, as illustrated in Figure 1. There is no inevitability about the progression from 'tentative break' to 'risk of transition to chronic homelessness'. Nonetheless, the longer a young person remains homeless, the more difficult it may be for them to return to mainstream life (Hutson and Liddiard, 1994). The advantage of this model is that it helps to convey the movement (and change) associated with pathways or routes through homelessness. It also highlights just how rapidly 'careers' in homelessness can progress. In keeping with the findings of Hutson and Liddiard (1994), it was possible to identify certain patterns that suggest that homelessness, for a large number of youth, can become a progressive decline.

Key Points: Homeless 'careers'

- For many young people, the early weeks and months when first out of home were characterised by periodic returns to the family home (or foster home). This finding is suggestive of a reluctance on the part of young people to make an enduring break from home and highlights a 'window of opportunity' for early intervention.
- Those young people who moved quickly into a residential setting (hostel) where they remained for a considerable period of time appeared to be protected by the relative stability of a secure place of residence and a structured daily routine.
- Young people with longer histories of homelessness embarked on a path of alternating between a range of emergency and short-term accommodations. Their regular contact with city-centre services exposed them to street-based youth homeless 'scenes' and to behaviours and activities (drug use, criminal activity) that further compromised their safety and well-being.
- Young people whose involvement in street 'scenes' continued over an extended period moved incrementally towards making a more permanent break from home, family and community.

Homelessness, health and risk

The vast majority of the study's younger participants did not report health problems, but this picture changed dramatically for young people over the age of 17. Those who slept rough were particularly prone to infection and almost all reported respiratory problems, including asthma, bronchitis and pneumonia. Poor nutrition, substance use and exposure to the elements all combined to make a large number of these young people vulnerable to ill-health. In addition, young people frequently talked about acquired injuries as ill-health and a large number reported mishaps and accidents that led to broken bones, cuts, bruises and serious abrasions. Finally, 5 of the study's young people had received a diagnosis for Hepatitis C.

Levels of drug use were extremely high across the study's sample of young people and approximately half had become seriously immersed in 'heavy end' drug use. Although the onset of heroin use is complex, few had initiated use prior to their first 'out of home' experience. Among the study's intravenous drug-users, the transition to injection occurred in all cases subsequent to their becoming homeless.

Housing instability played a pivotal role in young people's exposure to drug-related risks, as well as posing a significant challenge to their ability to manage these risks: a large number used drugs routinely in order to combat feelings of stress, anxiety and fear. Young people appeared to have few or no positive coping mechanisms and the number of reports of loneliness and depression is of particular concern. While it is important, given the strong links between homelessness and structural problems of socio-economic disadvantage, to avoid unnecessarily pathologising the

problem, homeless young people are undoubtedly vulnerable to psychological problems, not least because they have complex needs that are not easily met through conventional health services (Vostains *et al.*, 1998).

Key Points: Homelessness, health and risk

- The young people in this study reported high rates of health-risk behaviour. Serious drug involvement, leading in many cases to drug dependence, was a particular problem across the sample.
- The study's older respondents in particular reported a range of health-related problems, most notably respiratory infections, which were strongly associated with unhealthy and hazardous lifestyles. Five had received a diagnosis for Hepatitis C.
- A large number reported psychological problems associated with loneliness and depression. Reports of using illicit drugs as an everyday coping mechanism were widespread.

Final remarks

All of the young people who participated in this research have the common experience of leaving home prematurely. However, the events precipitating their leaving home varied, as did their experiences following the initial days and weeks out of home. Furthermore, homelessness was not the only difficulty or challenge facing these young people. For a considerable number, housing instability was only one of a long list of deprivations that extended to early childhood.

The majority came from impoverished family backgrounds and they described extremely difficult home and family situations. Their education was severely disrupted and many had left school early. Several had experienced separation from their parents and siblings, either because of problems in their homes or because of a specific family event. A very considerable number had become enmeshed in serious or problematic drug use. Finally, a significant minority suffered from ill-health and the health problems of many were a direct consequence of living on the streets and in other precarious living situations.

As stated at the outset of this report, homeless young people constitute a significant group among the entire homeless population. The findings of this study strongly suggest that at least a proportion of young homeless people risk making the transition to adult homelessness if their needs are not identified and addressed at the earliest possible juncture.

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