



Understanding Youth Homelessness in Dublin City: Key findings from the first phase of a longitudinal cohort study

1. What is the study's background?

This study was funded by the Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) under the National Children's Research Programme. The study was undertaken by Dr. Paula Mayock of the School of Social Work and Social Policy, and of the Children's Research Centre, Trinity College, Dublin.* The report was independently peer-reviewed and published in 2006.

2. What is the study's purpose?

This document reports key findings from Phase I of an ongoing longitudinal qualitative study of homeless young people in Dublin. The research was initiated in 2004 and set out to generate an in-depth understanding of the process of youth homelessness, with a particular focus on trajectories into, through and out of homelessness. The specific research objectives were:

- » to identify young people's pathways or trajectories into, through and out of homelessness;
- » to examine the experience of homelessness from the perspective of young people;
- » to identify facilitators and barriers to young people exiting homelessness;
- » to make policy recommendations related to service provision, early intervention and the prevention of negative outcomes.

This briefing note summarises the method of research, key findings, conclusions and recommendations of the study. The full report is available on www.dcyia.ie

3. How was the study undertaken?

Three main methods were employed in this study, as follows:

- » **Community assessment process:** 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. Contact was made with about 40 service providers 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 discussed in this document).
- » **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 was 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 environments and other locations used for begging or sleeping rough. Recruitment and interviewing extended over a 6-month period, from September 2004 to February 2005.
- » **Life history interviewing:** The life history interview was the study's core method of data collection. A life history approach focuses on the collection and analysis of 'life stories' that speak of turning

* The views expressed in this report are those of the author and not necessarily those of the Department of Children and Youth Affairs.

points or critical moments in people's lives. All interviews commenced with an invitation to the young person to tell their 'life story' and several key topic areas were then targeted for discussion. Each was then invited to talk about 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 the young person's social world, including the important people in their life (e.g. family members, peers, friends, romantic or sexual partner), their economic situation and health-related behaviour. Interviews were conducted in a variety of settings (including hostels, drop-in centres and, less frequently, on the street) and typically ranged from 40-100 minutes in duration.

4. What are the key findings?

4.1 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. These 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. The remaining percentage had varied histories of care: some had lived in foster care for either short or long periods, some reported a combination of foster and residential care placements, and others had spent time in a residential children's home. A considerable number of young people (young women, in particular) had moved between a number of care settings and the home of an extended family member, usually an aunt or grandparent, as children or young teenagers.

Although young people's care histories differed, their accounts of living in care strongly suggest that they did not integrate into the settings in which they were placed. For many, 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 in 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. As one young man, aged 17, said:

'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 12 foster homes... that was about 8 years ago. Then I was put in St. Michael's [Remand and Assessment Unit] for 6 months when I was only 12 or something.'

Residential instability produced exceptional vulnerability in these young people as children, as did the legacy of successive failed care placements. Many of them 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. For many of the young people in this study, the risk of homelessness arose well in advance of the move from a care situation (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. As one young woman, aged 15, said:

'We moved around a lot and we never lived in a house for more than 3 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.'

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 first homeless experiences, as did conflict arising from the presence of a step-parent. Many also reported

parental alcohol and drug abuse. Physical violence was reported at the more extreme end of home-based crises: over half the young people interviewed had experienced violence in their homes and 18 reported physical assault by an adult (father, mother, step-parent or mother's partner).

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 (such as an argument with a parent(s) or carer) 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 'hanging around' with peers who were known 'troublemakers'. For a number of the young women, a relationship with an older romantic partner was a source of conflict at home.

Several of these young people talked openly about their own 'difficult' behaviour as young teenagers. However, their stories also revealed long-standing home-based issues and problems, including family illness or bereavement, alcohol abuse by a parent(s) and/or parental conflict, which impacted negatively on them as children and their ability to cope as teenagers. As one young man, aged 19, said:

'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 ... they were just fighting, fighting, fighting for the slightest stupid thing that ever happened, you know. So I got sick and tired of it ... I started saying, 'No' ... I actually started staying out and I started getting used to it.'

Although a number admitted to being 'rebellious' 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 their initial weeks out of home.

4.2 The homeless experience

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 them to contexts, settings and relationships that further compromised their safety and well-being, some of which are described below.

Dislocation from home neighbourhood

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. Social ties of all kinds were disrupted and sometimes severed when young people left home and relatively few had maintained the connections and relationships that were once familiar and routine. The following exchange with a young man, aged 19, illustrates the point:

[Interviewer: 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.'

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. As one young woman, aged 21, said:

'I did have good friends, but when I started on drugs I lost all my 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.'

The residential displacement associated with becoming homeless created much anxiety for young people and the distress many subsequently experienced was strongly linked to the loss of social bonds, networks and family supports.

Bullying, intimidation and violence

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. They also commented on the inability of service providers to address and deal with bullying and harassment of this kind among hostel residents. 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 had witnessed violent acts on a regular basis, such as fights, beatings, muggings and other incidents. As one young man, aged 19, said:

'There's a lot of violence on the street ... There's a lot of muggings and robberies, a lot of violence ... a lot of shootings, a lot of stabbings.'

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 initiated use 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 or 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.

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 during the period following first homelessness. Furthermore, many first made contact with heroin 'scenes' through the services they accessed. As one young woman, aged 19, said:

'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].'

Drug use escalated for practically all of the young people as their 'careers' in homelessness progressed and, for a considerable number, drug use quickly became part of a lifestyle characterised by chronic instability and high susceptibility to a range of risk behaviours.

Health risks

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. As one young man, aged 21, said:

'Well, living on the streets causes stress. Sometimes it can cause me stress. Heroin causes me stress, robbing causes me stress.'

The use of alcohol and drugs to escape from daily hardships was commonplace, particularly among those who were out of home for longer periods and currently using adult hostels. However, there were also numerous reports of substance use as a coping mechanism among young people who had shorter homeless histories. As one young man, aged 19, said:

'The only thing that helps me is hash. Helps me with all my problems ... I have a joint and mellow out and I'd be alright, do you know what I mean.'

The stresses experienced by young people ranged from everyday worries to more acute stress related to specific or ongoing personal, social, health or emotional problems. Those who had longer homeless histories and reported problematic drug use suffered to a greater extent from physical health problems, with respiratory problems (including asthma, bronchitis and pneumonia) being the most commonly reported illnesses. Five of the young people in the study had received a diagnosis for Hepatitis C.

5. What are the conclusions?

The key conclusions arising from Phase I of this longitudinal study are outlined below.

1. Pathways ‘into’ homelessness: As outlined earlier, three main routes or pathways into homelessness were identified. These pathways were associated with: (1) a history of State care; (2) household instability and family conflict; and (3) the young person’s negative peer associations and problem behaviour. The following points summarise a number of key issues arising from their stories of becoming homeless:

- » 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 a young person to leave home, their homelessness was most often the culmination of prolonged home-based difficulties and traumatic life experiences.
- » For a considerable number, leaving home was a temporary solution to these home-based difficulties and conflicts. But in many cases this solution quickly turned 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 into city-centre homeless ‘scenes’.

2. Young people’s homeless ‘careers’: The notion that individuals experience different pathways through homelessness is central to this study. Amid the diversity of young people’s stories, the following key points help to summarise the differential routes taken by them subsequent to leaving home:

- » For many young people, the early weeks and months out of home were characterised by periodic returns to the family home (or foster home). This finding is suggestive of their reluctance 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 almost always 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 ‘scenes’ and to behaviours and activities (e.g. 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.

3. Homelessness, health and risk: Housing instability played a pivotal role in young people’s exposure to health risks, as well as posing a significant challenge to their ability to manage these risks.

- » 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, who generally had longer homeless histories, reported a range of health-related problems, most notably respiratory infections, which were strongly associated with unhealthy and hazardous lifestyles.
- » A large number reported psychological problems associated with loneliness and depression. Reports of using illicit drugs as an everyday coping mechanism were widespread.

6. What are the recommendations?

A number of recommendations arise from the research, as follows:



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Check out www.dcyia.ie for full report of study

1. Preventing youth homelessness

Preventative strategies focus on children and young people who may be 'at risk', but who are not actually homeless. The *Youth Homelessness Strategy*, published by the Department of Health and Children in 2001, places a strong emphasis on prevention. All agencies working with children and young people within local communities have a role to play in preventing homelessness by providing early warning signs of risk factors and ensuring there are referral arrangements with agencies targeting children, young people and their families. Since homelessness cannot be attributed to a single cause, multiagency work, involving housing, social work, education, justice and health sectors, are necessary components of effective prevention. In keeping with previous research, this study has identified a history of State care as a risk factor for homelessness among young people. The majority of care leavers interviewed appeared to have moved in and out of numerous care settings. Young people who 'drift' in and out of care and who have a history of multiple care placements are particularly vulnerable to poor outcomes and their needs are very different to those young people who are leaving care permanently and/or in a planned way. More structured approaches are required to cater for the needs of young people whose placements break down and every effort must be made to ensure that they do not enter the 'official' network of homeless youth.

2. The need for early intervention

While the aim of preventing youth homelessness is clear in Irish policy on youth homelessness, the language and concept of early intervention is far less visible. Early intervention involves providing assistance to young people who are obviously at risk or who are in the early stages of homelessness. Thus, the 'early' in 'early intervention' signifies not so much early in *life* (although this may apply) as early in a pathway that may lead to an adverse outcome. The Crisis Intervention Service was developed to address the needs of children and young people in *crisis*, when all other options were closed,

and it is the responsibility of the service to provide suitable accommodation for those who cannot return home. The findings of this study suggest that at least some young people get caught up in a cycle of using emergency accommodation. The unpredictability and risks associated with this movement between short-term settings point strongly to a need for initiatives that aim to ensure that the 'newly' homeless do not join the ranks of the longer-term homeless.

3. Preventing the transition to adult homeless services

Currently, a young person may lose most (if not all) of their prior supports from State bodies on reaching the age of 18 and they are then required to seek assistance from adult services. This means that when, for a variety of reasons, a young person does not rapidly exit homelessness, they are forced to access adult homeless hostels. These settings may not have the resources or capacity to cater for the multiple and often complex needs of these young people. More fluid interventions from child/youth services are crucial in preventing young people from ever entering the world of adult homelessness.

7. What are the benefits of the study?

This is the first longitudinal study of homeless young people to be undertaken in the Irish context. What distinguishes qualitative longitudinal research is the way in which temporality is deliberately designed into the research process, making change a key focus of analytic attention. The experiences presented here are unfinished stories and young people's situations may have changed in either subtle or dramatic ways since the point of initial contact with them. Follow-up phases of data collection will undoubtedly enable the identification of more clear-cut conclusions. Nonetheless, the findings of this initial phase provide detailed insight into the routes taken by young people out of home, their experiences of homelessness and some of the negative consequences of housing instability for their health and well-being.