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Not Just Homelessness ... A Study of 'Out of Home' Young People in Cork City



Trinity College Dublin

children's research centre
research for children & young people

Paula Mayock and Nicola Carr

**NOT JUST HOMELESSNESS ...
A STUDY OF 'OUT OF HOME' YOUNG PEOPLE IN CORK CITY**

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EXECUTIVE SUMMARY

Research Objectives

A core objective of this research was to generate in-depth knowledge and understanding of the experiences of homelessness among young people in the Southern region of the Republic of Ireland with particular attention to Cork city. The research set out to:

- Identify young people's pathways or routes into homelessness
- Examine the experience of living out of home
- Examine the challenges young people experience on becoming homeless
- Make policy recommendations related to service provision, early intervention and the prevention of negative health outcomes.

Research Methods

The research aimed to recruit young people between the ages of 14 and 25 years who were homeless or living in insecure accommodation. The life history interview was the core method of data collection. All interviews commenced with an invitation to young people to tell their 'life story'. Several key topic areas – family history, childhood experiences, experiences at school, history of alcohol and drug use, accommodation history, living situations and key life events or 'milestones' – were then prompted for discussion and questioning. Data collection commenced in April 2006 with a 'Community Assessment Process', which involved the conduct of semi-structured interviews with key stakeholders, including service providers and senior managers in statutory and voluntary sector agencies. This phase facilitated entrée to field sites and also helped to guide the recruitment process. Interviews with young people were conducted over a seven-month period between April and October 2006. Respondents were recruited from residential settings, emergency hostels, drop-in centres and the street.

The Study's Young People

37 young people (20 men and 17 women) were interviewed in-depth for the purposes of analysis.

Age

The young people ranged in age from between 16 and 25 years, with the average age for the sample being 19.9 years.

Birthplace

26 of the young people were born in Cork city or county. 5 were born in the UK and the remainder in other counties in Ireland.

Family Situation

The parents of 15 young people were separated or divorced and 7 young people stated that one parent was deceased. The parents of 14 young people were living together.

Current Living Situation

The young people resided in a variety of situations and accommodation types including Under 18 'Out of Home Provision' (4), Adult Emergency Hostels (9), Supported Housing Projects (11), Prison (2), Adult Mid-term Hostels (2), the private rented sector (5), home (3), and the street (1).

UK Residency

5 young people were born in the UK and an additional 9 had resided in the UK at some stage during childhood or adolescence.

Care History

20 of the young people reported a history of State care.

Young People as Parents

7 young people were either parents (3) or expectant parents (4).

Education, Training and Employment

5 respondents stated that they had a learning disability or that they had attended a 'special school'. A further 10 left school without formal qualifications. Only 3 young people were employed, with the majority (21) describing themselves as unemployed. 9 young people were attending a skills training scheme (e.g. FÁS). The picture, therefore, was of very considerable disadvantage in terms of educational attainment and employment status.

Pathways Out of Home

Four distinct typologies or pathways into homelessness were identified:

Pathway 1: Care Pathway (13 young people)

These young people had spent extended periods in residential and/or foster care. Practically all had experienced multiple care placements which impacted negatively on their sense of security and stability. 5 had experienced abuse in a care setting. The inadequacy of appropriate Leaving Care preparation and Aftercare provision was highlighted in young people's accounts.

Like I think now, when I look at myself, a lot of people that I was in care with, a lot of them are on the streets. Like they're girls and guys and the youngest is only 17. And I think when you're in care you don't have a clue basically. Like I didn't have any family contact really so, in a way, they're kind of raising you and they're kind of family to you and then they say to you, 'You're 18, here's the door, out you go, kind of thing.

(Sharon, 19).

Pathway 2: Abusive Family Situation (10 young people)

Characterised by descriptions of physical, emotional and/or sexual abuse and neglect and/or domestic violence in the family situation. In some cases there may have been social work intervention. However, the distinguishing feature was that they did not spend extended periods in care. In other cases, there was no known social work involvement and young people reported that they did not want to bring the difficulties in their family to the attention of external services, in some instances because they were unaware of how to do so, and in other instances because they feared the repercussions of doing so, e.g. an escalation in abuse, or the break-up of their families. Domestic Violence emerged as a feature in such accounts.

To be honest like the guards would have been a help, whatever, but I really never go to the guards for any reason ... like I didn't mind going to the guards once I was 18 because they couldn't send me home. If I went to the guards before I was 18 I'd go home and I'd get, I'd be murdered. 'You went to the guards about me?' My dad would actually just (pause) ... and I wouldn't blame him. But I couldn't do anything else, he was actually threatening me like, you know. I was so nervous of him like and he had given my sister a black eye and he had hit me a couple of times and I was practically pushed down the stairs like you know.

(Aoife, 18)

Pathway 3: Family Conflict (10 young people)

Typically related to difficult relationships within the family home, where the primary feature concerns interpersonal conflict that is not directly a feature of the young person's behaviour. Young people who experienced family conflict described longstanding issues between them and their parent(s), such as feeling unsupported or misunderstood. Some issues of conflict arose in the context of young people establishing and exploring their own identities. Four young people in this pathway had been adopted and issues regarding conflict with their adoptive families arose during adolescence. There was some evidence of positive intervention with young people in this pathway, particularly through the support of the Adolescent 'Out of Home' Services, provided by the HSE at Liberty Street House. Young people reported that staff at these and allied services supported them in mediation and resolving conflict with their families.

It (learning that he was adopted) was kind of a trigger because back then I kind of felt, you know, 'Why do I have to live with this family when one family already got rid of me?' It was only when I turned 18 then that I was legally entitled to get the documents and I found out that I wasn't actually gotten rid of. It was because my father, my biological father, was abusive and my mother did it to save us. I learnt that when I was 18, so. It was something, I don't hate my parents like but it's a bit late then like. You know I've been through what, 5 years of torment.
(Frank, 20)

Pathway 4: Problematic Behaviour (4 young people)

Typically related to features of the young person's behaviour that led to tensions within the family home and precipitated their home-leaving e.g. substance misuse, criminality. Problematic substance misuse, with attendant anti-social and criminal behaviour, was the most dominant feature of difficulties among young people in this pathway. Typically, young people reported problematic alcohol use and poly-drug use. Substance misuse impacted on their relationship with their families and also affected their ability to cope with daily life. Two of the young people had been in treatment for substance misuse, but lacked ongoing supports to address their problems.

Like the reason I couldn't get on at home was because they couldn't handle what I was doing (referring to drug use). I was making money my way, they've their own ways of making money, do you know what I mean? They're working and what have you but I was never working in my life like, you know what I mean, so I'm not going to start now. I don't know to be honest, after that, you know what I mean. It's just everything went downhill after that, I started arguing with my family but, other than that, I don't know what else.
(Max, 20)

Living Out of Home

Young people's living situations and their movement through these were influenced by the pathways they took to leaving home or care, and were mediated by their age, gender and the resources available to them in terms of support and service provision.

Movement in Living Situations

Across the sample there was considerable diversity in the range of accommodation accessed. Many of the young people had moved on multiple occasions and key themes arose from the manner in which they changed their living situations, these were:

Running Away

For some young people, movement from one living situation to another was crisis driven. Some young people framed their home/care leaving as 'running away'. In these circumstances young people were under 18 and had little access to resources. Their decisions to run occurred in the context of a history of sexual abuse. And the manner in which they left home i.e. 'running away' placed them in circumstances of further risk.

I've been running most of my life since I was, no since I was 6 years old I've been running out of home.
(Donna, 19)

Accessing Adolescent 'Out of Home' Accommodation

Ten young people in this study had accessed 'out of home' accommodation when they were under 18. Their experiences of these services were largely positive. Some young people moved back home having received supports from Liberty Street House and other services. Other young people required ongoing support and key issues emerged for them when aged 18 they had to make the transition from young people's to adult services.

Tenancy Sustainment

At the time of interview four young people were living in private rented accommodation and a further 14 had lived in this form of accommodation at some point, their tenancies having broken down, for a variety of reasons. Young people highlighted issues such as poor quality accommodation, their inadequate financial resources and feelings of loneliness and isolation as contributory factors in tenancy breakdown.

It's very cold, it's got no heating and the plumbing is after stopping now as well. The plumbing is leaking out through the door. The washing machine blew up, the fridge blew up so ... I don't know about getting it fixed, I said it to the landlord ... It's not suitable for anyone and there's a hole in the roof so when it rains you can hear it dripping through the tiles in the ceiling and there's big black coming through.

(Mark, 21)

Going to an Adult Hostel

For young people over the age of 18, the main form of emergency accommodation provision is an adult hostel. Twenty two of the study's young people had accessed adult emergency hostels at some point in their lives. For the majority of young people, entry into this environment was associated with a sense of stigma, confirming a homeless identity for some. Young people who accessed these services were most likely to report a range of ongoing support needs, including substance misuse issues, mental health difficulties and learning difficulties.

I went to the Homeless Unit and I said, 'Basically I'm homeless like'. And, 'Is there anything you can do?' She said, 'You can go to a hostel'. And that hostel like has a really, really bad name for violence, drinking and drugs and so on and so forth. And I said to her, 'I don't want to go to that hostel'. And she basically said, 'You're homeless, you haven't got a choice, it's either that or live on the streets.'

(Darren, 21)

Movement between Ireland and the UK

One of the notable features of movement for young people in this study concerned a pattern of mobility between Ireland and the UK. 5 young people had been born in the UK and a further 9 had been resident there at some point. Young people's migration patterns emerged in the context of family links, or in some instances were motivated by their desire for change, and to alter their circumstances.

Institutional Nexus – Prisons and Psychiatric Hospitals

Six young people in the sample reported movement between psychiatric hospitals, prison, homeless hostels and rough sleeping. These were all young men who experienced a range of difficulties, not least mental health and substance misuse issues. They were also among the most marginalised in the entire sample.

Homelessness, Health and Well-being – Physical Health

Reported physical health problems, including acquired injuries, respiratory problems, weight loss and stomach and kidney problems, were strongly associated with poor hygiene and nutrition, exposure to the elements, general self-neglect and heavy drug or alcohol use.

Mental Health

A range of mental health difficulties were reported and typical accounts point to the complexity and seriousness of these problems: 24 reported depression; 13 reported one or several episodes of self-harm; 6 stated that they had attempted suicide; and a further 3 reported past suicidal ideation. 15 respondents experienced anxiety or stress and 20 reported substance misuse.

Depression

- 24 young people (approx. two-thirds) reported depressed mood, commonly expressed as 'I often feel depressed' or 'I am always depressed'.
- Many attempted to conceal their feelings of depression from adults and peers.
- Reports of depression could often be traced to the early teenage years when a range of difficulties began to impact negatively on young people's sense of security and well-being.
- The themes of low self-worth and lack of control were strongly embedded in their descriptions of emotional states, as was the theme of loss.

I have no memories ... I can remember bits of my life. I don't know? I'm sure it was wiped out on me but I can remember bits of my life and I can't remember all of it, you know. That's why I won't talk about it because the bits I remember are bad pieces. I can't remember nothing else. I can't remember no good bits of my life. That's why I won't talk about it.
(Teresa, 18)

Self-harm

- 13 young people (over one-third) reported at least one episode of self-harm. Most (10) were young women and the majority reported either a 'care history' or 'abusive family situation' pathway out of home.
- A recurring theme permeating accounts of self-injurious behaviour was the notion of inadequacy and the perception that they lacked more qualities than they possessed.
- There was evidence to suggest that young people engaged in self-harm as a way of coping with intense emotional distress and pain.

... I don't know, sometimes I just get so fed up with life, you know what I mean like. When I was in care and all I was like, 'What's the point of being here like wasting my time?'. Everyone hates you, nobody talks to you, everyone is just, 'I hate you', like do you know what I mean. So I really started to self-harm out of pure anger like ...
(Sharon, 20)

Suicidal Behaviour

- 6 young people reported suicide attempts including overdose, self-inflicted lacerations or self-inflicted injury by some other means.
- A further 3 had contemplated suicide at some time in the past.
- Young people often indicated that suicidal behaviour most often occurred following a stressful event such as family relationship difficulties or other seemingly insurmountable personal problems.

Coping Mechanisms

- In general, young people had weak social supports and few trusted adults or peers in whom to confide.
- Young men were particularly prone to keeping problems to themselves and to refusing to seek help or support.
- A smaller number had built relationships with trusted adults (aftercare workers or other professionals) and had learned to use more positive coping strategies.

Substance Use and Misuse

Of the 37 young people interviewed, all except one had consumed alcohol. 31 had used an illegal drug at some time in their lives. Only 9 of the 31 who had ever used an illicit drug limited their use to one substance suggesting that poly-drug use was the dominant pattern of consumption. A total of 22 young people (11 men and 11 women) reported either past or ongoing problems arising from their use of alcohol and/or drugs.

Alcohol Misuse

- Alcohol was nominated as a problem substance by 15 (68%) of the 22 who reported substance misuse problems.
- For economic reasons many drank outdoors and not in pubs, making them extremely vulnerable to clashes with the police. Several had acquired a 'drunk and disorderly' charge on one or more occasion.

Drug Use and Misuse

- Few of the study's drug users restricted their drug intake to one substance. Cannabis, cocaine, ecstasy and prescription medicine were the most commonly used substances, with LSD and amphetamine being used less frequently.
- Young people had easy access to illegal drugs and to prescription medicine (referred to as 'smarties') which they acquired through both legitimate and illegitimate means.
- 9 young people had used heroin at some time but only 2 were current users of the drug.

Substance Misuse and Coping

- For a number of young people (adult hostel users in particular), drinking and drug use simply helped to pass the time, thus providing an occupational structure for the day.
- Many openly acknowledged that they used alcohol and/or drugs as a form of self-medication: to counteract depression, anxiety and other negative emotional states.

Drinking, bit of hash, bit of this and bit of that ... Bit of everything like to calm me down.

(Peter, 21)

When there's nothing better to do and you're just trying to pass away the time you just go drinking. It makes it easier.

(Caroline, 18)

Not Just Homelessness ...

The life histories of this study's young people strongly suggest that homelessness was one of multiple adversities they faced as they moved through adolescence towards young adulthood. Put differently, most experienced a cluster of problems both before and subsequent to their premature home-leaving. The following overarching themes help to frame their life experiences and also demonstrate the complexity of what is often generically and uncritically referred to as 'youth homelessness'.

Social Exclusion

The vast majority of young people interviewed for the purposes of this study can be characterised as socially excluded and 'at risk'. They experienced wide-ranging disadvantage, not only in terms of their limited access to secure housing, but also in relation to education, employment and health.

Fractured Transitions

While the transitional process towards adulthood has extended for the majority of 'ordinary' youth, this transitional period unfolded at an accelerated rate for this study's young people. The challenges facing the majority in terms of successfully negotiating 'independence' might be characterised as extreme and even overwhelming.

Dislocation, Identity and Risk

A powerful example of identity crisis and risk emerged from the accounts of those young people who had accessed adult homeless hostels. Entry to this form of accommodation was widely perceived as carrying stigma. More than anything, the move to adult hostels held great significance in that it signified real homelessness.

Recommendations

The recommendations fall into three main categories: prevention, early intervention and longer-term support. In a general sense, they target different 'phases' of the homeless experience, that is, those 'at risk' of homelessness, young people living 'out of home' (intermittently or in the short or medium term), and those who continue to experience housing instability over extended periods. Recommendations are also made in relation to specific areas of service provision that have relevance across the continuum of intervention. This notion of a continuum of intervention has particular relevance for young people as they make transitions from children's to adult services. Indeed, a key challenge identified in this report is the need for supports that enable young people to manage this transition successfully.

Prevention – Key Recommendations

Awareness Raising

- Preventive policies aimed at addressing youth homelessness must be guided by an awareness of the complex issues that contribute to premature home-leaving and housing instability during adolescence and young adulthood.
- The HSE, in collaboration with partner agencies, should develop an information campaign aimed at raising awareness of youth homelessness and of the services available to young people, parents and professionals.
- The HSE should enter into discussions with the Department of Education and Science and the Vocational Education Committee with a view to exploring how they might disseminate relevant information to schools.

Family Support Services

- The HSE (South), via Liberty Street, should continue to provide preventive services and supports to young people and their families.

Young People in Care

- There is a need for systematic monitoring and evaluation of foster and residential care placements.
- Young people need to be consulted regularly regarding their care placement experiences.
- Systems need to be established to ensure the early identification of placements at risk of breakdown.
- When a young person experiences placement breakdown, the reasons for this breakdown need to be systematically reviewed.
- Professional care planners need to be fully aware of the vulnerability of care leavers to homelessness and of the consequent need for robust and appropriately resourced care plans.

Early Intervention – Key Recommendations

Family Support and Mediation

- The HSE, via Liberty Street, should continue to provide support and mediation to young people and their families. Consideration should be given to the dissemination of this early intervention model to other HSE regions.

Engaging and Listening to Young People

- The findings of this study suggest that the full extent of the abuse that young people experienced in their own homes was not adequately understood and recognised by professionals. This indicates a need for greater engagement with children and young people and for more comprehensive assessments of child protection concerns, particularly in the context of domestic violence.

Emergency and Respite Accommodation

- Flexibility is required on the part of the HSE and partner agencies in relation to the 18-year 'cut off' for eligibility for emergency and respite accommodation. At the very least, more fluid service

provision that does not rigidly differentiate between young people under and over 18 years should be developed along the lines of models already in existence.

Longer Term Support – Key Recommendations

Accommodation for Young People Over 18 years

- The 18-year cut-off point for eligibility for statutory child care services creates a barrier to service access and reduces the potential for young people to achieve housing stability. The matter of accommodation and support for 18-25 year olds needs urgent attention.
- Models of transitional housing for young people over 18 years require review and development with particular attention to individual support needs.

Transitional Supports

- Key support issues emerged for young people who moved from children/young people's services to adult services. The need to adequately support young people in transition is a key finding to emerge from this research. Consideration should be given to the development of a transitional support model which could usefully be guided by input from the Youth and Adult Homeless Fora.

Needs Based Supports

- Local policies and strategies aimed at tackling youth homelessness need to address the needs of specific 'at risk' groups:
 - Young people with mild learning difficulties require sustained and specialised support.
 - Sexual minority youth need to be recognised as a group who may be at risk of homelessness.
- Models of transitional and supported housing tailored to meet the needs of specific groups require exploration.

Staff Training

- Consideration should be given to developing specific training for social work and social care staff in working with adolescents. This could be developed via service providers in conjunction with training providers such as professional qualification programmes in third level institutions.

Across the Continuum – Key Recommendations

Leaving and Aftercare Provision

- Within the HSE priority must be given to improving leaving and aftercare provision. Consideration should be given to the development of an assessment protocol aimed at identifying care leavers who are at risk of homelessness.
- The housing needs of all care leavers should be assessed well in advance of them leaving care.
- The accommodation options required to meet the needs of care leavers should be developed in a context of multi-agency cooperation, particularly between the HSE and Cork City Council.

Domestic Violence

- There is a need for wider awareness among professionals of the potential impact of domestic violence on children and families. Professionals may need further training and skills development in this area.
- The HSE and their partner agencies need to develop protocols in order to provide an appropriate response to children and families who experience domestic violence.

Mental Health Services

- There is an urgent need for appropriate community-based mental health services that cater specifically for the needs of adolescents and young adults.

Substance Misuse and Treatment

- The Report of the Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug Problems (Department of Health and Children, 2005) provides comprehensive guidelines in relation to the management of treatment services for this group. The development of such a model would be a substantial resource for this group.

CHAPTER 1
YOUTH HOMELESSNESS
IN IRELAND:
OVERVIEW, POLICY AND
LEGISLATIVE CONTEXT

Young people who experience homelessness warrant particular attention because of the specific legislation which affects them and the highly vulnerable position they hold by virtue of their age. Youth homelessness in Ireland, as elsewhere, is part of a wider homeless problem. This introductory chapter discusses the nature and extent of the phenomenon in Ireland and outlines the legislative and policy frameworks that guide responses to it.

Defining Youth Homelessness

Homeless people are a diverse population with various life histories and experiences. Defining homelessness is difficult and at times politically controversial (Gloger et al., 2004; Springer, 2000) and there is no universally accepted definition (Chamberlain & Johnson, 2001; Jacobs et al., 1999). 'Rooflessness' or 'absolute homelessness' refers to the absence of shelter and is the most obvious, if the narrowest, definition of homelessness. Taking a much broader view, the term having 'inadequate accommodation' includes all who are without appropriate lodgings as well as those 'at risk' of homelessness. There is emerging consensus on the need to consider homelessness as a continuum of housing situations, ranging from people at risk to those temporarily or episodically without shelter, to individuals who are persistently homeless (Daly, 1996; Fitzpatrick, 2000; Hutson & Liddiard, 1994; Watson & Austerberry, 1986).

In Ireland, the problem of defining homelessness has received considerable attention. The absence of a universally accepted definition was highlighted by O'Sullivan (1996) when he distinguished between 'visible' and 'hidden' homelessness. The Housing Act, 1988 (Section 2) provides a legal definition of the term 'homeless' and states that a person may be accepted as such by a relevant housing authority if:

- i. there is no accommodation available, which in the opinion of the authority, he together with any other person who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or
- ii. he is living in a hospital, county home, night shelter, or other such institution and is so living because he has no other accommodation of the kind referred to ... and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

The Youth Homelessness Strategy (Department of Health and Children, 2001a: 11) subscribes to the following definition advanced by the Forum on Youth Homelessness (2000):

Those who are sleeping on the streets or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, B&B or such, providing protection from the elements but lacking the other characteristics of a home and/or intended only for a short stay.

The Strategy further makes the point that youth homelessness is different from adult homelessness:

The key difference is that the vast majority of children under the age of 18 have a place of residence from which to operate; this may be their home, or an alternative form of accommodation supplied by a health board or a voluntary agency. In essence, when a young person becomes homeless, it is because they can no longer operate from this base.

While there are many 'official' definitions of homelessness, much less is known about young people's own definitions and relatively few studies have examined how children and young people perceive homelessness. In Wales, Hutson & Liddiard's (1994) study found that young homeless people often interpreted homelessness quite narrowly as sleeping rough, and it was common for those staying with friends not to describe themselves as homeless. Fitzpatrick (2000), on the other hand, found that young people in her Glasgow-based study adopted a broader definition of homelessness as having 'no permanent house'. For many, traditional forms of accommodation for homeless people, such as

hostels or shared living arrangements, did not come within the bounds of their definition. A common point of agreement between these two UK-based studies is that young people emphasised the degree of security and permanency of accommodation rather than physical conditions when they defined homelessness. Similarly, Mayock & O'Sullivan's (2007) Dublin-based study found that the references young people made to 'home' and 'homelessness' were strongly suggestive of emotional as well as physical considerations. In this study, self-identity emerged as an important determinant of the meaning of homelessness: those who had lived out of home for a considerable period of time were far more likely to equate their situation with 'homelessness'.

It appears, therefore, that young people frame both home and homelessness as not simply housing-based concepts. An earlier Irish study (Halpenny et al., 2002) likewise highlighted the emphasis that children and young people place on the meaning of home. This research focused on children in families living in emergency accommodation and found that adolescent children of homeless families discussed their homeless status in terms of not having their 'own home'. The children interviewed for the purposes of this study also conveyed an awareness of the stigma associated with the term 'homeless'.

The complexity of defining homelessness is exemplified when the definitions of homeless people are considered. Moreover, interpretations of 'home' present further challenges for the concept of homelessness (Watson & Austerberry, 1986). It appears that young people (and adults) attach a variety of meanings to the concept of 'home' (Kellett & Moore, 2003; Novac et al., 1996). From a subjective standpoint, then, the question of definition may be largely irresolvable since homeless individuals are likely to frame their situations in very different ways (Hutson & Liddiard, 1994). Furthermore, all definitions are, to some extent, 'theoretically and socially determined, subjective and arbitrary' (O'Sullivan, 1996: 4). It is useful to bear these issues in mind when embarking on any study of youth homelessness.

Extent of Youth Homelessness in Ireland

Homeless young people emerged as a distinct group within the broader homeless population from the 1970s in Ireland (Mayock & O'Sullivan, 2007). Concern continued to grow during the late 1980s about the visibility of street homelessness, or what became known as rough sleeping, particularly in Dublin city (HOPE, 1979; Kearns, 1984; Kennedy, 1985; National Campaign for the Homeless, 1985). However, at this time, official recognition of youth homelessness was largely absent despite the efforts of voluntary sector agencies to highlight the extent of the problem. This situation changed in the early 1990s following mounting evidence of a significant youth homeless problem (Daly, 1990). During this time, numerous studies and assessments drew attention to large numbers of young people who were homeless i.e. sleeping rough or living in temporary accommodation such as B&Bs (Focus Ireland, 1995; Perris, 1999). Available data from a variety of national sources indicate that while youth homelessness increased during the 1990s, it has declined in more recent years (see Mayock & O'Sullivan, 2007 for further detail). The eastern region has consistently recorded the highest number of homeless young people nationally.

While the majority of Irish studies of youth homelessness have been conducted in Dublin, a smaller number have been carried out in other regional locations. For example, Keane & Crowley's (1990) study of youth homelessness in Limerick City found that while the number who were 'roofless' (i.e. sleeping rough) was small, there was nonetheless 'a large number of young people with no regular base, drifting from one insecure situation to another' (Keane & Crowley, 1990: 2). Of the 57 young people between 16 and 18 years identified as homeless in this study, the following groups were significantly represented: children who had been sexually or physically abused, children who had suffered emotional deprivation, poor school attenders and children who had previously been placed in alternative care. Harvey and Menton's (1989) commentary on Ireland's young homeless provided information on Cork Simon's submission to the government appointed National Youth Policy Committee in 1983. This submission stated that, of the 138 people who were in contact with the soup run in that year, 50 were under 30 and 10 were children. At this time, Cork Simon described the children they encountered as follows: 'These children live on and off the streets, their life is the

streets, begging and shop-lifting are their only means of subsistence. Happiness for these kids is sniffing glue from a bag'.¹

Only a relatively small number of studies have been conducted on homelessness in Cork. Kearns et al. (2000) estimated the extent of homelessness for a report commissioned by the Cork Homeless Forum and reported 42 homeless young people between 15 and 24 years in their total count. A further study exploring substance misuse among 34 young homeless people accessing Cork Simon's Youth Homeless Drug Prevention Project (Frost et al., 2001) noted the mobility of this group, with one-third coming from areas of Ireland outside of Cork. The majority cited more than one reason for their homelessness, with 44% reporting family breakdown and 38% citing drug problems as their reason for leaving home.

The enumeration of homeless young people is notoriously fraught. This is in part due to disagreements over how to define the homeless population and is also related to the hidden nature of much homelessness. Furthermore, in the case of youth homelessness, various studies and data use different age limits in their definition of 'youth' (Mayock & O'Sullivan, 2007). There is no uniform approach to the collection and collation of information on homeless young people in Ireland and we therefore depend on figures from a variety of sources and data sets. In the Irish context much of the available data are collated by statutory agencies. As Anderson (2003) highlights, the framework for service provision is an important determinant of available estimates, influencing who comes into contact with a service, who is excluded and, therefore, who is counted in homeless figures. Furthermore, as Cloke et al. (2003) note, the mobility of homeless populations mitigates against the static nature of enumeration. Although obtaining accurate data on the number of homeless young people is beset with difficulties, the available figures can nonetheless provide an important backdrop to the current study. The following sections present some of the available data on the youth homeless population in Cork.

Local Data on Youth Homelessness

Since the late 1990s, the Department of Health and Children has collated data based on the returns from all health boards on the number of homeless young people with whom they have contact. The Youth Homelessness Strategy, formulated by the Department of Health and Children in 2001, gave data on the number of young people presenting as homeless to health boards in the previous two years (744 in 1999 and 588 in 2000). Table 1.1 provides a breakdown of the 2000 figures across health board areas:

Table 1.1 Number of Under-18s Presenting as Homeless in Ireland in 2000 based on Health Board Returns for that Year²

Health Board	Number of cases of children who presented as homeless in 2000	Children as % of national total
ERHA	268	45.58
MHB	9	1.53
MWHB	60	10.2
NEHB	19	3.23
NWHB	6	1.02
SEHB	110	18.71
SHB	79	13.44
WHB	37	6.29
Total	588	100

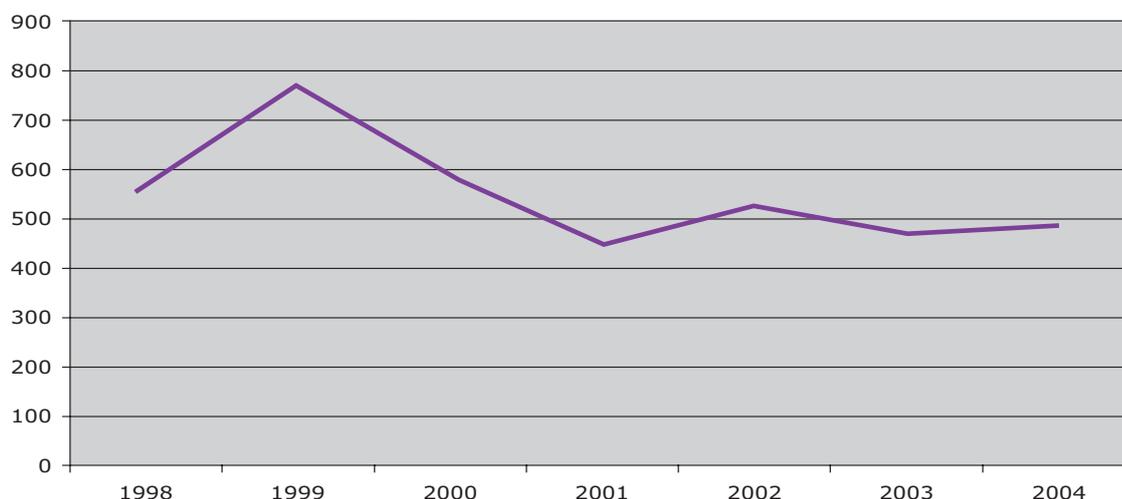
In 2000 the Eastern Regional Health Authority (ERHA), which includes Dublin and its suburbs, accounted for the highest percentage of the national total of youth homeless with 45.58%, while

1 Simon Community (1983: 3), cited in Harvey & Menton (1989: 37).

2 Source: Youth Homeless Strategy (2001: 13) Department of Health and Children.

the South Eastern Health Board (SEHB) recorded the second highest proportion (18.71%). The Southern Health Board area, which includes Cork city, recorded the third highest number being 13.44% of the national total in that year. Figure 1.1 provides an overview of national figures on youth homelessness collated by the Department of Health and Children between 1998 and 2004. It indicates that figures for youth homelessness peaked in 1999, when there were 774 young people under the age of 18 reported nationally. In 2004, the last year for which figures are available, the number of young homeless had declined to 495.

Figure 1.1 Extent of Youth Homelessness, 1998-2004 (National)



Further data on youth homelessness in the Southern region can be found in the Southern Health Board's Implementation Plan for its Youth Homeless Strategy (2002) and from the HSE Southern Area's 'Out of Home' Service, based at Liberty Street. These sources provide data on the number of young people under the age of 18 who presented as homeless or 'out of home' in the HSE Southern Area between 1999 and 2006 inclusive.

Figure 1.2 Number of Young People Presenting as Homeless to the Southern Health Board/HSE Southern Area, 1999-2006

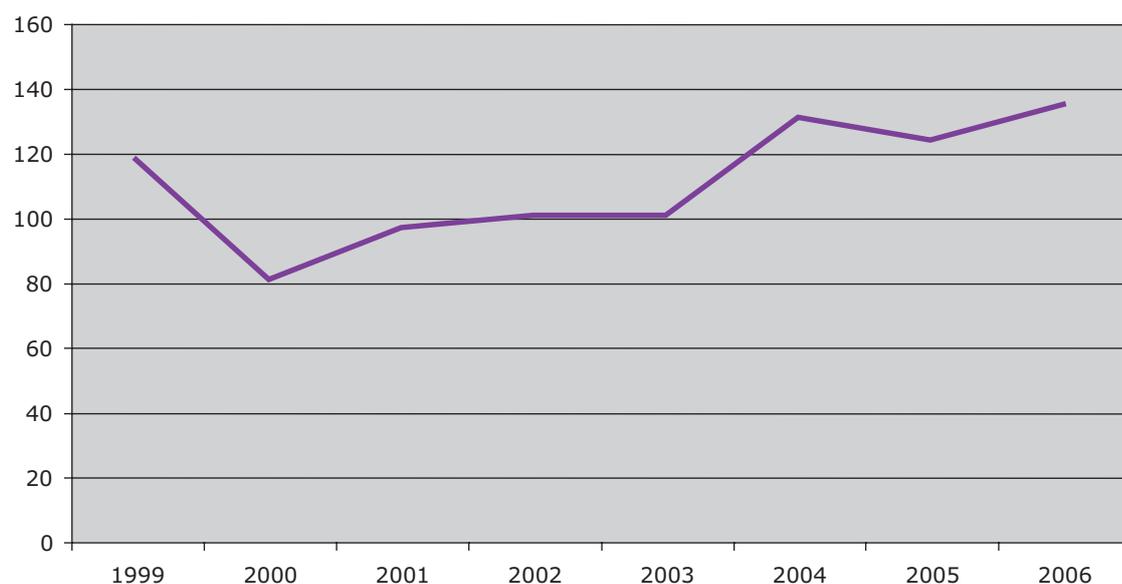
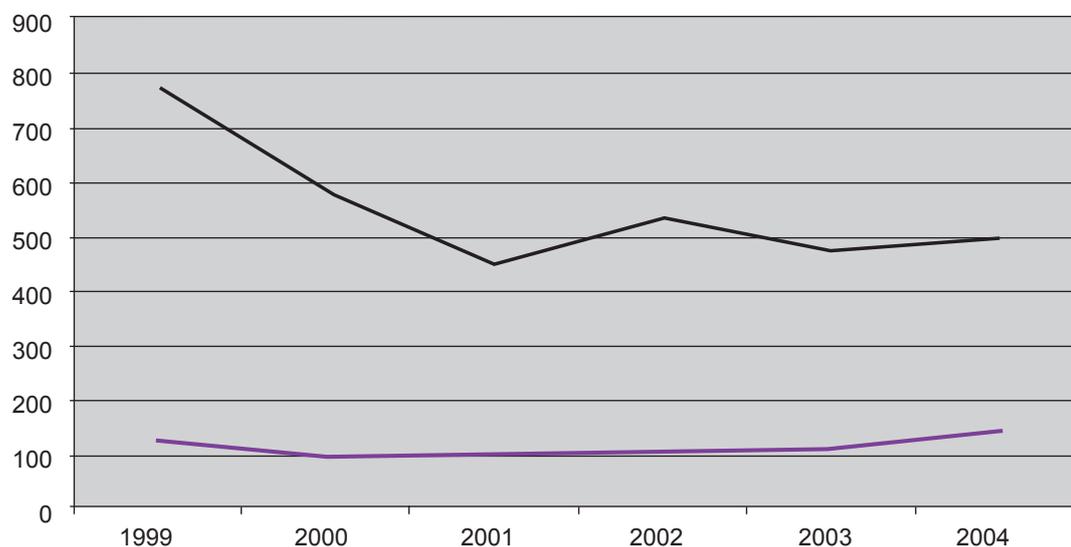


Figure 1.2 indicates that, despite a substantial drop in the number of young people presenting as homeless between 1999 and 2000 in the Southern region, the overall trend is upwards from 119 under-18s in 1999 to 136 in 2006.

Figure 1.3 plots the number of homeless young people in the Southern region against the national total, demonstrating that, over recent years the numbers in the Southern Region account for a larger proportion of the national total: from 16% in 1999 to 27% in 2004.

Figure 1.3 Extent of Youth Homelessness, 1999 -2004 (National and Southern Area)



In addition to recording the number of young people presenting as homeless, the primary reason for each person presenting to the 'Out of Home' Service is recorded. The two primary reasons³ recorded from 1999-2001, accounting for 27% of the total, included 'Other Family Problems' and 'Child with Emotional/Behavioural Problems'. For a further 27% of young people the primary reason for their becoming homeless was categorised as 'Other'. Worthy of note is that from the listed categories of child abuse, which includes physical, sexual and emotional abuse, as well as neglect, there were no reports of sexual abuse as the primary reason for a young person becoming homeless and only one case where domestic violence was recorded as the primary presenting reason.

From 2003 onwards, the list of primary reasons for young people presenting as homeless was modified. The figures from 2003-2006 indicate that family disputes/breakdown and a young person's emotional/ behavioural problems continue to feature predominantly. Table 1.2, which presents the data compiled by Liberty Street in 2006, the year in which fieldwork was undertaken for the purposes of this study, indicates that family disputes and breakdown were the primary reasons for young people presenting to the service (57% of cases).

³ The primary reasons for children presenting as homeless between 1999 and 2001 are documented in Appendix 1.

Table 1.2 Number of Young People who Presented as Homeless to HSE Southern Area in 2006 by primary reason*

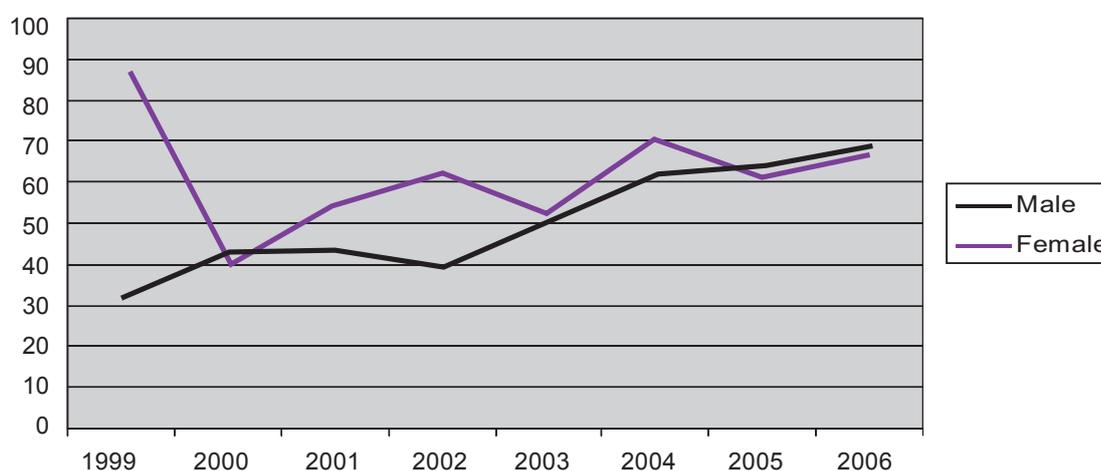
Primary Reason for Homelessness	2006
Young person exposed to physical abuse	8
Young person exposed to emotional abuse	3
Young person exposed to sexual abuse	1
Young person neglected	1
Parent (s) unable to cope/parental illness	7
Family member abusing drugs/alcohol	3
Family dispute/breakdown	77
Young person abandoned by parents/caregiver	3
Young person leaving/running away from care placement	6
Young person abusing drugs/alcohol	9
Pregnancy (young person)	1
Young person involved in crime	9
Other reason not listed above	8
Total	136

*Source: Liberty Street (HSE South Cork/Kerry)

While the above information is submitted to the Department of Health and Children to enable the collation of national figures, it provides only limited information on the factors associated with young people becoming homeless (Mayock & O’Sullivan, 2007). As well as difficulties related to the subjectivity of the assessments made, each young person can only be ascribed one ‘primary reason’, when in most cases there is likely to be a complex interplay of factors related to their home-leaving. A further problem is that the stated reason for a young person becoming homeless at the time they initially present to a service may be only the surface manifestation of more deep-rooted problems. This may explain why sexual abuse is recorded as a primary reason in so few of the cases.

An analysis of the figures based on gender indicates that for most years (1999-2006), more young females than males presented as homeless to the HSE Southern Area. As Figure 1.4 indicates, this divergence is particularly marked in 1999 when, of a total of 119 cases, young men accounted for only approximately one-third of those presenting. This graph also indicates that this gender disparity has weakened in more recent years, with marginally more males presenting to the service in 2006.

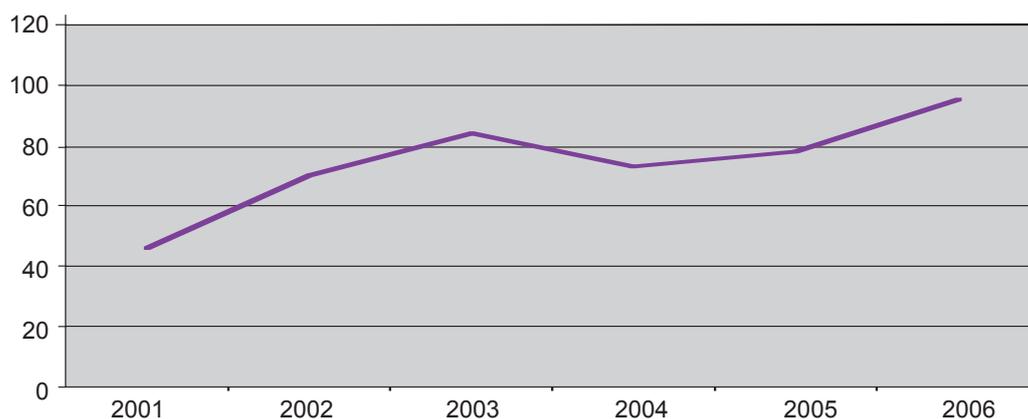
Figure 1.4 Number of Young People Presenting as Homeless to the Southern Health Board/ HSE Southern Area, 1999-2006



Young People aged 18 to 26

For young people over 18, available figures on those presenting as homeless are derived from a number of agencies working directly with this population. Figure 1.5 presents data from Cork Simon over a six-year period on the proportion of 18 to 26 year olds accessing their Emergency Shelter⁴. Whilst recognising the problems with enumeration, these figures again suggest an upward trend for this age group.

Figure 1.5 Number of 18-26 Year-olds who Accessed Emergency Shelter in Cork Simon 2001-2006



The number of 18-26 year olds presenting to Cork Simon doubled from 47 in 2001 to 96 in 2006. Of note is that the number of males accessing the service is generally far higher. For example, in 2006 the ratio of male to females aged between 18-26 was 8:2. In addition to those accommodated in the Emergency Shelter, a further 76 young people had contact with other Cork Simon services such as the Day Centre and the Youth Homeless Drug Prevention Project. The general upward trend in these figures is underlined by the increased proportion of young people in the total percentage of occupants in Cork Simon’s Emergency Shelter⁴, as demonstrated in Table 1.3.

Table 1.3 18-26 Year Old Residents at Cork Simon as % of Total Population of Emergency Shelter Residents

2001	2002	2003	2004	2005	2006
15.4%	17.5%	19.5%	19.6%	18.7%	19.5%

In Cork city, further emergency homeless accommodation is provided in Edel House (female only) and in St Vincent’s House (male only). However, the available figures do not differentiate on the basis of age. Furthermore, young people may access a number of different services. For example, a young woman might access emergency accommodation in Edel House for a period and subsequently access the Cork Simon Emergency Shelter. Consequently, the occupancy figures for the range of services cannot be collated to provide an overall total as there is likely to be multiple counting of the same individuals.

In Ireland, the absence of a centralized system of information and data gathering common to all statutory and voluntary agencies providing services to homeless individuals hampers the production of reliable estimates of the extent of youth homelessness. Furthermore, the absence of routinely collected data makes it difficult to monitor trends in youth homelessness over time. Other issues requiring attention include double counting, lack of information on outcomes, seasonal patterns, repeat presentations and the extent of hidden homelessness. Nonetheless, on the basis of available

⁴ Cork Simon’s Emergency Shelter is situated in Cork City, providing emergency accommodation for males and females.

evidence, it is clear that youth homelessness is a significant problem within the broader homeless population. Up to 20% of the homeless population in Dublin is under the age of 25. Available figures in Cork suggest an upward trend in the number of young people (under 18 years) presenting to the HSE's 'Out of Home' Service on an annual basis. Similarly, the number of 18-26 year olds accessing the Emergency Shelter at Cork Simon has increased in recent years. The primary reasons recorded for under 18s presenting as homeless are family conflict and a young person's behavioural problems. Young women presented in significantly higher numbers to the 'Out of Home' Service in the late 1990s. However, over recent years this gender disparity has lessened.

Youth Homelessness in Ireland: Legislative and Policy Contexts

The Housing Act, 1988 is the most significant piece of legislation governing responses to homelessness in Ireland. Section 2 of the Act provides a definition of homelessness. Furthermore it empowers local authorities to make a range of responses to households who are homeless, and requires them to periodically assess the number and type of homeless households in each local authority area.

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 children and young people up to the age of 18 who are homeless or in need of care. Each health board is also obliged to issue an annual report (known as the Section 8 Report) setting out the provision it has made for children in need of care and protection in its area. Section 5 of the Child Care Act, 1991 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 Act empowers health boards to provide aftercare support for children in their care. However, this provision in the legislation is 'enabling rather than obligatory' (Kelleher et al., 2000: 51) 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 have been left to the discretion of individual health boards.

All government policies and programmes relating to housing, health, income maintenance, employment, and those aimed at tackling disadvantage and social exclusion, are relevant to homelessness and to initiatives aimed at addressing the homeless problem (Homeless Agency, 2004). Other policies and programmes that have particular relevance to homelessness include: the *National Drugs Strategy*, (Department of Tourism Sport and Recreation, 2001); the *National Action Plan against Poverty and Social Exclusion* (Department of Family and Social Affairs, 2002); the *Health Strategy, Quality and Fairness—A Health System for You* (Department of Health and Children, 2001b); the *Primary Care Strategy, Primary Care – A New Direction* (Department of Health and Children, 2001c); the RAPID and Local Development Social Inclusion Programme⁵; and the *National Children's Strategy* (Department of Health and Children, 2000), which identified the development of a National Strategy on Youth Homelessness as a priority in addressing youth homelessness. However, this section deals only with current policies that are aimed specifically at addressing, alleviating or eliminating homelessness.

In 2000, *Homelessness: An Integrated Strategy* (Department of Environment and Local Government, 2000) was published with the aim of developing effective and coordinated responses to homelessness. The strategy was produced by a cross-departmental team and 'represents a change in government policy on homelessness – away from the provision of crisis responses – toward the

5 The RAPID Programme is a Government initiative which targets 45 of the most disadvantaged areas in the country. The Programme aims to ensure that priority is given to the 45 designated areas by focusing State resources available under the National Development Plan.

development of a holistic and comprehensive approach to the issue' (Mayock & O'Sullivan, 2007: 31). The strategy set out an inter-agency approach to tackling the problems of homelessness in a coordinated manner, recognizing that the solution to homelessness did not lie in the provision of housing or shelter alone, and that there was a need for a comprehensive approach involving health, care and welfare, education, training and support, as well as accommodation, to enable homeless people to re-integrate into society and to prevent others from becoming homeless. Two directly related policies were published in 2001 and 2002. The first of these, *the Youth Homelessness Strategy* (Department of Health and Children, 2001a), focuses on eliminating homelessness among people under the age of eighteen and, the second, the *Homeless Preventative Strategy* (Department of Environment and Local Government, 2002), aims to prevent homelessness among people leaving State care, including hospitals, prisons and childcare institutions.

The Youth Homelessness Strategy (Department of Health and Children, 2001a: 9) 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) as well as the multi-dimensional nature of youth homelessness and the importance of co-ordinated inter-agency work in tackling the problem. In its discussion of the context and nature of youth homelessness, and in outlining action plans for the future, the Strategy drew heavily on the analysis and recommendations of the report of the Forum on Youth Homelessness (2000). This Forum was established in 1999 to plan the improvement and development of services for young homeless people and published its findings in 2000. Its key recommendations focused on: access to and the co-ordination of services; care and accommodation issues; substance abuse; medical care; education/training; and the needs of special groups (including Travellers, refugees and asylum seekers). It also recommended a new administrative structure to deliver services to homeless young people.

The *Youth Homelessness Strategy* set out twelve specific objectives which were extremely ambitious in their coverage of the following three areas:

- The prevention of youth homelessness
- The need for a prompt responsive child-focused service
- The importance of coordinated inter-agency work in tackling the problem

The Strategy placed particular importance on preventing youth homelessness and on supporting schools, communities and families in preventing homelessness. It also recognised the importance of tackling the problem of children at risk of homelessness in local areas through locally based services. While the Strategy was welcomed by many commentators, and by agencies working with homeless young people, scepticism was expressed about the ability of Health Boards to respond to, and meet, its objectives (McVerry, 2001; O'Sullivan, 2001). There has been some progress in developing strategies for young homeless people, including the publication of *Practice Guidelines on Leaving Care and Aftercare Support* (Social Services Inspectorate, 2001), which were approved by the Youth Homeless Strategy Monitoring Committee and circulated to all health boards.

The *Homeless Preventative Strategy* (Department of Environment and Local Government, 2002) was published in February 2002 and addressed the issue of prevention in relation to certain target groups, including adult and young offenders, people leaving mental health residential facilities, people leaving acute hospitals and young people leaving care. The provision of aftercare services for the latter group is critically important given the established link between care leaving and risk for homelessness (Keane & Crowley, 1990; Kelleher et al., 2000). The *Youth Homelessness Strategy* (Department of Health and Children, 2001a) 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 two-year plan to address youth homelessness.

In 2002 the Southern Health Board published its *Youth Homelessness Strategy*, which had the stated aim of providing 'a responsive and flexible service to those young people out of home who turn to the Health Board for assistance, support and help' (Southern Health Board, 2002: 1). The Board established a Youth Homeless Forum in 2004 with representatives from statutory and voluntary sector agencies. As part of its work, it established six sub-groups specifically focussing on the target areas of: Community; Disability; Education and Training; Accommodation; Rural homelessness; and Aftercare.

An internal review document, based on the responses provided by HSE areas and conducted by the Health Service Executive (Smyth, 2006), found that individual areas had had varying degrees of success in implementing their Youth Homeless Strategies. Following the reconfiguration of the Health Board areas into the Health Service Executive, some had disbanded their Youth Homeless Fora. Indeed the report highlighted that there was disjoint evident between what local youth homeless fora recommended and what could actually be implemented (Smyth, 2006.). To date, an independent national evaluation of Youth Homeless Strategies has not been conducted, although the life span of these strategies has by now come to an end.

The thrust of current government policy in relation to homelessness is 'to ensure that responses to it are integrated with other policy and legislative agendas' (Homeless Agency, 2004: 2). Although progress has been made in reducing the number of young homeless people, many of the fundamental weaknesses identified by the Forum on Youth Homelessness (2000) – poor co-ordination between services, the inability of locally based services to identify, at an early stage, young people at risk of becoming homeless, the inappropriate organization of emergency services and the general dearth of suitable accommodation (both emergency and long-term) for those under and over 18 years – continue to characterise the system for addressing the needs of homeless young people today (Mayock & O'Sullivan, 2007).

Conclusion

This chapter has outlined some of the difficulties associated with defining and enumerating youth homelessness. In Ireland, youth homelessness came to be recognised as a discrete social problem from the 1970s. Notwithstanding the difficulty of tracing trends over time, it is clear that homeless young people constitute a significant group within the larger population of homeless persons. National figures indicate that there has been an overall downward trend in the number of under-18s presenting as homeless since the figures peaked in 1999. However, available figures from the southern region suggest, by contrast, that the number of under-18s presenting as homeless have increased and that, in recent years, they account for an increasing proportion of the national total.

A range of policy and legislative responses to youth homelessness were formalised and implemented during the late 1990s and early 2000s. The *Youth Homelessness Strategy* (2001a) was a key policy document in that, for the first time, it provided a framework for tackling youth homelessness on a national level. To date, however, there has been no systematic independent review of its impact.

CHAPTER 2

THE PROBLEM OF YOUTH HOMELESSNESS

This chapter reviews Irish and international research on risk factors for homelessness and discusses the consequences of youth homelessness. It also examines the link between homelessness, social exclusion and youth transitions.

Risk Factors for Homelessness

Homelessness is rarely a one-off event and most homeless youth have a history of prior adversity that might be classified as a risk factor for a range of potentially negative outcomes (e.g. early school leaving, drug and alcohol misuse, criminal activity and so on). Nonetheless, research focusing specifically on youth homelessness has identified a range of factors associated with increased likelihood of homelessness among the young. While it should not be assumed that everyone who experiences these situations will become homeless, such factors work to make people more vulnerable, particularly if they are experienced in combination. Available Irish research has also highlighted the role of several of these in bringing about homelessness. The most frequently cited risk factors include:

- family disputes and breakdown
- a care history
- sexual or physical abuse in childhood or adolescence
- offending behaviour and/or experience of prison
- lack of social support networks
- debts, especially rent or mortgage arrears
- causing nuisance to neighbours
- drug or alcohol misuse
- school exclusion and lack of qualifications
- mental health problems
- poor physical health

A large number of homeless young people report problems with family members, including rows and serious conflict with parents, sometimes ending in violence (Craig et al., 1996; Fitzpatrick, 2000; Jones, 1995; Randall & Brown, 2001; Smith et al., 1998). Conflict with a step-parent or with a parent's new partner who joins the family is also commonly reported among young homeless people (Smith et al., 1998). Household friction can also be caused by young people's own behaviour, including alcohol and drug use, school problems and criminal activity (Randall & Brown, 2001). However, parental substance abuse is also relatively common among homeless youth (Ringwalt et al., 1998) and this can be a source of difficulty and tension within their homes.

Studies in the US, UK, Canada and Australia demonstrate that, compared to domiciled youth, a large number of homeless young people come from homes characterized by some level of physical, sexual, or emotional abuse and neglect (Gaetz & O'Grady, 2002; Kipke et al., 1997; Smith et al., 1998; van der Ploeg & Scholte, 1997). Indeed, the link between youth homelessness and abuse is being increasingly realised, particularly as the extent of sexual abuse is becoming more widely recognized. Equally, however, the connection between sexual and physical abuse and homelessness has many strands (Hutson & Liddiard, 1994). On the one hand, a young person may leave home because of an abusive situation while, in other cases, the disclosure and discovery of abuse can lead to family breakdown and to the child or young person being taken into care. Violence against girls and young women appears to play a significant role in the dynamics of their homelessness. While most homeless young people have histories of family instability, conflict and abuse, more young women than young men have experienced sexual and physical abuse within their families (Novac et al., 2002). In one of the first studies of homeless women in Dublin, Kennedy (1985) found that many of the women interviewed had experienced violence or abuse within their homes.

From the mid 1990s onwards the impact of domestic violence⁶ on children has gained increased

⁶ The term 'domestic violence' is used to describe violence between current or former partners in an intimate relationship (Rivett & Kelly, 2006). The term itself has been subject to critique focusing on the use of the word 'domestic' which may be associated with the trivialisation of abuse. Other authors have commented that it shifts attention from the perpetrator (Hester et al., 2007) and fails to recognise that the victim may be at most risk when they end or attempt to end the relationship and leave the domestic sphere (Mullender, 1996). Nonetheless, due to its common use in policy and practice, the term 'domestic

recognition. While previously children had been the 'invisible' victims in domestic violence, there is now widespread recognition that children living in households where their mothers are abused experience significant distress including feelings of fear, anxiety, guilt, confusion and shame (Jaffe et al., 1990; Mullender et al., 2002). Children may be physically present during an assault on their mother (Dobash & Dobash, 1984), they may overhear the violence or be aware of an atmosphere of fear (Jaffe et al., 1990), or they may witness the outcome of the assault including injuries and damage to property (Brandon & Lewis, 1996). Children can also be used to intimidate their mother and become triggers for violence. For example, violence can be instigated over arguments about the child's behaviour. In addition, domestic violence can impact on the non-abusing parent's parenting style including becoming over lenient, or harsh (Holden & Ritchie, 1991). Research has also pointed to domestic violence impacting on children's school attendance (Mullender et al., 2002).

The link between domestic violence and homelessness has been uncovered in research examining the experiences of homeless youth (MacKenzie & Chamberlain, 2003; Tyler, 2006; Mayock & O'Sullivan, 2007). In these studies domestic violence, and attendant abuse, emerge as factors associated with young people's home-leaving. Furthermore, domestic violence has been identified as a factor in women and their children becoming homeless (Anooshian, 2005; Casey, 1987). In an Irish context, research on domestic violence has consistently demonstrated the extent of the problem (Bradley et al., 2002; Buckley et al., 2006; Hogan & O'Reilly, 2007; McGee et al., 2002; Watson & Parsons, 2005).

A history of State care is a characteristic common to homeless youth (Randall & Brown, 1999). Care leavers have to attempt the transition to independence at a much younger age than other young people⁷, who tend not to leave home until later. This challenge is exacerbated by their lower level of educational attainment and fewer career options. Irish research has identified a history of institutional care as a key route into homelessness for young people. For example, Keane & Crowley's (1990) study of youth homelessness in Limerick found that 29 percent of those young people who were out-of-home had previously been in care. Similarly, Perris (1999) found that twenty-one of the thirty-five homeless young people (60%) interviewed in Clondalkin reported a history of State care. Finally, Kelleher et al. (2000) national study of young people leaving care in Ireland found that 33% of those leaving health board care had experienced homelessness within six months, rising to 66% within two years. So close is the association between children in care and homeless children that it is claimed that not only do the two groups have similarities but they 'are often the same individuals at different points in their out-of-home careers' (Houghton et al., 2001: 81).

A range of individual and behavioural factors are also associated with youth homelessness. These include learning difficulties, educational problems/school failure, drug and alcohol misuse, conduct disorder, criminal behaviour, and mental health problems (Anderson et al., 1993; Craig et al., 1996; Flemen, 1997; Randall & Brown, 1996).

Risk factors are useful in that they identify particular life experiences that create vulnerability to homelessness. Risk factor research has also demonstrated that the possibility of homelessness is greater for young people who experience them in combination. According to van der Ploeg & Scholte (1997: 55), 'an adequate explanation of the phenomenon of homelessness must identify risk factors at multiple levels: individual (gender, ethnicity, abuse and neglect, maltreatment, personality deficiencies etc.), group (lack of family, school and peer support etc.) and the community and society (income deficiencies, unavailability of housing and work etc.)'. The research literature in recent years has, in fact, increasingly taken account of macro as well as individual risk factors (Fitzpatrick et al., 2000).

violence' will be used in this report. Most of the literature on this subject deals with a male partner's violence against a female partner. Indeed, most of the statistical evidence available from international literature supports the view that, in the main, women are the victims in the vast majority of cases (Dobash & Dobash, 2004; McGee, 2000; Mullender et al., 2002; Rivett & Kelly, 2006). That notwithstanding, it is increasingly recognised that domestic violence can occur in same-sex partnerships and that males can also be victims in heterosexual relationships (Rivett & Kelly, 2006).

7 See Mayock & O'Sullivan (2007) for a detailed discussion of Irish research on the relationship between a history of State care and homelessness among young people.

While a range of factors increase the risk of becoming homeless, there is often a specific event that precipitates homelessness. For example, many young people leave home for the first time following a crisis (Randall & Brown, 1999), and there may be specific life events or 'triggers' that lead directly to homelessness (Craine, 1997). In more recent years, research has focused on identifying particular events or 'turning points'. A serious dispute with one or both parents frequently leads a young person to leave home. Leaving care and leaving prison are other commonly reported 'triggers' among the young. Many young people who have lived in institutional settings for considerable periods do not have close family contact and, following the withdrawal of institutional support, they find themselves unable to cope with the financial and emotional demands of independent living. Finally, although many young people with drug or alcohol problems continue to live in the family home, a sudden or sharp increase in drug or alcohol use can lead to a crisis which results in homelessness.

While the causal factors and processes related to becoming and remaining homeless are clearly complex, poverty and social exclusion are aspects common to the vast majority of homeless young people (Anderson & Christian, 2003). The most obvious manifestation of homeless young people's social exclusion is their inability to access and maintain safe, affordable housing.

Homeless Pathways

Internationally, there is a growing body of research on homeless *pathways*, signalling recognition of the need to view homelessness as a fluid and dynamic process with key transitional phases including routes in, through, and out of homelessness (Anderson & Tulloch, 2000; Clapham, 2002; 2003; Fitzpatrick, 1999). Within recent literature, there is widespread recognition that the state of homelessness is not a given set of circumstances for a fixed population (Anderson & Tulloch, 2000) and that homelessness is experienced as a process rather than simply as a situation (Clapham, 2003; Fitzpatrick et al., 2000; Fitzpatrick, 1999; 2000; Mayock & O'Sullivan, 2007). With this goes the suggestion that homelessness is best understood as episodic, characterised by housing instability, rather than as an inevitable decline that is not amenable to change. Thus, homelessness can be understood as 'an episode or episodes in a person's housing pathway' (Clapham, 2003: 123).

It is proposed that homeless journeys or pathways also involve transitional stages of identity development, whereby identity is constructed through discourse and social interactions in this sphere (Clapham, 2003; MacKenzie & Chamberlain, 2003). This process of identity formation can also be characterised as a 'career' and some studies have used this concept in relation to homeless journeys and identities (MacKenzie & Chamberlain, 2003; Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006; Snow & Anderson, 1993). In more recent literature, the link between housing/homeless pathways and other key transitions such as movement from education to employment is emphasised (Clapham, 2003; Fitzpatrick, 1999). From a policy perspective, junctions in pathways or key transitions can be viewed as important focal points and as key loci for interventions (Clapham, 2003; MacKenzie & Chamberlain, 2003).

In Australia, MacKenzie & Chamberlain (2003) have documented a number of pathways that people tend to follow *into* homelessness. The first of these is called the 'housing crisis career', which follows a pattern of accumulating debt and poverty that precedes adults becoming homeless. The second is the 'family violence career', in which it is violence, normally perpetrated by an adult male that leads to family breakdown and homelessness. The third is the 'youth transition career' which notes that some chronically homeless young people move into adulthood as homeless people. In an Irish context, Mayock & Vekić (2006) and Mayock & O'Sullivan (2007) identified three pathways to young people becoming homeless: the first was associated with a care history, the second with household instability and family conflict, and the third with young people's behaviour (drug use, criminal activity) and negative peer associations which, in turn, led to conflict within the home. This research stressed that young people's homelessness could not be attributed to a single or isolated event, even if the final 'trigger' for their leaving home typically constituted a crisis point. Rather, there were long-standing difficulties, traumas and tensions that worked, incrementally, to push young people out of home.

Just as the circumstances surrounding young people's leaving home vary, so too do the pathways they follow subsequent to becoming homeless. Some young people may return home relatively quickly, or after a period, while others may remain homeless and move continuously between various unstable forms of accommodation. Internationally, only a relatively small number of studies have attempted to examine the pathways followed by young people after they become homeless. However, one common point of agreement between the available studies relates to the temporal effects of homelessness: the longer young people remain homeless, the more likely they are to become immersed in a homeless 'subculture' (Chamberlain & MacKenzie, 1994; Hutson & Liddiard, 1994). Mayock & O'Sullivan's (2007) Dublin-based research has highlighted the progressive downward spiral that often characterises *longer* homeless histories as well as the increasingly complex needs of young people who remain homeless. As 'careers' in homelessness progressed, young people were found to be at heightened risk of becoming enmeshed in street 'scenes', drug use and criminality.

Pathways out of homelessness – to stable, independent housing – are as complex as pathways in. There are many barriers that prevent people from obtaining stable housing. Being homeless undermines one's ability to earn an income, to stay safe and healthy and to do what it takes to move forward. While many homeless services attempt to assist people to obtain housing and others are designed to facilitate the move to independent living, relatively little is known about what makes such transitions successful (Gaetz, 2004)⁸.

The Consequences of Youth Homelessness

Until the 1980s in Ireland, homelessness was associated primarily with older destitute men who often had severe alcohol problems (Harvey, 1995; O'Sullivan, 1996; 2003; O'Sullivan & Higgins, 2001). Today, there is recognition that homelessness affects a wider range of individuals of all ages, including young people, women and families. Homelessness is a humiliating experience for any person and it is also associated with poor physical and mental health, entrenched poverty and unemployment, and reduced prospects for the future in terms of education, income earning, family life, and general well being. Homeless young people are rated as among the most vulnerable populations in the United States and the UK (Ensign, 1998; Hutson & Liddiard, 1994; Ringwalt et al., 1998). In Ireland, the condition of homelessness has been demonstrated to pose many risks for young people (Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006), particularly for those who have longer homeless 'careers' (Mayock, 2007). This section discusses some of the negative consequences of homelessness with particular reference to 'out of home' young people.

Loss of Social Bonds and Supports

One of the most obvious ramifications of being homeless and young is the absence of a stable home, and the shelter, security and protection that it affords. On becoming homeless, young people can quickly lose contact with family members and peers in their home neighbourhoods and the resulting absence of social bonds, networks and social supports has a profound negative impact. This residential displacement exposes young people to environments which they are ill-equipped to negotiate (Mayock & O'Sullivan, 2007). Homeless children and young people's lower level of guardianship makes them vulnerable to harm and potential exploitation. The transience that typically characterises their living situations means that they lack access to trusted adults or peers, and constantly face the task of establishing new relationships. The friendships homeless young people make are often fleeting (van der Ploeg, 1989) and their peer networks can become concentrated among other homeless youth and adults (Fitzpatrick, 2000). Homeless young people often stress the erratic and exploitative nature of their friendships (Fitzpatrick, 2000) and they are often victims of bullying, intimidation and violence in the contexts where they are forced to socialise (Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006).

⁸ The forthcoming findings of a longitudinal study of youth homelessness in Dublin (Mayock et al., 2008) will document facilitators and barriers to exiting homelessness in an Irish context.

Physical Health

Internationally, homeless youth have been demonstrated to be at risk of developing a broad spectrum of health problems, ranging from malnutrition to drug addiction (Clatts et al., 1998; Clatts & Davis, 1999; Dachner & Tarasuk, 2002; Greene & Ringwalt, 1996; McCarthy & Hagan, 1992). Consistent with international research, there is ample evidence in Ireland that homelessness among adults is associated with poor health status. Feeney et al.'s (2000) survey of hostel-dwelling men in Dublin found that they had generally unhealthy lifestyles including behaviour such as smoking, drinking and lack of exercise. A study of street drinkers in Dublin city (Costello & Howley, 1999) documented the range of health problems brought on by both heavy drinking and exposure to the elements, including chest infections, ulcers, liver damage, stomach problems and headaches. A high level of physical health problems was also reported by Smith et al. (2001) in their survey of 100 homeless women. Half had dental health problems and the majority suffered from at least one chronic physical condition, the most common being Hepatitis C. A recent study of 72 homeless men and women living in hostels, B&Bs, night shelters or sleeping rough found high vulnerability to poor diets and inadequate nutrition across the sample (Hickey & Downey, 2003). Much less is known about the health status of homeless young people in Ireland. However, a recent study has documented several health risks associated with homelessness among the young, particularly for drug-involved youth who remain homeless for longer periods (Mayock & O'Sullivan, 2007).

Mental Health

The mental health of homeless people has been an area of particular research attention. There is research evidence, both in Ireland and internationally, which confirms that people who are homeless suffer from a range of mental illnesses and disorders (Feeney et al., 2000; McKeown, 1999; Smith et al., 2001; Stephens, 2002; Whitbeck et al., 2000). These conditions range in type and severity from those who experience depression, to those recovering from trauma, to those with more serious psychiatric disorders including schizophrenia. Research internationally has consistently demonstrated a high incidence of mental disorders among homeless young people (Stephens, 2002; Whitbeck et al., 2000). Depression rates are higher among the homeless than among the general population (Ayerst, 1999; MacLean et al., 1999; Votta & Manion, 2004). Ayerst (1999), for example, demonstrated that stress levels and depression were higher among homeless than domiciled youth and that their coping strategies also differed, with homeless young people more likely to engage in substance use and acts of self-harm to cope with stress and depression, and housed youth more likely to engage in more 'productive' coping and problem solving strategies. Kidd & Kral's (2002) research on street youth in Canada found that 76% of their sample reported previous suicide attempts associated with themes of isolation, rejection/betrayal, lack of control and low self esteem. Eynan et al. (2002) reported that early and extended periods (over 6 months) of homelessness were both associated with higher rates of suicidal ideation. In the UK, single homeless people staying in hostels or B&Bs have been estimated to be eight times more likely than the general population to report mental illness (defined as depression, anxiety and nerves) (Bines, 1994). Relative to the general population, younger homeless people, particularly those sleeping rough, appear to be the most adversely affected by mental health problems and studies have shown a high prevalence of suicidal ideation in this group (Rotheram-Borus, 1993; Yoder et al., 1998). Some studies have demonstrated that suicidal thoughts and attempts are related to family conflict and sexual abuse in homeless adolescents (Deykin & Buka, 1994; Rotheram-Borus et al., 1996). Research also suggests that homeless youth who have attempted suicide are more likely to have been physically and/or sexually abused than homeless young people who have not attempted suicide (Molnar et al., 1998; Rew et al., 2001; Yoder, 1999).

Research on mental health and homelessness in Ireland has focused primarily on adult populations. Available studies reveal different rates of mental health problems among the homeless people studied. McKeown (1999) estimated that at least one third of all homeless people in Ireland have mental health problems, while other research on specific sub-populations of homeless people reveal far higher rates. For example, Feeney et al.'s (2000) survey of hostel-dwelling men found that 64% suffered from some form of mental health condition. Smith et al. (2001) found an even higher level of mental health problems among the 100 homeless women they studied, with 73% suffering from some mental health complaint, the most common being depression. Although it is claimed that the majority of homeless youth suffer profound feelings of alienation and isolation (Forum on

Youth Homelessness, 2000), relatively little is known about the mental health of young homeless people in an Irish context. However, one study has documented a range of stresses experienced by homeless youth, as well as evidence of depression, loneliness and social isolation (Mayock & O'Sullivan, 2007).

Substance Use and Misuse

Heavy drinking and alcoholism have long since been documented among the homeless in Ireland and elsewhere (Collins & McKeown, 1992; Costello & Howley, 1999; Feeney et al., 2000; McCarthy et al., 1991; O'Connell & Mooney, 1972). More recently, drug use and drug addiction feature more prominently as significant problems among the homeless. Research in Ireland reveals a strong link between homelessness and drug use (Cleary et al., 2004; Cox & Lawless, 1999; Crawley & Daly, 2004; Feeney et al., 2000; Houghton & Hickey, 2000; Lawless & Corr, 2005; Mayock & O'Sullivan, 2007; Smith et al., 2001). This finding is consistent with research conducted throughout Europe (Avramov, 1998; Flemen, 1997; Fountain & Howes, 2002; Klee & Reid, 1998; Neale, 2001; Wincup et al., 2003), in the United States (Clatts et al., 1998; Greene et al., 1997), Australia (Mallet et al., 2003) and Canada (Baron, 1999).

Although a considerable number of Irish studies have examined drug use among the homeless, differences in the individuals targeted within available studies make direct comparison difficult. Some studies have focused, for example, on particular groups of drug users such as women, while others have investigated drug use and homelessness within a specific local area; yet others have examined the experience of homelessness among the clients of a single drug treatment centre or intervention. This, coupled with inconsistencies in the research methodologies used across the available studies, make it difficult to draw clear-cut conclusions about the precise nature of the relationship between drug use and homelessness. What is clear is that drug use and drug problems are very prevalent among young homeless people. While many homeless drug users attribute their homelessness to their drug use (Cox & Lawless, 1999), equally, the state of homelessness exacerbates drug consumption levels and has also been implicated in 'risky' drug-taking practices and the transition to injecting drug use (Crawley & Daly, 2004). Mayock & O'Sullivan's (2007: 169) qualitative study of young homeless people demonstrates the complexity of the relationship between homelessness and drug use, particularly heroin use, suggesting that 'there was no axiomatic connection between heroin use and leaving home (or becoming homeless)'. The majority of heroin-using youth in this study in fact initiated use subsequent to becoming homeless.

Drug use and/or addiction can prove highly disruptive to young people's lives and to their relationships with family and friends. While there are striking similarities in the risk factors for homelessness and drug misuse, the relationship between drug use and homelessness is extremely complex (Fitzpatrick et al., 2000; Hutson & Liddiard, 1994; Neale, 2001). Clearly, not all homeless young people become seriously enmeshed in drug use. Nonetheless, research both in Ireland and elsewhere suggests that young people's drug use frequently escalates following a period of homelessness (Clatts et al., 2005; Cox & Lawless, 1999; Mayock & O'Sullivan, 2007). In a recent New York study of homeless young men, drug use emerged as a central behavioural adaptation to the state of homelessness (Clatts et al., 2005). Homeless young people may find that drugs and alcohol offer an easy escape route from the harsh realities of daily life (Mayock & O'Sullivan, 2007). Similarly, Klee & Reid's (1998) London-based research found that young homeless people used drugs, particularly opiates, as a form of self-medication to cope with the stress of a homeless lifestyle.

Concurrent Disorders

The term 'concurrent disorders' describes the combination of mental health and substance abuse problems. It is believed, for example, that people with mental health problems are more likely to use drugs. The relationship between drug use and mental health is complex and when homelessness is an additional factor, this complexity intensifies. Some studies have identified a strong connection between mental health and substance use among homeless young people (Adlaf & Zdanowicz, 1999). In a study of street youth, Kidd & Kral (2002) framed some drug use patterns as examples of 'slow

suicide' and Ballon et al. (2001) found that homeless youth with a history of physical and sexual abuse were more likely to be drug users. These are examples from the international research literature that link drug use and mental health problems. In Ireland, these issues tend to be investigated separately, often emphasising the significance of drug use, particularly in the case of young people.

Criminal Activity

Young homeless people use a range of 'survival' strategies, many of which involve criminal activity (Gaetz & O'Grady, 2002). Living on the streets, or without stable accommodation, contributes to youth crime, arrest and committal to prison (Hagan & McCarthy, 1992; 1997). Hickey's (2002) research on homeless ex-offenders in Ireland suggests that the relationship between homelessness and crime is complex. This study found that for less than half of the homeless men and women who had previously been incarcerated, homelessness led to criminal behaviour which in turn resulted in imprisonment while, for others, homelessness first occurred following release from prison. However, it appears that experience of prison and the criminal justice system can itself increase a person's chances of becoming (or remaining) homeless. One UK study found that 40% of prisoners expected to be homeless on release and that fewer than half were able to return to the address where they had lived before they entered custody (Carlisle, 1996). Not only does offending make it more likely that a person will become homeless, but homelessness makes it more likely that people will re-offend (Randall & Brown, 1999). McCarthy & Hagan (1992) found the most consistent predictors of criminal activity and incarceration among homeless young people to be the lack of secure shelter and the length of time on the street.

Victimisation

While many homeless young people report a history of offending, they are also highly vulnerable to victimisation, including verbal and physical abuse, robbery, sexual harassment and violence (Baron, 2003; Gaetz, 2004; Whitbeck & Simons, 1991). Homelessness, according to Fitzpatrick (1999) is 'a stress-filled, dehumanising, dangerous circumstance in which individuals are at high risk of being witness to or victims of a range of violent acts'. Young people may remove themselves from harm at home but they also expose themselves to other risks. Once out of home, homeless young people are often faced with situations in which they are being violated and victimised that are similar to the family situations they have tried to escape (Kipke et al., 1997; Noell et al., 2001). Their lifestyles and daily routines expose them to dangerous people and locations and create potential for victimisation (Tyler et al., 2001). Fear of crime is, in fact, a significant part of the experience of homelessness for many people and homeless young women are particularly vulnerable to violence and exploitation on the street (Hatty et al., 1996). Once on the street, young people's heavy dependence on other homeless youth, and their reluctance to form trusting relationships with adults, makes them doubly vulnerable since they generally rely on a far narrower set of social supports to help them deal with the consequences of victimisation (Gaetz, 2004). In an Irish context, homeless young people have been found to experience high exposure to violence within street-based settings where many are themselves victims of violence, bullying and intimidation (Mayock & O'Sullivan, 2007).

Homelessness, Social Exclusion and Youth Transitions

The concept of transition has become central in discussions of youth, especially in the English speaking world. The study of transitions focuses on the way in which societies and institutions structure the process of growing up. Recent literature suggests that, although there may seem to be a greater number of lifestyle choices available to young people, pathways to adulthood are becoming increasingly more problematic. Furthermore, many societies are experiencing increasing divisions between those for whom a legitimate livelihood is achievable and those who become marginalised (Jones, 2002; Wyn & White, 1997; Webster et al., 2004). Put differently, there are groups of young people who are disenfranchised from the major institutions and material benefits of society. For young people within the general population, the movement into early adulthood and the associated transitional process has become extended (Arnett, 2000). Research in the UK has identified the decline in youth labour markets, the extension of training and educational provisions and the reduction in young people's ability to access universal benefit entitlements as factors associated

with this extended transition. The effect is that young people remain dependent on their families for financial, emotional and practical support for longer periods of time (Jones, 2002).

For marginalised and excluded youth, the transition to adulthood is 'fractured' (Coles & Craig, 1999), extremely complex (MacDonald et al., 2001) and, in some cases, 'chaotic' (Ward et al., 2003). These young people, who frequently are not in education, training or employment, have less power to shape their lives and they sometimes face enormous obstacles in their efforts to move successfully into adulthood. Jones (2002: 23), in her analysis of findings from a programme of research on youth transitions in the UK, makes the following observation:

The ways in which young people make their domestic transitions to adulthood are polarising into the majority whose transitions are extended over many years, and a minority whose transitions are rapid, stigmatised and potentially problematic.

Research demonstrates that young people who are pushed to the social and economic margins in their late teens may become excluded in the long term, and possibly permanently, from the sorts of lives enjoyed by the comfortable majority (Blackman, 1997; Roberts, 1997; Williamson, 1997). Young care leavers are a group who face particular risks in relation to the transition to independent living (Elsley et al., 2007). For young care leavers the transitional period from youth to adulthood is 'compressed and accelerated' (Stein, 2005: 17); it is less graduated and characterised by less support (Cashmore & Paxman, 2006). In recognition of these issues, and in light of the difficulties that some young care leavers face, recent studies have explored models where continuity of care is extended to young people into early adulthood (see Courtney et al., 2005; Stein, 2004).

Homeless young people experience wide-ranging disadvantage. Not only do they lack accommodation but they are also likely to have limited education, poor general health and extremely low income. Homelessness produces exceptional vulnerability at a personal level and it also makes it very difficult for young people to seek or secure employment. Homeless men and women typically report school problems and early school leaving (Smith et al., 2001) and a history of conflict with teachers is also common among homeless youth (Novac et al., 1996). Irish studies have consistently noted school problems, ranging from poor attendance and underachievement, to early school leaving, among homeless people of all ages (Focus Ireland, 1995; Mayock & O'Sullivan, 2007; Perris, 1999; Smith et al., 2001). Cleary et al.'s (2004) study of homeless young men found that the vast majority left school at an early age. Most also reported difficult school experiences which impacted on their attendance and, ultimately, contributed to their early departure from school. Homeless young people's lack of educational qualifications means that many are unable to compete in the labour market. Moreover, without a stable place to live, it is exceptionally difficult to seek and maintain employment since many basic requirements such as clean clothes cannot be taken for granted. This 'no-home-no-job' cycle of homelessness has long been recognised (Fitzpatrick et al., 2000).

For young people who become homeless, social exclusion is experienced across several domains: in terms of access to shelter and housing, employment and health. In most cases the process begins before young people become homeless, but intensifies through their experience of living on the streets or in insecure and unsafe settings (Gaetz, 2004). As an outcome of their homelessness, young people are typically pushed into circumstances that constrain their ability to adequately ensure their safety and security. In this sense, the trajectory of social exclusion is cumulative in nature, making it difficult to escape since their constant exposure to risk compromises their health, safety and opportunity.

Conclusion

Young people who become homeless have almost always experienced a range of adversities as children, and they face significant challenges and risks due to their low level of guardianship and

their vulnerability. Homelessness can significantly impact on the well-being of young people and is associated with poor physical and mental health, entrenched poverty and unemployment, and reduced prospects for the future. In short, homeless young people experience wide-ranging disadvantage and they are simultaneously expected to navigate the transitional period to adulthood at an accelerated pace. In recent years, homeless experiences are increasingly understood in terms of dynamic processes linked to transitional phases into, through and out of homelessness. This understanding recognises the heterogeneity of the homeless experience and does not assume that homelessness necessarily results in a progressive decline towards chronic homeless states. The following chapter documents the methodological approach to the current study of homeless young people in Cork city.

CHAPTER 3

RESEARCH METHODOLOGY

A core objective of this research was to generate in-depth knowledge and understanding of the experiences of homeless young people in the Southern region of the Republic of Ireland, with particular attention to Cork city. As highlighted in the previous chapter, after Dublin, Cork has consistently recorded one of the highest numbers of 'out of home' young people nationally. Despite this, relatively little is known about the factors or experiences that lead to young people becoming homeless in this region, or about the impact of housing instability on their lives.

In its broadest terms, the research set out to:

- Identify young people's pathways or routes into homelessness.
- Examine the experience of living out of home from the perspective of young people.
- Examine the challenges and difficulties experienced by young people who leave home prematurely.
- Make policy recommendations related to service provision, early intervention and the prevention of negative health outcomes.

Research Design and Methods

This study follows the broad methodological framework utilised in a recent study of homeless youth in Dublin city (Mayock & Vekić, 2006; Mayock & O'Sullivan, 2007). It was conducted within a life history framework, an approach which is particularly good at capturing biographical details that are relevant to understanding youth homeless pathways (see Mayock & O'Sullivan, 2007, for further detail). The replication of this approach in the current study creates opportunities for comparative analysis across the two sites (i.e. Dublin and Cork) in terms of broad patterns of experience and behaviour. This, in turn, can potentially contribute to a more rounded understanding of the youth homeless phenomenon nationally. The latter point is important since most research on youth homelessness to date has been Dublin-based.

Criteria for inclusion in the current study were:

- 1) being homeless or in insecure accommodation.
- 2) being between 14-25 years.⁹

The definition of homelessness advanced in the *Youth Homelessness Strategy* (Department of Health and Children, 2001: 11) was used for the purposes of defining the parameters of the study population:

Those who are sleeping on the streets or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, B&B or such, providing protection from the elements but lacking the other characteristics of a home and/or intended for only a short stay.

All of the young people who participated in the study were, or had recently experienced, homelessness, or were currently living in insecure accommodation. A number had recently moved home or to private rented sector accommodation. In some instances, these transitions were marked by continued housing insecurity, while the circumstances of others appeared more stable. The inclusion of individuals with diverse experiences of homelessness and housing insecurity in the research recognises the episodic nature of much homelessness.

Community Assessment

The study began with a 'Community Assessment Process' (Clatts et al., 2002). This phase was designed to achieve the following combination of goals:

⁹ This age range is broader than in the Dublin study (Mayock & Vekić, 2006; Mayock & O'Sullivan, 2007) which extended from 14 to 22 years. The decision to include young people up to the age of 25 years was taken in response to concern expressed by service providers and other professionals about the needs of 16-25 year olds.

- To inform services providers about the study and to enlist their co-operation in the recruitment process.
- To gather existing local knowledge about homeless young people at community level.
- To guide the sampling and selection procedures with the aim of achieving diversity across the sample in relation to age, gender and the living situations accessed by young people.

These goals were achieved through a mix of informal meetings and the conduct of semi-structured interviews with key stakeholders, including service providers (e.g. staff from the Adolescent 'Out of Home'¹⁰ and adult homeless services), senior managers in statutory and voluntary sector agencies, specialist services within the homeless sector (e.g. drugs workers, outreach workers) and other relevant professions (e.g. the Gardaí). A total of 22 interviews were conducted over a period of seven months (from April 2006 to October 2006). The majority were conducted on a one-to-one basis and, in a smaller number of cases, focus group discussions were held with staff teams. The key areas addressed in these interviews included: the perceived extent of the homeless youth problem; the needs (both immediate and long-term) of homeless youth; the adequacy of current service provision; the difficulties associated with service delivery and gaps in service provision.

The study's key informants provided important information regarding where, when and how young people might be targeted for participation, and they were also in a position to provide introductions to potential participants. Some community assessment interviews took place prior to initiating the formal data collection process (i.e. the conduct of life history interviews with homeless young people), while others were conducted throughout the course of fieldwork. This meant that the recruitment strategy was responsive to new knowledge gleaned through ongoing discussion and interaction.

The Recruitment and Selection of Research Participants

An important component of the 'Community Assessment' phase was the information provided by frontline workers who assisted in identifying possible participants for the in-depth life history interviews. During the initial weeks of fieldwork, almost 100 young people were identified by service providers as potential participants. A combination of 'purposive' (Patton, 1990) and 'targeted' (Watters & Biernacki, 1989) sampling strategies was then utilised in an effort to ensure that the selection process achieved diversity in terms of age, gender and experience of homelessness. In addition to young people identified by service providers, others were recruited at targeted recruitment sites, including emergency shelters and street-based settings. Attempts were also made to recruit young people who may not have been accessing any services. Young people were recruited primarily through agencies and services in Cork city over a six-month period from April to October 2006. However, the sample also includes three young people who were not residing in Cork city at the time of interview.¹¹

The process of negotiating the conduct of interviews was often initiated by key workers within individual services and agencies who informed the young people about the study. The researcher was then introduced to them and, at this stage, all prospective participants received detailed information on the aims of the research and the demands (in terms of time and so on) associated with participation. In other instances, direct contact was made with young people during the course of conducting fieldwork and this typically occurred in emergency shelters, supported accommodation and at outdoor settings. The researcher usually met with young people on more than one occasion prior to the conduct of the interview. It was not possible to proceed with the interview in a small number of cases, although the individuals had agreed in principle to participate. In some instances,

10 The term Adolescent 'Out of Home' Services is used throughout this report to describe all homeless services provided to children and young people under the age of 18 years in the Southern Region. Liberty Street House, based in Cork City, is operated by the Health Service Executive and provides social work services for young people 'out of home' and also coordinates residential placements. The designated residential services for 'out of home' young people under 18 years are described in Appendix 1

11 All three were living in the Southern region and one had accessed homeless services in Cork city in the past. The decision to conduct these interviews was taken in response to emerging evidence that young people frequently accessed homeless services in regional towns and cities apart from Cork.

personal difficulties prevented young people from participating, while in others, it was not possible to proceed with the interview because the young person was heavily drug or alcohol intoxicated.

Life History Interviews

This study used life history or biographical interviewing as the core method of data collection. Life history interviewing has an individual life as its unit of investigation. The method rests on the collection and analysis of 'stories' that speak to turning point moments in people's lives and focuses on respondents' interpretation of a sequence of chronological events that are personally significant (Denzin, 1989). This telling or recounting of a string of events permits the identification of the unfolding history of people's experiences. Life history interviews focus attention on how individuals make meaning in their day-to-day lives and how these subjective accounts are understood in broader social and structural settings (Roberts, 2002). This is an important feature since people's adoption of terminology such as 'homeless' varies and can change over time. Since the life history interview is structured to a greater extent by the interviewee than the interviewer, it affords a high degree of autonomy to research respondents. It is therefore particularly effective in capturing aspects of both social structure and human agency in accounts of young people in transition (Hubbard, 2000). A crucial characteristic of biographical interviewing in this context is that it authorises the young person to speak for him or herself, bringing a two-dimensional lens to the telling and interpretation of a life story: the 'lived experience' and the 'situation' or position of the person in society (Denzin, 1989).

All life history interviews commenced with an invitation to young people to tell their 'life story'.¹² Several key topic areas were then prompted during interview. 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 asked to discuss their experiences of 'growing up', including 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 his/her life (e.g. family members, peers, friends, romantic or sexual partner(s)), their economic situation, current 'hang-outs' and health-related behaviour. The following specific areas were addressed during the life history interviews:

- early childhood experiences (family life, schooling, relationships with peers and members of the extended family).
- events and circumstances leading to the initial experience of homelessness.
- the experience of homelessness (coping strategies, services accessed).
- events and experiences subsequent to the initial experience or period of homelessness (with an emphasis on the chronology of events).
- current level of contact with family and friends.
- alcohol and drug consumption (frequency of alcohol consumption, level and type of drug use).
- health-related behaviour.
- mental health.
- levels and types of contact with youth and/or homeless services.
- help-seeking behaviour and coping strategies.

Interview schedules were designed to allow for flexibility in structure and content in order to facilitate the exploration of circumstances and experiences in response to the accounts of individual respondents. The interview itself was informal in tone and young people were allowed to take the lead in introducing topics for discussion. Interviews were conducted in a variety of settings, including coffee shops and outdoor settings, but most frequently, at a hostel or other form of emergency or short-term accommodation. The interviews ranged in duration from between 40 and 100 minutes, with the majority lasting for between 60 and 90 minutes. All respondents received a gift token from a high street store to the value of €20 as a mark of appreciation for their time and effort.

12 The 'life stories' recounted by young people varied in length, focus and level of specificity. Young people were not advised or encouraged to provide particular details or tell a particular type of life story.

Follow-up Contact

As stated, the conduct of life history interviews took place between April and October 2006. On 1st March 2007, contact was made by telephone with the services where the young people had been resident, or in contact with, at the time of interview. The purpose of this exercise was to establish whether individual young people (to the best of the key worker's knowledge) were still in the same living situation or if they had subsequently moved to alternative accommodation. It is important to emphasise that the exercise cannot be viewed as adding a longitudinal dimension to the research since follow-up interviews were not conducted. However, in light of the fluidity that characterises homeless young people's living situations, it was felt that a broad overview of young people's movements had the potential to add depth to the analytic task.

Ethical Issues

Homeless young people are an especially vulnerable group because of their age, socio-economic disadvantage and stigmatised status (Ensign, 2003). Thus, the voluntary informed consent of each young person was sought and obtained prior to their participation in the research. All of the young people received a detailed explanation of the purpose of the research as well as an account of what precisely their participation would involve, in terms of the commitment of time required and the nature and content of the interview. Participants were given assurances of confidentiality, including the guarantee that their name would not be mentioned in any written dissemination of the research findings. However, all participants were also informed at the outset of the interview that if they disclosed any information which indicated they were at risk or in danger, it was the obligation of the researcher to inform a relevant individual. Parental consent was obtained in all cases where a young person was under 18 years.

Data Analysis

Verbatim transcripts of all thirty-seven baseline life history interviews were prepared. Early interviews were transcribed, read and discussed, and some minor adjustments were made to the interview schedule at this stage. During the course of fieldwork, the researchers met on a regular basis to discuss emerging impressions, themes and disparities. Analysis for this study was, therefore, iterative and inductive (Ezzy, 2000).

The formal analytic task started by closely reading life history transcripts for key themes, with a strong focus on the development of typologies and time lines (i.e. chronologies of life events). This exercise informed the establishment of a comprehensive coding scheme comprising eighteen coding categories. While some of these categories had been identified during the planning and design phase of the study, others were devised in response to new and emergent themes. All interviews were coded manually in accordance with the identifiers for each of the eighteen coding categories.

The analysis of transcripts paid careful attention not only to developing patterns of experience, behaviour and meaning across transcripts, but also to inconsistencies, ambiguities and contradictions both within and between the interview texts (Potter & Wetherell, 1987). The final stage of the process of making sense of the data centred on the clarification and integration of concepts and themes, a stage at which all of the research evidence was confronted, not just the 'bits' that 'fit' the analysis (Dey, 1993). Accounting for negative instances (Seale, 1999), i.e. data that contradict emergent or dominant ideas and views, was a core strategy used to seek out evidence that both challenged and extended existing themes and arguments.

In a general sense, the analytic task aimed to generate a perspective on youth homelessness that reflects young people's experiences, views and interpretations. The findings documented in later chapters are constructed around young people's narratives, allowing a range of conceptual themes to emerge from similarities and differences in their stories. Particular pieces of narrative have been selected for presentation because they illustrate broad thematic patterns observed across many interview transcripts. All quoted excerpts from full interview transcripts are presented as close as

possible to the participants' spoken words.¹³ Where necessary, however, these quotes have been slightly amended to enable the spoken word to be more easily read. Throughout the report, case studies – constructed from the narratives of individual young people – are presented in order to capture the lived reality of the 'out of home' experience. Each study participant was assigned a pseudonym, which is used consistently throughout the presentation of study findings. In addition, all identifiers (name of birthplace, names of friends, family members, and so on) have been removed from quoted excerpts as a further measure to preserve the anonymity of young people.

13 Where questions posed by the interviewer are included in quoted excerpts, 'I' signals the words of the interviewer and 'R', the respondent.

CHAPTER 4

THE STUDY'S YOUNG PEOPLE

This chapter profiles the study's young people and provides information on their age and gender, ethnicity, birthplace and their family and living situations at the time of interview. It also provides an overview of a number of key issues and themes to arise from a detailed analysis of the biographical narratives of the study's young people. These include the issues of UK residency, care histories and adoption. The final section of the chapter comments on developments in young people's living situations over time.

Age and Gender

A total of 38 young people were interviewed for the purposes of this study and 37 – 20 young men and 17 young women – are included in the analysis of data.¹⁴ All participants were aged between 16 and 25 years (twelve were 18 or younger), with the average age for the sample being 19.9 years. Young men were older on average (20.5 years) than young women (19.2 years). The age and gender breakdown of participants is detailed in Table 4.1 below.

Table 4.1 Age and Gender of Participants

Age	Male	Female	Total
16 years	1	1	2
17 years	1	3	4
18 years	1	5	6
19 years	2	2	4
20 years	4	1	5
21 years	7	1	8
22 years	2	2	4
23 years	-	1	1
24 years	1	1	2
25 years	1	-	1

Ethnicity

One of the young people in the sample was a Traveller and the remaining participants were White Irish or White UK. In the Southern Region, unaccompanied minors, like homeless young people, are dealt with under Section 5 of the Child Care Act, 1991. The Health Service Executive, based at Liberty Street, provides services to both of these groups. At the outset of this study, it was decided that unaccompanied minors would not be targeted for recruitment since their reasons for presenting to this service differed in their dimensions and complexity. However, this did not preclude the inclusion of a young person in this particular category if they were 'out of home' or homeless. In any event, no young person in this category was identified.

Birthplace

The majority of the young people were born in Cork city or county. Five participants were born in the UK and the remaining young people in other counties in Ireland, including Dublin, Limerick and Clare. One young woman, who had been adopted, stated that she did not know where she was born. Table 4.2 presents information on the birthplace of the study's participants.

¹⁴ During the Community Assessment Phase and throughout ongoing fieldwork, the numbers of people from EC10 countries accessing services such as the Simon Day Centre were highlighted. One young man from Poland, aged 22, was interviewed. However, it was not possible to recruit any further young people from EC10 countries for the study. This was due to a number of factors: some of the young people approached did not want to participate in the study, while for others language was an issue. Given the remit of this project and the resources available, it was decided that this population would not be included in the current study since a thorough exploration of their situations and needs would require a separate investigation (see, for example, Bergin & Lalor, 2006).

Table 4.2 Birthplace of Participants

Birthplace	Number
Cork City	24
Cork County	2
Kerry	1
Limerick	2
Dublin	1
Clare	1
UK	5
Not known	1
Total	37

Family Situation

During interview, participants were asked to provide details of their family situation including information on their parents, siblings, members of their extended family and whether they were parents themselves. Fifteen of the participants reported that their parents had separated or divorced and, in many cases, one or both parents had subsequently established other relationships.

Seven of the young people stated that one parent was deceased (mother deceased in four cases; father deceased in three). One participant believed that both of his parents were deceased but was unable to confirm that this was the case and another stated that he had heard 'rumours' that his mother was dead but was not sure if these stories were, in fact, true.

The parents of fourteen participants were still living together. However, in many instances, their home situations were difficult (e.g. they included accounts of domestic violence, parental substance misuse or a parent serving a prison sentence). Three of the young people had lived in a 'refuge' or hostel with their mothers when they were younger and in all cases this move had come about in the context of domestic violence. The number of siblings varied across the sample. When step and half-siblings were included, the average number of siblings for the total sample was 4.2. Two of the participants reported that a sibling was deceased.

Five stated that they were adopted as children and their accounts suggest that the issue of their adoption, and their resulting sense of identity and belonging, impacted on their lives. Two of the young people had been adopted in the UK at an early age and moved to Ireland during pre-adolescence. Three described the difficulties they encountered when they 'discovered' that they were adopted during early or mid-adolescence.

Current Living Situation

The living situations of the study's young people at the time of interview are presented in Table 4.3.

Table 4.3 Current Living Situation

Accommodation Type	Male (n=20)	Female (n=17)	Total (n=37)
Private Rented	3	2	5
Supported Housing	6	5	11
Adult Emergency Hostel	4	5	9
Adult Mid-Term Hostel	2	-	2
Rough Sleeping	1	-	1
Prison	2	-	2
Family home	2	1	3
Under 18 'Out of Home' Provision	-	4	4

At the time of interview, the young people were residing in a variety of accommodation types including Under 18 'Out of Home Provision' (4), Adult Emergency Hostels (9), Supported Housing Projects (11)¹⁵, Prison (2) and Adult Mid-Term Hostel (2). One participant was sleeping rough and three were living with their families having returned home following contact with Liberty Street House. Finally, five were living in private rented accommodation.

Participants were also asked to provide information about their previous living arrangements. These data are dealt with in greater detail in Chapter 6 and illustrate the transience of their living situations. Worthy of note here, however, is the number of moves reported by a substantial proportion of the young people interviewed. For many, this residential instability started during childhood and continued throughout adolescence and young adulthood. Young people with a care history almost always reported a higher number of accommodation types across their life span, with some reporting in excess of 20 living situations. Another distinctive feature of this group of 'out of home' young people relates to their movement back and forth to the United Kingdom (see below for further detail).

As stated in Chapter 3, the interviews for this research took place between April and October 2006. However, follow-up telephone contact with services yielded information that largely confirms the pattern of transience that they reported during interview. On 1st March 2007 when contact was made by telephone with the services where the young people had been resident at the time of interview, there was no information available on the whereabouts of three of them: one was believed to be in prison, another was thought to have gone to London and the third had been evicted from the accommodation he had previously occupied and no information was available on where he now lived. It is significant that all three of these young people had very complex needs. Two self-identified as gay young men and one had been rough sleeping at the time of interview. Of the total sample interviewed, only 12 remained in the same accommodation i.e. private rented, supported housing or with family.

UK Residency

As stated earlier, five young people were born in the UK. An additional nine (almost one-quarter of the total sample) had resided in the UK at some point during childhood or adolescence. The nature of young people's residency in the UK varied. At the time of interview, two reported moving regularly between the UK and Ireland while others stated that they had travelled between Ireland and the UK in the past. For example, two had been placed in care in the UK by the Health Service Executive, with both recounting very problematic care experiences and a perception that the Irish care system had been unable to cope with them. While these young people reported positive experiences of their care placements in the UK, they encountered difficulties on their return to Ireland. A further two described 'running away' to the UK. One had been in the care system in Ireland and reported being sexually abused while in care. The second had been sexually abused by a family member and identified this abuse as her primary reason for 'running away'. Three of the respondents reported that they had moved between Ireland and the UK with their mothers and, in all three cases, this movement appeared to have been forced by contexts of domestic violence. The unplanned and chaotic nature of such moves was a strong feature of these accounts. Worthy of note also is that three young men in this study self-identified as gay and all had spent periods living in the UK. All had also accessed homeless hostels in both the UK and in Ireland.

Care History

Twenty of the study's young people reported a history of State care, i.e. a period where they had been placed in alternative care following child protection and/or welfare concerns. The nature of the engagement with State care varied: while some had spent short periods in foster care, others had passed a large proportion of their childhood in various care settings.

15 This Supported Housing Provision varied: some of it was provided by the Health Service Executive for under 18's; one project was supporting a young person who lived in a flat on an outreach basis, while another was funded by the City Council and targeted those aged 18 to 25.

Reported experiences of care also varied: four young people related incidents of abuse in a care placement; two of sexual and two of physical abuse.¹⁶ Of those who had experienced abuse in care, two had subsequently been placed in residential care in the UK by the Health Service Executive. Table 4.4 provides a breakdown of young people's placement types by gender.

Table 4.4 Type of Placement where Young People ever Placed by Gender

Placement Type	Male	Female	Total
Foster Care	10	8	18
Children's Residential Unit	8	2	10
High Support Unit	3	2	5
Special School for Young Offenders	5	1	6
Special Care Unit	1	3	4
Placement in the UK	2	0	2

Eighteen young people had been placed in foster care for a period. While this was the only care placement experienced by a number, others reported multiple placements including time spent in high support and special care units. Of note is that more young men were dealt with via the criminal justice system, with five reporting placements in Special Schools for young offenders. On the other hand, more young women than men were placed in secure units (special care units) via the care system.

Young People as Parents

Seven of the participants were either parents (3) or expectant parents (4). Of the three who were parents, one was a young man who had become a father at age 14. The child of one young woman had been placed in foster care (she did have visitation rights) and another young woman was looking after her own child.

Two young women (aged 21 and 20) were pregnant and both were living in hostel accommodation at the time of interview. Two of the young men, one of whom was the partner of one of these women, were about to become fathers. Of the four young women who were either pregnant or had become mothers, two reported learning difficulties and/or mental health problems. One of them explained that she had become pregnant when she was an in-patient on a psychiatric ward and a second had become pregnant by her partner whom she had met in another homeless service.

Education, Training and Employment

Five young people (four females and one male) reported that they had a learning disability or had attended a 'special school'. These young people all left school without a formal educational qualification, although two (both young women) were attending skills training programmes at the time of interview. A further 10 had left school without formal qualifications, with their reasons ranging from disrupted school histories (associated with household instability) to behavioural problems resulting in their suspension or expulsion. There was considerable evidence to suggest that the education of a number was disrupted as a consequence of the difficulties they faced as children or teenagers, including experiences of violence and/or abuse. Equally, the reports of a number indicate that school sometimes acted as a 'safe haven' in that it provided respite from difficult home situations. The age at which young people left school varied from 10 to 18 years and is presented in Table 4.5.

¹⁶ In all instances where there were reports of abuse (sexual, physical or emotional) in a care setting, young people had previously disclosed this abuse to a relevant authority.

Table 4.5 School Leaving Age by Gender*

Age	Male	Female
>12 years	1	1
13 years	3	-
14 years	1	2
15 years	6	5
16 years	4	1
17 years	2	2
18 years	2	4
Total	19	15

*Three young people were attending school at the time of interview.

Given that there is a legal requirement to attend school up to age 16, it is significant that 17 had left before this age. Three (one male and two females) were attending post-primary education at the time of interview; one was attending a third-level course and nine (three males and six females) were attending training courses in areas such as catering.

Table 4.6 details the education, training and employment status of young people at the time of interview:

Table 4.6 Education and Employment Status

	Male	Female	Total
Post-Primary	1	2	3
Third Level	-	1	1
Fás or Training Scheme	3	6	9
Employed	2	1	3
Unemployed	14	7	21
Total	20	17	37

It is notable that the majority of young people were not engaged in any form of employment or training, a trend which was particularly marked for young men in this sample. Those currently in employment (three in total) and those who had a prior employment record almost always reported that they had worked in poorly paid and low skilled jobs.

Conclusion

The young people interviewed for the purposes of this study had diverse life histories and experiences. At the time of interview, they were living in a range of situations. Some had returned home after a period of transience; others were accessing emergency hostel provision and one was rough sleeping. The majority reported difficult family circumstances and over half reported a care history, ranging from short periods of respite care to several consecutive years in foster and/or residential care placements.

A large proportion had disrupted educational histories, characterised by early-school leaving and low educational attainment. This initial profile suggests that the majority of the study's young people experienced some measure of social and economic hardship, coupled with stress and/or trauma, during childhood and/or adolescence. The following chapters provide a more detailed analysis of these and other key themes that emerged from their life stories.

CHAPTER 5
PATHWAYS 'OUT OF HOME'
- AN OVERVIEW

The identification of pathways into, through and out of homelessness can be useful in developing strategies for intervention and in adapting services to meet the needs of particular groups of young people (Hyde, 2005; MacKenzie & Chamberlain, 2003; Mallet et al., 2003; Smith et al., 1998). This chapter examines the routes or pathways that young people took 'out of home' or care. The findings reveal the diversity of experience associated with becoming homeless as well as the complex mix of factors and circumstances that can potentially place children and young people 'at risk' of homelessness.

Four distinct typologies or pathways into homelessness were identified, based on a detailed analysis of the biographical accounts of the 37 young people interviewed for the purposes of the study:

- Pathway 1: Care History
- Pathway 2: Abusive Family Situation
- Pathway 3: Family Conflict
- Pathway 4: Young Person's Problematic Behaviour

It was possible to identify key features – drawn primarily from the life experiences of the young people – for each of the four pathways above. In later sections, a detailed account of the core themes associated with all four routes 'out of home' or into homelessness is presented. It is important to recognise, however, that while these typologies provide a useful tool for framing and understanding the complex transition to homelessness, not all young people fit neatly into the pathways identified. Considerable overlap, in fact, emerged between the four routes, with some young people reporting experiences across several dimensions of more than one pathway. Where this occurred, a primary category was identified for the case in question. Account was also taken of the complexity of overlap between the four pathways through negative case analysis¹⁷ and by directing analytic attention to accounts that challenged a neat categorisation of young people's life experiences.

Table 5.1 presents the main features of the four pathways and also provides information on the number and gender of participants within each.

Table 5.1 Pathways Out of Home

PATHWAY	Description	Male	Female	Total
Pathway 1 Care History	Extended period in residential and/or foster care.	9	4	13
Pathway 2 Abusive Family Situation	Descriptions of physical, emotional, sexual abuse, neglect and/or domestic violence in the family situation. In some of these cases there may have been social work intervention. However, the distinguishing feature was that they <i>did not spend extended periods in care</i> . In other cases in this category there was no known social work intervention.	2	8	10
Pathway 3 Family Conflict	Typically this relates to difficult relationships within the family home, where the primary feature relates to interpersonal conflict that is <i>not directly a feature of the young person's behaviour</i> .	6	4	10
Pathway 4 Problematic Behaviour	This relates to features of the young person's behaviour that led to their home-leaving or becoming homeless e.g. substance misuse, criminality.	3	1	4

¹⁷ Negative case analysis is a process of examining why some cases or accounts contradict an emerging pattern (Seale, 1999). Sometimes referred to as deviant case analysis, it can 'reassure about anecdotalism' and also 'help in developing more inclusive theories to account for the data' (Seale & Silverman, 1997: 7).

Pathway 1: Care History

Of the 37 young people interviewed, a total of 20 reported a history of State care. In the present context, a history of State Care is taken to signify a period when a young person was placed in alternative care following child protection and/or welfare concerns. In general, children are taken into care for a range of reasons, including worries about their welfare related to physical, sexual or emotional abuse and/or neglect. For the young people in this study who reported a care history, the reasons for their placement in care varied, as did their care experiences. Some had spent short periods in respite foster care while others had lived for significant periods of their childhood and/or adolescence in residential units and had also spent time in high support and special care units.

Of the 20 young people who reported a history of State care, 13 (9 males and 4 females) were identified as having taken a care history pathway to homelessness. As might be expected, there is some overlap between the 'Care History' and 'Abusive Family Situation' pathways, in that young people placed in care often came from difficult or abusive family situations. Importantly however, the stories of those young people categorised as taking a care history pathway were distinctive in terms of the impact that care experiences had on their lives. Put differently, the care experience dominated the narratives of young people in this category.

The following sections examine care experiences in detail, covering young people's entry into care, reports of abuse within the care setting, behavioural difficulties in care, and placement sustainability. Young people's leaving care experiences, and the impact of this transition on their becoming homeless, are also examined.

Entry into Care

Young people's entry into care, including their accounts of the manner in which this occurred, are strongly suggestive of conflicting loyalties and emotions. For some who described abusive home situations, entry into care, when it occurred, was viewed positively. Robert described running away from home and sleeping rough from the age of 10 because of the abuse he experienced within his home:

I: And what was it like when you moved into the care home when you were 11?

R: Ah it was brilliant, it was the best time of my life actually, no doubts.

I: What was good about it?

R: All the kids I suppose. I don't know? The football pitch, they've a football pitch. I was just happy for the first time in a long time. It was brilliant. I never saw any of that (in care), the abuse like. I don't doubt people suffered but I thought it was brilliant. (Robert, 25)

While Robert's entry into care was a seemingly positive transition, most young people depicted the event in negative terms. Sharon described the distress and confusion she experienced at the time she was placed in care:

... one day my social worker arrived with two guards and, my social worker was saying, 'Listen we're taking you on a bit of a holiday but the guards are there for your safety'. And I'm there, 'Oh right'. And next thing I ended up in court and I was sitting in the corridor and they were all inside in the courtroom and next thing they came out and they said, 'You're going to stay with this woman for a while'. And I was there going, 'Sure I don't know anybody'. Like I'd never been out of Cork. They never really explained that I was going to foster care and then I went to this house and there were 6 kids and they were all mad and they were all running around the place and I was like, 'What's going on?'. And she was like, 'I'll be back next week'. But I was like, 'Sure I don't want to stay here'. So then I stayed there for about 2 hours and I ran away and I was actually trying to make my way back to Cork and I ended up being brought to the Garda station for the night and I was kept in the Garda station overnight and it was really scary like 'cos I was only 12.

(Sharon, 19)

Matthew similarly recounted distressing memories of his removal from his family home at the age of 10:

Yeah we were told to take off our clothes, get thrown into black bags, two black bags in the boot, throw us in the back and took us away. It is confusing, didn't know what was going on, sitting in the back of the car and going. No explanation or nothing. (Matthew, 21)

For the majority who lived in care settings, feelings of anger predominated. A number of young people were critical of the manner in which information was communicated to them at the time they were removed from the family home. Philip, who was placed in care at age 10, resented the way in which his removal from home was handled by social workers:

- I: *And what was it like when you moved away from home when you were younger?*
R: *Well I didn't like it, I didn't like being, you know, it was like kittens or dogs taken away from their mother too young. Not alone does the mother get depressed but the kid is upset.*
I: *And how was it explained to you why you were taken away from home?*
R: *I don't know I just had two dumb social workers, two thick social workers and they explained it all wrong. According to me they explained it all wrong. You don't tell kids what they don't want to hear about their mother and father if you know what I'm saying. You need to just kind of give them, you know, kind of do it a different way, in a way they don't know. I don't want to talk about that because I hate talking about it.* (Philip, 21)

Abuse in Care Situations

As stated in the previous chapter, five of the young people who reported a care history described instances of abuse in their care settings: two recounted instances of sexual abuse by staff in residential units, one young person was physically abused in a residential setting and two young people reported physical and/or emotional abuse by foster carers. The experiences of these young people who had already been removed from situations where they had been abused or were 'at risk', to situations where they experienced further abuse, were highly problematic.

- I: *And did you stay in care that time?*
R: *Yeah, apart from running away like and, when I was abused the only place I could run to and the only place I knew was home so I mean I'd rather be home with two alcoholics that couldn't look after me rather than being sexually abused in a care home so I almost think that a safer place to be. It wasn't a safe place to be but it was safer than the place I was, you know what I mean?* (Darren, 21)

Two who reported sexual abuse in a care context self-identified as gay and one of these young men was actively involved in sex work. Abuse had had quite a dramatic impact on these young men's identities, as well as on their psychological well-being. The ensuing conflict is illustrated in Darren's account:

... I went through a stage of 'Am I gay because I was abused by a man?'. And that was playing on my mind an awful lot. But then I seen a post-abuse counsellor and, fair enough, he couldn't answer that, he said that's something only I can answer but he said, 'I don't believe that that is the reason why you are gay'. So that kind of settled me a small bit (Darren, 21)

A further dimension of the accounts of young people who reported abuse in care settings centred on the anger and frustration they experienced and the impact of these emotions on their own behaviour, as well as on the sustainability of subsequent care placements. One young person described assaulting his foster father:

His wife said to me, 'Why did you do it?'. I goes, 'Because you put me through shit for the past two years, a person can only take so much'. Can you imagine every night when you're going to bed, every morning

when you wake up, all through the day, all 24/7, 12 months of the year you're getting shit, shit, shit and you keep it locked inside. You have to break out sometime, you have to, whether it's playing sport, going to the gym or like I done, fighting.
(Brendan, 19)

The consequences of early childhood experiences of abuse within the family context, coupled with their removal to a care setting where they experienced further abuse, had a profoundly negative impact on these young people's ability to trust and form relationships. It also affected their ability to adjust and adapt to subsequent care placements, as the following accounts by Darren and Caroline demonstrate:

When I lived in (regional town) I lived with my sister and but then, as I said, I kept running away because I was being abused and stuff. But I lived in lots of different places and with different kinds of people. I got to like a lot of people, hated a lot of people. But I suppose it's all part of life and experiences. But I was only every abused in (pause) ... to me it was almost fear of going to another place where it was going to happen again. It was a fear that I lived with and I never really told anyone until I moved to England and then started up a case and all the rest of it.
(Darren, 21)

... I was moved to a foster placement where she used to pinch you with a pliers to make you eat your own sick. She was just wrong in the head, something wrong in her head and I ended up acting out then. And I left there and I moved to another foster family who were just, they'd all go down, if I came into the sitting room, they'd all go down to their bedrooms. If I passed by their bedroom door to go into the bathroom, I could hear them shutting it out while I was in the bathroom. So, then there was another (care) place in a shop, which was grand but they treated me too nice and I didn't know how to deal with it.
(Caroline, 18)

Young people who reported abuse within a care setting invariably reported multiple subsequent placements including time spent in Special Care Units, Children Detention Schools and placement by the HSE in care settings in the UK. During interview, many also reported a range of ongoing difficulties including mental health problems and/or substance abuse that continued to put them at risk. One was currently involved in sex work and two others recounted recent episodes of interpersonal violence in which they sustained injuries. At the time of interview, two were living in emergency hostels and one young person was in prison; the remaining two were in supported housing accommodation. By March 2007, when contact was re-established with service providers to ascertain the living situations of all participants, both of those who lived in supported housing accommodation at the time of interview had been evicted: one was thought to be staying with friends and the whereabouts of the other was not known. Overall, this group of young people stood out as highly marginalised and they had a high level and complexity of need.

Multiple Placements

Multiple care placements, leading to fractured and dislocated experiences, were a distinctive feature of many care histories. The reasons for placement breakdown were invariably complex. In some instances, young people had run away from a care setting, often back to the home of a parent, while in others, it is clear that their behaviour had been a factor in the breakdown of one or more placements. As highlighted above, this behaviour was linked in some instances to prior abuse and trauma. Sharon's account demonstrates some of these complexities, including her experience of mental health difficulties. Her account also highlights the challenges that her behaviour presented to services and the difficulties that this type of behaviour and need presents for residential care providers.

I ended up going to a secure unit and I spent 22½ months in there. And basically I never did anything to get in there but I was then key locked in my room for 8 months because I was self-harming and I was running away and I was just basically totally messed up. And it was basically because I had problems. When I went in there and no one was able to help me they just pushed me from pillar to post and back around. And then I ended up leaving and I went on to another unit and I was there for 18 months. And I hated there. The staff like, fair enough, I will admit I was very

violent and stuff but I just didn't mean it, just I was so messed up. Everybody I've met in my life has just treated me bad so I was saying in my own head if they're treating me bad why should I be nice to people. So then when I moved into that unit then, the high support unit, all the staff walked out and said they didn't want to work with someone that was violent. So then when the staff were gone for about 2 months and when they came back it went on and my placement just basically broke down. (Sharon, 19)

Brendan also reported violent behaviour while in care, demonstrated in his response to learning from care staff of his grandmother's death:

...Well first of all anyway I picked up the fire extinguisher and I threw it at one of the staff. I hopped it at one of the staff. Then I picked up the brush and I started beating everyone around with it. I just smashed everything up because that (his grandmother) was the one person that could calm me down. (Brendan, 19)

In a study exploring factors associated with positive care outcomes, Stein (2004: 1) characterised a steady care placement as a 'foundation stone' in developing stability, continuity and attachment. Similarly, Cashmore & Paxman (2006) identified the importance of 'felt' or perceived security as influencing the success of transitions from care. 'Felt' security was correlated with placement stability and was also linked to young people's feelings of belonging and being wanted, as well as to their ability to form networks of support. According to Cashmore & Paxman (2006: 238):

Stability allows children to 'put down roots' and develop a network of relationships. However, it is children's lived experiences of stability, and their felt security and the development of meaningful relationships that are likely to matter most to these young people.

Behavioural problems in care are associated with placement breakdown (Zinn et al., 2006) and are also linked to poor outcomes in the years after the young person leaves care (Cashmore & Paxman, 2006). In the current study, there was evidence to suggest that a pattern of multiple placements – a feature common to the majority who reported a care history – was repeated when they left care. Teresa's account describes a persistent pattern of multiple placements from the age of 10 to 18 years as well as problems when she subsequently entered adult homeless services:

I went into care when I was 10. I went back home when I was 12 and I was put into a high support unit when I was 13, 14. I was in there for about two months and then I was put into the lock-up unit for six months and then I went back to the high support unit. Then I went to a foster home, I came out of there when I was, two months before my 18th birthday, and I was at home for six months and then I was kicked out and I was in (emergency hostel) for a week and then I came to the (supported accommodation). (Teresa, 18)

Darren's account similarly describes a pattern of constant movement between various living situations in Ireland and the UK subsequent to him leaving care:

I was living in (unit name), that was a care home. I was living in B&B's as well after that and then from the B&B's I went to England and then from the care home in England I went to my own flat. From there I came back home, went back to England, back home, back to England, back and forth. (Darren, 21)

In addition to this pattern of transience, the problematic behaviour some described within their care placements continued when they moved to other living situations. This resulted in periods when they were barred from accessing homeless services:

When I was 16, in (name of unit), I assaulted two of the staff. And they charged me with that, and I went to court with that then and then over kicking in the door of (emergency hostel), I was charged with breach of the peace. (Caroline, 18)

For some of the respondents, accounts of challenging behaviour appeared to form an important part of their identity, protecting them from the vulnerability and abuse they had experienced as young children. While their reports of their own behaviour demonstrate the difficulties involved in maintaining stability in care placements, equally, the capacity of the care system to cater for the needs of these young people is clearly a matter of concern. Further systemic issues such as the nature of the care provision, as well as problems with placement planning, which for some young people appeared largely crisis-driven, were highlighted in several accounts:

But then like I just went from unit to unit and foster home to foster home, you know what I mean, it was just unreal like, all the messing about. And like when I left that place then in (regional town), I like (pause) ... you're only meant to stay there for 3 weeks, 6 weeks but they'd no other placement for me so I had to stay there. And then I went to a place in (regional town) and they had two houses. One was open 7 days and another one was open 5 days and there was a mix up and I went into the 5 day unit instead of the 7 day, so then I had to get a foster home. So I was there during the week and the foster home at the weekend and the foster home was just mental. There was 13 kids so it was just mental.
(Sharon, 19)

A further pertinent issue for this population of young people relates to the process of leaving care and the nature of aftercare provision they received. This transition is discussed below.

Leaving Care

International research on youth homelessness and research conducted in Ireland has consistently demonstrated that young people with fractured, unstable care experiences face a range of poor outcomes, including an increased risk of homelessness (see Chapter 1). The quality and nature of young people's care experience has been highlighted internationally, as have the factors that influence outcomes, including appropriate planning and the provision of adequate aftercare resources (Biehal et al., 1995; Stein, 1997). As documented in Chapter 1, Section 45 of the Child Care Act, 1991 sets out the powers of the HSE in providing support to young people leaving care. The discretionary nature of this provision and what is perceived as statutory weaknesses in this area has been highlighted (Kelleher et al., 2000). Differences in practice across former Health Board Areas has also been documented (Social Services Inspectorate, 2001). The issue of leaving care will be addressed in greater detail later in this report. However, at this juncture, it is important to note that a number of the young people categorised as taking a care pathway to homelessness did not either begin or end their care careers in HSE, South.

The Social Services Inspectorate Practice Guidelines (2001: 1) draw attention to the absence of a uniformly accepted definition of leaving care, highlighting that the term may refer to young people who leave care with a predefined plan or to young people 'who may have drifted out of care in an unplanned way'. Some of the challenges facing young people leaving care, and the challenge of providing a meaningful service to them, are exemplified by the accounts of those in this study who reported a care history.

In addition to reporting very difficult care experiences, for some the change in service provision on turning 18 represented a crisis point. The accounts of Caroline and Alex demonstrate the negative impact of the sudden removal of services and supports on reaching 18:

- R: *Well obviously when I was under 18, the Social Workers did everything for me. So now I have to do things myself.*
- I: *Ok, so did you find a difference then when you turned 18? Was life different for you then, do you think?*
- R: *Yeah, 'cos I'd no one to fall back on. When I was under 18 I could always fall back on Social Workers. I could just go to them but at the moment I have no one to fall back on.*
- I: *Yeah, and what do you think about that?*
- R: *Sure I have no choice.* (Caroline, 18)

... some services you want, they don't have them and stuff. The Health Board over here is shit, the one in England is better 'cos you can stay with them until you're 25 and they do a lot of work for you up until then. Over here they only have a service until you're 18 and then 'Fuck you, here you are, goodbye, go sort your own life out.'
(Alex, 19)

Sharon felt 'lucky' because, although ill-equipped to live independently, she did have access to accommodation and other supports on leaving care. However, she did not believe that care leavers generally had adequate access to support and that, instead, they found themselves entering yet another system of intervention:

Like I think now, when I look at myself, a lot of people that I was in care with, a lot of them are on the streets. Like they're girls and guys and the youngest is only 17. And I think when you're in care you don't have a clue basically. Like I didn't have any family contact really so, in a way, they're kind of raising you and they're kind of family to you and then they say to you, 'You're 18, here's the door, out you go', kind of thing. But like fair enough, I was one of the lucky ones and I got my act together like and I had the strength to learn how to cook and clean and budget. A lot of people don't, you know what I mean, so I could be like them today, I could be on the streets. So I think it's really bad that way like, there's no proper treatment or what you call it, before you leave care like and when you leave that's it basically like. Like, if I didn't fall into (service name), I would have been on my own like. So I was lucky like, some of them aren't like.

(Sharon, 19)

Although in a minority and not generally representative of the experiences of the other young people in this pathway, Matthew had a more planned transition from care. Significantly, he reported relative stability in his care placement history and went on to describe his transition from care:

It was kind of decided that this (semi-supported accommodation) would be the best place for me, so basically they just hounded me until I came here ... Yeah they agreed this was the best place for me to go because it is often disastrous for someone to go from dependent to completely independent, so they figure if I go semi-independent and then go independent, even if it is for 6 months, that I will have a better chance of surviving so it won't be so deep.
(Matthew, 21)

While the absence of ongoing support on leaving care emerged as a key area of difficulty for many who reported a history of State care, continued support, where it did exist, was viewed positively by the young people:

I: *And what service have you found the most helpful?*

R: *None of them really only aftercare in here. Like I'm in aftercare here now for about two years and I've learnt so much more in those years than I did in six years in care, and I met well over 400 people in my time in care, and I met, like what, 20 people here and I learned so much and they're just excellent people really. They're like my family really. Without them I'd be lost like.*

(Sharon, 19)

In this context, it is important to note that some viewed turning 18 and leaving care as a point of liberation and a stage where they were no longer required to engage in services and with social workers. One young man explained:

... I rang my social worker because I was over the age of 18 and she said like, 'We'll pay for one last flight, if you want to come home, we will pay for one last flight'. But when you do get home it's up to you. I never got any support, aftercare plan or anything like that. Well I was offered one in England but I thought I don't need one of them, you know what I mean, but in actual fact I did. But I just didn't take it because I thought I could do it on my own, which I couldn't.
(Darren, 21)

Noteworthy also is that some young people who reported abusive family situations prior to their entry into care expressed a need or desire to return home on reaching 18. The return of a number to home situations that remained problematic and, in some cases, abusive led to further difficulties and to periods spent sleeping rough and/or living in emergency homeless accommodation. It was

very often at this point that the issue of accessing support and having something or someone to 'fall back on' re-emerged as an issue.

Pathway 2: Abusive Family Situation

This second pathway relates to accounts of family situations characterised by abuse, with a total of 10 young people categorised as taking this route out of home. Some reported active social work involvement with their families and a number had spent short periods in care or in other settings such as a psychiatric hospital. However, these placements were generally short in duration and the young people subsequently returned to a home that remained unsafe. Two of the young women in this pathway reported no social work involvement.

Violence within the Home

Reports of domestic violence featured strongly in the accounts of these young people: two of the young men and five of the young women in this group reported violence between their parents and/or step-parents; two had spent time in a homeless hostel as young children as a result of domestic violence and the perpetrator of violence was their father in both cases. Mark described his experience of going to this hostel with his mother and siblings when he was 9 years old:

Strange considering there was no fellas allowed in there (hostel). There was only me and my younger brother, the only fellas. We moved there for a couple of weeks but I got the hang of it after a while but it was still strange like, walking around with a load of women. (Mark, 21)

The second, a young woman who had spent time in a homeless hostel as a child with her mother and siblings, had recently accessed this same service at age 20 because of her father's continued violent behaviour.

Reports of physical abuse within the family home varied. Some had witnessed a parent being assaulted while others were themselves victims of physical assault by a parent. Two young women reported that they had been victims of violent behaviour where a sibling was the perpetrator. One of these described the fear that she experienced in her own home:

I just got so depressed, and like my brother and my dad like, there was a couple of occasions during that summer where they, like my dad gave my sister a black eye when she was in first year I think like. I was actually very nervous of my brother and my dad, like they just scared me a couple of times and that's how I ended up running out of the house 'cos they like, they mightn't actually hit you but they'd hold a chair up to you screeching, hold it down, they'd scare you so. (Aoife, 18)

Another young woman told how her older sister, who became her primary caregiver when her mother died, seriously assaulted her:

She'd put me into intensive care as well with a spray can, she hit me in the head with a spray-can, she hit a hole in the back of me, she took the whole piece off. She was an animal. (Claire, 21)

Leaving Home

For young people who lived in violent situations, leaving home most often occurred at a point of crisis following a particularly serious assault or, alternatively, at a stage when they felt they could no longer remain in the situation. Nevertheless, some who attempted to leave at this juncture faced serious consequences. Mark described his experience of leaving home at age 15:

I: So what happened then when you did go back the first time?
 R: I got walloped with a baseball bat. I still have the scar.
 I: Yeah, did you have to go to hospital for that?
 R: Yeah, my skull was fractured, it was like wide open.
 I: So at the hospital, did anybody say anything, did they ask you what happened to you?
 R: They asked me what happened and I told them but I was kind of left alone, they didn't really take any heed. (Mark, 21)

Claire's account further illustrates the negative repercussions of leaving home in such circumstances:

... I can't trust my family because when I was in the women's refuge my brother came up to me offering me a lift home and he rang the bell looking for me. I let him in because I trusted him and the staff said, 'If you don't have her back in 25 minutes from the shops I'll call the Guards'. He said, 'Oh I will have her back' and he swore and everything. And when I went out and he took me home. But then they (family) made me ring the women's refuge and say that I was home with my family and everything was ok, but she (staff member) knew that it wasn't. She sent the guards out, she did. (Claire, 21)

The difficulties that these young people faced in their home environments, coupled with the limited options available to them, meant that many waited until they reached 18 to make the break from home. A number also reported long-standing pressures from within the family to avoid the attention of State authorities:

I remember I wasn't doing well in school for a while in second class. This woman, I remember she brought me into the library twice a week and we were sitting on pillows on the ground and she had a load of like Barbies and stuff on the ground and she was asking me questions like do I go out shopping with my mam, and do I go into the bath with my brothers and stuff like that. She was asking me very strange questions, that's all I can remember, and I used to go home and I used to say it to my mam and my mam said, 'What, really and what are you saying to her?' and I said, 'I don't say anything', even though I did like, you know. And she said, 'Good like don't be telling her'. After a while then my mother was telling me what to say to her and what not to say to her. (Sheila, 22)

This reluctance to bring 'outside' attention to the family was particularly strong among young women in this group, even in instances where there was evidence of concern on the part of agencies or professionals, as demonstrated in the account above. These young women were reluctant to reveal the full nature and extent of their home-based difficulties because they feared for a parent who was also the victim of abuse and/or for their siblings. Donna described her fear of disclosing information about her abusive home situation:

I never answered their (social workers) questions because, I don't know, the whole lot of us would have gone straight into foster care. I knew it and my mother would have been left with nothing, like with no one except herself, and I didn't need that either for her and also the fact that I wouldn't tell anything (about the abuse) to my mother or my sister or my brother 'cos I know for a fact they'd be all put into different foster placements. (Donna, 19)

The account of another young woman highlights similar difficulties. Aoife believed she could only safely reveal her abusive home situation having reached the age of 18 when she would no longer run the risk of being returned home:

To be honest like the guards would have been a help, whatever, but I really never go to the guards for any reason ... like I didn't mind going to the guards once I was 18 because they couldn't send me home. If I went to the guards before I was 18 I'd go home and I'd get, I'd be murdered. 'You went to the guards about me?' My dad would actually just (pause) ... and I wouldn't blame him. But I couldn't do anything else, he was actually threatening me like, you know. I was so nervous of him like and he had given my sister a black eye and he had hit me a couple of times and I was practically pushed down the stairs like you know. I don't know like? I would have preferred if there had been another option. Why the guards? Couldn't my social worker have got involved properly? (Aoife, 18)

At the point these young women left home, the cumulative effect of persistent trauma and abuse was immense. Significant also is that all of the young women in this sub-group reported mental health difficulties and two had accessed in-patient psychiatric treatment. There were also reports of depression and self-harm and, in some instances, evidence of post-traumatic stress. One young woman who had been assaulted over a number of years by her sister and raped by another family member described hearing voices in her head:

They (voices) just come, but then started hitting me here in the head. And when I'm going to sleep in the night time, I close my eyes because I think people would be calling me but they wouldn't be. Because she (sister) used to always, when I was trying not to listen to this one then I'd go to another one of my brothers, then my other sister would call me and I could hear them then at night time before I'm going to sleep.

(Claire, 21)

The trauma most continued to experience was often accompanied by a strong sense of regret, particularly in relation to the timing of their home-leaving. Sheila explained:

I: So in the school you were talking to the counsellor. You didn't see a social worker at that time?

R: No. She said that I was entitled (pause) ... She said that I could leave home and go into another home. I was thinking that was stupid. I said, 'My mam and dad will kill me', they'll be looking at me stupid and why would I want to leave home? They'd be asking me questions. I was afraid to do that but I'm going mad now that I didn't.

(Sheila, 22)

Points of Intervention

A narrative of 'missed opportunity' for intervention emerged strongly from some of these young people's accounts and this was related in part to their inability to fully describe or disclose their difficulties. Nonetheless, six of the ten in this group reported social work involvement with their families, a point which suggests official recognition of some level of family difficulty. Furthermore, it appears that for three of the young women, social work involvement occurred when their own behaviour emerged as a cause for concern in circumstances of running away, assaulting an abusive parent, or on admission as an in-patient to a mental health service.

A number also reported that where services were involved, their parent's viewpoints were privileged by professionals and they consequently had no faith in being heard. One young woman described her efforts to communicate with her social worker:

When my dad was down with her (social worker), my Dad would get into her head first, you know. I felt that she just thought we (referring to sister) were making it all up and like when I talk about this now, my sister and me obviously, we weren't two angels like but we were young like, what do you expect. I don't know? We never did much out of the way, you know. She (social worker) just didn't listen I think.

(Aoife, 18)

In addition to social work intervention, it was clear from young people's accounts that some had sought assistance from other agencies apart from social work services, including the Gardaí. School emerged as a source of refuge and support for some as well as a place where they sought help. One young woman described how her situation could have been improved had she been aware of the services available to her. She also identified school as a point where this engagement could usefully take place:

When you're in primary school I think somebody should come and talk about what a social worker is 'cos when I was in primary school I didn't know who was there to get help from with what was happening at home. 'Cos when you're a child, you're very vulnerable to say things out of the way. Like, do you know when a child will stand up and say, 'Oh my mammy did this to me', do you know a way a child would do that? Like I think someone should go to a school. People don't go to primary schools and do that sure they don't?

(Sheila, 22)

In the context of some of the issues identified regarding possibilities for earlier intervention, the mobility of young people and their families is worthy of note. Of the ten young people within this pathway, six had been resident in the UK at some time. In four instances, a family move to the UK from Ireland, or vice versa, happened in the context of domestic violence. In addition, it was clear from one young person's account that her mother's move to the UK was in part an attempt to avoid social services.

I'm originally from the south side (of Cork city) and my Mam went to England just before Christmas there, she moved away and because my Dad's an alcoholic. Everything was getting on top of her, like social workers and stuff. So she moved, well she ran away really. She's in England, and that's all.
(Sally, 20)

Young people's movement between living situations, and the difficulties that they encountered, are dealt with in greater detail in the following chapter. Worthy of note, however, is that young people who had experienced abusive family situations left home with few resources, and as a consequence, emergency accommodation was the only option available to a number. The problems of entering hostel environments were highlighted by these young people. For example, one of the males who had accessed homeless services in the UK subsequent to leaving an abusive home situation reported that he had been raped in an adult homeless hostel there. For some, hostels were places to be avoided, as Mark's account demonstrates:

Well I spent one or two nights in (hostel) but that was only if I was really desperate for somewhere to stay. I preferred staying out in the streets rather than going in.
(Mark, 21)

Young People as Parents

Five of the seven parents or expectant parents in the study were young people who reported abusive family situations. All of the young women who were pregnant at the time of interview were residing in emergency accommodation and none had support from their families. Sally described a home environment characterised by violence from which her mother had fled. At the time of interview, she was unaware of her mother's whereabouts and was living in emergency accommodation. Here she described the sources of stress and anxiety in her life:

- R: *Being homeless and being pregnant at the same time like. Like I'm not stressed over being pregnant like, I'm just stressed being pregnant in here and having no home. That's it really.*
- I: *And when you get, when you're in a stressful situation what kind of way do you, what kind of things do you do?*
- R: *Well mostly I probably speak to someone, start shouting and roaring if someone annoys me, just sit down and calm down and have a fag (laughs).*
- I: *Yeah. So can you think of a recent situation where you were stressed?*
- R: *In here (hostel) every day, I'd be stressed out.*
- I: *And what happens?*
- R: *There's nothing really you can do about it really. I don't know I suppose.*
- I: *Yeah. So when you feel stressed and that is there anything that can help you?*
- R: *No.*
(Sally, 20)

Those who had lived in abusive family situations reported a range of difficulties and many continued to experience emotional and psychological trauma. The young women who waited until they were 18 before leaving home because they feared the consequences of bringing their families to the attention of statutory services form a distinctive sub-group. When these young people did leave home they almost always did so in the context of limited options and resources. Significant also is the fact that five of the ten in this pathway were parents or expectant parents.

Pathway 3: Family Conflict

The third pathway out of home relates to the theme of family conflict. Typically, these accounts of conflict were associated with difficult relationships within the family home. There were six males and four females in this pathway. Sources of conflict within young people's homes were sometimes long-standing and, in these cases, the difficulties often centred on a particularly fraught relationship with one parent. Stephen described his problems with his father's authoritarian approach to discipline and control:

You see my dad would bring his control into the home like. Like, 'Do this, do that'. He'd turn around and say 'At work everybody does what I say.' So you keep trying to get the jobs he gives you up to a standard, as much as you can, what he classes as a standard. So it was kind of like a strain actually trying to please him, just trying to get brownie points off him.
(Stephen, 20)

For other young people, the perceived absence of support from a parent, especially during times of particular difficulty, led to feelings of rejection. Two young women who experienced mental health difficulties spoke about their situations. In the following account, Olivia recounted her mother's inability to respond effectively, or in a caring way, particularly during the times when she experienced depression:

I'm not 100% sure why my mum asked me to leave but there was always major difficulties, we just never got along. She never really had time for me and I felt I needed that time because I was so depressed. And she couldn't give it to me. I think it just upset her more and there was constant arguing and then one day she was just serious when she told me to go and I came back hoping that she was just saying it. She wasn't, so I decided to be mature about it and go and do something about it rather than still trying to get back.
(Olivia, 18)

Laura also described feeling unsupported by her parents:

There's no point in speaking to my Dad, he doesn't get it. He doesn't remember panic attacks, he can't remember anything before his illness really, he kind of remembers bits and pieces but he can't remember much. My mother then just kind of laughs at me like and then I go off the handle and I, there's often times I've wrecked her house from her laughing at me, I've broken things, smashed things. I just get so angry at someone laughing, because it's not laughing, to me it's not funny like, so there's no point talking to her, I go off the handle.
(Laura, 17)

The theme of identity featured in the accounts of a number who reported difficult family relationships. Frank described the events that unfolded when he discovered, during early adolescence, that he was adopted:

I was adopted when I was a baby and I found out about that when I was 13. And at that stage things started going from bad to worse. When I found out I just started acting the maggot. So did my other brother. So the two of us, my brother left when he was 15, we just both went into care.
(Frank, 20)

Frank went on to depict the sudden revelation that he had been adopted as a 'trigger' for subsequent questions and conflicts:

It (learning that he was adopted) was kind of a trigger because back then I kind of felt, you know, 'Why do I have to live with this family when one family already got rid of me?' It was only when I turned 18 then that I was legally entitled to get the documents and I found out that I wasn't actually gotten rid of. It was because my father, my biological father, was abusive and my mother did it to save us. I learnt that when I was 18, so. It was something, I don't hate my parents like but it's a bit late then like. You know I've been through what, 5 years of torment.
(Frank, 20)

As stated in Chapter 3, five young people in this study (four males and one female) had been adopted. For two, conflict with their adoptive families arose during adolescence. Dermot described the kind of difficulties that arose when he was attempting to communicate with his birth mother:

- I: You were talking there about you know, getting details on your birth mother. Did you make contact?
- R: Yeah, I'm writing to her (birth mother) and it's going well. But my mother, I was seriously pissed off with her now, because she hid a letter. I got a letter off her (birth mother) last year when I

was in ('Out of Home' Service) but she never gave it to me. I thought she wasn't writing back to me, she thought I wasn't writing back to her. Because I was waiting for her next letter, she was waiting for my next letter, and she just didn't want me to see it because there's details of her mobile number or something in it and she didn't want me to have it. It's her choice like but I really think I should have been able to see it. Fair enough if she didn't want me to have the mobile she could have just tippexed that out or whatever, you know. That would have been fair enough like. I would have had the letter. But for the last year I was thinking my birth mother didn't like me or she didn't want to write to me anymore, and she was thinking I didn't want to write to her anymore. But I got a letter from her there about a month ago, she was just worried like, it's been nearly a year since I wrote to you last, blah, blah, blah.

I: *Right. So how do you feel about all that?*

R: *I was seriously pissed off but sure shit happens, it's in the past now. (Dermot, 17)*

Positive Intervention

Two young people who left home because of family conflict subsequently returned and both indicated that agency intervention was a factor in their return. These young people and their families had been supported by the interventions of the HSE service at Liberty Street House. The young people had spent a period of time living in one of the service's residential units prior to returning home and, whenever necessary, they continued to receive support from the service. One of these young males described changes in his behaviour and outlook through the process of 'growing up':

I've grown up, I've, I don't know. It could have been me or it could have been him (father) looking for fights before. I'd say it was a bit of both. But now, if one of us gets pissed off with one of us I usually walk away and just throw a few things around my room. So that's the way Da would give out to me and I'd freak and then he'd freak and I freak even more. (Dermot, 17)

Continued Difficulties and Support

However, the majority of young people in this pathway continued to experience difficulties, their family conflicts remaining unresolved. In these situations young people often reported that they felt an absence of support, particularly when specific problems arose, and that they did not feel comfortable seeking assistance. Mairéad left home in a situation of conflict and entered into the private rented sector. Unfortunately, she experienced difficulties with her flat mates after a period and left this accommodation. At the time of interview she was living in an emergency hostel:

The reason why I'm here staying in (emergency homeless hostel) now and not at home is because I love my parents to bits but I can't live with them. I'm very close to my dad now but it's a very stormy relationship. But now, over the last few years, we've become a lot closer and the whole lot and we're both like, we're both very honest with each other now, but we're very alike in personalities myself and my dad. I mean I could stay home for now 2 or 3 days but that would be it. He's pushing on too so. (Mairéad, 24)

While Mairéad does not harbour negative feelings towards her parents, she simply 'can't live with them'. It is not always possible or, indeed, desirable for young people to return home, particularly if the problems that led to their leaving in the first place have not been resolved (Fitzpatrick, 2000). Not all of the respondents in this pathway expressed anger or resentment towards their parents. Moreover, all had some level of contact with family members. This did not mean, however, that returning home was an option. The fragility of the family relationships of a number is illustrated in Stephen's account:

It's kind of like, say if there was a bridge in between me, they live over there, but it is kind of a shaky bridge like. I don't know if it's going to collapse, or it's going to hold so it's kind of patchy at the moment like. I didn't talk to my Dad for a couple of months until my sister's wedding in September like, last year. That was the first time that I talked to him in a couple of months, so that was grand. (Stephen, 20)

While some accounts demonstrate evidence of long-standing difficulties between young people and their parents, others indicate that a particular event generated relationship difficulties. For two young people, the revelation that they had been adopted triggered conflict. Others reported conflict in the context of an authoritarian or unsupportive relationship with their parent(s), resulting in feelings of disappointment and resentment. In some situations, the intervention of Liberty Street House led to improved relationships between young people and their parents while for others, relationships remained fragile even if they maintained some level of contact with family members.

Pathway 4: Problematic Behaviour

Traditional accounts of young people's entry into homelessness have tended to focus on aspects of individual behaviour (Hutson & Liddiard, 1994). This tendency to locate the 'problem' within the individual, leading to explanations that depict 'running away' or decision-making about leaving home prematurely as acts of delinquency, have been subjected to critique (Hyde, 2005). Nonetheless, there is evidence to suggest that problematic behaviour on the part of young people can result in significant difficulties at home and undermine their ability to remain there. Some of the key issues identified in the literature include problematic substance misuse and involvement in criminal behaviour (Hyde, 2005; van der Ploeg & Scholte, 1997; Mallet et al., 2003). Whilst acknowledging that problematic behaviour can often have its roots in early childhood experiences, for young people in this pathway problematic behaviour of one kind or another was central to their accounts of becoming homeless. While accounts of difficult behaviour featured across the sample, the young people in this pathway did not report a care history nor did they describe abusive family situations.

Four of the study's young people (three males and one female) described a pattern of behaviour that led to family relationship problems. Such behaviour included accounts of involvement in criminal activity, problematic substance misuse, gambling and aggression.

Offending Behaviour

Two of the young men had spent periods in a children's detention school and/or prison. Max, who was rough sleeping at the time of interview, described the impact of his substance misuse and offending behaviour on family relationships:

Like the reason I couldn't get on at home was because they couldn't handle what I was doing (referring to drug use). I was making money my way, they've their own ways of making money, do you know what I mean? They're working and what have you but I was never working in my life like, so I'm not going to start now. I don't know to be honest, after that, you know what I mean. It's just everything went downhill after that, I started arguing with my family but, other than that, I don't know what else.
(Max, 20)

Similarly, Conal described the consequences of his criminal activity and its effects on his relationship with his parents:

When I was young like I was fucking, do you know like, I used to be getting up to all stuff from the age of 7, smoking fags then and everything, and from there on fighting and what ever comes after it. And then I got so many charges, I got arrested so many times and then I got cautioned and brought to court like. Like I have been to (children's detention school) for a month and a half and I've been, what else? Then I was robbing things, robbing houses, robbing fucking cars, whatever I could get my hands on like do you know. I was just going mad. I got in trouble then over a lad I was fighting with and the fella's uncle came down and I hit him. So I just gave him a beating then over that and fucking then I was thrown out of home over that then. I went back after 2 months, I came in here (Liberty Street House) and they sorted it out between my Mam and Dad like so I was allowed go home. And ever since then everything is going smooth enough like, I only got arrested once and that was over being drunk and since then I've been pretty much good like.
(Conal, 16)

Reports of substance misuse were often accompanied by accounts of other problematic behaviour. For example, one young person within this group related his involvement in criminal activity directly to his substance misuse. Max reported involvement in armed robbery and other violent transgressions in addition to theft. When asked about his offending, he stated:

I can't really remember to be honest, all on drugs, I needed money for more. (Max, 20)

At the time of interview, two of the young men were awaiting sentence following a court conviction. For one, this was a source of anxiety, while for the other it was a fate to which he appeared resigned:

I'm very frightened, just freaked like because I don't know how long I'm going to spend up there like do you know. It's going to be over 6 months anyway because I have a 6 month suspended sentence, so I'm going to have to do that anyway. They will probably put an extra month or something onto it and then it's done, do you know what I mean. That's the way I'm thinking now. (Conal, 16)

Just live life to the full until it comes up, do you know what I mean, there's no point in crying over spilt milk. (Max, 20)

Problematic Substance Misuse

Problematic substance misuse was a distinct feature for the young men in this pathway, with all three reporting problematic alcohol use and poly-drug use. Heavy drinking impacted on their relationship with their families and also affected their ability to cope with daily life:

I: So on a day to day, how would you usually spend your day?

R: I'd say drinking and taking drugs, regular.

I: So, for example what did you do yesterday, what happened during the day?

R: Yesterday, drinking all day. (Max, 20)

In addition to problematic alcohol use, two of the young men reported heavy poly-drug use, including non-intravenous heroin use, although both stated that their primary substances of use were cannabis, tranquillisers and alcohol. Some of these drugs were prescribed. One reported his attempts to get prescription drugs from his GP:

I: I went to the doctor and he said I don't need them. I was on tablets, do you know for sleeping like. But I went up and he gave me enough for the week but I went up two days later and I just handed them back. There was only one gone out and I was fucking depressed and everything, and he goes, 'The only thing now I can do is give you a sleeping tablet', and I goes, 'That won't do nothing, will you give me something to relax.' And he says, 'No, no I can't give you something to relax.' And I goes, 'Grand can I have a letter there so I can change doctors', so I got a letter and I changed doctors.

I: And did the other doctor give you something?

R: Yeah.

I: What did the other doctor give you?

R: He gave me Up Johns – 17s, they are a sleeping tablet like and then they gave me D-5s to relax, do you know. They don't give them to me monthly, they rather give me a weekly prescription and I just go up very week and I collect them from the chemist. (Conal, 16)

Two of the young men had spent periods in drug and alcohol treatment centres. Max, who had been rough sleeping for a period of two years at the time of interview, describes his experience:

It was grand now when I was in there, you know what I mean, because I couldn't go drinking, I couldn't go take drugs, whatever, but then the second week I got to know people, they were getting

stuff brought into them and all this carry on. That just made the problem worse really, do you know what I mean?
(Max, 20)

In addition to alcohol misuse, one of the young men within this group reported a gambling problem which had caused conflict between him and his family and had also affected his ability to sustain a tenancy within the private rented sector. Eoin described how gambling became problematic for him:

I just started going in there with the lads, putting small bets on like and then I started putting big bets on and then it got bigger. It's become an issue like, for 6 or 7 months and then it's going in there everyday like. At the start it was just small and then it got big, so that's why I ended up in here (emergency hostel).
(Eoin, 21)

One young woman stated that she had a learning difficulty and that her behaviour, including violence towards her mother, had resulted in her leaving the family home.

I got kicked out of mam's. I threatened my Mam, so she told me basically, 'Fuck off, get out'. And I ended up in (emergency hostel) for 4 months and my social worker sorted me with (supported accommodation) and I done my interview and I got in there.
(Bridget, 23)

Most of the young people within this group spoke relatively positively about their family relationships despite the difficulties they almost always simultaneously described. In one instance, a young person had returned home following intervention from Liberty Street House. Others, however, had not had contact with home in some time. By the young people's own accounts, addressing their problematic behaviour was a necessary precondition to re-establishing positive relations. The type and nature of difficulties reported strongly suggest that specific services are required to engage and support them in addressing their substance misuse and other problematic behaviour.

Conclusion

The four pathways 'out of home' documented in this chapter emerged from a detailed analysis of the biographical narratives of the study's young people. Coinciding with previous research in Ireland and internationally, the majority of participants narrated a series of circumstances, events and relationships that placed them under intense pressure and duress during childhood and adolescence (Hyde, 2005; Mallet et al., 2003; Martijn & Sharpe, 2006; Mayock & O'Sullivan, 2007; Tyler, 2006). Amid mounting pressure arising from difficult family situations, particularly in the context of domestic violence, it is significant that a number of the study's young women felt that they had few resources or supports available to them and that they feared for themselves and/or other family members in the event of disclosing their experiences to a relevant authority. This finding strongly suggests that these young women were not adequately protected and that they did not have access to sources of support that might have enabled them to leave their home situations at an earlier juncture.

Consistent with other Irish studies (Kelleher et al., 2000; Keane & Crowley, 1990; Mayock & O'Sullivan, 2007; Perris, 1999) a large number of this study's young people reported a history of State care. Their accounts strongly suggest negative care experiences and the number reporting abuse in such settings is of particular concern. The majority described multiple care placements leading to fractured and dislocated experiences and, for a large proportion, this instability continued subsequent to their leaving care.

A considerable number reported a lack of support, care and affection from family members while others described conflicts with their parents that had often been ongoing for several years prior to their leaving. For a smaller number problematic behaviour, including substance use and/or criminal activity, led to home-based tensions and difficulties. For some who reported home-based difficulties associated with conflict, the intervention of the HSE Services based at Liberty Street House proved effective in facilitating their return home. There are other young people in this broad category,

however, for whom a return home appears unlikely and who, instead, need the requisite supports to enable them to live independently.

Irrespective of the pathway in question, it seems clear that young people's homelessness cannot be attributed to a single cause, even if a particular event provided the trigger for their leaving home or care. Rather, their leaving was associated with a myriad of factors and experiences that combined to heighten their vulnerability to homelessness. In keeping with the findings of Hyde (2005), the narratives of a number demonstrate an active sense of agency with respect to decisions to leave home. Finally, it is important to note that the participants ranged in age from 16 to 25 years and that they were at very different stages in their homeless 'pathways'. Some, for example, had made more successful transitions than others. The nature of these transitions, and the interventions that helped to shape them, are explored in subsequent chapters.

CHAPTER 6

LIVING 'OUT OF HOME'

This chapter describes some of the key issues involved in young people's living situations subsequent to their leaving home or care, with a particular emphasis on their movements between different types of accommodation over time. It is important to emphasise at the outset that each young person told a unique story about the impact of housing instability on their lives and that there were a range of experiences and issues that influenced the various moves and transitions relevant to their living situations. This chapter aims to capture the key patterns of movement and change in young people's living circumstances whilst also drawing attention to specific issues and experiences that impacted on their lives. Permeating the analysis is a focus on transition in relation to social inclusion and exclusion and, correspondingly, the relevance of structure and agency to understanding the lives and experiences of homeless young people. In addition to examining changes in their living situations, this chapter explores the meaning and significance that young people themselves attached to such changes and to changes in their lives more generally.

Movement between Living Situations

The 37 young people ranged in age from 16 to 25 years and, at the time of interview, occupied a variety of living situations. Table 6.1 presents an overview of the types of accommodation ever accessed by the study's young people.

Table 6.1 Accommodation Types Ever Used by Young People

Accommodation Type	Number of Young People
Adolescent 'Out of Home' Provision (Male)	5
Adolescent 'Out of Home' Provision (Female)	5
Adult Emergency Hostel	22
Supported Accommodation (supported lodgings and semi-independent accommodation)	19
Private Rented Sector	19

Across the sample, there was considerable variation in the number and types of accommodation accessed. This diversity relates to the age and gender of study participants and also to the circumstances and events surrounding their leaving home or care. Patterns of movement between living situations were also mediated by the structure of services and, in particular, by the age-restricted nature of service provision.

Amid the diversity of experience reported, it was possible to identify a number of key themes that broadly represent the movements and transitions described by the study's young people. These themes relate primarily to their *homeless pathways* and they merit specific attention in terms of understanding the range of issues that impact on young people's housing status and stability. The meanings that young people ascribe to specific events are relevant here and form an important component of this analysis. The key pathways identified are dealt with under the following thematic areas:

1. 'Running Away'
2. Accessing Adolescent 'Out of Home' Accommodation
3. Tenancy Sustainment
4. Going to an Adult Hostel
5. Movement between Ireland and the UK
6. Institutional Nexus – Prisons and Psychiatric Hospitals

The first two themes have particular relevance to young people under-18 years and highlight the impact of available services, including the options and resources open to them prior to their 18th birthday. The remaining four demonstrate the range of challenges and difficulties that homeless young people experience as they make the transition to adulthood.

'Running Away'

For some young people, movement from one living situation to another was crisis-driven. In these situations, young people under-18 left home or care with limited resources and some framed their exit from these situations as 'running away'. Where young people framed their actions thus, they generally recounted situations that they found intolerable, leaving them with no option but to 'run':

I ran away and never came back. (Alex, 22)

So we (referring to friend) ended up, we decided that we were going to run away. ... and the two of us then, we ran away to Dublin, so we were up in Dublin and we had money for the first few nights, so we were staying in cheap hostels. (Nicole, 22)

I've been running most of my life since I was, no since I was 6 years old I've been running out of home. (Donna, 19)

I was running away, I was sleeping on the streets, doing what I wanted and nobody basically cared like. (Sharon, 19)

Three young people stated that they 'ran' because of their experiences of sexual abuse. The act of 'running' meant that some travelled a considerable distance from home: two went to the UK during their early teens and described this period of their lives as a time when they were reported 'missing'. They both faced enormous difficulties on leaving home, including periods of rough sleeping, and they also encountered situations that placed them at risk of exploitation. Nicole, who also left home in difficult circumstances, described some of the difficulties that she faced after she ran from home at the age of 14 years:

... and your man (taxi driver) turned around then and he goes, 'Here's a number, you should hold on to that now', he says. You know he gave us a number of a brothel like and, fuckin', we ended up, the number was in my phone like. Then we ended up having no money so we ended up ringing up the place anyway. I think we were after getting thrown out of the flat you know so we went and we rang your one, her name was Beverley, so we went up there then and we started working then for her. And we had to live there then as well you know 'cos we'd nowhere to live, so we were up there like living there. So even if we were in bed or anything now and she needed someone for a punter you would be woke and everything. It was really fuckin horrible like. (Nicole, 22)

Three of the young people who recounted events of 'running away' became involved in prostitution:

R: *And when I was out there I did a few things to get money. I got the money and we were ok like, it was grand.*

I: *What kind of things did you do?*

R: *I went through prostitution and then I was pregnant.* (Donna, 19)

The relationship between homelessness and problematic drug use (particularly heroin use) is emphasised within UK studies that have explored the sexual exploitation of young people (Pearce et al., 2002; Cusick et al., 2003). In this study, one young woman related her involvement in prostitution to problematic heroin use:

... then and we just got strung out then big time on the heroin like, so we were doing the same then again, like me and my friend, you know going with people for money and that like to feed our habits. (Nicole, 22)

Others also framed their involvement in prostitution in terms of economic necessity. Alex, who had been sexually abused in care before 'running away' to England, stated that he continued to engage

in sex work because it was the most expedient means of generating income. While the relationship between previous experiences of childhood sexual abuse and subsequent sexual exploitation may well be implicated in these accounts, structural issues including housing instability, also clearly impacted on these young people's situations and 'choices' (Pearce, 2006).

In general, young people who 'ran away' in an attempt to escape difficult situations at home did not engage with services. Although the reasons for this are clearly complex, available accounts strongly suggest that their reluctance to draw attention to their family situations made them unwilling to seek help. There is also some evidence to suggest that their prior negative experiences of services and interventions played a role in their reluctance to involve 'outsiders' in their lives at this juncture. However, other young people reported more positive experiences of service access. This contrasting situation is particularly marked in the accounts of young people who accessed Adolescent 'Out of Home' provision via Liberty Street House and associated services.

Aoife, age 18

At the time of interview Aoife had been living in supported accommodation for a number of weeks. This was her first time living away from her family. She described feeling lonely and feared that like other residents, she might start drinking and using drugs.

When she was younger, her mum 'wasn't well' and, at times, locked Aoife and her siblings in their rooms for the entire day. Mum left the family home when she was 12 years old. Aoife subsequently lived with her for a period but this arrangement did not work out and she went back to live with her father. She described her father as having changed – 'He was a really nice dad until she (mum) moved out' – and explained that he started to beat her and her sister. Aoife didn't blame her father 'because he didn't even do school properly, he really couldn't do anything. He can barely write and to be able to try cook and everything he was so stressed ... he took all the stress out on us and he just turned into something horrible'.

Aoife was admitted to hospital when she was 12 because of anxiety and stayed there for a few weeks. At this time, her social workers asked her if she wanted to go into foster care but she was scared and refused. A social worker subsequently visited her home but 'didn't listen' to what she told her about her dad and said, 'Oh your dad wouldn't do something like that, your dad's lovely you know'.

One night, at the age of 17, Aoife heard her dad shouting and decided she had had enough. She left the house and went to the Garda station. They told her to go home to get her things but when she returned her dad made her stay in the house. No one came to look for her. She remained at home until she was 18 when she felt confident that she would not be forced to return home. She and her sister 'ran away' and spent their first night in a B&B where they feared someone would find them. That was nine months prior to her interview.

Aoife still felt afraid but was taking 'tablets' which helped to make her feel better, especially in the mornings. Before she started to take this medication, she wasn't able to get out of bed but things had improved and she had started to do some voluntary work. She expressed a desire to move on from supported accommodation but 'life is scary' and she felt lonely.

Adolescent 'Out of Home' Accommodation

Ten young people in this study (5 males and 5 females) had accessed accommodation through Liberty Street House. Those who accessed these services did so primarily in the context of family conflict (5) and/or to escape an abusive family situation (4). One young person accessed the service following continued problematic behaviour (related mainly to substance abuse) that impacted on his relationship with family members. Young people who accessed the adolescent 'Out of Home'

Service (via Liberty Street) invariably reported that they were accommodated within a relatively short period of time:

I went out to the Probation Officer and then I asked him, I goes, 'Look I have nowhere to stay' and he goes 'Go over to Liberty Street and ask for some name'. I can't remember now offhand, I just asked for the name and she goes, 'Yeah we can get you somewhere to stay'. And I went up there, she showed me the place and I was grand with everyone. And then that person dropped me down to collect all my stuff and fucking bring me back up, that's more or less it like. (Conal, 16)

I had a phone and they used to ring me like and they used to make appointments for me to call into Liberty Street. Liberty Street is only in town like so I used to call in nearly every day before I was living here like. (Susan, 17)

While entry into 'Out of Home' services was a difficult transition for many of these young people, their immediate access to services, and the quality of care they reported in these settings, strongly suggest that the intervention acted as a 'safety net' for them. Conal and Olivia reported great stress and anxiety at the time they accessed accommodation through Liberty Street House but their accounts also suggest that their move from home to a new environment was a positive development:

*I: And when you went to ('Out of Home' Service) then, how did you feel about not being at home?
R: Very depressed. I was up there for the first week and I was so freaked like do you know. I fucking had thoughts of hanging myself and things like that, like do you know, in my own head, like do you know, thinking, 'Fuck sake I'm out of home and stuck in this shit hole'. After a few days or a week I got used to it and it was grand like, do you know?* (Conal, 16)

I was embarrassed about my situation. These were friends of friends and mostly I was embarrassed about my situation and I was really scared. I didn't, I kept thinking by the end of the weekend that my mum was going to take me home so I didn't really want to go to Liberty Street. I was scared, I didn't want to have to go in and then everything worked out for me. (Olivia, 18)

In general young people spoke positively about the supports they received following contact with these services. Their accounts emphasised the benefits of practical skills training, the help they received to enable them make behavioural change and the opportunities made available to participate in social activities. They also appeared to value the space and privacy afforded to them in these settings:

The place where I stayed ('Out of Home' service) taught me a lot of social skills you know, taught me how to get out there and have some fun and actually enjoy myself for once in my life, taught me how to cook, clean... basically just taught me how to behave myself. (Frank, 20)

It ('Out of Home' service) was grand like, they didn't bother me much like. I just used to keep myself up there... I thought it was a very good place to stay like and they help you deal with stuff like that. And sports then as well, do you know, out playing soccer and things. I was well interested in all them like do you know. And then you could lock your room then so you could do your own private thing. So that's it, do you know, it's is a grand place to stay I think anyway. If I had my choice now I'd move up and I'd stay there today (laughs). It's a lovely place I think. (Conal, 16)

Like when people ask what (name of service) is I would say it's like a place where homeless girls live if for any reason they get kicked out of home, they can't be at home. Living there, you get all sorts in there like... And it is scary, it is but it's a good place to live if you need it. (Fiona, 17)

For some of the young people who had experienced conflict with their families, the 'Out of Home' provision appeared to provide an important mediating role and, in some instances, this intervention resulted in the young person returning to the family home:

They made me realise that I was lucky to actually have two parents together who I suppose, deep down,

did care about me because I was being such an asshole that they didn't like me at the time ... some of the other lads now I know, they just don't get along at all with their parents, their fathers were just wankers and one of the lads, now, his mother is, she's crazy.
(Fiona, 17)

For others, particularly in the context of abusive family situations, the point at which they accessed the service represented a key turning point. One young woman framed the move from home as an act of self-preservation.

When I got to the place ('Out of Home' service) I was scared, I was still self-harming, I was very alone and very confused but I was kind of like, 'I have to do this myself'. But I still, I remember talking at the time like, I still care about her (mum) and I still worry and I always wanted to be there but I couldn't anymore for my own sake.
(Fiona, 17)

Significantly perhaps, many who accessed 'Out of Home' services had prior contact with one or more service professionals such as a social worker, probation officer or youth worker, who pointed them in the direction of this intervention. Entry to the service appeared to be a relatively smooth transition and young people's experiences were generally positive. However, several encountered difficulties in making the transition out of these services to other living circumstances and situations.

Sustaining Tenancies

For young people over the age of 18 who are 'out of home' or homeless, the range of accommodation and supports available to them narrows quite dramatically. It includes private rented sector accommodation, transitional or supported housing and emergency adult homeless hostels. This section focuses on young people who were currently residing in, or had past experience of, the private rented sector, highlighting some of the difficulties they experienced around tenancy sustainment.

At the time of interview, four young people were living in private rented accommodation and one was living in a flat where they received support from an adolescent 'Out of Home' residential service. However, a further 14 young people had lived in private rented accommodation at some time in the past but, for a variety of reasons dealt with below, these tenancies broke down.

Poor Quality Accommodation

The length of stay in private rented sector accommodation varied for those who were currently living in these situations. However, the poor standard and quality of the accommodation available to them was a common issue raised by the majority:¹⁸

It's very cold, it's got no heating and the plumbing is after stopping now as well. The plumbing is leaking out through the door. The washing machine blew up, the fridge blew up so ... I don't know about getting it fixed, I said it to the landlord ... It's not suitable for anyone and there's a hole in the roof so when it rains you can hear it dripping through the tiles in the ceiling and there's big black coming through.
(Mark, 21)

It was fine to start with but then in the damp, cold and then the washing machine wouldn't work properly and the freezer wouldn't work. I said it to the landlord and he said, 'I'll get it sorted'. I gave it two weeks and nothing was done about it so I just moved out and went to a friend's.
(Eamon, 24)

Mark and Eamon's accounts highlight the poor physical condition of their living environments. Others had concerns regarding their personal safety and a number reported feelings of insecurity

18 Similar issues regarding availability, affordability and standards within the private rented sector in Cork City for people on the rent supplement scheme have also been highlighted by Threshold (2005a, 2005b). A more general indication of the level of housing need in Cork City and hinterland is highlighted by the numbers on the housing waiting lists: in 2006 there were 4,810 households on the waiting lists in Cork City, which had risen from 2,358 the previous year. The majority of those on the waiting lists (58%) were single persons. Data cited in Finnerty & O'Connell (2006b: 20), show that the single waiting list is dominated by younger applicants.

as well as times when they were physically threatened or assaulted. For some, such incidents provided the catalyst for them to leave a particular accommodation.

I had a house out in (suburban area of the city), just on the south side there. I was there for about 6 months but I left because I couldn't afford the rent anymore and one of the girls I was living with, she wasn't very nice, she wasn't a very nice person to live with so that was another reason I left. I got a flat out in (area closer to city-centre) then but that didn't work, I only stayed there for a week and a half because there was a lot of trouble out there. I left there and the reason why I came here to the (adult) hostel is because I thought it would be safer here than staying on in my flat. (Mairéad, 24)

I then moved to a bigger place and I stayed there for about a year and then I got stabbed there and I kind of moved to my house, it's just up the road and I have been there. (Mark, 21)

Financial Resources

The difficulties that young people faced were exacerbated by their economic situations. Most were acutely aware of their social marginalisation, particularly in comparison to their like-aged peers, who they perceived as having access to a range of economic and social supports. Matthew, who had been in care for most of his life and currently lived in supported accommodation, commented on his dependence on the State for support:

... they have all got their parents to fall back on for their College fees and to pay for their accommodation for the College so the only person to help me out is the State. (Matthew, 21)

The quality of these young people's living environments was strongly related to their material circumstances and what they could afford. A large number had experienced multiple disadvantages and setbacks as children that impacted on the resources and options available to them as young adults. Sharon, for example, had spent most of her adolescence in care because of violence within her home. Moreover, her care experience had been extremely difficult and she had limited contact with her family:

... it's very hard to get any suitable accommodation for rent allowance, no place takes it (i.e. accepts rent allowance tenants). Everything is a dive hole, do you know what I mean like, and the landlords don't want to do nothing for you. (Sharon, 19)

Stephen, who reported a number of failed tenancies, had been forced to access adult emergency hostels in the past but, at the time of interview, was living in supported accommodation. He viewed cost as prohibitive in terms of moving to an independent living situation:

... it's too costly to actually rent a place and stuff like that these days, like if you go back 5 years like a home would cost I'd say about 500 Euros a month. Now you look at it then, a couple of years on like, it's a thousand Euros a month to actually rent it. It's just like the prices are going up and up and up and up. (Stephen, 20)

Loneliness and Isolation

Feelings of loneliness and an absence of support networks were frequently reported by young people who had lived alone, either recently or in the past, in private rented accommodation. Eoin has recently been accommodated in an adult homeless hostel, having lived previously in several private rented habitations.

I was living on my own and that was a bit lonely. It's not me, I didn't really want to live on my own so I will probably get a place where I can share. (Eoin, 21)

Similarly, Eamon had just entered an adult emergency hostel after a period of repeated failed tenancies. His account describes the isolation he experienced when he lived alone:

Not having anyone to talk to at the end of the day and share things about work, that sort of thing.
(Eamon, 24)

Eamon perceived his recent move to a homeless hostel as a potential source of companionship. His account highlights the problem of isolation for young people with additional support needs and limited social networks.

I: What would you say are the good things about staying in the hostel?

R: The goods things is that you can have people you can talk to and relax and especially in (hostel name) you have a lot of staff and other residents.

For young people who had additional difficulties, such as mental health issues, the challenge of managing independently within poor living environments was overwhelming and led to a breakdown in their tenancies. For a number, a period of moving between the homes of friends, other rented accommodation and/or entry to adult hostels ensued.

Moving to an Adult Hostel

As stated, within Cork city there are a range of accommodation types available to young people under the age of 18 years, including emergency accommodation, medium-stay and transitional accommodation (for a full overview of this provision see Appendix 1). When young people reach the age of 18, the nature of emergency accommodation provision changes and, in times of housing crisis, emergency hostels such as Cork Simon, St Vincent's and Edel House are the main providers.

One of the key moments of transition identified by young people across this study was the point when they first accessed adult emergency homeless hostels. A total of twenty-two young people (9 males and 13 females) had previously accessed, or currently lived in such settings. Different patterns of hostel use emerged, with some accessing an emergency hostel for a short period of time and others living in these settings for periods of months or years. For young people with complex multi-faceted needs, there was evidence of movement across a 'circuit' of emergency hostel accommodation in different urban locations including Cork, Tralee, Limerick, Dublin and in cities in the UK. Penal institutions and psychiatric facilities also appeared to play a role in accommodating a number of these young people.

Pathways into Hostels

Young people who reported a care pathway to homelessness were the most strongly represented among those who accessed adult hostel provision. Of the 13 who followed a care pathway into homelessness, 10 (6 males and 4 females) subsequently lived in an adult hostel. Indeed, the parallels between homeless hostels and the care system were drawn by one young woman who, at the time of interview, was staying in an adult emergency hostel:

I'd say it (adult hostel) was alright like because you have a roof over your head and you just get your own food and you cook it then. It's not as bad as people make it out to be. But then again, other people, if I say, 'I'm staying in a hostel', they're like, 'Oh it's only a shit-hole.' But like I've grown up in places like that so I'm used to it, that's why I just say: 'It's just a place to stay like.' I don't know. For the best part of people that I talk to, they say it's a shit-hole like.
(Caroline, 18)

Half of those who had been in care and subsequently accessed adult hostels reported that they had initially moved from care to either supported accommodation (2) or to an independent flat (3). In light of the problematic care histories outlined in the previous chapter it is, perhaps, not so surprising that their transitions from care to independent or semi-independent living proved problematic, leading to a breakdown in these living situations. In particular, they were confronted with the realities of daily survival – finding and sustaining housing, having enough money and running a home. Cooking, budgeting and home maintenance were some of the most frequently mentioned practical challenges they faced on making the transition to independent living:

R: *And then I moved out of the care home when I was 18 and they moved me into a flat... and I just wasn't getting on at all. I didn't know anything about budgeting or, you know what I mean. I spent all my money on drink and then, 'What am I going to do for food now and am I going to make the bills?,' and all the rest of the carry on so I just had nothing left so I came back.*

I: *So how long were you in the flat by yourself?*

R: *I think it was about 5 months. Until my neighbours started complaining that I was having parties. They were all older residents like. I'd have more sense now but I didn't then so, if I knew then what I know now, it would be a different story, you know what I mean. So I just came home (from UK), I got fed up like.*
(Darren, 21)

... when I left there (care unit), that was my last placement in care like, I was taught no independence skills, do you know what I mean. I wasn't told how to cook, I wasn't told how to clean, didn't tell anything like that and then I went away and got my own flat and I had to learn how to do it myself. I didn't know how to budget money, I didn't know like you had to put this much aside for rent, that for bills, this for food like. I didn't even know how to do shopping or anything like that. And like when I first came out I was like just eating all kind of junk food and then I just stopped when I moved into my bedsit. Then when I moved into my flat I just basically taught myself like. Like it's your house. If it's dirty, Hoover it, clean it, whatever. But when I left they never taught me anything like that and that was the hardest thing to learn, know what I mean?
(Sharon, 19)

In addition to the practical and financial difficulties associated with moving out of care, young people also reported feelings of loneliness and social isolation:

Yeah I hate being on my own, I don't like being on my own. That's why I moved to the (adult hostel), there's always people around to talk to you, I don't like being on my own at all, I don't like being on my own, it's not nice.
(Brendan, 19)

While a number of accounts indicate that some plans and resources were directed to aftercare provision, other care leavers who had accessed adult homeless hostels reported less planning related to their exits from care. Some, for example, had been in care in the UK and subsequently moved to Ireland as adolescents, at which point their involvement with the care system ceased. Others – young men in particular – moved from the care to the criminal justice system as adolescents and, in these circumstances, no aftercare provision was reported.

I was in jail for most of it, I've been locked up since I was 13 years old like, in and out of jail and foster families and all that stuff like. The last two I've been in different kinds of places. I was mostly in jail but mostly in here (adult hostel) as well like you know what I mean or mostly somewhere, stayed on the street with my girlfriend, like you know what I mean?
(Peter, 21)

Other homeless pathways apart from the care pathway were represented among those who subsequently entered into adult hostels: 7 young people had experienced abusive family situations, 3 experienced family conflict and 2 reported challenging or problematic behaviour during the months and years preceding their entry to hostels. Those who reported abusive family situations typically presented with multiple complex needs, including problematic substance misuse and mental health difficulties. For some who left home with limited resources and/or support, accessing an emergency hostel or a women's refuge was their first 'port of call':

Well me and my step father, we didn't really get along like. We hated each other's guts, we wouldn't talk, so things got a bit out of hand that evening and I, basically he hit me and I, I was off and I didn't really tell my mum where I was going because I didn't know how she would react ... I just said to myself 'pack' and then I just came down in a taxi.
(Una, 18)

Other young people experienced a variety of living situations, typically characterised by instability, on leaving home. Issues related to tenancy sustainment, including problems with budgeting, anti-

social behaviour and inter-personal conflicts, were some of the most commonly reported problems. Those who came from abusive families, or had experienced conflict with their families, had limited support available to them when their tenancies failed:

When you're out of home, and you get your own place ... (pause) Like there were no rules for me to actually go by only my own. You don't realise that it's not actually your accommodation, that you're renting it, that it's actually somebody else that's renting it to you. And all of a sudden you're evicted again and you have to look for a new place. So then you have actually to find a place that you can settle into because you're so used to your parents' place, because when you leave your parents' place and you find one for yourself it's like being thrown out in the wild trying to find a place to stay. You don't have a clue, you seem lost.
(Stephen, 20)

For young people whose tenancies failed, a sense of being alone was consistently emphasised, as was their limited support networks and personal resources. Their perception of entry into adult emergency hostels as a crisis point underscores their vulnerability and sense of insecurity at this juncture. The stigma associated with adult hostels also emerged strongly from their accounts.

Hostels and Stigma

Some young people who accessed adult emergency hostels did so for a very short period while others reported that they had lived in hostels over a number of months or years. Irrespective of the duration of their contact with adult hostels, entry into this form of accommodation was widely perceived as carrying stigma:

It's just the reputation, you know. Like people would be drinking, outside fighting and then like when a person mentions the hostels it's like, 'Oh Jesus Christ you're not going there, it's a load of winos.'
(Brendan, 19)

The people kill each other inside in there. You'd see people getting took out in an ambulance, they'd have taken an overdose. Yeah, in the hostels it does be very bad.
(Claire, 21)

I went to the Homeless Unit and I said, 'Basically I'm homeless like'. And, 'Is there anything you can do?' She said, 'You can go to a hostel'. And that hostel like has a really, really bad name for violence, drinking and drugs and so on and so forth. And I said to her, 'I don't want to go to that hostel'. And she basically said, 'You're homeless, you haven't got a choice, it's either that or live on the streets.'
(Darren, 21)

Young people distinguished between adolescent 'Out of Home' provision, which was on the whole viewed positively, and adult homeless services which they often perceived to represent real homelessness. The fact that their movement into emergency adult hostels was invariably depicted as a critical transition, illustrates the meaning that young people attached to specific accommodation types. Among the young people interviewed, self-identification as 'homeless' was not necessarily related to the length of time that they lived out of home. Rather, it was related to their feelings of belonging and security. Ben, who currently lived in semi-independent accommodation, articulated his understanding of homelessness:

Like someone with no family or anyone who will talk to them. Somebody with nothing.
(Ben, 18)

It was clear from a range of accounts that self-identification as 'homeless' did not necessarily relate solely to 'rooflessness', but also to their experiences of isolation, lack of support and personal insecurity. Aoife, who had lived with her family in an abusive situation until the age of 18, described her experience of feeling homeless:

Homeless, yeah, my sister and me actually we always say that. Homeless, I kind of, there were times actually when I felt quite homeless you know 'cos I ran out of home and kind of I'm not going back there. And then my mum turning me away from the door and then just standing in the middle of the road kind of going, 'Right where am I going to go now?' you know. So, when I was in hospital for a couple of months I'd no home, like. I don't know. Yeah I would have felt homeless actually.
(Aoife, 18)

For young people who accessed adult homeless hostels, this self-identification as 'homeless' was particularly marked:

This is a place for homeless people. I am homeless. (Eoin, 21)

I'm 24 years of age and I'm homeless at the moment. I've been living here (hostel) now for seven weeks.
(Mairéad, 24)

I: And would you see yourself as being homeless at the moment?

R: I would yeah because I have no fixed abode really like, I'm staying in the hostel and I have no address to call my own like.
(Dillon, 19)

While young people viewed entry to adult hostels as a last resort, in circumstances of limited alternatives, this became their only option. Brendan described the difficulties he experienced when he first moved to an adult hostel:

... like when I moved into (adult hostel) first my head was all over the place, I didn't know what was going on, where the fuck I was, you know what I mean. I moved into a different environment, didn't know no one, didn't know what was going to happen as I said there. It was hard like when you get taken out of a place and you get fuckin' thrown into a different environment, you don't know no one, no one knows you. It's hard like, it's grand now.
(Brendan, 19)

A number favoured rough sleeping over hostels because of the perceived stigma and reputation of these settings:

The hostel does be very bad. I'd rather stay in the street than go in there again.

(Claire, 21)

Substance Misuse / Mental Health Issues

A pronounced feature of accounts that described more chaotic and unstable living situations accompanied by frequent moves, was reported engagement in problematic substance misuse, including heroin use in a number of cases. In these situations, young people's substance misuse was influenced by, and had an impact on, their living situations and the accommodation options available to them. Where accounts of substance misuse dominated, accommodation instability was central to their narratives. Whilst a considerable number of these young people had accessed some form of treatment programme, the services and supports open and available to them on leaving treatment meant that all of them quickly re-engaged in their problematic drug use.

Where substance misuse was particularly problematic, it was sometimes accompanied by accounts of inter-personal violence and mental health and behavioural difficulties. This complex combination of problems meant that the range of accommodation options available to them was limited, particularly when their substance misuse and/or associated behaviour had resulted in their exclusion (for shorter or longer periods) from emergency accommodation provision. Caroline's case is illustrative. She had left care and had spent time in a drug treatment setting before moving to a secondary treatment centre which she left prematurely. Her continued substance misuse caused difficulties in the hostel she subsequently accessed. Her account describes this cycle:

A good few weeks, I was in there (treatment centre) for three weeks and then I left and went to the secondary treatment placement place. I relapsed on drink and then back into (hostel) for about a month. Then I drank a lot of vodka and I was sick in the hostel and I got barred for a month. But I'm not going back there anyway.
(Caroline, 18)

Caroline, age 18

[Day of interview] Caroline visited the emergency shelter to have a cup of tea and take a shower. She had stitches in her side and in her hand (the bandages were dirty) and she explained that her injuries were caused when she grabbed a knife from her assailant, a young woman who she knew. She had signed herself out of her emergency accommodation the previous evening because she didn't want anyone knowing where she is living.

Caroline had been placed in care when she was 6 years old. Her younger siblings had been taken into care some time prior to this and her parents subsequently fled leaving her behind. She was 18 at the time of interview but hadn't seen them since they left and had no knowledge of their whereabouts. Since the age of 6 she had spent time in various foster placements and explained that she was treated badly in some of these. She then moved to a residential care setting and had also spent time in drug treatment centres. The Health Board put her in a flat on her own when she was 17, but she couldn't cope and described herself as 'basically homeless' since she was 18. She's been barred from some homeless hostels but she's now trying to save money for the deposit on a flat where she can live with her boyfriend. She doesn't know how long it will take before she will be able to afford her own place.

Institutional Nexus – Prison and Psychiatric Hospitals

During periods when young people were barred from services, and where their accommodation options had narrowed, several articulated a sense of fatalism. A number had spent periods of time in prison, psychiatric hospitals and/or rough sleeping, in addition to accessing the emergency hostel system. This cycle was particularly pronounced amongst the study's young men. Peter was currently accessing emergency hostel accommodation, having spent a number of years moving between prisons and hostels. He depicted this transience as follows:

Like from going being locked up, you know what I mean, going from jail to jail to jail like that's moving gaff to gaff like.
(Peter, 21)

For some, entry into facilities such as prison and psychiatric hospitals was viewed as respite. Dillon, who at the time of interview was living in an adult hostel, described why he was seeking admission to a psychiatric hospital:

'Cos when you're in there (psychiatric hospital), you get to speak to counsellors and, I know you're on a lot of medication when you're in there, but it clears your head and you've a lot of time to think 'cos you're on your own. And like it's also a bonus 'cos, you know, you've somewhere to stay, which might sound like, it's not like I'm going in there just for that reason. I'm going in there to get help but, it's also, you can relax when you're in there 'cos, you know, you don't have to go find somewhere to stay that night or the following night, that's always something to look forward to, you know.
(Dillon, 19)

Marty was in prison at the time of interview, having served a few weeks of a three-month sentence. While he did not want to be there, he acknowledged that prison provided a period of stability free from alcohol, which has had some positive health effects. His account reflects this ambiguity:

I'm grand, sure I can't argue when I've an appetite, the old appetite has come back to me now. I was raving and all that like, do you know what I mean like, when I came in here. I mean that's gone dramatically like, but in a way like even though that's coming on well, it's still no place for someone. (Marty, 22)

All six of the young people who reported moving between psychiatric facilities, prison, homeless hostels and periods of rough sleeping were male. They were among the most marginalised in the entire sample, invariably reporting problematic substance misuse and mental health difficulties, including self-harm and attempted suicide.

Paddy, age 21

[Day of interview] Paddy had been in prison for the past two weeks and was looking forward to getting out. He had been getting into trouble since he was 7, usually 'over stupid things'. He has been in prison before and described it as 'a bit rough'. He took tablets when he was 'outside' but the doctor would not prescribe them to him in prison. Paddy tried to take his life on a number of occasions in the recent past, having 'taken overdoses, self-harmed and tried to hang myself three times'. This, he believed, was linked to how he felt when he was living with his mother.

His biggest worry at the time of interview was that he would have to sleep on the streets in the future. Paddy had a court date for the following week. He was hopeful that he might be released on bail but he did not know where he would stay in that event. He had been living with his mother prior to his incarceration but always ended up fighting, particularly if she was drinking. When he was a child his mother had thrown him down the stairs and fractured his nose. He was placed in care at the age of 10 and spent much of his childhood moving between different homes. He had lived with his father for a while, but he died a few years ago. Since then he has lived in hostels, stayed on his cousin's couch, been in hospital and prison.

Movement between Ireland and the UK

Young people who accessed adult hostels over a sustained period of time often engaged in a cycle of moving in and out of these services. This instability was characterised by movement between hostels in Cork, Kerry, Dublin, as well as movement between Ireland and the UK in the case of four young people. The accounts of these young people draw attention to several complex and overlapping strands of experience that served to undermine the stability of their lives and their identities.

There was evidence of a number of shared characteristics among young people who travelled regularly between the UK and Ireland. For example, several had family links in the UK and most had lived there for a period during childhood. A family history of migration has, in fact, been found to influence youth migration (Jones, 1999). Sexuality emerged as a factor also, with all three young people who self-identified as gay reporting a pattern of movement back and forth between the UK and Ireland. While there is evidence to support links between migration and sexuality (Cant, 1997), this is an area that requires further exploration.

For young people who reported multiple moves during childhood and adolescence as well as ongoing movement between Ireland and the UK, this instability led to more complex questioning regarding the meaning of 'home'. Dillon was living in a hostel at the time of interview but continued to travel between Ireland and the UK:

I went back and forth to England for a while and then came back here to settle. As much as I don't like Cork that much, it was always kind of home and every time I was flying back into Cork airport I just wanted to be here. (Dillon, 19)

Yeah, I only came back for the summer. I wouldn't be able to take them and the World Cup at all, I'm serious, I was dying to come home so I came home for the summer. (Robert, 25)

Young people's agency in situations of homelessness should not be underestimated (Hyde, 2005; Jones, 1999) and migration to other areas may be illustrative of this desire to construct an alternative reality. However, for the young people in this study who travelled between the UK and Ireland, the move to other locations did not appear to materially alter their situations since they continued to access homeless services. As outlined in Chapter 1, research attention has focused on the meanings people attach to homelessness and a number of studies have highlighted the duration of the homeless experience as influencing people's avowal of a homeless identity (Snow & Anderson, 1993). Much less is known about the identities of homeless youth who migrate to other jurisdictions. Nonetheless, some of the key factors thought to influence migration in young people include economic factors and pre-established familial or community patterns of migration (Jones, 1999). In a study of patterns of youth migration in Scotland, Jones (1999: 6) argues that young people with a more fixed socio-spatial identity¹⁹ are less likely to migrate. In other words, those who had a stronger sense of belonging and community acceptance were less likely to migrate.

Robert, age 25

[Day of interview] Robert was getting the ferry to England later on in the day. He was going back to London but regards Cork as his home. He had spent the past few years travelling between Cork and London but preferred to spend the summer in Cork. He had been staying in a hostel in Cork for the past few weeks and was unsure why he chose today to return to London. He said he didn't like London, 'the people or the attitude' and, besides, 'it's not home'. But he needs to get away again.

Robert ran away from home when he was younger after enduring years of physical abuse by his mother. He was placed in care and 'it was ok'. His father, who he hadn't seen for years, just appeared one day and took him to England when he was twelve years old but he was subsequently placed in care there too. He later spent time in a hospital where he was told that he was schizophrenic initially and, later, that he suffered from drug-induced psychosis and depression. He was still not sure how to describe his mental health status. Robert had quit using Ecstasy but smoked a lot of hash (cannabis) because it helped him to 'feel calm'. He had been prescribed medication, 'yellow tablets', but refuses to take them because they made him feel bad. He was off to phone social welfare services in London before he leaves ...

[A few months later] Robert is back. He is outside the hostel in Cork. It's a cold winter's morning and he is having a smoke.

19 Jones (1999) measured socio-spatial identity among young people in terms of their relationship to local communities along a continuum of attachment to detachment. The concept of socio-spatial identity has relevance to this study's accounts of dislocated and fractured childhood experiences.

Conclusion

This study's focus on young people's life histories yielded detailed biographical accounts and permitted respondents to identify and describe key events that impacted on their lives and experiences. The age range of respondents recruited (16 to 25 years) permitted an analysis of issues that arise for young people as they make the transition from children's to adult services for homeless persons.

As highlighted at the outset of this chapter, age was a factor that influenced the timing of young people's home-leaving. A number who had experienced abuse within their homes were reluctant to bring the attention of State agencies to their families because they feared negative repercussions for other family members and for themselves. Some under the age of 18 years also had concerns that they would be returned home to an unsafe environment and that their actions would exacerbate an already difficult situation. These accounts were particularly pronounced among young women and resulted in them remaining in unsafe situations until they reached 'adulthood'.

For others under the age of 18, 'running away' emerged as a key strategy used by young people to escape from abusive home or care situations. This pattern was most often associated with a prior history of sexual abuse. The stories of these young people simultaneously demonstrated their agency and feelings of disempowerment. Of significance is that their views on the options available to them were influenced by their age and consequent legal status.

While living 'out of home' was a difficult experience for all of the young people interviewed, the accounts of those who accessed adolescent 'Out of Home' services were largely positive. However, the age-restricted nature of service provision means that these services are limited in what they can provide beyond a young person's eighteenth birthday.²⁰ The nature of service delivery for young people who experience homelessness changes when they reach 18 years, which is the legal age of adulthood. This movement from children/young people's services to adult services is not unique to this sector. For young people who are in State care, the age of 18 marks the end, or a significant reduction in, the State's responsibility towards them.²¹ The significance of this transition is further marked by the change in terminology from 'Out of Home' (young people's services) to 'homeless' (adult) services. While this change in terminology has both practical and symbolic significance, the experiential dimensions of the transition from children's to adult services are of great significance. A large number of the young people in this study presented with a range of complex support needs. At a basic level, they had a range of support needs in terms of companionship and practical skills. For others, with mental health issues (including suicidal and self-harming behaviour), learning disabilities and substance misuse difficulties, more intensive intervention is clearly required and, for some young people, these support needs are likely to be long-term.

20 Many adolescent 'Out of Home' services continue to maintain contact with young people beyond the age of 18 through out-reach workers and drop-in facilities such as that provided by Liberty Street House. However, beyond the age of 18, accommodation provision is restricted and the level of contact with these services diminishes.

21 Notwithstanding the discretionary aftercare provision described in the preceding chapter.

CHAPTER 7

HOMELESSNESS, HEALTH AND WELL-BEING

As highlighted in Chapter 1, young people who are homeless or living in unstable settings experience considerable health disadvantage and are at risk of a range of health problems. This chapter documents the health problems and challenges reported by the study's young people and it also examines how they framed their physical and mental health difficulties.

Physical Health

In general, the study's young people did not report serious illness. Nonetheless there were several accounts of health problems arising from mishaps and acquired injuries. Other reported illnesses were strongly associated with lifestyle factors including poor nutrition, housing instability and substance use. Table 7.1 presents summary data on the physical health problems reported by the study's young men and women.

Table 7.1 Physical Health Problems

	Young Men (n=20)	Young Women (n=17)	Total (n=37)
Acquired Injuries	10	7	17
Respiratory Problems	6	5	11
Epilepsy	1	2	3
Weight (under weight)	1	2	3
Stomach, kidney problems	3	3	6
Sexually Transmitted Infections	0	2	2

A large number reported falls and other accidents which resulted in injury. While some of these injuries occurred in the context of sporting or other routine activities, others were more closely linked to the hazards of housing instability and homelessness. Those young people who spent time 'hanging around' at outdoor locations and/or had experience of rough sleeping were particularly likely to report accidents and other mishaps leading to physical injury.

In a general sense, there was a strong association between the health difficulties reported and a range of lifestyle factors including poor hygiene and nutrition, exposure to the elements, heavy alcohol and/or drug use and general self-neglect. Respiratory problems – ranging from asthma to chest pain – were commonly reported by both young men and women:

I am worried about my chest because I don't know like. If I wake up in the morning and am not able to breathe or whatever. And even the hospital was saying a collapsed lung or something like that.
(Max, 20)

I always get what's it called (pause)? ... bronchitis. (Susan, 17)

Oh I always get chest infections. I catch every cold, every flu' that's going. (Judith, 16)

A considerable number of others mentioned stomach pain or upset and/or kidney problems. These health problems were commonly attributed to excessive alcohol consumption and poor nutrition:

Big time problems with my stomach. There's something going on down there anyway, there has to be like because I'm getting sick, but that's happening with all the drink ... Yeah, I'd say it's from not eating properly, not eating the right foods as well. I lost a lot of weight since I moved out of home ... I have like, I've lost about 2 stone. That's slightly exaggerating. I've lost a stone anyway, a stone and a half. I'm not eating properly.
(Eoin, 21)

Weight loss was identified as a health problem by at least three young people. Dillon, who also reported substance misuse, attributed his weight loss to stress:

- R: *The only thing I am concerned about is my body weight. I'm losing weight drastically ... I'm only 8 and a half stone now and my doctor wants me up to 13 stone by Christmas. He's after putting me on these energy drinks that I was telling you about so he wants me up to 13 stone by Christmas*
- I: *And, what's causing the weight loss?*
- R: *Stress* (Dillon, 19)

Others also mentioned stress as an issue that impacted on physical health. Olivia, who was 18 at the time of interview and living in supported transitional housing, described psychosomatic stress-related symptoms as well as self-harm. She had attended an accident and emergency department on a number of occasions:

- I: *And have you ever gone to A&E?*
- R: *Yeah I have, I had to go with stress related problems. I mean I've suffered a lot of different things in stress. I was collapsing, getting strange pains in my stomach. It's just all down to stress as well as with issues of self-harming.* (Olivia, 18)

Several studies have demonstrated that people who are homeless are more likely to attend accident and emergency hospital departments for health problems (Clark & George, 1993; Darbyshire et al., 2006; Kushel et al., 2001). Likewise, this study's young people depended largely on accident and emergency departments for health care and most only sought medical attention in times of crisis. Many of the longer-term homeless youth had neglected or ignored health problems and most only accessed health care as a last resort following a bout or prolonged phase of ill-health.

Three of the study's young people suffered from epilepsy and one of these also had an acquired brain injury. Shiela told how epilepsy prevented her from having or seeking out friends and a social life:

- I don't hang around with anyone because I have the epilepsy, I kind of keep to myself because I get so many seizures. I've only gotten one seizure now in 8 weeks, which is a record now for me, which is really good. But because I used to get so much seizures I usually keep to myself and because of so much things that are after happening to me I just kind of isolate myself. Kind of affecting my mind.* (Sheila, 22)

Finally, sexually transmitted infections were identified as a health problem by two of the study's young women.

- I did have a few STIs, I'd chlamydia, I had warts and what else, nothing serious like, they were all treatable. But I always, like always when I was sleeping around and that I would always go and get myself checked out like you know what I mean, that's if I'd had unprotected sex, I'd always get myself checked out, get the bloods done, all the swabs done, the smear test everything. I'm going there since 2000.* (Nicole, 22)

As might be expected given the young age of the study's participants, most had not experienced serious illness or ill-health. Nonetheless, there were a significant number of reports of health problems and also evidence of psychological distress impacting on physical well-being. The physical health problems reported by this study's young people were less widespread than those documented in a recent study of homeless young people in Dublin (Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006). This might be accounted for by the lower number in this study who slept rough over extended periods and the far lower rate of injecting drug use (see Chapter 8).

Mental Health and Well-being

During interview, young people were asked a series of questions about their mental health and well-being. These questions focused on their feelings and emotions as well as on specific experiences

including depression, sadness and loneliness. When a young person reported experiences or behaviour such as anxiety, stress, self-harm or suicidal behaviour, additional relevant information was appropriately sought by the interviewer.²² This was achieved through a range of questions designed to elicit additional information about the experiences or circumstances that typically led to them feeling sad, lonely, depressed or suicidal.

Before discussing several specific mental health problems, it is important to reiterate that a large number of the study's young people had experienced trauma during childhood and adolescence (see Chapter 4). Most described troubled family situations and relationships, nine reported sexual abuse during childhood or adolescence and experiences of rejection and/or betrayal by parents, carers or other adult figures were commonplace. The majority had experienced some combination of economic hardship, household disruption, family conflict and/or physical, emotional or sexual abuse. These experiences emerged as a reference point in many accounts of psychological distress.

Across the sample, a range of mental health difficulties were reported and young people's accounts point to the complexity and seriousness of these problems. Table 7.2 provides summary data on the number of young men and women who reported depression, self-harm, attempted suicide, anxiety or stress and substance misuse.

Table 7.2 Mental Health Problems

	Young Men (n=21)	Young Women (n=17)	Total (n=37)
Depression	11	13	24
Self-harm	3	10	13
Suicide Attempt	3	3	6
Suicidal Ideation	1	2	3
Anxiety/Stress	7	8	15
Substance Misuse	11	9	20

A total of 24 young people reported depressed mood, commonly expressed as 'I often feel depressed' or 'I am always depressed'. Depression in adolescence is associated with many negative outcomes, including increased risk of interpersonal problems, suicide, self-harm and missed education and job opportunities (Department of Health and Human Services (DHSS), 1999). Thirteen of this study's young people reported self-injurious behaviour, six had attempted suicide and a further three described past suicidal thoughts. Practically all of these young people also reported depression. Fifteen respondents reported high levels of anxiety and stress and twenty reported substance misuse.²³

Although relatively few stated that they had received a mental health diagnosis, seven young people (5 males and 2 females) had been admitted to a psychiatric hospital on at least one occasion and a further four (all female) had attended an out-patient psychiatric service. A large proportion (22) had also been prescribed medication for any or a number of the following: ADHD, depression, anxiety and mood swings.

Overall levels of mental health problems were high for this sample of young people. The following sections discuss depression, self-harm and suicide and experiences of stress in further detail

22 This section of the interview schedule was extended following the initial 4-5 life history interviews when it became clear that mental health problems and issues permeated many accounts. Hence, at an early stage in the fieldwork process, the interview schedule was modified to reflect issues and problems raised by the research respondents.

23 Substance misuse is dealt with in detail in Chapter 8.

with particular attention to young people's understanding and depictions of these issues and behaviour.

Depression

Depression was the most commonly reported mental health problem, with a total of 11 young men and 13 young women (approximately two-thirds of the total sample) reporting regular or prolonged periods of depression during their lifetime. For most, depression was a current problem and one that dominated many accounts of 'self' and everyday life. Young people routinely made direct reference to feeling 'very down', 'fed up', or 'depressed'. Below is just a sample of excerpts that make direct reference to feelings of disillusionment, depression and despair:

I often feel depressed. I feel depressed all the time if you ask me. (Marty, 22)

I get shocking depressed, I feel shocking depressed. I just go catatonic, just silent like, just total disillusionment. (Robert, 19)

I do suffer from depression and I have for a few years. (Olivia, 19)

I can get very down but I won't actually show it. (Úna, 18)

I do feel depressed often but I just, for the best part of the time, I do a good job of hiding it. (Caroline, 18)

It is significant that a number simultaneously drew attention to concealing their depression from others. Depressed teenagers often do not want adults or others in their lives to know of their depression because they do not want to be singled out, regarded as a burden or seen as 'crazy' (Burke Draucker, 2005). This may well have been the case for at least some of the young people interviewed. There was certainly evidence to suggest that many had weak social support and few trusted adults or peers in whom to confide. Judith, who stated that she felt depressed 'all the time', appeared to deal with the problem in isolation:

I: What makes you feel depressed?

R: You know when I look back on, on my life like, you know, but what always brings me up again is the future, I always think of the future then.

I: And how often would you feel like that, would you feel depressed?

R: Probably when I'm on my own all the time. If I'm left on my own.

I: And what do you do when you feel depressed?

R: I start to cry and I just sleep. (Judith, 16)

In many cases, reports of depression can be traced to young people's early teenage years when a range of difficulties began to impact negatively on their sense of security and well-being. In general, these difficulties were related to tense family relationships and/or their separation from family members. Aoife, who was eighteen years old at the time of interview, described a fraught and abusive home situation. She was admitted to hospital at the age of 13 after her mother left the family home and subsequently spent three months in the children's ward. She was prescribed anti-depressants at this time and continued to take this medication until she was 17 years old. After leaving hospital Aoife continued to live at home with her father, brother and sister until the age of 18 years when she and her sister left the family home voluntarily:

I was actually very nervous of my brother and my dad, like they just scared me a couple of times and that's how I ended up running out of the house (at age 18) ... (Aoife, 18)

She went on to explain how these home-based difficulties had impacted on her psychological and emotional well-being during the years prior to leaving home:

You know, I ended up, I had to stay there (at home) because I wasn't 18 yet, I was only 17 ... I was very depressed, I just couldn't stop crying, I was crying at the drop of a hat the whole time. I was so low I actually wanted to commit suicide a couple of times and I really, I just didn't see the point, I couldn't see anything good about life, I really couldn't, I really couldn't like. (Aoife, 18)

A large number of the young people interviewed struggled to some extent to come to terms with past traumatic experiences. These struggles were particularly strong when young people talked about painful memories:

I: *So when you say you have worries about yourself what do you mean by that?*

R: *I don't know. It's like I could be, I could be in the room and I could be thinking back to the past which I have a habit of doing ... I'd be thinking back, I'd be trying to pick up pieces that I'm still trying to solve.*

I: *And would you say that you ever feel sad or lonely?*

R: *A bit of both 'cos when I was young and all I didn't really have the love that everybody would have had. I didn't really get much of that at all.* (Una, 18)

Teresa also talked about childhood memories. Her account highlights her need not to remember or talk about past experiences:

I have no memories. I can't remember, I can remember bits of my life. I don't know. I'm sure it was wiped out on me but I can remember bits of my life but I can't remember all of it, you know. That's why I won't talk about it because the bits I remember are the bad pieces. I can't remember nothing else, I can't remember no good bits of my life. That's why I won't talk about it. (Teresa, 18)

Others attributed their feelings of depression to more recent events and some made reference to the experience of living out of home when they talked about feeling sad or upset. Conal, who had been 'kicked out' of home three months prior to interview, described his emotional state at the point of leaving home:

R: *I fucking had thoughts of hanging myself an' things like that in my head, you know, thinking, 'Fuck sake, I'm out of home and stuck in this shit hole'. After a few days, weeks, I got used to it and was grand, do you know.*

I: *So you felt upset at first?*

R: *I wasn't upset at all. I was fucking worse than upset I'd say.* (Conal, 16)

A smaller number identified the death of a loved-one as a turning point experience that impacted negatively on their lives. Alex told how his life went 'downhill' following the death of his boyfriend when he was fourteen years old.

Didn't attend school or missing school because he was in the same class as meself which was just hard to go to school. Even the staff understood like. His parents understood as well ... Everything went wrong personally. My life just got fucked up. (Alex, 22)

The themes of low self-worth and lack of control were strongly embedded in descriptions of emotional states, as was the theme of loss. A small number of young people framed their depression as mental illness. Dillon, who had been living out of home since the age of 13, suffered from what he described as 'constant depression' and related this condition to mental illness.

I was after going through a lot and I was suffering from depression. Like my doctor had me on 11 different types of medication so I'm not kind of head-wise like, mentally ill, I've a mental illness where I just suffer from constant depression and stress and anxiety. I'm just constantly stressed out ... worried, depressed and angry. A lot of mixed emotions like. (Dillon, 19)

He went on to explain that he has been taking medication for depression since the age of 16.

I: So what do you do when you feel depressed?

R: I'm on a load of medication for it so I just take my medication and it goes away.

I: And you were saying there that you're on a lot of medication. Can you think of, can you remember the medication that you're on?

R: Yeah I'm on diazepam, which are relaxers, Lexapro anti-depressants, Librium for the shakes after drugs and which is a strong painkiller for heroin when you've no heroin. I'm on sleeping tablets because I suffer from insomnia. There are a lot of other ones I can't remember the names of some of them you know.

I: So you've been on a lot of the medication for 3 years.

R: Yeah ... My doctor just put me on it. He seen how depressed I was and he said you need to go on these for a while but I got addicted to them. I relied on it too much and now I just have to have them like.

I: And how do you feel about that?

R: It's just when I have it, like I need it for the depression because when I don't have them I am suicidal so I actually need them at the best of times like. Sometimes I get by without them but when I'm really down I need my medication.
(Dillon, 19)

Of the 24 young people who reported depression, 19 had taken prescription medication at some time in their lives and 8 (3 males and 5 females) were currently taking anti-depressant medication. It is unclear why most stopped taking medication but a number appeared to believe that it did not provide a positive solution to their problems. Olivia explained that she preferred to experience and feel her emotions, even if this was difficult at times:

It's really hard when the depression is always going to be there but I'd rather that I'm able to feel my own emotions whether I'm happy or sad. I know the sadness can be too much sometimes, the happiness can be too much, but I'd rather be able to feel it than not to feel it.
(Olivia, 18)

Many who reported depression conveyed a sense of disconnection linked, in many cases, to feelings of betrayal and rejection. This was evident in how they talked about depression and in their ideas about its causes. Relational disconnection has emerged as an important theme in other studies of depression (Hetherington & Stoppard, 2002; Jack, 1991). The process of leaving home prematurely and experiencing early independence produces emotional distress (Whitbeck et al., 2000) and this distress is likely to be accentuated if preceded by trauma or abuse.

Self-Harm

Thirteen young people (three males and ten females) reported at least one episode of self-harm.²⁴ Self-injurious behaviour was far more commonly reported by the study's young women, with seven describing this conduct as beginning when they lived in the family home. Most (including young men) who reported self-harm had endured extreme difficulties and tensions within their homes and the vast majority – 10 of the 13 who reported self-harm – recounted either a 'care history' or 'abusive family situation' pathway out of home; five were sexually abused during childhood. Paddy's account demonstrates the kind of hardship and instability that characterised many of these young people's lives from early childhood.

... from age 7 I started getting into things, criminal activity like, calling the fire brigade and causing a lot of trouble and stuff like that. Then onwards 'till about 10 years of age. And I got linked in with the social workers and basically I was put into care and moved from here to there. I spent a number of years in care and basically when I was about 18 I was attending school and sadly my father passed away when I was

²⁴ Terms such as self-injury and attempted suicide pose problems of definition. Individuals may self-injure either with or without any intention to kill themselves. Kreitman et al. (1969) proposed the term 'parasuicide' to describe behaviour displayed by an individual to parody suicide but with no intention of killing themselves. What is referred to here as self-harm is elsewhere known as parasuicide (Kreitman, 1977), self-mutilation (Clarke & Whittaker, 1998), or self-injury (Deiter et al., 2000; Soloman & Farrand, 1996).

18, roughly about 4 years ago. And then I got linked in with Liberty Street and basically I was put into a hostel and then I was put into an apartment where I stayed 'till roughly I was about 19 and then moved back home ... From 20 onwards I started suicide attempts like overdoses, self-harming, tried to hang myself three times and then today I'm inside in prison for crimes I didn't commit. So basically everything since really gone a bit strange for me like. (Paddy, 21)

Fiona, who took an overdose at the age of 13, described a host of home-based difficulties:

My step dad is an alcoholic, a violent one and my mam, it took me a long time to realise this, always kind of was, she's been a drinker and probably I was too young to understand. I did understand but I didn't know she had a problem and in 2001 my parents were constantly arguing 'cos my step dad was very, very violent. And I attempted to take an overdose, I was 13, 13 going on 14, and that's when social work got involved ... (Fiona, 17)

She went on to describe her state of mind at the point of leaving home:

I couldn't cope anymore and I was self-harming, self-harming, I was depressed. I didn't know what to do, I couldn't cope with the fact that I couldn't keep things together like I always have. Like since I was eight I was looking after everyone else, I was a rock, like she'd (mum) tell me all her problems and I'd fix them ... (Fiona, 17)

Bridget also first engaged in self-harm when she lived at home and explained the onset of this behaviour with reference to her relationship with her mother:

I was angry with Mum, having a fight with her. (Bridget, 23)

Later in the interview, she depicted her continued engagement in self-injurious behaviour as a coping mechanism:

... when I am stressed, upset and angry and the anger, I take it out on myself instead of taking it out on the person I am angry with or ringing someone and saying, 'Look I am very angry'. I want to cut myself. (Bridget, 23)

All of these young people continued to self-harm on leaving home and, for some, the behaviour escalated. This young woman explained that her behaviour intensified following her leaving home:

My self-harming never really got that bad until I was out of home. I was punishing myself for the fact that no one wanted me and that's how it felt and it didn't matter that I was destroying my skin because my view was that no one wanted me anyway (Olivia, 18).

Like the young woman above, several others also portrayed self-harming as a 'solution' to rejection and loneliness. A sense of betrayal is evident in Caroline's account of her most recent episode of self-injury which occurred one week prior to the interview:

I was just wishing that my parents were around, do you know what I mean. Abandoning four children. Abandoning four children in the country at one o'clock by themselves like with no family or nothing. Just got on top of me ... (Caroline, 18)

In general, those who reported self-harm conveyed intense experiences of social isolation. Many depicted their behaviour as resulting from the experience of repeated traumas that greatly diminished and compromised their sense of self and their happiness. A recurring theme permeating accounts of self-injurious behaviour was the notion of inadequacy and the perception that they lacked more qualities than they possessed. This was sometimes accompanied by feelings of profound disillusionment. Sharon's first episode of self-harm was at the age of 11 but she had not engaged in this behaviour for approximately one year prior to the interview. Her retrospective account provides

considerable insight into the emotions that typically featured within young people's biographical accounts of self-harm:

... I don't know, sometimes I just get so fed up with life, you know what I mean like. When I was like in care and all I was like, 'What's the point of being here like wasting my time?'. Everyone hates you, nobody talks to you, everyone is just, 'I hate you', like do you know what I mean. So I really started to self-harm myself out of pure anger like. I was like pulling hair out of my head, at one time I was pulling out my eyebrows. I didn't know why I was doing it, pure frustration. I used to hang myself, I used to burn myself, I used to sniff petrol, sniff deodorant, I used to tie laces around my hands and cut off the circulation, I used to throw myself in the river, do everything like you know what I mean, just hated life so much like.

(Sharon, 20)

Four of the young women who had ever engaged in self-harm had not done so for a period of 3 months or more prior to interview and a number felt confident that they had overcome the desire or need to self-injure. However, two young people had engaged in self-harm during the weeks preceding the interview:

I: When was the last time you would have been in casualty (A&E)?

R: The last time I was in casualty must have been about, roughly about a month ago, for self-harming ... Razor blade, cut my hand with a razor.

I: And what led up to it that time?

R: Basically it was the same thing, the mother arguing. (Paddy, 21)

Others stated openly that they struggled to resist the urge to self-harm and could not guarantee that they would not do so again at some stage in the future. Two young women explained:

R: I don't know? I want to see the future. I don't want to be six feet under. I want to have kids and I just want to see my brothers and sisters in the future. It's (cutting) starting to become a habit but I am actually trying my best not to be doing it but it is very, very difficult. That's why I'm going up to see the psychiatrist ...

I: Do you continue to self harm?

R: Yeah. Well it's hard to stop something that somebody's actually started because I was self harming when I was 17 and I'm 18 now, I'll be 19 next month and it's taken me a whole year just to try, but it's difficult enough to stop because, at the end of the day I, I know the consequences at the end of the day, but at the times that I self harm I wouldn't know what I'm doing because my mind, my mind would just be elsewhere and I wouldn't know what I'm doing until after I've done it.

(Úna, 18)

R: I haven't cut myself in about four months.

I: And have you felt like cutting yourself since?

R: There are times, it's just like anything, it's like an addiction in a sense because it's like someone who's an alcoholic. They're obviously going to think about drink some days and it's just coping with it, getting over that and coping with it.

I: So you feel that you've learnt to control how you feel?

R: Yeah. I mean I can't say that I will never, never do it again. It might happen but it will never be something that's regular ever again in my life again. (Olivia, 18)

It has been suggested that self-destructive behaviour stems from a disregard for one's own self-interest due to low self-esteem or anger (Hammersley & Pearl, 1996) and that self-harming may help a young person to feel in control or it may relieve feelings of anger or tension (Richardson & Joughin, 2000). Solomon & Farrand (1996) claim that for the young women they interviewed, self-injury transformed emotional pain into more manageable physical pain or damage. There is certainly evidence to suggest that young people in this study engaged in self-harm as a way of coping with intense emotional distress and pain.

One young woman claimed that the issue of self-harm was not adequately acknowledged and addressed by services:

There seems to be a lot of people self-harming. It's becoming a growing issue with people out of home and people in home but more so out of home, that there's a lot of people self-harming now. And that's not being asked or being covered by anyone. In fact, it's being shunned do you know what I mean. You're being given out to for it, not being asked why. Because when I came in here the first, the first rule on the contract for coming in here was that if I self-harmed my contract would be terminated. And that scared me an awful lot. If I cut once because of something that I felt I wasn't strong enough to control, if I cut once, I'd have nowhere to live. And I did and I hid it from the manager here and she did find, she did catch me and she did say it was ok in the end. She just didn't want me to talk about it but if I would have talked about it I might not have self-harmed if there hadn't been that threat over my head you know.

(Fiona, 17)

Suicidal Behaviour

Six of the study's young people (three males and three females) reported suicide attempts including overdose, self-inflicted lacerations or self-inflicted injury by some other means and a further three stated that they had contemplated suicide at some stage in the past. The number reporting suicidal behaviour or (past) suicidal intent is high given that young people were not questioned directly about suicide during interview. All of these young people spontaneously mentioned times when they had either attempted to take their own lives or had contemplated doing so. A number indicated that suicidal behaviour most often occurred following a stressful event such as family relationship difficulties or other seemingly insurmountable personal problems:

Oh I still think about suicide. I had a very bad last two weeks. Basically like I mean I had a suicide attempt. Two weeks ago I was in hospital over an overdose.

(Dillon, 19)

I mean the reason again (for suicide attempt) was because of alcohol addiction and homelessness. I actually done that (referring to deep scars on his arm) inside of the Garda station, inside of the cell. They left me inside of the cell with a blade inside of me pocket and I was drunk like so I didn't realise what damage I could actually do to myself ... after that then, after getting out of hospital then again I had nowhere to fucking go either, after the hospital ... I was back on the street again.

(Marty, 22)

Other accounts suggest that precipitating events included overwhelming feelings of sadness and uselessness following, for example, the death of someone close to them.

From 20 onwards I started suicide attempts like, overdoses, self-harming. Tried to hang myself three times ... my dad died about two years after my uncle so, basically, ever since I've been getting hassle and taking overdoses and stuff.

(Paddy, 21)

Young people most often depicted their suicidal behaviour as a result of the culmination of their inability to cope with mounting personal stress. Feelings of isolation, personal failure and desperation also featured strongly in their accounts. One young man depicted a recent suicide attempt as a cry for help:

... when you're depressed and people don't know what you're going through in your mind, they're just trying to see it from their point of view. Like it's your head and it's what's going on in your mind. And that's why you're suicidal and you do it. But a lot of people do it for attention. And I must say I did do it for attention as well like. Not to get notice but a cry for help.

(Dillon, 19)

When recounting events and experiences related to self-harm or suicide, young people sometimes spontaneously used this opportunity to discuss the interconnectedness between mental health factors such as depression and self harm and/or suicidal behaviour. In the following account, Donna provides a retrospective account of the development of depression leading to episodes of self-harm:

I grew into depression. Everyone noticed that my self-harming grew worse at one stage. I did have to go to hospital but it wasn't that bad because I'm a superficial cutter. I didn't do it anymore. I managed to overcome it.
(Donna, 19)

A number who reported one or more suicide attempts also engaged in self-harm and almost all reported depression. These young people described their feelings at the time they attempted to take their own life variously as 'very down' or 'not seeing the point'. Sharon had been engaging in self-harm from the age of eleven and had tried to take her own life on more than one occasion:

I was a self-harmer like. I tried to kill myself a load of times and it's hard now like. You can see the scars all over my arms, you know what I mean. So like when people are talking to me they're like, 'Jesus what happened your arm?...' I don't know? Sometimes I just get so fed up with life, you know what I mean like.
(Sharon, 19)

Stress, Anxiety & Social Isolation

As noted in earlier chapters, instability of housing caused major disruption to young people's education and seriously compromised their ability to enter the labour market. It also undermined their sense of identity and exposed them to a wide range of dangers and stresses. When young people talked about everyday life and about specific health problems, many also made reference to pressures and anxieties of various kinds. A number of key themes emerged from these accounts. The first relates to the state of homelessness itself and the related matter of economic stress:

The biggest worry now would be homelessness. That would be the biggest ... basically sleeping on the street and people just going up and stamp on you for no reason whatsoever. Basically sleeping in the cold and everything as well.
(Paddy, 21)

Likewise, Dillon worried about being homeless and also expressed concern about his relationship with his family and the problem of substance misuse:

Well being homeless for a start like. As I said, not knowing where you're going to end up and where you're going to spend a night. Not having a relationship with my family ever. A lot of worrying. Things then, medical problems, going back on drugs, starting on alcohol which I hope I don't do. They'd be the things that would worry me most [...] I'm always worried or upset about something. Like, where I'm going to stay, where I'm going to live, am I ever going to have my life sorted, am I ever going to have a relationship again with my family or am I ever going to meet new friends. Things like that.
(Dillon, 19)

For both Paddy and Dillon, having a place to sleep was a constant worry and this overlapped with other anxieties about personal safety, family relationships and health concerns. Homelessness, particularly rooflessness, typically generates anxiety and this anxiety is often linked to stigma and shame. Caroline worried about having to sleep on the street and about what her siblings would think. Her account draws attention to the sense of personal humiliation that young people sometimes experienced:

I: What kinds of things cause you stress?

R: Just obviously sleeping on the streets like, do you know what I mean? And what kind of an influence I am to my brother and sisters, like they all look up to me and to see their sister is homeless.
(Caroline, 18)

Others made direct reference to economic stress. Olivia told how she worried 'constantly' about money and about her ability to cope in the future:

... sometimes there's no money, there's none coming because I haven't gone to my course through suffering from depression and there's no money to buy food and I don't really like to ask people so I wouldn't ask and I wouldn't tell anyone. Things that worry me as well about moving out, how I'm going to cope on my own, you know ... how am I going to get through this ... Just if I do get a place how will I stop people

walking all over me. How will I actually look after it and make sure that I'm standing up for what I worked hard for?
(Olivia, 18)

The narratives of a considerable number also referenced personal crises of 'self'. These young people worried about themselves and what would become of them. When they talked about their situations, past and present, they expressed strong negative emotions as well as concern about their ability to survive and to 'have a life' in the future. The accounts of Una and Marty highlight their isolation from mainstream society and their limited access to social support:

Sometimes I would just get scared for myself and I have worries all the time. I have worries about work, I have worries whether I'll get up on time ...
(Una, 18)

I worry about myself like, do you know, what am I going to do with my life? I worry about anything like, do you know what I mean. Especially in here (prison), I mean of course you are going to worry about things because you're cut off from people like, do you know. You are very limited, you can't do things and say things.
(Marty, 22)

Dillon had a bleak outlook on his future:

At the minute the future looks bleak and I can't see anything good coming out of it at the minute anyway. I'd so many plans when I was younger and they all turn out pear shaped and it's just day by day for me, that's the way I take things.
(Dillon, 19)

As highlighted earlier, the theme of disconnection from others featured in many accounts of depression. This sense of detachment is evident once again in young people's accounts of anxiety and stress, which were experienced by some as a sense of loneliness or 'only-ness' (Hetherington & Stoppard, 2002). Research has, in fact, noted that the high level of daily stress experienced by homeless young people is associated with their being alone (Whitbeck et al., 1997). A large number of this study's young people worried about a range of issues – about homelessness, money, work and family and romantic relationships – and many appeared to have few or no opportunities to discuss these anxieties with others.

Coping Mechanisms and Sources of Social Support

There was evidence to suggest that young people tried to self-manage their emotions and to find positive or constructive ways to cope. The following quotes, all from young men, are responses to questions about what they do when they feel sad, angry or depressed:

I've a ball and I squeeze it, I've one of them.
(Darren, 21)

I go for a walk or something.
(Peter, 21)

I was worried this morning. I was wondering where I was going to live. Like I don't, I don't let my worries get the better of me like. I worry for about two minutes and that's it. I just say there's no point in worrying about it. Just get out and sort it out, you know.
(Frank, 20)

I always talk to myself. I'll write it down on a piece of paper, you know. When you write it down on a piece of paper, you're ok.
(Philip, 21)

Young men were particularly prone to keeping problems to themselves and to refusing to seek help or support. For example, when asked if he had people he could talk to, Philip (quoted above) stated: 'If I wanted to talk to somebody, there are people I can talk to. I just don't want to'. Young people's efforts to self-manage their emotions were frequently unsuccessful and the majority, in fact, appeared to have few positive coping mechanisms. One young man who rarely discussed his problems with others described his approach to coping with stress: 'I go into an internet café

and play games. I blow people's heads off, that's the only way'. Young women also concealed their emotions from others and many did not feel able to discuss their problems and difficulties with adults or peers. However, a small number did comment on their ability to talk to staff members at the services where they resided:

I just don't really feel too comfortable in talking to anybody else that I wouldn't really know ... I tell them bits and pieces but I don't have (pause) ... I've builded up a trust between me and this other person now where I'm living. I can actually sit down and I'll talk. (Úna, 18)

Building trust with others is a process that takes time, particularly for those young people who have grown up with few supports. This young woman's account demonstrates the sense of isolation associated with the absence of trusted family members:

Sometimes, like sometimes I feel like I have no family. I have no support from people. Like I kind of feel that sometimes people, I feel like they want to be there for me. But sometimes I feel lonely knowing that other people have family and if they really need to they can turn to someone in their family. I don't have that. (Fiona, 17)

Nonetheless, it is possible for young people to build new relationships and to establish trust. Fiona appeared, over time, to have built a relationship with her aftercare worker and went on to say that she had learned to cope better with negative feelings and emotions.

Before when I was like worried, upset, angry my first thought was to cut myself. Like if I was angry, worried, upset, stressed, the first thing I would do was cut myself, that was the easiest option. Then I replaced it by getting stoned because I'd calm down, I'd mellow out, that kind of stuff. But now I've learned like if I'm worried, upset, angry, I'll talk to someone or I'll kind of read or I'll do something to keep myself busy. I find other ways to cope with it. It's hard to learn them. (Fiona, 17)

While a small number appeared to have built relationships with trusted adults and to have learned more positive coping strategies, others engaged in behaviour that almost always served to further exacerbate their difficulties. It seems clear, for example, that a considerable number engaged in acts of self-harm as a coping strategy. Alcohol and other drugs were also frequently spoken about as a means of managing or escaping difficult emotional states:

I: *What would you do then if you were feeling depressed or down?*
 R: *Well drink really. If I was in a bad mood I would probably go off, you know, if I was in a bad mood, I would probably drink a lot like you know.* (Eoin, 21)

Having space allows people to deal with emotions and with change. A space to call one's own is important for a sense of internal safety – in a psychological sense – and external safety – in a physical sense (Winnicott, 1990). A considerable number of the young people interviewed did not have access to a safe, private space nor did they have access to trusted peers or adults. Many also struggled with a combination of challenges and difficulties that prevented them from forming trusting relationships. Young women, in particular, talked about the absence of family support, particularly at times of special need.

I think it's hard because like I know I'm never going to have a proper family in my life, you know what I mean. So I know I kind of have to build my own family you know. And it's kind of tough sometimes 'cos I've nobody encouraging me, do you know what I mean, to do it. I have to do everything off my own back. Some people now like, if they want to go to college, their older brothers or sisters or their aunts or uncles would encourage them to do stuff. I don't like, I have to encourage myself to and sometimes that's hard to do, you know what I mean. 'Cos like that's what I'd really like but then if I get a bad day and I'm like, 'I don't want nothing to do with the world', then it's up to myself to get myself back up out of that hole you know what I mean. (Sharon, 19)

Conclusion

Both the link between health and poverty and, more specifically, the link between health and housing are well attested. Internationally, there is a compelling body of evidence indicating that homelessness has a severe impact on the physical, emotional and mental well-being of young people (Craig et al., 1996; Stephens, 2002; Whitbeck et al., 2000). This chapter reveals strong evidence of compromised mental health among a large number of the young people interviewed. Of particular concern is the number who reported depression, self-harm and attempted suicide. Other reported markers of mental health problems include stigma, alienation and feelings of being excluded from society.

In keeping with the findings of international research on the mental health of homeless youth (Whitbeck et al., 1999; MacLean et al., 1999), depression featured strongly among the mental health problems reported by this study's young people. Over sixty percent of respondents acknowledged regular feelings of low mood or depression, which they associated with a lack of connectedness and social support and also with homelessness and feelings of social isolation. Research suggests that adolescents who are depressed struggle to feel connected with, anchored by, or guided by important people in their lives (Burke Draucker, 2005). This study's young people similarly described significant disruptions to, and lack of meaningful connections in, relationships. The findings further suggest that they experienced high levels of stress and that they were susceptible to using destructive coping strategies, including acts of self-harm (cutting, overdose) and/or alcohol and drug use.

CHAPTER 8

SUBSTANCE USE AND MISUSE

This chapter discusses the nature and extent of alcohol and drug use among the study's young people and examines the relationship between their substance use and a range of life experiences, including homelessness. It starts by providing an overview of alcohol and drug consumption for the entire sample. Later sections of the chapter focus, in particular, on those young people who reported past or current substance misuse by exploring typical alcohol and drug use contexts as well as several social and contextual factors relevant to their substance use. This chapter also discusses young people's use of substances as a coping strategy and their efforts to reduce or quit substance use.

Substance Use: An Overview

Of the 37 young people interviewed, all except one young woman had consumed alcohol at some point in their lives. For the vast majority, first alcohol use occurred during or prior to the mid-teenage years: 2 had consumed alcohol for the first time by the age of 10, 11 between 10 and 12 years, 16 between 13 and 15 years, and a further 5 between the ages of 16 and 18 years. The remaining two young people (both female) stated that they consumed alcohol for the first time at the age of 21 years.

Only 6 of the young people (three males and three females) had never used an illegal drug. For the remainder, the early to mid-teenage years was the peak period of initiation, with fifteen reporting first drug use between the ages of 13 and 15 years. Table 8.1 presents the age of drug initiation for the 31 young people who had used an illicit drug during their lifetime.

Table 8.1 Age of Drug Initiation by Gender

Age of Initiation	Young Men	Young Women	Total
10-12 Years	3	2	5
13-15 Years	7	8	15
16-18 Years	5	3	8
Over 18 Years	2	1	3
Total	17	14	31

Cannabis dominated as the drug of initiation. It was also the primary illicit drug of current use across the sample. This finding corresponds with other studies of drug use among vulnerable groups including homeless young people in an Irish context (Lawless & Corr, 2005; Mayock, 2000; Mayock & O'Sullivan, 2007). The peer group was the typical context of initiation, with young people most often reporting that they smoked cannabis for the first time in the company of friends.

Drug repertoires differed in terms of use frequency and in relation to the type and number of drugs used. However, reported patterns of consumption suggest that a large number were experienced users of a range of drugs, with the most commonly used being cannabis, ecstasy, cocaine, amphetamine and prescription medication. Nine young people (5 males and 4 females) reported lifetime use of heroin²⁵. Table 8.2 presents data on the number who reported the use of one or several substances in their lifetime.

²⁵ Lifetime use denotes the use of a drug at any time during one's life and does not specify use frequency in any sense. For example, a lifetime cannabis user may have used the drug on only one occasion.

Table 8.2 Number of Substances Used during Lifetime by Gender*

Number of Substances	Young Men	Young Women	Total
1 substance	5	3	8
2-3 substances	3	2	5
4-6 substances	4	7	11
> 6 substances	5	2	7
Total	17	14	31

* Includes the use of prescription medicine but not alcohol.

Only 8 of the 31 who had ever used an illicit drug limited their use to one substance (usually cannabis), suggesting that polydrug use was the dominant pattern of consumption. Table 8.2 also indicates that fewer of the study's young women restricted their drug intake to one substance and, compared to young men, a greater number reported the use of between 4 and 6 substances in their lifetime. For the entire sample, a notable finding is that almost two-thirds of the study's drug users reported the use of four or more substances in their lifetime.

Although the figures above provide a broad picture of the number of drugs used by the study's young people, reported patterns and 'styles' of use varied and alcohol played a central role in the substance use/abuse patterns reported. There are several dimensions to the alcohol and drug use patterns described as well as different issues and problems associated with young people's use of one or more substances. The following sections examine a number of key issues and themes to emerge from their accounts of substance use.

Social/Recreational Alcohol and Drug Use

Not all respondents reported difficulties arising from their alcohol or drug use. These young people tended to emphasise the social nature of their substance use: many were weekend or occasional drinkers and, in general, they limited their drug consumption to cannabis. In their accounts of how and why they used substances, this group often emphasised the controlled nature of their drug or alcohol use:

It's (alcohol) not a problem 'cos if I don't want to drink I don't drink. I can go to a pub and sit down in the pub and drink and if I don't want to drink I just don't. (Philip, 21)

I smoke it (cannabis) with everybody. It's just a social thing like. Well, it started out as, 'Oh I'll try it, it's supposed to be unreal'. But it's just if one of the lads has a bit of weed or a bit of hash, we just have a small bit. I'd say most people do it but I can't talk for most people. It's not an addiction or I don't need it. (Dermot, 17)

It is perhaps significant that when young people talked about wanting to maintain 'control' some referred, in a critical sense, to their parents' drinking, stating that they did not want to have this relationship with alcohol.

I drink sporadically. It's never, you know, every night or every 2 or 3 nights. I just drink whenever, but I try not to drink very much because I know my parents had a problem with it and there is a chance that it is genetic so I just stay away from it. (Matthew, 21)

I saw what it (alcohol) done to my Dad like and I don't want to turn out like him. I don't want to turn out like him. (Brendan, 19)

A primary stated motive for use among those who did not identify their drug consumption as problematic was to 'chill' or relax and socialise. Other motives were strongly linked to the social environments in which they found themselves and, in particular, to specific social settings where smoking cannabis was viewed as 'normal' or routine. Many expressed the view that cannabis was relatively innocuous, certainly compared to other drugs:

Weed, hash. That's a Class C drug. I don't know why they don't legalise them. (Brendan, 19)

Parental Substance Misuse

As highlighted, parental substance misuse featured in the accounts of a considerable number of young people. Six who reported a history of State care stated that their parent(s)' problematic substance misuse was a factor in their removal from the family home. Darren is one such young person:

I was put into care when I was, I think it was 4 'cos my Mum and Dad were alcoholics and they weren't able to look after me. But my Mum had a chance then, you know, to get us back so she had to do treatment programmes and all the rest of it. So she did end up getting us back after I think it was 8 months or 9 months or something. But she went back into her old habits again and ended up back on the drink so we ended up back in care. (Darren, 21)

In situations where parental substance misuse (primarily alcohol misuse) was a factor in a young person's placement in care, violence or abuse also featured in a number of accounts:

Well from a young age there was a lot of family problems in my home. My Dad was an alcoholic and so he used to like physically abuse us. And I was sexually abused at a young age by him and so that was never easy at home. (Dillon, 19)

Well my Dad used to be drinking like. There was barring orders but he'd still come up around the house like drinking and start banging on the door. You'd be ashamed walking out of the house then. Other than that it was grand. (Sally, 20)

My father was an alcoholic, he was an abusive alcoholic and he used to beat up my mam and stuff very badly and then he started taking it out on me and my older brothers and then I started getting into trouble in school and stuff and not turning up to school and I was being very aggressive and all over the place. And then when I was 11 I started drinking and messing around with drugs and all that ... (Sharon, 19)

Those who had experienced parental substance misuse were often critical of their parents' use of alcohol and/or illicit drugs:

As soon as my mother's mother died she (mum) started smoking, started drinking vodka. She'd have a big bottle of Smirnoff, packet of 20 smokes and a few tablets. Now what she used to do with the tablets I didn't like. She used to open up the tablets, put them into the fuckin' drink, mix them, she used to grind them down so it's like powder form, you know, and then she'd pick it up and just sprinkle it into the drink and then she'd mix it and I didn't like that. (Brendan, 19)

As Brendan's account demonstrates, young people were acutely aware of, and they sometimes worried about, their parent(s)' drinking or drug use. Concern was most commonly expressed by young people in relation to their mothers, some of whom had also been victims of domestic violence. Donna had recently accessed the services at Liberty Street House and expressed concern about her mother, who continued to drink heavily:

I'm very attached to my Mum, I'm very loyal to her. I always have been and it was hard knowing that I couldn't be there 24/7 to look after her ... constantly worried was she stuck on the couch, was she passed out, was she ill, was she eating? So I used to spend a lot of time with my Mam and it affected me. I

grew into depression, everyone noticed that my self-harming grew worse and at one stage I did have to go to hospital ...
(Donna, 17)

Those who experienced parental substance misuse conveyed an understanding of its impact on their lives. While some were critical of their parent(s) in this respect, and sought to distance themselves from them, their accounts suggest a complex relationship between these beliefs and attitudes and their own use of alcohol and drugs. Five of the six young people who had been placed in care in the context of parental substance misuse reported past or ongoing substance misuse problems.

Substance Misuse

A total of 22 of the study's young people (11 males and 11 females) reported either past or ongoing problems arising from their use of alcohol and/or drugs. Some nominated alcohol as their primary substance of misuse, others reported drug misuse problems, while yet others reported difficulties arising from the use of alcohol and drugs. Table 8.3 presents data on the types of substance misuse problems reported across the sample.

Table 8.3 Reported Alcohol and Drug Misuse by Gender

Substance Misuse*	Young Men	Young Women	Total
Alcohol	4	3	7
Cannabis	0	1	1
Solvents/Inhalants	0	1	1
Alcohol/Polydrug Use	2	2	4
Alcohol/Polydrug Use, including heroin use	3	1	4
Polydrug Use, including heroin use	2	3	5
Total	11	11	22

*The categories here pertain to the substance or combination of substances nominated by young people as 'problematic' or as leading to difficulties across one or more areas of life experience.

Seven young people (4 males and 3 females) reported past or current problems arising from their alcohol use and, for a further eight, alcohol featured alongside illicit drugs as a substance of misuse. Put differently, alcohol was nominated as a problem substance for 15 (over two-thirds) of the 22 young people who reported substance misuse problems. Polydrug misuse (including alcohol misuse in some cases) was an issue for 13 of the young people and, as previously stated, nine of these reported lifetime use of heroin.

Substance Use and Homelessness

As documented in Chapter 5, substance misuse featured as a factor associated with the leaving home of three young people. All were young men who depicted their drinking and/or drug use as leading to conflict with their parents or other family members. They were also experienced users of a range of drugs and two had extended their drug repertoires to heroin. Max had not smoked heroin during the three months prior to interview but continued to drink daily, usually from early morning:

- I: *So on a day to day, how would you usually spend your day?*
 R: *I'd say drinking and taking drugs, regular.*
 I: *So, for example what did you do yesterday, what happened during the day?*
 R: *Yesterday, drinking all day.*
 I: *Yeah, and what time did you start at?*
 R: *About ... about half ten in the morning.* (Max,20)

Conal, on the other hand, had recently moved back home with his parents following a period of living out of home and had reduced his alcohol consumption:

I used to (drink) every single day of the week, I used to be drinking. I wouldn't know where I'd be getting money from but I still managed to, you know. I had to stop now with the court hearing at the end of the month.
(Conal, 16)

Despite reporting what he considered to be a significant reduction in his alcohol intake, Conal continued to use cannabis and prescription medication on a daily basis. He was also aware of the need to address the matter of his drug use:

I: *What do you think would help you to have a better future?*

R: *Stop taking coke and tablets and things like that. Hash is grand like. And don't drink as much.*
(Conal, 16)

The relationship between substance use and homelessness has been much debated in the research literature (see Chapter 2). While three of the study's young men attributed their homelessness to their drinking and drug use as teenagers, substance misuse did not emerge as a factor leading to homelessness for the majority of young people. However, as mentioned in Chapter 5, substance misuse did exacerbate the challenges faced by at least some young people in their efforts to secure and sustain accommodation and was a factor that propelled some into crisis with regard to their tenancies. The link between homelessness and substance misuse is strong in Marty's account of becoming and remaining homeless. At the time of interview, he was in prison, following a period of sleeping rough. He identified his drinking as an 'addiction' from the age of 17 years:

The story of my life? Well, I became homeless when I was about 13, not through my own fault, it was more or less family-related. My mother was homeless, my brother was homeless. My mother was trying to seek accommodation for me because I was the youngest in the family so it was awful hard for her like. I started meeting up with older people than myself who were homeless anyway. Do you know, people that I knew, that didn't really have any hope for themselves anyway. So then I started getting involved with them and I started getting an alcohol addiction very slowly. Eventually it ended up like there wasn't a day I couldn't go without alcohol. Then like when I had no money I'd be easily influenced by older people do you know, do this, do that, the other thing, and I actually had to lie about my age and everything in order to get accommodation in the (adult hostel) and the whole lot.
(Marty, 22)

Alcohol Use/Misuse

Seven of the study's young men and two young women described current alcohol misuse problems and an additional six young people stated that they had engaged in excessive or problematic drinking in the past. In general, those who reported current problematic alcohol consumption engaged in daily or near-daily drinking and they almost always acknowledged that their drinking led to difficulties across one or more areas of their lives. Darren explained that he no longer consumed alcohol for social purposes and that his drinking had jeopardised his current living situation.

R: *When I drink I don't drink to have fun and socialise. I drink to get drunk and to get drunk is to totally obliterate altogether to the point where I'm lying on the floor and can't get up.*

I: *Is alcohol causing you problems?*

R: *Definitely, definitely. It must be causing me problems if I got 4 weeks notice (at current supported lodgings). It has to be like, you know. Yeah, it is.*
(Darren, 21)

Likewise, Teresa's recent heavy drinking had caused problems in the supported lodgings where she currently resided.

I: *So do you think it (alcohol) was causing you problems?*

R: *Yeah. I was getting warnings here (supported lodgings) for being drunk and shit to ... I had to give it up, the staff said that I'm drinking too much.*

- I: *And what did you think about that?*
 R: *Grand. I thought it was my own time as well to give up like.* (Teresa, 18)

These young people made a distinction between problematic and social use of alcohol. In general, they associated problematic use with their need for alcohol, sometimes to simply get through the day, and with a realisation that their consumption had consequences that impacted on their lives in a negative sense (e.g. it had led to problems in sustaining accommodation). Fewer of the study's young women described their current drinking as problematic, per se, and they were more likely to advance accounts which suggested that they viewed their alcohol consumption as 'normal'. Yet, several engaged in binge drinking, particularly at weekends.²⁶ Susan described a pattern of heavy sessional drinking which sometimes led to trouble with the police:

- R: *Sometimes if I drink too much like I'd be really acting like a spastic, like you know.*
 I: *So when you drink at weekends, how much do you usually drink?*
 R: *It depends. Like about three weeks ago I was mouldy (very drunk). Like I had a super-naggin and then I got a naggin. Usually I drink a super-naggin. Like sometimes I might be taking a few smarties (prescription medication) but not all the time ... I think when you take smarties with drink you get way more drunk like.* (Susan, 17)

She did not, however, view her alcohol consumption as problematic:

- I: *And how would you describe your drinking? Would you say it's a problem at all?*
 R: *No. I was drinking there now before and, do you know, started feeling mog-like. And I started fights with all my friends or whatever. So I thought, 'I'm just not drinking now like for a few weeks'. Like I might only go drinking 'cos there's nothing else to do. Like, I know fellas who are actually alcoholics. They'd be there like, 'I'm off the drink now 7 days lads'. And I'd be, 'God', like you know. And I know myself that wouldn't be me like.*

There were, in fact, a considerable number of young people who, despite reporting heavy drinking over a sustained period of time, did not rate their drinking as problematic. Other research on homeless youth has similarly found that young people who regularly exceed daily sensible limits fail to recognise the problematic nature of their drinking (Wincup et al., 2003). Irrespective of gender, the majority who described heavy or problematic drinking were also experienced users of a range of drugs including cannabis, ecstasy, amphetamine, cocaine and, for a smaller number, heroin. For these young people, alcohol was the mainstay of a broader repertoire of substances.

Drinking and Drug Use Settings

Street or outdoor drinking is common among adolescents, who usually move to drinking in licensed premises once they are eligible for admission. In keeping with this, there were many accounts of drinking at outdoor locations:

- I drink around town. I don't know? Like if I was drinking with anyone we would go out to town. Like the last night and Friday, just drink vodka, and then we would just walk around town for a bit and around (area adjacent to city-centre) and then back ... on the street, walk around town.* (Susan, 17)

Several of the young people in this study continued to drink at outdoor locations after the age of 18. Drinking outdoors was related to a number of factors, most notably perhaps the economics of drinking: drinking in pubs was simply too expensive.

- I drink in town or down there on the steps or up there in the field ... wouldn't go to a pub, too expensive.*

²⁶ The term 'binge' drinking has gained currency in the alcohol field in recent years and has been the subject of some attention in Ireland (Mayock, 2004). Bingeing is broadly regarded as a consumption pattern that involves high levels of intake over a short period of time. Clinically, 'binge' drinking is defined as continuous, dependent drinking over a day or more until the drinker is unconscious (Newburn & Shiner, 2001). In research terms it is more generally used to describe drinking to excess on one occasion. Alternative terms used in the literature include 'risky single occasion' drinking and 'heavy sessional' drinking

If I go to a pub I'll spend €15 on 3 pints. I can get a litre of vodka for €15. I don't see the sense in getting 3 pints when I can get a litre of vodka for the same money.
(Darren, 21)

Others explained that, because of their living situations, they had no option but to drink outdoors:

We can't drink in the hostel so if we did go drinking we would end up in the street drinking.
(Olivia, 18)

Young men were more likely to report drinking at outdoor locations and several were current or past users of adult hostels. For some, like Peter, drinking outdoors in the company of other homeless youth or adults was a daily routine:

I: *Where do you usually go to drink?*
R: *Go down the benches. Drinking whiskey, you know, and vodka. All spirits and cans like, cider. We drink on the benches down there like.*
I: *And would you drink everyday?*
R: *Before, last summer I used to drink everyday with the boys but now I just have a few cans and a few smokes like.*
I: *And what time of the day do you usually go over for a drink?*
R: *First thing in the morning.*
(Peter, 21)

Irrespective of gender, drinking outdoors enabled these young people to forge and maintain social relationships. It is perhaps unsurprising that group affiliations of this kind emerge in the absence of other ways to structure daily life. The alienation of homeless persons may, in any case, increase the attraction of drug-using peer groups, both as a form of companionship and as a means of legitimizing one's own lifestyle (Horn, 1999). However, drinking at outdoor locations had a range of negative consequences. A considerable number talked about their involvement in anti-social behaviour and, in these accounts, alcohol and/or drug intoxication was strongly implicated:

I used to go mental when I'd socialise like ... I'd go drinking and I'd go fighting and I'd lose my cool over stupid stuff. I'd get arrested then.
(Teresa, 18)

But when you take tablets you go mad and you go fighting and fucking shit like that. You don't give a fuck about nothing like. That's the way I am when I'm drinking.
(Susan, 17)

The public nature of outdoor drinking made young people vulnerable to clashes with the police. Several of the study's young men and a smaller number of women described instances when their drinking had attracted the attention of law enforcement agencies:

Anytime I do drink I tend to get arrested so it's not a good thing.
(Darren, 21)

The last time I got arrested now was over being drunk and disorderly.
(Conal, 16)

A number in fact acknowledged the risks of outdoor drinking places. Philip, for example, preferred to drink indoors because of the risk of getting attacked or of engaging in aggressive behaviour:

I drink up in my brother's house or I go into town. Town's too dodgy nowadays like, the majority of town. I normally end up getting fuckin' belted by somebody or getting into a fight with somebody and then I feel sorry for them afterwards.
(Philip, 21)

For others, public order offences overlapped with other criminal activity and a number openly admitted to stealing to financially support their daily needs:

R: *Well most of my convictions are for public order offences, most of them. And even with all the convictions that I have, all the public order offences are for being intoxicated, every charge that*

I've got for robbing has an intoxication charge alongside of it. So only when I've drink in me like, I actually get the courage to go and do it. So when I'm actually sober, I wouldn't even look sideways at something.

I: And are you robbing to get money to get drink is that it?

R: Yeah

I: And what age were you when you started to get into trouble with the police?

R: 15 or 16. (Marty, 22)

At the time of interview, two young men were in prison and a further two were awaiting sentencing for offences. A total of eight (7 males and 1 female) had spent time in an adult prison. Accounts of violent or drunk and disorderly behaviour were often linked to drinking in outdoor settings and the majority of offences, ranging from theft to assault to armed robbery, for which young people were remanded or sentenced had been committed in the context of financing their substance use. The relationship between alcohol, crime and disorder is complex (Richardson & Budd, 2003). Nonetheless, drinking to excess led to a number becoming involved in criminal or disorderly activity. Young people's use of outdoor drinking and drug use settings – which was strongly associated with their homelessness – made them particularly vulnerable to contact with the police and subsequent caution and/or arrest.

Polydrug Use

As stated earlier, the majority of respondents had used two or more drugs in their lifetime. Whilst it is not possible, based on the available data, to provide a full account of the drug 'careers' of the study's young people, there are nonetheless a number of drug use patterns that are worthy of comment.²⁷ As stated earlier, the most commonly reported drugs used included cannabis, ecstasy, cocaine, and prescription medicine. Most who used ecstasy reported a phase of regular use as younger teenagers but the majority currently used the drug only intermittently. Cocaine, on the other hand, was far more likely to be a current substance of use and was the preferred drug of a number. Sharon described her drug repertoire which included cocaine:

R: We were all drinking down in the fields and some of the guys, they just came down and they all had Es. And then everyone was taking them and I decided I'm not going to be the one that's going to be left out so I just took one and then after that I just took Es kind of regularly, like I'd say I took them 5 or 6 times over a 6-week period or something like that. And then I started messing around with hash and then after a while I started to sniff cocaine and that's what it was like, just Es, coke and hash.

I: And which drug would you say you use the most?

R: Coke I'd say ... like I've taken like D5s and D10s an' all like but not as much.

I: And which is your favourite drug?

R: Coke (Sharon, 19)

While typical accounts do not suggest the level of immersion in street-based drug scenes documented in a recent study of homeless youth in Dublin (Mayock & O'Sullivan, 2007), most young people noted the ease of availability of a range of illicit drugs:

I'd get them easily, just ask someone. You could ask anyone, it could be anyone. It could be an old man, an old woman, it could be a young one. Easy. There's always someone who knows someone. I'd know a few people. (Ben, 18)

It's really easy to get drugs. I just have to walk out the front door and they are thrown at you, ya know. Kind of crazy. (Matthew, 21)

²⁷ It was not possible to undertake a detailed exploration of the young people's drug histories in the context of the interview due to the sheer number of other topics and issues that required in-depth attention. Nonetheless, considerable data were collected on use frequency and drug use contexts.

The use and misuse of prescription medication stood out as a strong component of the polydrug use patterns reported and it certainly appears that young people had ready access to these substances, both through legitimate and illegitimate sources. Referred to as 'smarties', several used prescription medicine on a daily basis, usually in combination with alcohol or other drugs.

Multiple substance use complicates the understanding of dependency problems and their assessment and treatment (Gossop, 2001). Apart from reporting drug dependency problems arising from the use of multiple drugs, negative experiences related to drug intoxication were routinely mentioned, as were occasions when a night out ended badly:

Like I remember one night I took an E and I took it with vodka or something and I got a really bad trip ... I remember I blacked out and everything and I remember nothing 'till I woke up in hospital, do you know what I mean. I remember I was talking and next thing I felt myself shaking and then I remember nothing until I woke up in hospital.
(Sharon, 19)

The last time I drank and I smoked hash I ended up on a life support machine ... we were all smoking hash so I said, 'I can smoke hash as well'. So I was smoking it anyway, whatever was inside of the hash anyway put me into a seizure and I was after drinking three glasses of vodka and coke as well ... I can't remember anything after that and I woke up on a life support machine.
(Sheila, 22)

A large majority of this study's young people had engaged in polydrug use at some time during their teenage years and a significant number continued to do so. Drugs were easily available and young people appeared to have reliable networks through which to secure a regular supply of illegal substances. Critically, alcohol and prescription medicine were strong components of young people's polydrug 'careers' and were a core component of the psychoactive intake of the majority of those who reported past or current substance misuse problems. For a number, this pattern of polydrug consumption extended to heroin use.

Heroin Use

As stated earlier, nine of the young people claimed that they had used heroin at some point in their lives, although most did not follow the kind of heroin 'careers' reported in previous research of heroin-using youth in Ireland (Mayock, 2002; 2005; Mayock & O'Sullivan, 2007). However, in keeping with previous studies, several appeared to stumble into heroin use amid a blurring of boundaries between 'soft' and 'hard' drug use (Mayock, 2005). Certainly, all were experienced users of other drugs prior to initiating heroin use and a number also described how trying heroin corresponded with, or was related to, an especially difficult period in their lives. Nicole was one of the study's more experienced heroin users although, at the time of interview, she was not using heroin. She described the onset of her drug use:

I turned 15 that January, I just went wild then you know after that like. I did have problems at home now as well. Some family problems like when I was growing up, that would have been the start of it, but then I just used to go wild you know with the problems and the issues that I did have, I'd end up going drinking and taking drugs, you know, and not having any, no self-respect or anything for myself.
(Nicole, 22)

Nicole had been abused by a member of her extended family during childhood. She ran away for the first time at the age of 14 years and spent three weeks in Dublin where she became involved in prostitution before returning to Cork. She ran away for a second time – on this occasion to the UK – at the age of 15 where she was again engaged in prostitution in order to make money. By the time she returned to Ireland she had developed a heroin dependency and was also involved in criminal activity to finance her drug use:

So I came back and by then I was really screwed up in the head do you know what I mean like, so I was just fuckin' shoplifting, you know, to feed my habit like. I just kept going back and forth then from England to Ireland, picking up charges and stuff on the way. Then (pause) ... I'll go back now to when I'd say I went

really bad like. We were up in Dublin staying in (an over-18s hostel) and we just got strung out then big time on the heroin like. So we were doing the same thing again like me and my friend, you know, going with people for money and that like to feed our habits. Like that's only back two years ago.

(Nicole, 22)

Unsurprisingly, perhaps, given the instability of her life, Nicole found an easy association with drug users. She spent a considerable length of time in Dublin moving between hostels and private rented accommodation and also travelled regularly between Ireland and the UK during this period. She described her drug dependence in the following terms:

I haven't drank now in a long time. You know, I don't think any one thing was ever my addiction. I would just take anything or drink anything or use anything. It was just to get the stone, get the buzz and get out of it, stop facing reality and having self-pity and looking at all my problems. It was to get away from that and have a laugh, it was anything at all like. I can't say the limit 'cos it's different all the time.

(Nicole, 22)

Nicole's story locates her drug use (and other 'risky' behaviour) within periods of great personal trauma and difficulty. Her home-leaving, and the absence of support, created exceptional vulnerability in her as a teenager. Later in the interview she reflected on the sense of freedom and independence she experienced on leaving home. Her recollections highlight the different meanings that drugs held for her over time:

I would have found it exciting being away from home in the beginning, you know with my friend it was like our own little place and, do you know, I used to bring people in and out and drink and what have you. But as I got a bit older and more mature I don't know? I didn't find any meaning in it like. You're wasting your whole life. Like, there's people out there who are disabled and blind and can't walk or anything and there I am with my full health you know and I'm just wasting it really, fuckin' being on drugs and going from hostel to hostel we were, fucking going in and we would end up fighting, you could pick up any disease like.

(Nicole, 22)

The majority of those who ever used heroin did not nominate this drug as their primary substance of misuse. Alcohol, usually in combination with other substances, featured more prominently and all were heavily immersed in drug use at the time they tried heroin for the first time. However, only two reported current or recent use of heroin. Peter, one of the study's current heroin users, described his drug repertoire:

What have I tried now? Sniffing gas, petrol. What else did I do? LSD, trips, acid, magic mushrooms, ecstasy tablets, cocaine, speed, heroin, everything. Every drug going, smarties, sniffing glue. I done them all, know what I mean.

(Peter, 21)

Peter had spent a considerable amount of time in prison following his conviction for offences connected, in the main, with financing his alcohol and drug consumption. He had first encountered 'trouble' with law enforcement agencies during his early teens and had spent a nine-month period in a children's detention school at the age of 14. Prior to this he had lived in multiple foster homes and also in a number of residential care settings and, at the time of interview, had been living in an adult emergency hostel for a period of approximately two years (since his release from prison). He had injected a drug for the first time approximately one year prior to interview:

I: When was the first time you injected?

R: It was there last, last summer ... Es and coke and heroin. Three drugs, they were all mixed in together. I fell asleep for about six or seven hours in the chair. First it hit the brain, next I was staggering and there was drinking on top of it and then I can't remember ...

(Peter, 21)

Peter indicated that he was relatively happy with life in the emergency hostel where he resided and had no immediate plans to move to an alternative living situation. His social network centred largely

on other homeless youth and drinking and drug use played a prominent role in his everyday life:

It's (hostel) a grand place, alright like. I know all the boys, we're all friends in here like, you know, we all get on very well. I know we all drink together and this but that's the way we get on. (Peter, 21)

It is perhaps significant that, of the nine young people who ever used heroin, five (four of them young men) currently lived in an emergency adult hostel, suggesting that young people who make the transition to adult homeless services may be at risk of immersion in 'heavy end' alcohol and drug use.

Substance Misuse and Coping

Young people use drugs for a variety of reasons and they perceive different benefits and risks associated with their drug use (Mayock, 2005). We have seen, for example, how some young people in this study used drugs for social/recreational purposes, emphasising curiosity, fun and sociability in their accounts of alcohol and drug consumption. There were many others, however, who used alcohol and drugs as a coping strategy. For a number, drinking and drug use provided an occupational structure for the day and was depicted as a way to pass the time:

When there's nothing better to do and you're just trying to pass away the time you just go drinking. It makes it easier. (Caroline, 18)

As documented in earlier chapters, many of the young people interviewed had experienced extremely difficult life circumstances and events as children and teenagers coupled, in most cases, with emotional pain, abuse and/or social isolation. A number had been traumatised by their experiences within their homes and, sometimes, in other contexts, including care settings. These young people often openly acknowledged their substance use as a form of self-medication or escapism:

Drinking, bit of hash, bit of this and bit of that like. Bit of everything like to calm me down. (Peter, 21)

Basically, hash is the kind of drug that ... I'm usually feeling down when I smoke it and you'd be happy then after a few drags like. Basically, whenever I felt down I just took a few smokes and that was it then. I was happy for the rest. (Paddy, 21)

The odd time if I'm really really down in the dumps, I'd fuckin' get drink like. (Brendan, 19)

Despite acknowledging some negative effects, one young man continued to use cannabis because it helped him to deal with anger:

R: *I think dope (hash) is all you need. I do need it like ... I'm an angry man.*

I: *And how does dope make you feel?*

R: *Grand. It makes me think too much sometimes, it definitely can. And I lose words as well sometimes. I have problems getting words out. But it's needed for the time being like. (Robert, 25)*

Like Robert, several others acknowledged that alcohol and/or drug effects helped to counteract negative feelings, stress or worry. An 18 year old woman who was living in an adult hostel at the time of interview explained:

I: *What do you do when you get worried?*

R: *Drink.*

I: *And do you find that that helps you?*

R: *It does sometimes.*

I: *And do you ever do anything else when you're worried?*

R: *No, apart from taking drugs. Sure I told you I tried to take an overdose the whole of last June. (Caroline, 18)*

Many of the excerpts above are examples of young people attempting to cope independently with traumatic events in their lives and to minimise the effect of difficult experiences. For some, traumatic life experiences were relatively recent (e.g. the death of a loved one) while, for others, they occurred during childhood (e.g. childhood sexual abuse). A number articulated an understanding that coping through substance use was a strategy that sometimes served to exacerbate existing difficulties and almost never helped them to deal with their problems in the longer term:

Did it (drink and drugs) give me an escape? Yes. Did it help me? No. The problems are still going to be there like, so ...
(Mark, 21)

Those whose peer affiliations centred largely on other young drug users often talked about their need to find alternative social networks. Sheila had tried to distance herself from other drug users and yet her account consistently directs attention to the perceived therapeutic value of psychoactive substances:

... So I stay away from people who are into drugs. I just have to, I just corner myself off from everyone ... I corner myself off from everyone 'cos I'm afraid in case I get into it again because it's such a good feeling to take drugs 'cos it stops all the stress and worry that you have inside of you. And when people think that you're a junkie you're not a junkie. You're just taking drugs to stop all that hurt inside you 'cos that's what I was doing.
(Sheila, 22)

For marginalised and disadvantaged youth faced with multiple problems over which they have little control, self-medication with alcohol or drugs can become a core survival strategy. Homeless lifestyles can be damaging to psychological health and there is a recognised tendency for homeless persons to self-medicate with drugs (Klee & Reid, 1998; Neale, 2001). It is also claimed that young people sometimes use drugs to relieve or manage symptoms of mental illness (Norden, 2001). Nineteen of the twenty-two young people in this study who reported substance misuse also reported mental health problems ranging from depression to self-harm and/or suicidal ideation and six had been admitted to a psychiatric hospital on one or more occasions in the past. In a small number of cases, young people stated that their drug use exacerbated their mental health problems. Others indicated that their mental health problems were substance-related:

When I was in (adolescent 'Out of Home' service) and when I was here I was using hash an awful lot. I was smoking about 20 Euro of it every day, you know what I mean. If there were friends who had it, I'd hang around with anyone just to kind of get it because it was the only thing I had in my life. So I was doing an awful lot and it was causing my depression to get worse so they sent me to (an outpatient treatment centre).
(Olivia, 18)

Reducing and Quitting Alcohol and Drug Use

Young people's drug and alcohol use did not follow a single trajectory from experimental through to problematic use. Certainly, there were young people who reported progressive involvement in alcohol and/or drug use, and substance misuse remained a significant problem for a considerable number. For others, however, drug and alcohol use appeared to rise and fall in concert with various life events and experiences. This section considers the accounts of those young people who succeeded in reducing their drug or alcohol intake.

Young people's reasons for not using drugs can be as diverse as their motives for use (Fountain et al., 1999). Likewise, their motives for reducing or quitting are varied. For example, a number of the study's former regular or heavy users talked about mounting negative drug effects, stating that this provided the impetus for them to reduce or quit the use of certain substances. For Max, the fear of 'addiction' appeared to play a role in his decision to quit heroin use following a period of experimental use:

If I didn't get off it at the time I would have been still addicted to it, if I didn't actually listen. Say if I hadn't walked away from it, I would have been totally addicted to it.
(Max, 20)

Others who reduced or curtailed their drug intake explained that they had distanced themselves from certain environments or individuals. Fiona, a former daily cannabis smoker, had reduced her intake by 'separating' from the peers with whom she previously associated. She described her current use of cannabis as a 'social thing':

I don't smoke hash as much as I did any more. Now it's every now and again, a social thing, which is the way to keep it because that's the best way to have that kind of stuff, moderately ... Couple of days ago I had a joint, that was it.
(Fiona, 17)

A smaller number explained that, at the time they quit drug use, they were ready to take steps towards a more positive future and that their current drug use behaviour would limit their ability to make progress:

I just had to stop using drugs and realised that drugs and alcohol were going to ruin my life ... I had to because I was losing good friends and losing everything and I just had to make a stand like.
(Dillon, 19)

I don't want to go on like this forever, fuckin' going around, going around the streets and having slept with men for fuckin' even food or a roof over your head. Or probably end up killing someone the next time I need a fix 'cos things will only get worse. You'll never get better as long as you're on the streets or fuckin' on drugs. People look down at you the whole time like no matter where you go. If you ask someone for something they look down their nose at you the whole time so you've fuckin' no self-esteem or confidence, you know ... So I ended up staying in anyway and getting off it. I'm off the fuckin' heroin now for 2 years.
(Nicole, 22)

Ten of the study's young people (6 males and 4 females) had attended a treatment setting for drug or alcohol misuse at some time. Of these, only two were currently enrolled in a treatment programme and one young man who had not yet attended a treatment programme stated that he planned to go to Alcoholics Anonymous in the near future. On the whole, young people's engagement in treatment programmes did not appear to dramatically alter their alcohol or drug consumption in the longer-term and did not lead to a sustained pattern of abstinence from alcohol or drugs. There were exceptions, however. Frank described his participation in a programme he accessed through Liberty Street House:

*I: Have you ever done a programme around alcohol and drugs?
R: Yeah. It was excellent. When they do it at Liberty Street like they make sure you do it properly like. They don't do a half-ass job like you'd see in some places. They got in people to talk with you who went through difficulties with it and stuff and it gave you a kind of personal view of what if you keep drinking and doing drugs, what you've to look forward to and stuff and that kind of got you off, got you thinking about it.*
(Frank, 20)

Paddy had also attended a treatment setting and described a reduction in his alcohol intake:

Well I used to drink heavily but not anymore. I was attending (treatment centre) and they helped me as well. That's something, I haven't been drinking at all ... In the past I would have been drinking a good lot. I'd say about seven pints and then I'd mix it with vodka and coke and basically take a few cans and start drinking out on the street and the whole lot.
(Paddy, 21)

Significantly, however, this young man was in prison at the time of interview and attributed his reduced alcohol consumption more directly to his incarceration:

I: *How would you describe your drinking now?*

R: *It's not too good, not too bad. It's sort of slowed down a bit ... Basically sort of going down a bit, sort of slowing down since I'm in here (prison) and basically when I'm in here, there's no drinking.*

Of note is that many who attended treatment settings reverted to their prior drug or alcohol use patterns subsequent to completing a programme. In these situations, young people were often fatalistic about their ability to quit or curtail their use of alcohol or drugs. Conal had succeeded in quitting drug and alcohol use for a two-month period following treatment but had subsequently relapsed:

I: *Do you think you'd like to try getting off drink again?*

R: *Well I do but there's no point like. I don't think that I'd be able to fucking make it again like, do you know. Up to when I had that pint I thought I was well, I was doing very well like, do you know, off everything. I didn't even touch drink over Christmas or the New Year or anything like and that was the hardest part. And everything just went all the same when I started on again. I know I can't do it like, you know. I know I have willpower but not enough willpower to stay off it like, you know.*
(Conal, 16)

While not all of the young people interviewed were motivated to curtail their drug or alcohol use, a considerable number indicated that they wanted to address the problem of their substance use. When a young person decides to make such a change they will typically require help and support. Safe and secure housing is a prerequisite to increasing the social capacity of young people with substance misuse problems to address the matter of their drug and/or alcohol use (Wincup et al., 2005). They will also require youth-friendly treatment settings and ongoing support if they are to maintain a regime of abstinence subsequent to treatment.

Conclusion

In keeping with other studies of 'high risk' groups, including homeless youth (Klee & Reid, 1998; Wincup et al., 2003) and young people with a history of state care (Ward, 1998), the rates of substance use and dependency reported are high. Young people often began experimenting with illegal drugs at a young age, typically aged 13 or 14, and the majority had an extensive repertoire of drug experiences. Reported use of cannabis, ecstasy and cocaine were high while a substantial minority had used heroin at some time, and a total of 22 self-identified as problematic drug or alcohol users. Thus for the majority, excessive or problematic drug use cannot be separated from alcohol consumption, which was the mainstay of the psychoactive intake of the vast majority.

Although it is widely acknowledged that drug and alcohol misuse is associated with homelessness, there is continued debate and speculation among researchers and service providers about whether problematic drug and alcohol use is a cause or consequence of homelessness. This study's findings indicate that young people's alcohol and/or drug misuse was not a major factor precipitating their homelessness. However, alcohol or drug misuse on the part of a parent(s) was associated with the placement of six young people in care during childhood or adolescence. Overall, young people reported high exposure to alcohol and drug use from an early age and, once homeless, their exposure to mood altering substances increased. Their peer affiliations, housing instability, and their struggle to cope with past and ongoing trauma, propelled a considerable number towards problematic alcohol and/or drug use.

CHAPTER 9

CONCLUSION

This research sought to examine the experience of homelessness in the Southern region of the Republic of Ireland through the conduct of detailed life history interviews with 37 young people between the ages of 16 and 25 years. The preceding five chapters have documented a range of findings that are relevant to understanding their lives and their homelessness. The overall picture points to diversity and complexity of experience, demonstrating that young homeless people are not an homogenous group. In this final chapter we attempt to draw on some of the most salient findings and consider, in a broad sense, how 'youth homelessness' can best be framed and understood. First, however, it is useful to review the scope and limitations of the study.

The Study

This research did not aim to recruit a sample of young people whose experiences are generalisable to the entire population of homeless youth in the Southern region. Instead, it set out to interview a group with diverse and illustrative 'out of home' experiences. In keeping with recent research conducted in Ireland and elsewhere (Fitzpatrick, 2000; May, 2000; Mayock & O'Sullivan, 2007; Wong & Piliavin, 1997), the notion that young people's homelessness can be episodic, characterised by movement between temporary living situations, was the starting point for this analysis. In line with this orientation, the recruitment strategy aimed to achieve diversity in terms of accommodation history and current living situations as well as with respect to age and gender. Respondents were recruited from a range of settings including the Adolescent 'Out of Home' Service (via Liberty Street), adult emergency shelters, supported accommodation and, in fewer cases, outdoor locations. The majority of respondents were over the age of 18 years and many had experienced considerable discontinuity and disruption in their housing 'careers'. These factors might be seen as drawbacks in that the current study contains less information about those children and young people who exit homelessness quickly.²⁸ There is a corresponding danger that the picture depicted is overly bleak. This research certainly speaks to young people who had experienced a range of adversities, including ongoing challenges pertaining to housing. Nonetheless, it is critical that the histories of this group of young people are understood since their experiences create vulnerability to longer-term homelessness and to other potentially damaging consequences.

Pathways Out of Home

Four major pathways out of home emerged from the biographical accounts of the study's young people:

1. Care History
2. Abusive Family Situation
3. Family Conflict
4. Problematic Behaviour

These pathways are similar to those identified in previous research on youth homelessness in Ireland and elsewhere (Fitzpatrick, 2000; Gaetz & O'Grady, 2002; Hutson & Liddiard, 1994; Hyde, 2005; Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006; Smith et al., 1998). The reasons why young people left home (or care) prematurely are clearly complex and there was considerable overlap between the experiences related by young people in each of the four pathways identified. One common characteristic, however, was the early age at which young people began to experience problems which extended across a range of areas including family relationships, family conflict and/or involvement in 'risky' behaviour. Many accounts referenced experiences of abuse, or other forms of misuse of parental or carer power, which affected their ability to cope as children and adolescents. These experiences continued to impact on the psychological well being of a large number. There is no doubting the vulnerability of these young people and, yet, many accounts demonstrate their efforts to assert their sense of agency. These efforts were expressed by acts of running away in some cases.

28 A prospective longitudinal study design is ideally required to capture the experiences of this group. Longitudinal cohort studies can also be particularly good at capturing temporal dimensions of youth homeless 'careers' (see Mayock et al., 2008).

The number of young people with a history of State care is particularly noteworthy since over one-third reported a care pathway to homelessness. For the majority, entry to care was traumatic and many appeared not to fully understand their removal from home. Their care histories were generally highly problematic and five young people reported sexual, physical or emotional abuse in a care setting. Practically all reported multiple care placements and the transitions out of care to independent living proved extremely difficult for the majority. Leaving care can be formally defined as 'the cessation of legal responsibility by the state for young people living in out-of-home care' (Mendes & Moslehuddin, 2006: 110). However, in reality, it is a major life event for a group who face particular difficulties of access to education, employment, housing and other developmental and transitional opportunities. It is important to note, in this context, that outcomes for care leavers are associated with 'the quality of care they experience, their transitions from care and the support they receive after care' (Stein, 2006: 278). This study's findings highlight specific challenges and difficulties related to aftercare provision and support for young people leaving care. More broadly, the homeless pathways identified point to failures within various systems of intervention.

For the majority, the problems and issues that contributed to their homelessness were identifiable from an early age. These same issues continued to impact negatively on their lives and also served to push them prematurely out of home or care.

The 'Out of Home' Experience

The period subsequent to young people leaving home or care saw a large number embarking on a journey that brought them into contact – either immediately or at some later juncture – with a range of services designed to meet their needs. Instability was a distinctive feature of these journeys as they commuted back and forth between a range of services in the absence of a secure and predictable living situation. The movement of a considerable number extended to the UK, where they had family or friendship ties. Failed tenancies were common and several appeared to lack the competence and skills to cope with the responsibility of independent living. They experienced particular problems with budgeting and running a home (cooking, cleaning and so forth) and, for some, drinking and drug use led to problems with landlords and other residents. As time progressed, a range of complex issues, including substance misuse and mental health problems, further exacerbated their already fragile living situations. Twenty-two young people had accessed adult homeless services at some time and, for a considerable number, penal institutions and psychiatric facilities were among the range of interventions that provided respite or shelter.

The biographical accounts of young people did, however, provide insight into an alternative and more positive set of experiences. Young people who accessed the Adolescent Out of Home Service via Liberty Street House generally told a more encouraging story. They reported prompt access to services as well as an extensive range of supports which enabled them to enter into a relatively secure living situation (at least in the short- to medium-term). The difficulties some subsequently experienced were related in the main to the challenge of moving on from this service at the age of 18. The transition to independent living situations (e.g. private rented accommodation) proved particularly challenging for a number, highlighting the importance of ongoing support for young people who experience homelessness.

Mental Health

The range of mental health problems reported by the study's young people might be regarded as a critical, if stark, finding. Recent research on homeless youth in Ireland has demonstrated evidence of depression, loneliness and social isolation (Mayock & O'Sullivan, 2007). However, the biographical narratives of young people interviewed for the purpose of this study reveal multiple mental health problems including reports of depression, self-harm, suicide attempts and suicidal ideation. This finding corresponds with international studies which have documented high levels of mental health difficulties among homeless young people (Ayerst, 1999; Kidd & Kral, 2002; Yoder et al., 1998).

A total of 24 young people reported prolonged periods of depression; 13 reported self-injurious behaviour; 6 had attempted suicide and a further 3 described past suicidal thoughts. Depression,

the most commonly reported mental health problem, was strongly associated with feelings of hopelessness about their present situations and, also, with feelings of sadness about difficult or traumatic childhood experiences. The themes of low self-worth and lack of control were embedded in their accounts, as was the theme of loss. Self-injurious behaviour was far more commonly reported by the study's young women and a large number reported that they first engaged in self-harm prior to leaving home. Young people who reported one or more suicide attempts tended to relate this behaviour to a particularly stressful experience or event such as family relationship difficulties or other seemingly insurmountable personal problems. Feelings of isolation, personal failure and desperation also featured in their accounts.

Finally, the high number (19 in total) who reported that they had in the past used, or were currently taking, prescription medication for depression or other mental health problems merits comment. Young people appeared to have easy access to these medications and a considerable number also reported abusive patterns of prescription medication use which they accessed either through legitimate or 'street' sources.

Substance Misuse

The findings point to high rates of substance misuse, with reported problems ranging from alcohol to polydrug misuse. Alcohol featured as a primary drug of misuse for a large number and, as noted above, the abuse of prescription medication – referred to as 'smarties' – was widespread. A total of 22 young people reported past or current problems arising from their alcohol and/or drug use.

Young people's alcohol and drug 'careers' were complex and diverse and, to a considerable extent, they altered in accordance with a range of life events including the experience of homelessness. It is significant that only a minority of young people cited alcohol or drug use as a factor precipitating homelessness; rather, the majority developed problems related to substance misuse subsequent to leaving home or care. Substance misuse did consequently impact on and exacerbate the problems that young people already confronted in relation to housing. For some, substance misuse served to exclude them from potential accommodation sources by making them ineligible for certain housing supports while, for others, substance misuse led to tenancy difficulties and resulted in eviction. More than anything, alcohol and/or drug misuse undermined young people's ability to cope, leading a number to commit crimes to support their dependency and bringing others into contact with law enforcement agencies. While a considerable number had accessed some form of treatment for alcohol and/or drug dependency, most found it difficult to sustain a regime of abstinence. Housing instability was, moreover, implicated in the failure of a number to control their substance use and/or to be sufficiently motivated to do so. Moreover, the motivation to (ab)use substances centred on the need to counteract negative feelings, emotions and experiences with a large number using alcohol or drugs as a coping strategy or as a form of self-medication. Finally, substance misuse overlapped with mental health problems in many cases. Although the relationship between substance misuse and mental health is clearly complex, there was evidence that substance misuse exacerbated mental health problems and vice versa.

Not Just Homelessness ...

The life histories of this study's young people strongly suggest that homelessness was one of the multiple adversities they faced as they moved through adolescence towards young adulthood. Of particular significance is that homeless 'careers' overlapped with histories of care for a considerable number and also with longstanding home-based difficulties including experiences of abuse and/or domestic violence. Others had learning difficulties that went unattended and a large number reported mental health problems. Put differently, most experienced a cluster of problems both before and subsequent to their premature transitions out of home. This section discusses three themes that help to frame the life experiences of the study's young people and which also demonstrate the complexity of what is often generically and uncritically referred to as 'youth homelessness'.

Social Exclusion

Marginalisation within the housing system is a key factor in the social exclusion of particular groups within society (Fitzpatrick, 2000). Homelessness is an extreme manifestation of social exclusion, as expressed by Talbot (2003: 12):

Homelessness is a state in which people are not only excluded from basic shelter, but also from security, a place to belong, intimate relationships, neighbours, and all of the benefits of having a place to call one's own, such as the space and facilities to cook, space for hobbies and recreation etc. Over time, exclusion from one aspect of the normally expected benefits and resources of society leads to exclusion from others, and to a compounding set of reinforcing disadvantages.

According to Pleace (1998: 58), '[h]omelessness can be understood as a set of consequences that arise when social exclusion occurs in a context in which little or no assistance is given to those who experience it'. The vast majority of this study's young people can be characterised as socially excluded and 'at risk'. They experienced wide-ranging disadvantage, not only in terms of their limited access to secure housing, but also in relation to education, employment and health. Most reported family relationship difficulties coupled with instability and insecurity in other parts of their lives.

On leaving home or care their needs intensified alongside the absence of a stable living situation and many reported increased drug use, offending behaviour and emotional and mental health problems. A large number had embarked on chaotic housing 'careers' characterised by multiple unplanned moves between temporary arrangements and this movement most often resulted in, or signalled, increasing marginalisation from mainstream economic and social life. Many also talked about a sense of loss and loneliness as well as feeling 'down', depressed and anxious, leading to behavioural difficulties and further alienation. The circumstances and conditions in which these socially excluded young people make their journeys to adulthood present them with a great many risks, uncertainties and insecurities.

Fractured Transitions

The transition to adulthood is a critical stage of development during which young people leave childhood behind and take on new roles and responsibilities. It is a period of social, psychological, economic, and biological transitions and involves demanding emotional challenges. To a large degree, the nature and quality of young people's future lives depend on how successfully they negotiate this critical period (Lloyd, 2005).

In achieving adult status, most young people have to make transitions in two domains of their lives. The first involves the move from education to the labour market, in which continuing full-time employment is, for most, the desired goal. The second is in relation to family life, where young people have to achieve one major transition and possibly a further one: moving from the status of dependent child in the family of origin to establishing independence, including leaving the parental home and, possibly, becoming a parent. However, 'the last decades of the twentieth century and the start of the twenty-first century have seen the transition to adulthood in many countries becoming more complex and protracted, often in ways that leave young people particularly exposed' (Aassve et al., 2006: 22). Young people are vulnerable in a range of areas and are more likely than those in other age groups to experience problems with housing (Rugg, 1999), drug abuse (Boys et al., 2001), and mental health (Shucksmith & Spratt, 2002). The mid-to-late teenage years are also the years in which individuals are more likely to commit crimes and be incarcerated (Hansen, 2003).

In relation to the two key domains cited above, the challenges facing this study's young people might be characterised as extreme and even overwhelming. The majority had left school prematurely without formal educational qualifications, leaving them extremely vulnerable in an increasingly competitive labour market. A number reported learning difficulties which appeared to have gone unnoticed and, certainly, had not been adequately addressed. The move from dependence (on family) to independence, which necessitates stable housing at a minimum, presented them with

enormous challenges. While for 'ordinary' (and more advantaged) youth, the transitional process towards adulthood has extended (Arnett, 2000), for these young people it unfolded at an accelerated rate. The multiple disadvantages they face in terms of housing, unemployment, drug problems and criminalisation are compounded by the inability of services to respond effectively to their complex and diverse needs. Many clearly present a variety of challenges to a range of professionals – teachers, social workers, the police, child care workers, probation officers, and so on. However, these difficulties stemmed in most cases from childhood and from their experience of a clustering of different kinds of adversity including family conflict, household instability, abuse and negative care experiences, highlighting the critical importance of early, inter-agency intervention.

Dislocation, Identity and Risk

Teenagers usually portray leaving home as a particularly significant and positive move towards fully 'independent adulthood' (Gillies et al., 2001). Successful 'independence' is best achieved alongside relatedness to, and support from, family members and positive relationships with parents and kin are important to smooth paths and transitions (Jones, 2002).

The majority of this study's young people experienced independence negatively in terms of their disconnection and isolation from family members and from other key social supports. Their negative childhood experiences, coupled with their social and economic marginality also affected their ability to cope successfully with many key transitions associated with the achievement of independence. Instability of housing removes opportunities to form bonds with people and places and presents challenges to young people's sense of self (Riggs & Coyle, 2002). The concept of 'identity' provides a useful lens through which to discuss some of the ramifications of this social and spatial dislocation for young homeless people.

Many of this study's young people lacked a sense of belonging to a neighbourhood; some had limited or no contact with family members and their relationship with mainstream society might be characterised as fragile at best. Separation or estrangement from family was a source of great anxiety and many accounts of everyday life referenced feelings of isolation, rejection, alienation and lack of identification with place. This sense of disconnection was particularly strong within accounts of depression. Likewise, those who had engaged in acts of self-harm and/or attempted suicide frequently articulated a sense of aloneness and a perception that the problems they faced were insurmountable. As a consequence, a considerable number resorted to 'high risk' solutions (including drug/alcohol use, self-harm) in the absence of more positive and constructive coping mechanisms.

Homelessness discredits notions of self and personal identity (Boydell et al., 2000). A powerful example of identity crisis and risk emerged from the accounts of those who had accessed adult homeless hostels. Entry to this form of accommodation was widely perceived as carrying stigma and, rightly or wrongly, a number feared for their personal safety within these settings. More than anything, the move to adult hostels held great significance in that it signified real homelessness. This finding demonstrates that homeless 'careers' overlap with identity issues for young people and points to the need for policies and interventions that aim to prevent young people from making this 'identity' transition.

Conclusion

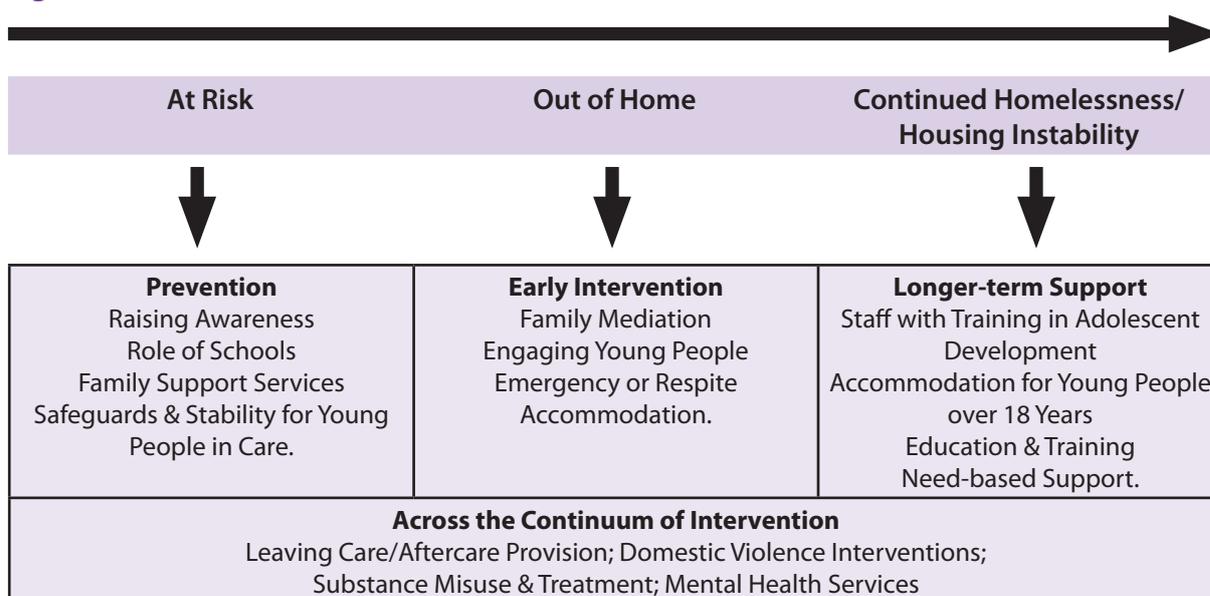
Youth homelessness is clearly a complex social problem that cannot be attributed to a single cause. This study has demonstrated that young people who experience housing instability typically confront a variety of challenges. Homelessness cannot be adequately understood in isolation from the context in which it evolves, changes and is, possibly, resolved. The stories depicted in this work are not simply about homelessness; equally, they speak to the marginalisation and risk that characterises the lives of socially excluded youth and to the failure of various systems of intervention designed to serve and protect them.

CHAPTER 10

RECOMMENDATIONS

This study has highlighted several important features of the youth homeless experience in a manner that can potentially bring sensitivity to policy and practice and, in particular, to the types of interventions appropriate to different phases and dimensions of the youth homeless experience. Because of the complexity of the young people’s lives, their diverse backgrounds, and the disparate issues they face once they are out of home, there is not and cannot be a simple one-dimensional solution to the problem of youth homelessness. Rather, this diversity of experience requires interventions that extend across a continuum, thereby targeting young people who are at different ‘phases’ of the homeless experience. Figure 10.1 identifies the key components of this continuum of intervention, assuming that there is no inevitable progression to chronic homelessness (Mayock & O’Sullivan, 2007).

Figure 10.1 Points of Intervention



The points of intervention identified fall into three main categories: prevention, early intervention and longer-term support. In a general sense, they target different ‘phases’ of the homeless experience, that is, those ‘at risk’ of homelessness, young people living ‘out of home’ (intermittently or in the short or medium term), and those who continue to experience housing instability over extended periods. Figure 10.1 also identifies a number of specific areas of service provision that have relevance across the continuum of intervention (that is, to all three categories of intervention). These include: leaving care/aftercare provision; domestic violence interventions; alcohol/drug treatment; and mental health services. This notion of a continuum of intervention has particular relevance for young people as they make transitions from children’s to adult services. Undoubtedly, a key challenge identified in this report is the need for supports that enable young people to manage this transition successfully.

Prevention

Most policy makers and practitioners support heavier investment in preventive measures targeting specific behaviours or problems in children and young people. Preventative strategies focus on children and young people who may be ‘at risk’ but who are not actually homeless. *The Youth Homelessness Strategy* (Department of Health and Children, 2001a) places a strong emphasis on prevention.

Clearly, preventive measures and actions need to start at the earliest possible juncture. All agencies working with children and young people have a role to play in preventing homelessness by identifying early warning signs of risk factors and ensuring there are referral arrangements with agencies targeting children, young people and their families. Successful prevention means recognising the need for protective factors, and providing support networks and interventions which assist in

this regard (Crane & Brannock, 1996). Since homelessness cannot be attributed to a single cause, multi-agency work involving housing, social work, education, justice and health sectors, is a necessary component of effective prevention. As this research highlights, young people who experience homelessness have often experienced early childhood adversity (including abuse in some cases), family conflict and problematic care histories. An understanding of these issues needs to inform prevention policy and practice.

Raising Awareness of Youth Homelessness

Raising awareness of homelessness among children, young people, parents and professionals (teachers and social workers, for example) is an important element in any attempt to prevent homelessness within local areas. However, the question of how best to do so is not by any means self-evident. People tend to view 'homelessness' in absolute and static terms and frequently see it as referring to people who are literally homeless, that is, sleeping on the streets or other public places. As this and other research in Ireland on youth homelessness reveals (Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006), a key challenge is to raise awareness about homelessness in a way that creates an understanding beyond 'rooflessness'. If this is not achieved, many recipients of messages that aim to raise awareness may well feel that they (and others) are invulnerable to homelessness. Young people need to know that help is available if they find themselves staying away from their homes or living intermittently with friends or members of their extended family. School and youth services are settings where work on raising awareness can potentially be achieved.

The Role of Schools

Schools can potentially play an important role in educating children and young people about leaving home and raising student awareness of homelessness as a reality in some people's lives. Since schools and teachers frequently have detailed knowledge about pupils and their families, they can also be effective in identifying children and young people who are at risk of homelessness (Randall & Brown, 1999). Moreover, schools can play a critical role, not only at the point of identification, but also in assisting and supporting children and young people who are experiencing difficulties with their home situations. This study's findings in fact suggest that school provided a 'safety net' for some young people and that it also offered access to a number of relevant agencies, including referral to social work services.

Family Support Services

Family support services play a critical role in supporting children and young people at risk of becoming homeless and in supporting their families. In a *Guide to What Works in Family Support Services for Vulnerable Families*, McKeown (2000) outlines the main types of interventions available and reviews the research literature into their effectiveness. Current thinking suggests that to be most effective, family support services must be integrated, community based and targeted at children and families who are most in need. More than anything, 'family support must seek to cultivate the strengths and innate problem-solving abilities of all families and restore confidence in their ability to overcome adversity' (McKeown, 2000: 29). This study's findings in fact suggest that the Liberty Street Adolescent 'Out of Home' Service provided important supports to young people and their families which enabled them to resolve their difficulties in many cases.

Safeguards and Stability for Young People in Care

A range of studies have shown that young people with a care history are at increased risk of homelessness and the findings of the current study largely confirm this. Whilst acknowledging the complexity of the association between a history of State care and homelessness, this study's findings indicate that the quality of young people's care experiences can have an impact on future homelessness. The number of reported experiences of abuse in care settings strongly suggests that safeguarding young people in these settings needs to be prioritised.

Care stability, and the ability of care placements to cope with young people who present challenging behaviour, was an issue highlighted by this research. The challenging behaviour of young people

within care settings has its roots in many cases in their traumatic life experiences. Additionally, successive placement breakdown experiences can generate feelings of failure, leading young people to become more disconnected. This can, in turn, impact on young people's ability to secure and sustain accommodation in the future. This research highlights the need to develop, equip and support residential and foster care providers to work with young people who have multiple needs and whose behaviour presents challenges. The accounts of young people in this study also indicate that placement breakdown was in some instances related to experiences of abuse within care placements. This is clearly a matter of concern in terms of its impact on their lives and issues of quality and monitoring within care placements.

Prevention – Key Recommendations

Awareness Raising

- Preventive policies aimed at addressing youth homelessness must be guided by an awareness of the complex issues that contribute to premature home-leaving and housing instability during adolescence and young adulthood.
- The HSE, in collaboration with partner agencies, should develop an information campaign aimed at raising awareness of youth homelessness and of the services available to young people, parents and professionals.
- The HSE should enter into discussions with the Department of Education and Science and the Vocational Education Committee with a view to exploring how they might disseminate relevant information to schools.

Family Support Services

- The HSE (South), via Liberty Street, should continue to provide preventive services and supports to young people and their families.

Young People in Care

- There is a need for systematic monitoring and evaluation of foster and residential care placements.
- Young people need to be consulted regularly regarding their care placement experiences.
- Systems need to be established to ensure the early identification of placements at risk of breakdown.
- When a young person experiences placement breakdown, the reasons for this breakdown need to be systematically reviewed.
- Professional care planners need to be fully aware of the vulnerability of care leavers to homelessness and of the consequent need for robust and appropriately resourced care plans.

Early Intervention

While the aim of preventing youth homelessness is clear in Irish policy dealing with this issue, 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 (MacKenzie & Chamberlain, 2003). Young people who live in hostels or on the streets are only one segment of the homeless youth population; there are many others who alternate between unstable living situations (family members, friends, and so on) and, for some young people, homelessness can be episodic.

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 adverse outcomes. Early intervention therefore refers to measures taken as soon as possible after a young person leaves home or becomes homeless. Immediacy of response is therefore seen as important in early intervention approaches (Evans & Shaver, 2001).

Providing young people with accommodation before they are ready for independent living, without any exploration of the prospect of reconciliation, may increase the risk of long-term homelessness (Randall & Brown, 1999). However, if these young people are to be returned home, both they and their families will be in need of support to assist with this transition. Clearly, for many young people and their families, continued professional attention will be required for successful reunification. In cases where an immediate return home is not possible, some form of temporary or respite accommodation for young people in or close to their home neighbourhood should, ideally, be available. In many cases, early intervention is about facilitating family reconciliation and involves working with both parents and young people. It also involves working with schools because most children and young people have their first out of home experience while still attending school. The findings from this study suggest that the Adolescent 'Out of Home' Service in Cork city provides a quality service that supports homeless young people. Equally, however, young people encounter difficulties on reaching age 18 when they may no longer be eligible for these supports.

Family Mediation Services

This research identified family conflict and arguments with parents or carers as factors leading to young people becoming homeless. In the immediate aftermath of a family argument, it is understandable that a young person may feel that the breakdown is permanent. Their desire for an independent living situation may also be strong at this juncture. In circumstances where a young person has been a victim of physical, emotional or sexual abuse, a return home is unlikely to be appropriate. However, for others who leave home following a family argument it is often feasible to seek to resolve the underlying problems. Family mediation provides a good mechanism for exploring relationship difficulties between young people and their parents. Young people may perceive mediation to be less threatening than individual counselling since the focus is on the family as a unit and not on them personally. In the context of this study, a number who had left home in circumstances involving family conflict reported that the intervention of the Adolescent 'Out of Home' Service at Liberty Street was instrumental in their return home.

Engaging and Listening to Young People

For young people who grow up in abusive family situations, a number of specific issues arise. This study's findings suggest that there were diverse experiences of service access among those who underwent abuse in their homes. While some accessed the 'Out of Home' Service at Liberty Street, others endured abusive situations because they were unaware of the support services available to them or because they feared the intervention of State services. It is also significant that a number of respondents conveyed little or no sense of entitlement to help and assistance at times when they felt they were 'in trouble' or having difficulties in their homes.

Children and young people need to know more about services and they also need to feel that seeking help is a positive step toward resolving their home-based difficulties. While providing young people with information about services is important, this needs to be accompanied by adequate supports. While some of those young people who experienced abusive family situations reported the involvement of social work services, the accounts of a considerable number of others suggest that the risks to them in their home environments were not fully understood. This finding suggests a need for early in-depth assessment of the risks to young people, as well as planned consultation with them, particularly in the context of domestic violence.

Emergency or Respite Accommodation

For some young people who experience difficulties, or whose problems are linked to specific events (e.g. a family death or illness), temporary or respite accommodation can be a good option. A period of respite work with a young person and his/her parent(s) or carer(s) can prevent a difficult

situation from escalating to crisis point. Respite accommodation has the advantage of providing the space to work towards a resolution and, in this context, the move out of home is – more positively – a means rather than an end in itself. This study indicates that some respite services, as well as supported accommodation, are available to under-18s but that the range of respite options narrows dramatically for those over the age of 18. This means that on reaching the age of 18 years, young people are often forced to access adult emergency homeless hostels. While these settings offer important services, they were most often depicted by young people as reinforcing their sense of marginality and exclusion.

Early Intervention – Key Recommendations

Family Support and Mediation

- The HSE, via Liberty Street, should continue to provide support and mediation to young people and their families. Consideration should be given to the dissemination of this early intervention model to other HSE regions.

Engaging and Listening to Young People

- The findings of this study suggest that the full extent of the abuse that young people experienced in their own homes was not adequately understood and recognised by professionals. This indicates a need for greater engagement with children and young people and for more comprehensive assessments of child protection concerns, *particularly in the context of domestic violence.*

Emergency and Respite Accommodation

- Flexibility is required on the part of the HSE and partner agencies in relation to the 18-year 'cut off' for eligibility for emergency and respite accommodation. At the very least, more fluid service provision that does not rigidly differentiate between young people under and over 18 years should be developed along the lines of models already in existence.

Longer-term Support

It seems likely, given the severity of familial and youth problems in some cases, that the chance of successful family reintegration may be poor. Some young people in families where there are substantial long-term difficulties cannot or may not wish to live in the parental home. Others, who have been out of home for a considerable time, simply may not see returning home as an option. As Chamberlain & MacKenzie (1994: 20) put it:

When personal identity has been constructed around an adult lifestyle, which involves living independently of primary family members, then it is not readily deconstructed. What these young people want is a life of their own.

Those young people who are not in a position to return home require alternative accommodation options including residential/foster placements and semi-independent or independent accommodation. They also need access to education or training and specific 'problem' behaviours, including alcohol and drugs misuse, may need to be addressed.

Staff with Training in Adolescent Development and Special Needs

The Forum on Youth Homelessness (2000) emphasised the need for multi-disciplinary teams to work with adolescents who are out of home. A large number of the young people interviewed for the purposes of this study clearly have diverse and complex needs. Some of these were very firmly linked to normative adolescent developmental needs (e.g. their need for privacy and confidentiality, advice

and guidance, and so on) while others were related to particular behaviour or vulnerabilities (e.g. school difficulties, drug and alcohol misuse). In light of this complexity of need, there is a case to be made for the training and recruitment of at least a proportion of staff into care settings who have specialised training in adolescent development and the needs of vulnerable young people.

Accommodation for Young People Over 18 Years

When young people find themselves out of home, the availability of an appropriate range of accommodation options is an essential component in preventing a drift into longer-term and adult homelessness. In keeping with other Irish research on youth homelessness (Mayock & O'Sullivan, 2007), this study strongly suggests that the age 18 cut-off point for eligibility for statutory child care services creates a barrier to service access and reduces the potential for some young people to achieve stability. Ongoing support for 18-25 year olds within the context of youth- rather than in adult-oriented homeless services would, in all likelihood, dramatically reduce the likelihood of young people progressing to more chronic homeless states.

This study's findings also suggest that young people who face the prospect of moving out of services targeting the under-18s experience extreme anxiety about their futures. Adult hostels were perceived to be threatening environments and, for many, this transition was a crisis point. A major difficulty confronting a majority of over-18s was the absence of alternatives to adult hostels.

The current supply of transitional housing and semi-independent flats appears not to meet the demand for these types of accommodation. Young people need preparation for these living situations and their transition to semi-independent living should be gradual. Many will also require individualised support around specific problems (e.g. alcohol or drug abuse, mental health difficulties) if they are to make this transition successfully. A range of ancillary services – including practical advice and support, skills training and advice about seeking employment – are also required.

There are no simple solutions to the accommodation needs of this group. What is clear, however, is that by becoming enmeshed in adult services, they risk becoming long-term hostel dwellers (Forum on Youth Homelessness, 2000; Mayock & O'Sullivan, 2007).

Education and Training

Schools can respond well to young people once they become homeless, particularly in respect of ensuring (in concert with social work, youth and community services) that there are additional supports to allow young people to continue schooling while they live out of home. A more challenging issue, and one which emerged from this research, concerns the special educational needs of at least a proportion of young people interviewed. Some had specific learning difficulties and the vast majority had missed out on significant amounts of time in school.

Needs-Based Support

This research uncovered evidence to suggest that specific groups of young people require specialised supports if they are to successfully negotiate the transition to independent living situations and sustain their tenancies into the future:

Young People with Mild Learning Disability

Six of the study's young people either self-identified as having a learning disability or had attended a 'special school' and their accounts strongly suggest that they were a particularly vulnerable group with specific housing needs. There was also evidence that the engagement of a number with adult homeless services placed them at risk, particularly in the context of problematic intimate relationships and unplanned pregnancy. Young people with learning disabilities clearly require ongoing support and are likely to require sustained and specialised intervention.

Sexual Minority Youth

Issues regarding gay young people's susceptibility to homelessness emerged in this study, particularly in relation to familial rejection following disclosure of their sexual orientation. Although

this issue requires further study, there is a need to raise awareness of the vulnerability of sexual minority youth among practitioners and services providers.

Longer Term Support – Key Recommendations

Accommodation for Young People Over 18 years

- The 18-year cut-off point for eligibility for statutory child care services creates a barrier to service access and reduces the potential for young people to achieve housing stability. The matter of accommodation and support for 18-25 year olds needs urgent attention.
- Models of transitional housing for young people over 18 years require review and development with particular attention to individual support needs.

Transitional Supports

- Key support issues emerged for young people who moved from children/young people's services to adult services. The need to adequately support young people *in transition* is a key finding to emerge from this research. Consideration should be given to the development of a transitional support model which could usefully be guided by input from the Youth and Adult Homeless Fora.

Needs Based Supports

- Local policies and strategies aimed at tackling youth homelessness need to address the needs of specific 'at risk' groups:
 - Young people with mild learning difficulties require sustained and specialised support.
 - Sexual minority youth need to be recognised as a group who may be at risk of homelessness.
- Models of transitional and supported housing tailored to meet the needs of specific groups require exploration.

Staff Training

- Consideration should be given to developing specific training for social work and social care staff in working with adolescents. This could be developed via service providers in conjunction with training providers such as professional qualification programmes in third level institutions.

Across the Continuum of Intervention

There are specific issues that pertain to all three points – that is, prevention, early intervention and longer-term support – along the continuum of intervention presented in Figure 10.1. These include: leaving care, domestic violence, mental health and substance misuse. Some aspects of these issues have already been dealt with under the separate headings in this chapter, however, given the significance of these issues in the narratives of young people in this study, we are highlighting them in this final section as areas that require specific attention *across the continuum of interventions*.

Leaving Care & Aftercare Provision

Since the publication of the *Youth Homelessness Strategy* (Department of Health and Children, 2001a) there has been some progress in developing strategies for care leavers. Most notable was the publication of *National Guidelines on Leaving Care and Aftercare*. However, in defining 'leaving care', the Guidelines do not differentiate between 'young people leaving as the culmination of a clearly defined and well-implemented plan' from 'those who may have drifted out of care in an unplanned

way' (Social Services Inspectorate, 2001). The majority of care leavers interviewed for the purposes of this study fell into the latter category. Young people who drift in and out of care and have a history of multiple (foster and/or residential) care placements are a difficult group to serve. They are also particularly vulnerable to poor outcomes (Kelleher et al., 2000) and their needs are clearly different to those who are leaving care permanently and/or in a planned way. More structured approaches are required to cater for young people whose placements break down and efforts must be made to ensure that they do not enter the 'official' network of homeless youth.

Young care leavers are not an homogenous group. It is likely, for example, given the focus of this study, that interviews were conducted with at least a number of respondents who had particularly difficult care experiences given that those young people with more positive care experiences are less likely to be 'out of home' (Stein, 2004; 2006). What is clear, nonetheless, is that leaving care and aftercare programmes need to be broad and flexible enough to cater for a variety of needs. Stein (2004; 2006) and Mendes & Moslehuddin (2006) suggest that effective leaving care programmes need to include:

- Provision for ongoing counselling/support – in times of isolation and depression
- Celebration of major life cycle accomplishments
- Drug and alcohol rehabilitation programme
- Support for re-accessing contact with family members
- Development of informal network supports
- Financial / Benefits advice
- Education and Training
- Accessibility for an unlimited timeframe

Domestic Violence

Domestic violence was a feature of the abusive family situations described by those respondents who recalled circumstances where they witnessed violence perpetrated on their mother by their father or stepfather. In some of these cases, young people reported that they were themselves physically and/or sexually abused. These young people lived in a climate of fear and had concerns for their own safety and that of their siblings and non-abusing parent.

Some 'ran away' or started to exhibit behavioural difficulties that brought them to the attention of child protection or psychiatric services. In these situations, there was evidence to suggest that the problem of domestic violence was not fully appreciated by the agencies and professionals involved and that the focus of intervention centred on the young person as the problem. In other instances, young people (most markedly young women) remained in the family home until the age of 18 because they feared the attention of statutory services. Apprehensions revolved around fears that they would not be believed, that they would not be adequately protected and that they or their loved ones would be punished by the abusing parent/step-parent for bringing the family to the notice of authorities. What emerged strongly from their accounts was the pervasive impact of their difficult home situations on their psychological and emotional well-being and their ability to cope. These young people also typically faced particular challenges with the transition to independent living. The barriers to help-seeking identified by young people in this study are consistent with Irish and international research (Buckley et al., 2006; McGee, 1997; Mullender et al., 2002) on domestic violence and raise questions regarding the adequacy of the current child protection responses to domestic violence.

Substance Misuse and Treatment

Young people who are homeless and abusing drugs are extremely vulnerable and are also a difficult population to engage and retain in treatment. Compared to domiciled youth, they require more assertive outreach services and methods of service delivery that encourage engagement (Health Advisory Service, 2001). While residential units are required for young people (Forum on Youth

Homelessness, 2000), good quality community services are also a priority in geographical areas of particular need.

Mental Health Services

A considerable number of young people in this study had specific mental health difficulties. Reports of depression were common-place and an alarming number reported suicidal ideation and/or acts of self-harm. Several had been prescribed medication and a number had had one or more in-patient psychiatric admissions. Access to mental health services emerged as an issue in this study and, for some young people, Accident and Emergency Departments acted as primary care facilities. The range of mental health difficulties reported, and the experience of young people who accessed services, indicate the need for appropriate community-based mental health services that cater specifically for the needs of adolescents and young adults.

Across the Continuum – Key Recommendations

Leaving and Aftercare Provision

- Within the HSE priority must be given to improving leaving and aftercare provision. Consideration should be given to the development of an assessment protocol aimed at identifying care leavers who are at risk of homelessness.
- The housing needs of *all* care leavers should be assessed well in advance of them leaving care.
- The accommodation options required to meet the needs of care leavers should be developed in a context of multi-agency cooperation, particularly between the HSE and Cork City Council.

Domestic Violence

- There is a need for wider awareness among professionals of the potential impact of domestic violence on children and families. Professionals may need further training and skills development in this area.
- The HSE and their partner agencies need to develop protocols in order to provide an appropriate response to children and families who experience domestic violence.

Mental Health Services

- There is an urgent need for appropriate community-based mental health services that cater specifically for the needs of adolescents and young adults.

Substance Misuse and Treatment

- The *Report of the Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug Problems* (Department of Health and Children and Health Service Executive, 2005) provides comprehensive guidelines in relation to the management of treatment services for this group. The development of such a model would be a substantial resource for this group.

Concluding Remarks

Resolving the problem of youth homelessness is the central objective of most people working in this area. A thorough understanding of the process and experience of homelessness is clearly important if this objective is to be achieved. This study does not claim to address all aspects of youth homelessness but it is our hope that this work and its findings contribute to a more rounded understanding of young homeless people's lives and the responses and interventions required to address this challenging social problem.

APPENDIX 1

OVERVIEW OF SERVICE PROVISION FOR HOMELESS ADOLESCENTS AND YOUNG PEOPLE

Liberty Street House

Liberty Street is the adolescent 'Out of Home' Service for the Southern Health Service Executive Area²⁹ and provides social work and support services for young people under 18 who are 'out of home' or at risk of homelessness. The service was initially established in 1995 as the Southern Health Board's Homeless Adolescent Unit to fulfil the obligations of the health boards as set out in the *Child Care Act, 1991*. The service has operated on its current site since 2001 and, during this period, has developed a range of provisions. It provides preventative services for young people who are at risk of becoming homeless, as well as intervention and support for young people who are 'out of home'.

Accommodation

Liberty Street coordinates the delivery of 'out of home' accommodation in collaboration with voluntary sector agencies. It has also developed two semi-independent accommodation services, Parkview and Marina View, as well as a Supported Accommodation Service.

The Supported Accommodation Scheme provides accommodation in private housing environments, typically with a family. It also offers a level of support appropriate to the needs of each young person. Young people placed through this scheme are supported by Liberty Street.

Transitional Support – Liberty Street operate a transitional support clinic for an hour and a half once weekly. This service targets young people who are turning 18.

Support Services

In addition to accommodation referral and provision, Liberty Street also provides a range of support services, including:

- Domestic Violence Social Work Service

- Parent Support Programme

- Adolescent Sexual Health Service – This service is based in Liberty Street and its service is available to homeless young people, young people in care, those who are accessing social work services or community based services.

- Henriettas – Girls Club

- Boyz Club

Young people are also referred to a range of other services via Liberty Street, some of which include Meitheal Mara (Back to Training Initiative) and Youth Health Service.

²⁹ Liberty Street provides services across the former Southern Health Board geographical area, which covers counties Cork and Kerry.

Residential Accommodation for Under 18's

All of the residential units providing accommodation for young people who are 'out of home' in the Southern Area³⁰ are centrally located in Cork City. The following table provides an overview of these services and a brief service profile is dealt with below:

Service Name	Service Provider	Type	Gender	Age	Nos.
Riverview	Good Shepherd Service	Emergency/ Medium term placements	Female	14-18	2 Emergency places 4 Medium Term
Pathways	HSE Southern Area	Emergency placement	Male	14-17	5 Emergency places
Edel House *	Good Shepherd Service	Emergency Placement	Female	14-18	2 emergency places
Wellsprings	Mercy Care Service	Medium Term Placement	Female	16 – 23	8 medium term places
Marina View	HSE Southern Area	Semi-Independent	Female	17-18	3 places
Park View	HSE Southern Area	Semi-Independent	Male	17-18	5 places

*Edel House³¹

Riverview

Riverview is a residential unit providing accommodation for young women under the age of 18. The unit is operated by the Good Shepherd Services in partnership with the Health Service Executive (HSE). Riverview provides two emergency beds for 14 to 17 year olds. Emergency placements are operated on a night-to-night basis and typically last for up to 6 weeks. There are also four medium-term beds in this unit for 15 to 18 year olds with such placements ranging from three to six months. Young women typically move from Riverview back home, into independent living units or to supported accommodation.

In the main, referrals are received from Liberty Street. However, referrals also come from local HSE Child Protection Teams. A key-work service is provided to young women and referrals are made to external agencies. For young women in medium-term accommodation, it is a requirement that they engage in education, training or employment for the duration of their stay. Riverview also operate an outreach service for young people that have moved on from their service.

Pathways

Pathways is based in Cork City and provides an emergency residential service for young males aged 14 to 18 years who are 'out of home'. The primary sources of referrals are Liberty Street and HSE Community Child Protection Teams. Pathways has five emergency beds, and the maximum length of placement is 12 weeks. In the first four weeks of placement, young people undergo an assessment and the following weeks are spent engaging a network of services. Pathways operates a keywork system and young people are referred to a range of services while resident there.

30 At the time this fieldwork was being conducted, Co. Kerry had no specific residential units for 'out of home' young people. Where young people presented as 'out of home' in this area, the referral point was Liberty Street in Cork City. For young people who were 'out of home' in County Kerry, financial arrangements for accommodation supports were coordinated by Liberty Street.

31 Edel House provides accommodation for adult women and their children who are homeless and has a total capacity of eight family units and 24 single beds. Adult women are its main client group. Therefore, young people in this sample who were currently accessing Edel House, or had done so at some time in the past, viewed it as an 'adult hostel'. The Good Shepherd Annual Report (2004: 5) acknowledges this: 'Edel House is primarily an adult service and is therefore a less suitable environment for single under 18s'.

Edel House

Edel House is based in Cork City and is a service that caters primarily for single adult women or mothers with children (under 13). The service offers emergency and medium-term accommodation to this group. Edel House has 8 family units and 24 single beds and also has 2 allocated emergency beds for young women aged between 14 and 18 years. Young women under the age of 18 who seek emergency accommodation in Edel House are generally transferred to Riverview when a placement becomes available.

Wellsprings

Wellsprings is based in Cork City and provides short- and medium-term accommodation for young women aged between 16 and 23. Wellsprings provides a structured environment for young women with higher support needs. In addition to this direct service provision, an outreach service is provided to young people in transitional accommodation and to young people who have previously accessed the service.

Marina View / Park View

These are two units situated in Cork City operated by the HSE which provide semi-independent accommodation to young women (Marina View) and men (Park View) who are aged 17 and 18. These units are low support and they target young people who are seeking to enhance their independent living skills.

Residential Accommodation 18+, Cork

Cork Foyer

The Foyer is located on the outskirts of Cork City and provides semi-independent accommodation for young people aged between 18 and 25 years who are homeless or at risk of becoming homeless. The Foyer has the capacity to accommodate 18 young people. Residents are required to undertake training and development programmes and the maximum length of stay in this setting is 2 years. Referrals to the project are received from the HSE and the voluntary sector. Young people with acute mental health needs or active drug dependencies cannot be accommodated in this project.

Cork Simon

Cork Simon provides emergency homeless accommodation for males and females in its emergency shelter which is situated in the city-centre. The shelter has a total capacity of 44 beds. In addition to emergency accommodation provision, Simon also supports people in residential accommodation at four locations across the city. These units accommodate 32 adults with specific health needs. Support is also provided in 27 transitional places in independent living flats. In addition to this accommodation provision, Simon also operate a day centre which is open seven days a week and provides access to service facilities and medical support. The Youth Homeless Drug Prevention Project (YHDPP) works specifically with young people aged 18 to 26 years and offers support, advice and assistance in locating and securing accommodation.

Edel House – see above

St Vincent's House

Also situated in Cork City, this male-only hostel provides emergency and medium-term accommodation for homeless men.

REFERENCES

- Aassve, A., Iacovou, M. & Mencarini, L. (2006) Youth poverty and transition to adulthood in Europe. *Demographic Research*, 15, 2, 21-50.
- Adlaf, E. & Zdanowicz, Y. (1999) A cluster-analytic study of substance problems and mental health among street youths. *American Journal of Drug and Alcohol Abuse*, 25, 4, 639-660.
- Anderson, I. (2003) Synthesising homelessness research: Trends, lessons and prospects. *Journal of Community and Applied Social Psychology*, 13, 2, 197-205.
- Anderson, I., Kemp, P. & Quillars, D. (1993) *Single Homeless People*. London: Her Majesty's Stationery Office.
- Anderson, I. & Christian, J. (2003) Causes of homelessness in the UK: A dynamic analysis. *Journal of Community and Applied Social Psychology*, 13, 2, 105-118.
- Anderson, I. & Tulloch, D. (2000) *Pathways through Homelessness: A Review of the Research Evidence*. Edinburgh: Scottish Homes.
- Anooshian, L.J. (2005) Violence and aggression in the lives of homeless children: A review. *Aggression and Violent Behaviour*, 10, 2, 129-152.
- Arnett, J.J. (2000) Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 5, 469-480.
- Avramov, D. (Ed.) (1998) *Youth Homeless in the European Union*. Brussels: FEANTSA
- Ayerst, S.L. (1999) Depression and stress in street youth. *Adolescence*, 34, 135, 567-575.
- Ballon, B., Courbasson, C.M.A. & Smith, P.D. (2001) Physical and sexual abuse issues in youth with substance abuse problems. *Canadian Journal of Psychiatry*, 46, 7, 617-621.
- Baron, S.W. (1999) Street youths and substance use: The role of background, street lifestyle and economic factors. *Youth & Society*, 31, 1, 3-26.
- Baron, S.W. (2003) Street youth, violence and victimisation. *Trauma, Violence and Abuse*, 4, 1, 22-44.
- Bergin, E. & Lalor, T. (2006) *Away from Home and Homeless: Quantification and Profile of EU 10 Nationals using Homeless Services and Recommendations to Address their needs*. Dublin: TSA Consultancy for the Homeless Agency
- Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995) *Moving on Young People and Leaving Care Schemes*. London: Her Majesty's Stationery Office.
- Bines, W. (1994) *The Health of Single Homeless People*. York: Centre for Housing Policy.
- Blackman, S.J. (1997) Destructing a giro: A critical and ethnographic study of the youth 'underclass'. In R. MacDonald (Ed.) *Youth, the 'Underclass' and Social Exclusion*. London: Routledge. pp. 113-129.
- Boydell, K.M., Goering, P. & Morrell-Bellai, T.L. (2000) Narratives of identity: Re-presentation of self in people who are homeless. *Qualitative Health Research*, 10, 1, 26-38.
- Boys, A., Marsden, J. & Strang, J. (2001) Understanding reasons for drug use amongst young people: a functional perspective. *Health Education Research*, 16, 4, 457-469.

- Bradley, F., Smith, M. & Long, J. (2002) Reported frequency of domestic violence: cross sectional survey of women attending general practice. *British Medical Journal*, February, 324-271
- Brandon, M. & Lewis, A. (1996) Significant Harm and Children's Experiences of Domestic Violence. *Child and Family Social Work*, 1, 1, 33-42.
- Buckley, H., Whelan, S. & Holt, S. (2006) *Listen to Me! Children's Experience of Domestic Violence*. Dublin: Children's Research Centre, Trinity College Dublin.
- Burke Draucker, C. (2005) Interaction patterns of adolescents with depression and the important adults in their lives. *Qualitative Health Research*, 15, 7, 942-963.
- Cant, B. (1997) *Invented Identities? Lesbians and Gays Talk about Migration*. London: Cassell.
- Carlisle, J. (1996) *The Housing Needs of Ex-prisoners: Research Report*. York: Centre for Housing Policy, University of York.
- Casey, M. (1987) *Domestic Violence Against Women*. Dublin: Federation of Women's Refuges.
- Cashmore, J. & Paxman, M. (2006) Predicting after-care outcomes: The importance of 'felt security'. *Child and Family Social Work*, 11, 3, 232-241.
- Chamberlain, C. & Johnson, G. (2001) The debate about homelessness. *Australian Journal of Social Issues*, 36, 1, 35-50.
- Chamberlain, C. & MacKenzie, D. (1994) Temporal dimensions of youth homelessness. *Australian Journal of Social Issues*, 29, 1, 1-25.
- Clapham, D. (2002) Housing pathways: A post modern analytic framework. *Housing, Theory and Society*, 19, 2, 57-68.
- Clapham, D. (2003) Pathways approaches to homeless research. *Journal of Community and Applied Social Psychology*, 13, 2, 119-127.
- Clark, C. & George, C. (1993) Accessible, acceptable, appropriate. *Health Service Journal*, 103 (March), 28-29.
- Clarke, L. & Whittaker, M. (1998) Self-mutilation: culture, contexts and nursing responses. *Journal of Clinical Nursing*, 7, 2, 129-137.
- Clatts, M.C., Davis, W.R., Sotheran, J.L. & Attilasoy, A. (1998) Correlates and distribution of HIV risk behaviours among homeless youths in New York City: Implications for prevention and policy. *Child Welfare*, 77, 2, 195-207.
- Clatts, M.C. & Davis, W.R. (1999) A demographic and behavioural profile of homeless youth in New York City: Implications for AIDS outreach and prevention. *Medical Anthropology Quarterly*, 13, 3, 365-374.
- Clatts, M.C., Welle, D., Goldsamt, L.A. & Lankenau, S.E. (2002) An ethno-epidemiological model for the study of trends in illicit drug use: Reflections on the 'emergence' of crack injection. *International Journal of Drug Policy*, 13, 4, 285-295.
- Clatts, M.C., Goldsamt, L., Yi, H. & Viorst Gwandz, M. (2005) Homelessness and drug abuse among young men who have sex with men in New York City: A preliminary epidemiological trajectory. *Journal of Adolescence*, 28, 2, 201-214.

- Cleary, A., Corbett, M., Galvin, M. & Wall, J. (2004) *Young Men on the Margins*. Dublin: Katherine Howard Foundation.
- Cloke, P., Milbourne, P. & Widdowfield, R. (2003) The complex mobilities of homeless people in rural England. *Geoforum*, 34, 1, 21-35.
- Coles, B. & Craig, G. (1999) Excluded youth and the growth of begging. In H. Dean (Ed.) *Begging Questions: Street Level Economic Activity and Social Policy Failure*. Bristol: The Policy Press. pp. 63-82.
- Collins, B. & McKeown, K. (1992) *Referral and Settlement in the Simon Community*. Dublin: Simon Community (National Office).
- Costello, L. & Howley, D. (1999) *Under Dublin's Neon: A Report on Street Drinkers in Dublin City*. Dublin: Centre Care.
- Courtney, M.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., Bost, N. et al. (2005) *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chapin Hall Working Paper. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Cox, G. & Lawless, M. (1999) *Where-ever I Lay My Hat ... A Study of Out of Home Drug Users*. Dublin: Merchants Quay Project.
- Craig, T., Hodson, S., Woodward, S. & Richardson, S. (1996) *Off to a Bad Start: A Longitudinal Study of Homeless Young People in London*. London: The Mental Health Foundation.
- Craine, S. (1997) The 'black magic roundabout': cyclical transitions, social exclusion and alternative careers. In R. MacDonald (Ed.) *Youth, the Underclass' and Social Exclusion*. London: Routledge. pp. 130-153.
- Crane, P. & Brannock, J. (1996) *Homelessness among Young People in Australia: Early Intervention and Prevention*. Hobart, Tasmania: National Clearinghouse for Youth Studies.
- Crawley, M. & Daly, M. (2004) *Heroin – The Mental Roof Over Your Head: Links Between Homelessness and Drug Use*. Dublin: Tallaght Homeless Advice Unit.
- Cusick, L., Martin, A. & May, T. (2003) *Vulnerability and Involvement in Drug Use and Sex Work*. HOR 268, London: Home Office.
- Dachner, N. & Tarasuk, V. (2002) Homeless 'squeegee kids': Food insecurity and daily survival. *Social Science and Medicine*, 54, 7, 1039-1049.
- Daly, M. (1990) New perspectives on homelessness. In J. Blackwell, B. Harvey, M. Higgins & J. Walsh (Eds.) *Housing: Moving Into Crisis?* Dublin: Combat Poverty Agency and National Campaign for the Homeless. pp. 18-31.
- Daly, G. (1996) *Homeless: Policies, Strategies and Lives on the Street*. London: Routledge.
- Daly, M. (1999) Regimes of social policy in Europe and the patterning of homelessness. In D. Avramov (Ed.) *Coping with Homelessness: Issues to be Tackled and Best Practices in Europe*. Aldershot: Ashgate. pp. 309-330.
- Darbyshire, P., Muir-Cocrane, E., Fereday, J., Jureidini, J. & Drummond, A. (2006) Engagement with health and social care services: perceptions of homeless young people with mental health problems. *Health and Social Care in the Community*, 14, 6, 553-562.

- Deiter, P.J., Nicholls, S.S. & Pearlman, L.A. (2000) Self-injury and self-capacities: assisting an individual in crisis. *Journal of Clinical Psychology*, 56, 9, 1173-1191.
- Denzin, N.K. (1989) *Interpretive Biography*. Newbury Park, CA: Sage.
- Department of Environment and Local Government (2000) *Homelessness – An Integrated Strategy*. Dublin: Stationery Office.
- Department of Environment and Local Government, Department of Health and Children, Department of Education and Science (2002) *Homeless Preventative Strategy: A Strategy to prevent homelessness: Patients leaving hospital and mental health care, adult prisoners and young offenders leaving custody and young people leaving care*. Dublin: Stationery Office.
- Department of Family and Social Affairs (2002) *National Action Plan Against Poverty and Social Exclusion, 2003-2005*. Dublin: Stationery Office.
- Department of Health and Children (2000) *National Children's Strategy*. Dublin: Stationery Office.
- Department of Health and Children (2001a) *Youth Homelessness Strategy*. Dublin: Stationery Office.
- Department of Health and Children (2001b) *Quality and Fairness – A Health System for You*. Dublin: Stationery Office.
- Department of Health and Children (2001c) *Primary Care – A New Direction*. Dublin: Stationery Office.
- Department of Health and Children and Health Service Executive (2005) *Report of the Working Group on Treatment of Under 18 year olds Presenting to Treatment with Serious Drug Problems*. Dublin: Department of Health and Children & Health Service Executive.
- Department of Health and Human Services (1999) *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. DHHS, Substance Abuse and Mental Services Administration, Centre for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Department of the Taoiseach (2002) *National Action Plan Against Poverty and Social Exclusion (2003-2005)*. Dublin: Stationery Office.
- Department of Tourism, Sport and Recreation (1999) *National Drugs Strategy*. Dublin: Stationery Office.
- Department of Tourism Sport and Recreation (2001) *National Drugs Strategy, 2001-2008*. Dublin: Stationery Office.
- Dey, I. (1993) *Qualitative Data Analysis*. London: Routledge.
- Deykin, E.Y. & Buka, S.L. (1994) Suicidal ideation and attempts among chemically dependent adolescents. *American Journal of Public Health*, 84, 4, 229-235.
- Dobash, R.E. & Dobash, R. (1984) The nature and antecedents of violent events. *British Journal of Criminology*, 24, 3, 269-288.
- Dobash, R.E. & Dobash, R. (2004) Women's violence to men in intimate relationships: Working on a puzzle. *British Journal of Criminology*, 44, 3, 324-349.

- Doyle, A. (2001) *Proposal for the Development of an Aftercare Service in the Southern Health Board*. Cork: Southern Health Board (unpublished).
- Elsley, S., Backett-Milburn, K. & Jamieson, L. (2007) *Review of Research on Vulnerable Young People and their Transition to Independent Living*. Edinburgh: Scottish Executive Social Research.
- Ensign, J. (1998) Health issues of homeless youth. *Journal of Social Distress & the Homeless*, 7, 3, 159-174.
- Ensign, J. (2003) Ethical issues in qualitative health research with homeless youths. *Journal of Advanced Nursing*, 43, 1, 43-50.
- Evans, C. & Shaver, S. (2001) *Youth Homelessness: Case Studies of the Reconnect Program*. New South Wales: Social Policy Research Centre, University of New South Wales.
- Eynan, R., Langley, J., Tolomiczenko, G., Rhodes, A., Links, P., Wasylenki, D. & Goering, P. (2002) The association between homelessness and suicidal ideation and behaviours: Results of a cross-sectional survey. *Suicide and Life Threatening Behaviour*, 32, 4, 418-427.
- Ezzy, D. (2000) Illness narratives: Time, hope and HIV. *Social Science and Medicine*, 50, 5, 605-617.
- Feeney, A., McGee, H.M., Holohan, T. & Shannon, W. (2000) *The Health of Hostel-Dwelling Men in Dublin*. Dublin: Royal College of Surgeons in Ireland and Eastern Health Board.
- Finnerty, J. & O'Connell, C. (2006a) *Evaluation of Cork Simon Settlement Project, 2002-2005*. Cork: Department of Applied Social Studies, University College Cork.
- Finnerty, J. & O'Connell, C. (2006b) *Trends in Social Housing Demand and Supply in Cork City and Cork South County*. Cork: Cork Social Housing Forum.
- Fitzpatrick, S. (1999) *Pathways to Independence: The Experience of Young Homeless People*. Edinburgh: Scottish Homes.
- Fitzpatrick, S. (2000) *Young Homeless People*. Basingstoke: Macmillan.
- Fitzpatrick, S., Kemp, P. & Klinker, S. (2000) *Single Homelessness: An Overview of the Research in Britain*. York: Polity Press.
- Flemen, K. (1997) *Smoke and Whispers: Drugs and Youth Homelessness in Central London*. London: Hungerford Drug Project.
- Focus Ireland (1995) *Here, There and Nowhere: A Study of Youth Homelessness in Tallaght*. Dublin: Focus Ireland.
- Forum on Youth Homelessness (2000) *Report on the Forum on Youth Homelessness*. Dublin: Northern Area Health Board.
- Fountain, J. & Howes, S. (2002) *Home and Dry? Homelessness and Substance Use*. London: Crisis.
- Fountain, J., Bartlett, H., Griffiths, P., Gossop, M., Boys, A. & Strang, J. (1999) Why say no? Reasons given by young people for not using drugs. *Addiction Research*, 7, 4, 339-353.
- Frost, L., Cunningham, A. & Fitzgibbon, M. (2001) *Easing the Pain: Research Study of Drug and Alcohol Experiences Among Young Homeless Men and Women in Cork*. Cork: Cork Simon Community.

- Gaetz, S. (2004) Safe streets for whom? Homeless youth, social exclusion and criminal victimisation. *Journal of Criminology and Criminal Justice*, 46, 4, 423-455. Gaetz, S. & O'Grady, B. (2002) Making money: Exploring the economy of homeless workers. *Work, Employment and Society*, 16, 3, 433-456.
- Gillies, V., Ribbens McCarthy, J. & Holland, J. (2001) *Pulling Together, Pulling Apart: The Family Lives of Young People*. London: Family Policy Studies Centre and Joseph Rowntree Foundation.
- Gloger, F., Butt, N., De Gaetano, R. & Thompson, R. (2004) *Homelessness in Toronto: A review of the Literature from a Toronto Perspective*. Toronto: Community Social Planning Council of Toronto. <http://www.socialplanningtoronto.org/CSPC-T%20Newsletters/2004/June%2004.pdf>
- Gossop, M. (2001) A web of dependence. *Addiction*, 96, 5, 677-678.
- Greene, J.M., Ennett, S.T. & Ringwalt, C.L. (1997) Substance use among runaway and homeless youth in three samples. *American Journal of Public Health*, 87, 2, 229-235.
- Greene, J.M. & Ringwalt, C.L. (1996) Youth and familial substance use's association with suicide attempts among runaway and homeless youth. *Substance Use & Misuse*, 31, 8, 1041-1058.
- Hagan, J. & McCarthy, B. (1992) Streetlife and delinquency. *British Journal of Sociology*, 43, 4, 533-561.
- Hagan, J. & McCarthy, B. (1997) *Mean Streets: Youth Crime and Homelessness*. Cambridge: Cambridge University Press.
- Halpenny, A.M., Greene, S., Hogan, D., Smith, M. & McGee, H. (2001) *Children of Homeless Mothers: The Daily Life Experience and Well-being of Children in Homeless Families*. Dublin: Children's Research Centre/The Royal College of Surgeons in Ireland.
- Halpenny, A.M., Keogh, A.F. & Gilligan, R. (2002) *A Place for the Children? Children in Families Living in Emergency Accommodation: The Perspectives of Children, Parents and Professionals*. Dublin: Homeless Agency.
- Hammersley, R. & Pearl, S. (1996) Drug use and other problems of residents in projects for the young, single homeless. *Health and Social Care in the Community*, 4, 4, 193-199.
- Hansen, K. (2003) Education and the crime-age profile. *British Journal of Criminology*, 43, 1, 141-168.
- Harvey, B. (1995) The use of legislation to address a social problem: the example of the Housing Act, 1988. *Administration*, 43, 76-85.
- Harvey, B. & Menton, M. (1989) Ireland's young homeless. *Children and Youth Services Review*, 11, 1, 31-43.
- Hatty, S.E., Burke, S. & Davis, N. (1996) No exit: Violence, gender and the streets. In C. Sumner, M. Israel, M. O'Connell & R. Sarre (Eds.) *International Victimology: Selected Papers from the 8th International Symposium: Proceedings of a Symposium held 21-26 August, 1994*. Canberra: Australian Institute of Criminology. Accessed at: <http://www.aic.gov.au/publications/proceedings/27/hatty.html>
- Haynes, A., Kane, C. & Ó Meachair, G. (2001) *Kerry Homeless Project*. Kerry County Council and Southern Health Board.
- Health Advisory Service (2001) *The Substance of Youth Needs*. London: Health Advisory Service.

- Hester, M., Pearson, C. & Harwin, N. (2007) *Making an Impact: Children and Domestic Violence*. London: Jessica Kingsley Press
- Hetherington, J.A. & Stoppard, J.M. (2002) The theme of disconnection in adolescent girls' understanding of depression. *Journal of Adolescence*, 25, 6, 619-629.
- Hickey, C. (2002) *Crime and Homelessness*. Dublin: Focus Ireland and Pace.
- Hickey, C. & Downey, D. (2003) *Hungry for Change: Social Exclusion, Food Poverty and Homelessness in Dublin*. Dublin: Focus Ireland.
- Hogan, F. & O'Reilly, M. (2007) *Listening to Children: Children's Stories of Domestic Violence*. Dublin: Office of the Minister for Children.
- Holden, G.W. & Ritchie, K.L. (1991) Linking extreme marital discord, childrearing and child behaviour problems. Evidence from battered women. *Child Development*, 62, 2, 311-327.
- Homeless Agency (2004) *Making it Home: An Action Plan on Homelessness in Dublin 2004-2006*. Dublin: Homeless Agency.
- HOPE (1979) *Out in the Cold: A Report of Unattached Youth in Dublin in the Winter of 1978/79*. Dublin: HOPE.
- Horn, M. (1999) *Drugs and Homelessness: Prevalence of Alcohol and Drug Dependence among People Experiencing Homelessness*. Melbourne: Hanover Welfare Services.
- Houghton, F.T. & Hickey, C. (2000) *Focusing on B&B's: The Unacceptable Growth of Emergency B&B Placement in Dublin*. Dublin: Focus Ireland.
- Houghton, F.T., Kelleher, P. & Kelleher, C. (2001) Children out-of-home in Ireland. In A. Cleary, M. Nic Ghiolla Phadraig & S. Quin (Eds.) *Understanding Children. Vol.1: State, Education and Economy*. Cork: Oak Tree Press. pp. 79-98.
- Hubbard, G. (2000) The usefulness of indepth life history interviews for exploring the role of social structure and human agency in youth transitions. *Sociological Research Online*, 4, 4, at : <http://www.socresonline.org.uk/4/4/.html>
- Hutson, M. & Liddiard, M. (1994) *Youth Homelessness: The Construction of a Social Issue*. London: Macmillan.
- Hyde, J. (2005) From Home to Street: Understanding Young People's Transitions into Homelessness. *Journal of Adolescence*, 28, 2, 171-183.
- Jack, D.C. (1991) *Silencing the Self: Women and Depression*. Cambridge, MA: Harvard University Press.
- Jacobs, K., Kemeny, J. & Manzi, T. (1999) The struggle to define homelessness: A constructivist approach. In S. Hutson & D. Clapham (Eds.) *Homelessness: Public Policies and Private Troubles*. London: Cassell. pp.11-28.
- Jaffe, P.G., Wolfe, D.A. & Wilson, S.K. (1990) *Children of Battered Women*. Newbury Park: Sage.
- Jones, G. (1995) *Leaving Home*. Buckingham: Open University Press.
- Jones, G. (1999) The same people in the same places? Socio-spatial identities and migration in youth. *Sociology*, 33, 1, 1-22

- Jones, G. (2002) *The Youth Divide. Diverging Paths to Adulthood*. York: Joseph Rowntree Foundation
- Keane, C. & Crowley, G. (1990) *On My Own: Report on Youth Homelessness in Limerick City*. Limerick: Mid-Western Health Board and Limerick Social Service Centre.
- Kearns, K.C. (1984) Homelessness in Dublin: An Irish urban disorder. *American Journal of Economics and Sociology*, 43, 2, 217-233.
- Kearns, N., Norris, M. & Frost, L. (2000) *Homelessness in Cork: The Final Report*. Report presented to the Cork Homeless Forum Management Committee. Cork: University College Cork.
- Kelleher, P., Kelleher, C. & Corbett, M. (2000) *Left Out on Their Own: Young People Leaving Care in Ireland*. Dublin: Focus Ireland.
- Kellett, P. & Moore, J. (2003) Routes to home: Homelessness and home-making in contrasting societies. *Habitat International*, 27, 1, 123-141.
- Kennedy, S. (1985) *But Where Can I Go? Homeless Women in Dublin*. Dublin: Arlene House.
- Kidd, S. & Kral, M. (2002) Suicide and prostitution among street youth: a qualitative analysis. *Adolescence*, 37, 146, 411-430.
- Kipke, M., Montgomery, S., Simon, T., Unger, J. & Johnson, T. (1997) Homeless youth: drug use patterns and HIV risk profiles according to peer affiliation. *AIDS and Behavior*, 1, 4, 247-259.
- Klee, H. & Reid, P. (1998) Drug use among the young homeless: Coping through self-medication. *Health*, 2, 2, 115-134.
- Kreitman, N. (Ed.) (1977) *Parasuicide*. Chichester, UK: John Wiley.
- Kreitman, N., Philip, A.E., Greer S, Bagley CR. (1969) Parasuicide (Letter to the Editor). *British Journal of Psychiatry*, 115, 523, 746-747.
- Kushel, M., Vittinghoff, E. & Haas, J. (2001) Factors associated with the health care utilization of homeless persons. *Journal of American Medical Association*, 285, 2, 200-206.
- Lawless, M. (2003) Private lives – public issues: An investigation of the health status of female drug users. In *Pieces of the Jigsaw: Six Reports Addressing Homelessness and Drug Use in Ireland*. Dublin: Merchant's Quay Ireland. pp. 1-70.
- Lawless, M. & Corr, C. (2005) *Drug Use among the Homeless Population in Ireland*. Dublin: Stationery Office.
- Lloyd, C.B. (2005) *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Free Executive Summary. <http://www.nap.edu/catalog/11174.html>
- MacDonald, R., Mason, P., Shildrick, T., Webster, C., Johnston, L. & Ridley, L. (2001) Snakes and ladders: In defence of studies of youth transition. *Sociological Research Online*, 5, 4, at: www.socresonline.org.uk/5/4/macdonald.htm
- MacKenzie, D. & Chamberlain, C. (2003) *Homeless Careers: Pathways In and Out of Homelessness*. Swinburne and RMIT Universities.

- MacLean, M.G., Embry, L.E., & Cauce, A.M. (1999) Homeless adolescents' paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimisation. *Journal of Community Psychology*, 27, 2, 179-187.
- Mallet, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) *Disrupting Stereotypes: Young People, Drug Use and Homelessness*. Melbourne, Victoria: The Centre for Women's Health in Society, University of Melbourne.
- Martijn, C. & Sharpe, L. (2006) Pathways to youth homelessness. *Social Science & Medicine*, 62, 1, 1-12.
- May, J. (2000) Housing histories and homeless careers: A biographical approach. *Housing Studies*, 15, 4, 613-638.
- Mayock, P. (2000) *Choosers or Losers? Influences on Young People's Choices about Drugs in Inner-City Dublin*. Dublin: Children's Research Centre, Trinity College, Dublin.
- Mayock, P. (2002) Drug pathways, transitions and decisions: The experiences of young people in a Dublin inner-city community. *Contemporary Drug Problems*, 29, 1, 117-156.
- Mayock, P. (2004) Binge drinking and the consumption of pleasure. In M. MacLachlan & C. Smyth (Eds.) *Binge Drinking & Youth Culture*. Dublin: The Liffey Press. pp. 113-141.
- Mayock, P. (2005) 'Scripting risk': Young people and the construction of drug journeys. *Drugs: Education, Prevention and Policy*, 12, 5, 349-368.
- Mayock, P. (2007) A 'Career' in Homelessness? *Cornerstone – the magazine of the Homeless Agency*, 30, 20-22.
- Mayock, P., Corr, M.L. & O'Sullivan, E. (2008, forthcoming) *Young People's Homeless Pathways*. Dublin: Homeless Agency.
- Mayock, P. & Vekić, K. (2006) *Understanding Youth Homelessness: Key Findings from the First Phase of a Longitudinal Cohort Study*. Dublin: Office of the Minister for Children.
- Mayock, P. & O'Sullivan, E. (2007) *Lives in Crisis: Homeless Young People in Dublin*. Dublin: The Liffey Press.
- Mendes, B. & Moslehuddin, B. (2006) From dependence to independence: Towards better outcomes for young people leaving State care. *Child Abuse Review*, 15, 2, 110-126.
- McCarthy, D., Argeriou, M., Huebner, R.B. & Lubran, B. (1991) Alcoholism, drug abuse and the homeless. *American Psychologist*, 46, 11, 1139-1148.
- McCarthy, B. & Hagan, J. (1992) Surviving on the street: The experiences of homeless youth. *Journal of Adolescent Health*, 7, 4, 412-430.
- McGee, C. (2000) *Children's Experiences of Domestic Violence*. London: Jessica Kingsley.
- McGee, H., Garavan, R., de Barra, M., Byrne, J. & Conroy, R. (2002) *The SAVI Report. Sexual Abuse and Violence in Ireland*. Dublin Rape Crisis Centre: The Liffey Press.
- McKeown, K. (1999) *Mentally Ill and Homeless in Ireland: Facing the Reality, Finding the Solutions*. Dublin: Disability Federation of Ireland.

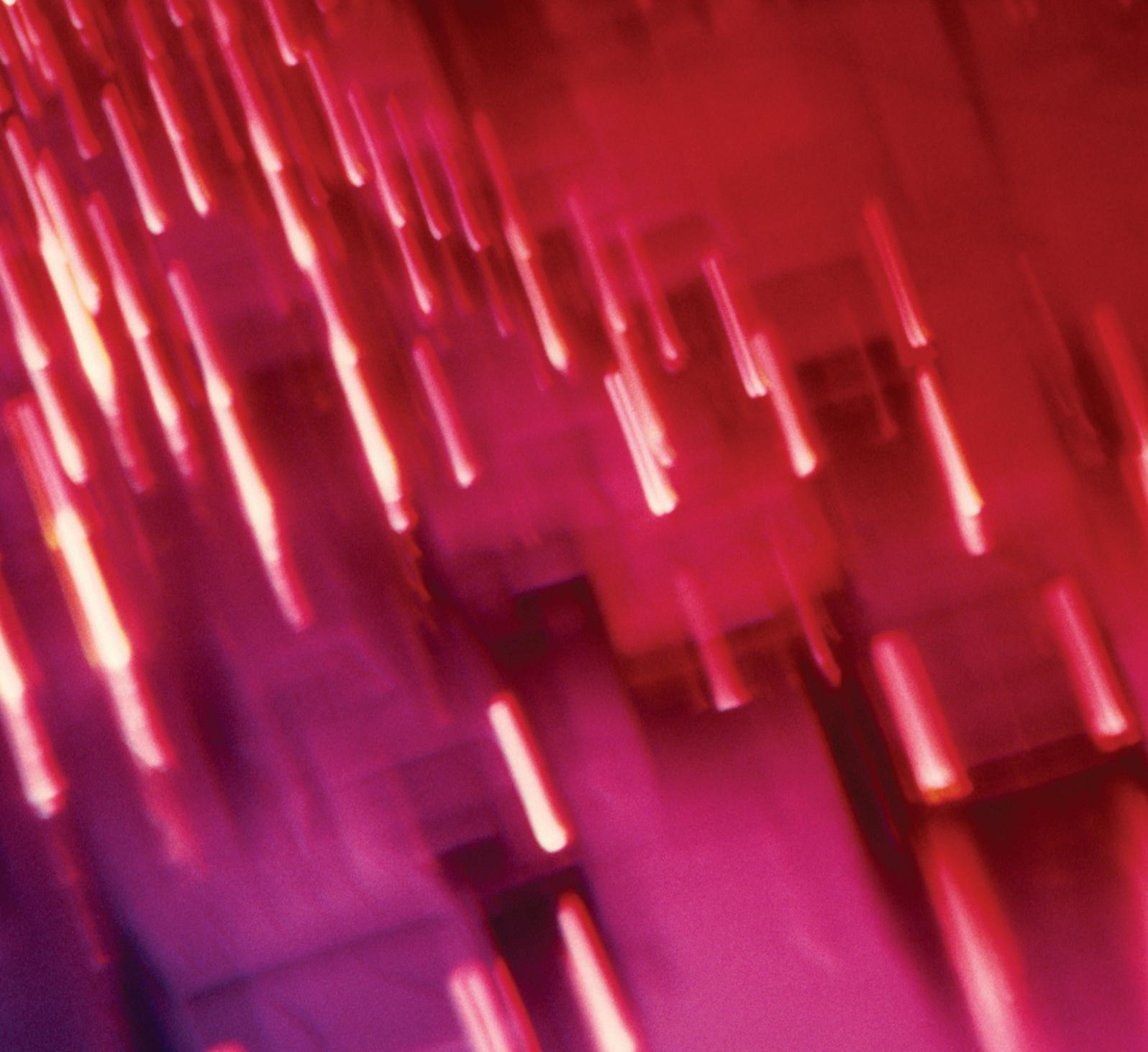
- McKeown, K. (2000) *A Guide to What Works in Family Support Services for Vulnerable Families*. Dublin: Department of Health and Children, Stationery Office.
- McVerry, P. (2001) Absolutely brilliant but are we talking about this planet? *Cornerstone – the magazine of the Homeless Agency*, 10, 8-9.
- Molnar, B.E., Shade, S.B., Kral, A.H., Booth, R.E. & Watters, J.K. (1998) Suicidal behaviour and sexual/physical abuse among street youth. *Child Abuse & Neglect*, 22, 3, 213-222.
- Mullender, A. (1996) *Rethinking Domestic Violence: The Social Work and Probation Response*. London: Routledge.
- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. & Regan, L. (2002) *Children's Perspectives on Domestic Violence*. London: Sage.
- National Campaign for the Homeless (1985) *Ireland's Young Homeless 1985*. Dublin.
- Neale, J. (2001) Homelessness amongst drug users: A double jeopardy explored. *International Journal of Drug Policy*, 12, 4, 353-369.
- Newburn, T. & Shiner, M. (2001) *Teenage Kicks? Young People and Alcohol: A Review of the Literature*. London: Joseph Rowntree Foundation.
- Noell, J., Rohde, P., Seeley, J. & Och, L. (2001) Maltreatment among runaway and homeless youth. *Child Abuse and Neglect*, 25, 1, 137-148.
- Norden, P. (2001) Heroin use as a form of self-medication. *Parity*, 4, 8, 16-18.
- Novac, S., Brown, J. & Bourbonnais, C. (1996) *No Room of Her Own: A Literature Review of Women and Homelessness*. Ottawa: Canadian Mortgage and Housing Corporation.
- Novac, S., Serge, L., Eberle, M. & Brown, J. (2002) *On Her Own: Young Women and Homelessness in Canada*. Ottawa: Canadian Housing and Renewal Association.
- O'Conneide, S. & Mooney, P. (1972) *Simon Survey of the Homeless*. The Simon Community of Dublin supported by the Medico-Social Research Board.
- O'Sullivan, E. (1996) *Homelessness and Social Policy in the Republic of Ireland*. Occasional Paper No. 5, Department of Social Studies, University of Dublin, Trinity College.
- O'Sullivan, E. (2001) Laudable objectives but a fatal flaw. *Cornerstone – the magazine of the Homeless Agency*, 10, 10-11.
- O'Sullivan, E. (2003) Marxism, the State and homelessness in Ireland. In M. Adshead & M. Millar (Eds.) *Public Administration and Public Policy in Ireland: Theory and Methods*. London & New York: Routledge. pp.237-244.
- O'Sullivan, E. (2005) Homelessness. In D. Redmond & M. Norris (Eds.) *Housing in Contemporary Ireland: Economy, Society, Space and Shelter*. Dublin: Institute of Public Administration. pp. 245-267.
- O'Sullivan, E. & Higgins, M. (2001) Women, the welfare state and homelessness in the Republic of Ireland. In B. Edgar, J. Doherty & A. Mina-Couell (Eds.) *Women and Homelessness in Europe*. Bristol: Policy Press. pp. 77-90.

- Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods* (2nd Ed.). Newbury Park, CA: Sage.
- Pearce, J., Williams, M. & Galvin, C. (2002) *It's Someone Taking a Part of You: A Study of Young Women and Sexual Exploitation*. London: The Children's Bureau.
- Pearce, J. (2006) Who needs to be involved in safeguarding sexually exploited young people? *Child Abuse Review*, 15, 5, 326-340.
- Perris, A. (1999) *Youth Homelessness in Clondalkin: A Community Perspective*. Dublin: Clondalkin Area Partnership.
- Pleace, N. (1998) Single homelessness as social exclusion: The unique and the extreme. *Social Policy & Administration*, 32, 1, 46-59.
- Potter, J. & Wetherell, M. (1987) *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.
- Randall, G. & Brown, S. (1996) *From Street to Home: An Evaluation of Phase 2 of the Rough Sleepers Initiative*. London: Stationery Office.
- Randall, G. & Brown, S. (1999) *Prevention is Better than Cure*. London: Crisis.
- Randall, G. & Brown, S. (2001) *From Street to Home: An Evaluation of Phase 2 of the Rough Sleepers Initiative*. London: Stationery Office.
- Rew, L., Taylor-Seehafer, M. & Fitzgerald, M.L. (2001) Sexual abuse, alcohol and other drug use, and suicidal behaviours in homeless adolescents. *Issues in Comprehensive Pediatric Nursing*, 24, 4, 225-240.
- Richardson, A. & Budd, T. (2003) *Alcohol, Crime and Disorder: A Study of Young Adults*. Home Office Research Study 263. London: Home Office Research, Development and Statistics Directorate.
- Richardson, J. & Joughin, C. (2000) *The Mental Health Needs of Looked After Children*. London: The Royal College of Psychiatrists.
- Riggs, E.H. & Coyle, A. (2002) Young people's accounts of homelessness: A case study analysis of psychological well-being and identity. *Counselling Psychology Review*, 17, 3, 5-15
- Ringwalt, C.L., Greene, J.M., Robertson, M. & McPheeters, M. (1998) The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, 88, 9, 1325-1329.
- Rivett, M. & Kelly, S. (2006) From awareness to practice: Children, domestic violence and welfare. *Child Abuse Review*, 15, 4, 224-242.
- Roberts, K. (1997) Is there a youth underclass? The evidence from youth research. In R. MacDonald (Ed.) *Youth, the 'Underclass' and Social Exclusion*. London: Routledge. pp. 39-54.
- Roberts, B. (2002) *Biographical Research*. Buckingham: Open University Press.
- Rotheram-Borus, M.J. (1993) Suicidal behaviour and risk factors among runaway youths. *American Journal of Psychiatry*, 150, 1, 103-107.
- Rotheram-Borus, M.J., Mahler, K.A., Koopman, C. & Langabeer, K. (1996) Sexual abuse history and associated multiple risk behaviour in adolescent runaways. *American Journal of Orthopsychiatry*, 66, 3, 390-400.

- Rugg, J. (1999) *Young People, Housing and Social Policy*. London: Routledge.
- Seale, C. (1999) *The Quality of Qualitative Research*. London: Sage.
- Seale, C. & Silverman, D. (1997) Ensuring rigour in qualitative research. *European Journal of Public Health*, 7, 4, 379-384.
- Shucksmith, J. & Spratt, J. (2002) *Young People's Self Identified Health Needs*. HEBS Young People and Health Initiative Working Paper. University of Aberdeen.
- Smith, J., Gilford, S. & O'Sullivan, A. (1998) *The Family Background of Homeless Young People*. London: Family Policy Studies Centre.
- Smith, M., McGee, H.M. & Shannon, W. (2001) *One Hundred Homeless Women: Health Status and Health Service Use of Homeless Women and their Children in Dublin*. Dublin: Health Services Research Centre, Department of Psychology and Department of General Practice, Royal College of Surgeons in Ireland.
- Smyth, J. (2006) *Review of the Implementation of the Youth Homelessness Strategy by the Health Service Executive*. Health Service Executive (unpublished).
- Snow, D.A. & Anderson, L. (1993) *Down on Their Luck: A Study of Homeless Street People*. Berkeley, CA: University of California Press.
- Social Services Inspectorate (2001) *Practice Guidelines on Leaving Care and Aftercare Support*. Dublin: Social Services Inspectorate
- Soloman, Y. & Farrand, J. (1996) Why don't you do it properly? Young women who self-injure. *Journal of Adolescence*, 19, 2, 111-119.
- Southern Health Board (2002) *Youth Homelessness Strategy. Implementation Plan 2002-2004*. Cork: Southern Health Board.
- Springer, S. (2000) Homelessness: A proposal for a global definition and classification. *Habitat International*, 24, 4, 475-484.
- Stein, M. (1997) *What Works in Leaving Care?* Barkingside: Barnardos.
- Stein, M. (2004) *What Works for Young People Leaving Care?* Ilford: Barnardos.
- Stein, M. (2005) *Resilience and Young People Leaving Care*. York: Joseph Rowntree Foundation.
- Stein, M. (2006) Research review: Young people leaving care. *Child and Family Social Work*, 11, 3, 273-279.
- Stephens, J. (2002) *The Mental Health Needs of Homeless Young People*. Cardiff: Barnardos.
- Talbot, C. (2003) *Social Exclusion and Homelessness: Everyone's Responsibility*. Adelaide: Uniting Care Wesley.
- Threshold (2005a) *We've Never Had It So Good. Annual Report 2005*. Dublin: Threshold.
- Threshold (2005b) *Seeking a Home on Rent Supplement: Experience in Cork City in 2004*. Cork: Threshold.

- Tyler, K.A. (2006) A qualitative study of early family histories and transitions of homeless youth. *Journal of Interpersonal Violence*, 21, 10, 1385-1393.
- Tyler, K.A., Hoyt, D., Whitbeck, L. & Cauce, A. (2001) The effects of high-risk environment on sexual victimisation of homeless and runaway youth. *Violence and Victims*, 16, 4, 441-455.
- Tyler, K.A. & Johnson, K.A. (2006) Pathways in and out of substance use among homeless-emerging adults. *Journal of Adolescent Research*, 21, 2, 133-157.
- van der Ploeg, J.D. (1989) Homelessness: A multidimensional problem. *Children and Youth Services Review*, 11, 1, 45-56.
- van der Ploeg, J.D. & Scholte, E. (1997) *Homeless Youth*. London: Sage.
- Votta, E. & Manion, I. (2004) Suicide, high-risk behaviours, and coping style in homeless males' adjustment. *Journal of Adolescent Health*, 34, 3, 237-243.
- Ward, J. (1998) Substance use among young people 'looked after' by social services. *Drugs: education, prevention and policy*, 5, 3, 257-267.
- Ward, J., Henderson, Z. & Pearson, G. (2003) *One Problem among Many: Drug Use among Care Leavers in Transition to Independent Living*. Home Office Research Study No. 260. London: Home Office.
- Watson, S. & Austerberry, H. (1986) *Housing and Homelessness: A Feminist Perspective*. London: Routledge and Kegan Paul.
- Watson, D. & Parsons, S (2005) *Domestic Abuse of Women and Men in Ireland: Report of the National Study on Domestic Abuse*. Dublin: National Crime Council.
- Watters, J.K. & Biernacki, P. (1989) Targeted sampling: Options for the study of hidden populations. *Social Problems*, 36, 4, 416-430.
- Webster, C., Simpson, D., MacDonald, R., Abbas, A., Cieslik, M., Shildrick, T. & Simpson, M. (2004) *Poor Transition: Social Exclusion and Young Adults*. Bristol: The Policy Press.
- Whitbeck, L., Hoyt, D. & Ackley, K. (1997) Abusive family backgrounds and later victimisation among runaway and homeless adolescents. *Journal of Research on Adolescence*, 7, 4, 375-392.
- Whitbeck, L.B., Hoyt, D.R. & Yoder, K.A. (1999) A risk-amplification model of victimisation and depressive symptoms among runaway and homeless adolescents. *American Journal of Community Psychology*, 27, 2, 273-296.
- Whitbeck, L.B., Hoyt, D.R. & Bao, W. (2000) Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents. *Child Development*, 71, 3, 721-732.
- Whitbeck, L.B. & Simons, R.L. (1991) A comparison of adaptive strategies and patterns of victimisation among homeless adolescents and adults. *Violence and Victims*, 8, 2, 135-152.
- Williams, J. & Gorby, S. (2002) *Counted in 2002: The Report of the Assessment of Homelessness in Dublin*. Dublin: Homeless Agency and Economic and Social Research Institute.
- Williams, J. & O'Connor, M. (1999) *Counted in: The Report of the 1999 Assessment of Homelessness in Dublin, Kildare and Wicklow*. Dublin: Economic and Social Research Institute/Homeless Initiative.

- Williamson, H. (1997) Status Zero youth and the 'underclass': some considerations. In R. MacDonald (Ed.) *Youth, the 'Underclass' and Social Exclusion*. London: Routledge. pp. 70-82.
- Wincup, E., Bayliss, R., Buckland, G. (2005) Listening to young people: Considering the implications for drug service provision. *Probation Journal*, 52, 1, 39-55.
- Wincup, E., Buckland, G. & Bayliss, R. (2003) *Youth Homelessness and Substance Use: Report to the Drugs and Alcohol Research Unit*. London: Home Office Research Study 258.
- Winnicott, D. (1990) *Deprivation and Delinquency*. London: Routledge.
- Wong, Y.I. & Piliavin, I. (1997) A dynamic analysis of homeless-domicile transitions. *Social Problems*, 44, 3, 408-423.
- World Health Organisation (2000) *Mental Health and Brain Disorders*. Geneva: World Health Organisation.
- Wyn, J. & White, R. (1997) *Rethinking Youth*. Sydney, Australia: Allen and Unwin.
- Yoder, K.A. (1999) Comparing suicide attempters, suicide ideators, and non-suicidal homeless and runaway adolescents. *Suicide and Life Threatening Behavior*, 29, 1, 25-36.
- Yoder, K.A., Hoyt, D.R. & Whitbeck, L.B. (1998) Suicidal behaviour among homeless and runaway adolescents. *Journal of Youth & Adolescence*, 27, 6, 753-771.
- Youth Homeless Strategy Monitoring Committee (2004) *Developing a Leaving and Aftercare Policy. Guidelines for Health Boards*. Dublin: National Children's Office.
- Zinn, A., DeCoursey, J., Goerge, R. & Courtney, M.E. (2006) *A Study of Placement Stability in Illinois*. Chicago: Chapin Hall Center for Children at the University of Chicago.



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