

An aerial photograph of Limerick, Ireland, showing a river flowing through the city. In the foreground, there is a circular park area with young trees and a white metal railing. The middle ground features a bridge and various urban buildings, including a prominent modern glass skyscraper. The background shows more city buildings and distant hills under a cloudy sky.

# Limerick Youth Housing Evaluation Report

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**Challenging homelessness. Changing lives.**  
[focusireland.ie](http://focusireland.ie)

**FOCUS**  
Ireland

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The cover image was kindly provided by Limerick Leader.

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### Abbreviations

|     |                                  |     |                             |
|-----|----------------------------------|-----|-----------------------------|
| AA  | Alcoholics Anonymous             | HAT | Housing Action Team         |
| CAS | Capital Acquisition Scheme       | HSE | Health Service Executive    |
| CRA | Community Reinforcement Approach | LYH | Limerick Youth Housing      |
| ECM | Electronic Client Management     | PHF | Pathways to Housing First   |
| FI  | Focus Ireland                    | RCT | Randomised Controlled Trial |

# Limerick Youth Housing Evaluation Report

JUNE 2017

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# 1.0 Introduction

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## 1.1 Youth homelessness in Ireland

If solely measured as a proportion of the homeless population, youth homelessness would not appear to be a major problem. However, this impression is deceptive. First, youth homelessness only counts those within a 6-year age range (18–24). Second, this is a period of transition in a young person's life when behaviours with long-term outcomes for the young person and their family can get established. Yet, despite its importance as an issue, youth homelessness does not receive the policy recognition that we might expect. The recent action plan on housing, *Rebuilding Ireland*, contains only one reference to youth homelessness. It highlights the importance of looking after the housing needs of care leavers but neither mentions the specific set of circumstances that culminate in youth homelessness nor the growing evidence on interventions that support successful exits from homelessness (see Chapter 2).

## 1.2 Homelessness in Limerick

Limerick city has some of the most socially excluded neighbourhoods in Ireland and a relatively high concentration of social problems relating to substance use, crime and community violence (Hourigan, 2011). Already the most deprived city in Ireland, analysis of changes in the indices of deprivation since the 2007/8 financial crisis shows that Limerick's position on the index has fallen more than any other city in Ireland (Haase and Pratchske, 2012). A government commissioned report in 2007 found high concentrations of unemployment, single parent families, and low levels of educational attainment (Fitzgerald, 2007). The emergence of these concentrated areas of deprivation has its roots in badly planned urban development, historical housing shortages and poor quality housing stock (Limerick Regeneration, 2017).

In response to the national housing shortage, homelessness in Limerick began to rise in 2016. In December of that year, figures released by Limerick City and County Council show that 257 adults and children were accessing emergency accommodation. This was up from 136 in 2015. The exact number of homeless youth in Limerick city is not known. In the whole of the Midwest region during December 2016, there were 43 18–24-year-olds in emergency accommodation and it is likely that most of these were based in the city.<sup>1</sup> As with the wider homelessness problem, this figure has been increasing in recent years. It should also be noted that these figures do not count the hidden homeless and those in unsuitable accommodation, the numbers of which are unknown.

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<sup>1</sup> These numbers correspond to those residing in Section 10-funded private emergency accommodation, supported temporary accommodation and temporary emergency accommodation.

Limerick is notable for having successfully reduced the numbers of 'roofless' homeless people, and there are few, if any, rough sleepers in the city. According to official homelessness data, Limerick also compares favourably to other regional cities such as Cork. For example, in December 2016, Cork had similar numbers in emergency accommodation as Limerick (258), despite being less economically deprived. It is not clear what factors explain this, but the role of homeless services may merit further investigation.

### 1.3 Focus Ireland youth housing initiative

Focus Ireland was founded following a research project led by Sr Stanislaus Kennedy into the lives of homeless women in Dublin in 1985. A founding principle was the involvement of homeless people, or those directly affected by homelessness, in the design of services. Since then, it has retained a strong research ethos, and its work helps to ensure that the rights of people who are homeless remain on the political agenda.

Tusla is the Child and Family Agency for Ireland and was established in 2014. It is a dedicated State agency responsible for improving outcomes for children. The establishment of Tusla was based on a reform agenda that brings together child protection, early intervention and family support services. Tusla has statutory responsibility for care leavers until they are 21 and is responsible for delivering its aftercare policy.<sup>2</sup>

In December 2012, Focus Ireland, Limerick City and County Council and Tusla established a working group to identify the needs and issues facing young people who were homeless or at risk of becoming homeless in the Midwest region. The group identified a lack of suitable accommodation for young homeless people. Social workers in Tusla also noted that much staff time was lost on fruitless accommodation searches. Based on these findings, as well as in-depth research conducted on youth homelessness in an Irish context (Mayock et al., 2013; Mayock and Carr, 2008; Mayock and Corr, 2013), some of which was commissioned by Focus Ireland<sup>3</sup> (Mayock et al., 2014; Mayock and Parker, forthcoming), the working group recommended that a modified Housing First approach be adopted to support young people who were identified as having a housing need in Limerick city and the wider region. The housing need often related to vulnerabilities that made it difficult for young people to access and sustain tenancies in the private rented sector. By May 2013, the first young person was housed by the service.

Originally developed in the USA, the Housing First approach to resolving homelessness provides adults who have chronic homeless histories with immediate access to permanent housing and coordinated floating support structures without having to meet prerequisites such as treatment compliance or sobriety (Tsemberis, 2010). This contrasts with the treatment as usual approach (or 'Staircase' model) which only allocates housing to homeless individuals after they meet prerequisites (ibid.). The strength of the evidence has led to it being incorporated, at least in part, as a principle in homelessness strategies in several countries, including Norway, Ireland, Finland and France (Busch-Geertsema, 2013). Although like Housing First, in that it takes an accommodation before treatment approach,

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<sup>2</sup> See Tusla's Aftercare policy for more information  
<http://www.tusla.ie/services/alternative-care/after-care>

<sup>3</sup> The second phase of Mayock et al.'s (2014) research, which will be published in 2017, was funded by Focus Ireland, Peter McVerry Trust, Threshold, Simon Communities and St Vincent de Paul.



the Limerick Youth Housing service has developed organically in response to local needs and local constraints. For example, young people sometimes share accommodation, which does not happen in Housing First, and the emphasis on productive collaboration across a range of stakeholders is also specific to the service.

The service opened in Limerick in May 2013, and later expanded to Focus Ireland services in Cork in February 2015 and Clare and North Tipperary in 2016. Additionally, a Focus Ireland residential service was reconfigured in Waterford as a youth housing project in early 2016. A youth Housing First programme was initiated in Dublin during 2016 with the recruitment of a part-time staff member to provide intensive tenancy supports to young people. However, to date, the severe housing shortage in the Dublin region is a key challenge to expanding the service. The young people accessing these housing services are deemed to be homeless or at risk of homelessness. Many of the young people have a history of living in care and are referred to the service through Tusla. In Limerick, referrals also come through homelessness organisations, the Homelessness Action Team (HAT) in the local council and the Health Service Executive (HSE).

The service's core offer is the provision of high-quality housing to young people aged 18–24. This is offered for an unspecified time period (based on the needs of the young person). In practice, this means that, occasionally, the service is accessed by young people beyond this age range if it is in their best interests. However, the accommodation offered is not intended to be permanent, but rather a form of transitional 'open-ended' accommodation. During this time, individuals are given specialist supports appropriate to their needs. These supports are bespoke but mainly focus on their social and emotional well-being and their education and/or employment pathways. Cork and Limerick also provide outreach to young people who were not housed through the project, but are living in private rented accommodation or other types of housing. There is also a follow-on service available to those who exit from the housing to ensure some continuity of support as the young person transitions to living independently.

In Limerick, the project is a partnership between Tusla and Focus Ireland, with support from agencies such as Limerick City and County Council. Tusla provide referrals to the project, chair and staff the accommodations meetings, and provide staff to give follow-on support to customers once they are housed. Focus Ireland then manage the housing as a 'sympathetic landlord'. They provide key worker support or outreach to each customer, as well as performing their usual housing management duties. In addition to the allocations meeting, the key stakeholders communicate regularly about their customers' progress and needs. This requires interagency understanding and trust. When the project was being established, several joint staff meetings were held to enable staff to get to know each other's remit and to encourage transparency. There is strong ambition for the growth of the service. By the end of 2017, the initiative will have 35 units (started with 10 in 2013) in the Midwest region.

## 1.4 Aims, scope and research questions

This is a qualitative evaluation of the youth housing initiative as it operates in Limerick. The primary aim is to understand how effective the service is at improving the housing and non-housing outcomes of young people in the area. A secondary aim is to document the approach that has been taken and understand what can be learned about successful working practices. Although the approach shares some similarities with the Housing First approach, it has developed organically in response to needs identified by services locally. Whilst it did not therefore aim for fidelity with Housing First, the aim was to contribute to the Housing First for youth evidence base. This should in turn contribute to the evidence base on youth homelessness and support any extensions or replications that might take place in the future. A parallel project, led by Just Economics, was commissioned by Focus Ireland to identify common outcomes and indicators across the service that could form the basis of a more structured data collection system. Finally, the research aimed to provide an overview of the needs of young homeless people in the city and make recommendations for how the service could be improved.

A steering group for the project was established at the outset to provide oversight and guidance for the research team. The following research questions were agreed by the steering group:

- 1 What are the experiences of young people in housing need in Limerick city in terms of their housing history, family relationships, health and well-being, education, substance use, labour market engagement, service use and support needs?
- 2 How effective has the service been in improving housing and non-housing outcomes for young people?
- 3 For those who have left the service, is there evidence of successful and sustained exits from homelessness and what has contributed to those exits?
- 4 What is the theory of change for the young person who enters the service?
- 5 What can we learn about the role of the stakeholder partnerships that are in place in contributing to the success of the service?
- 6 What conclusions can we reach from the research about resolving youth homelessness more generally?
- 7 Can we identify areas where cost savings are likely to accrue, either through improved outcomes for young people or through expected savings achieved from more effective practices within the stakeholder services?
- 8 What recommendations are there for ways in which the service could be improved?

## 1.5 Methodology

This research followed a qualitative methodology and involved a combination of interviews and focus groups. Qualitative methods are very common in homelessness research, as it is an area of sensitive social research (Liamputtong, 2006), to which these methods lend themselves well. It is considered a flexible and inclusive methodology that enables the voices of marginalised groups such as homeless young people to be heard and facilitates access to a 'hard to reach' group (ibid.).

In total, 14 semi-structured interviews were conducted with young people at different stages of using the service. The interviews were not restricted to issues relating to the effectiveness of the project, but covered a wide range of social and contextual issues that are relevant to the lives of the young people. They included closed questions to aid analysis, and open-ended questions to capture narratives and allow the young person's voice to emerge. The following themes were covered:

- › Life experiences that led them to becoming homeless
- › Their experience of using the service
- › Their experience of other services (prior and during their time in LYH)
- › Aspects of their lives that are relevant to their housing status: addictions, health, relationships, well-being, education and employment, etc.
- › Experience of exiting homelessness, where relevant
- › Planned exits from homelessness and other hopes for the future
- › Any short-term feedback that they have.

Young people were recruited through the service itself. Key workers wrote to all current customers and some former customers inviting them to take part, and follow-up phone calls were conducted to encourage them to participate. A profile of the sample of young people involved is provided in the next section.

The interviews broadly followed a topic guide that covered the areas that were identified as important by staff in the theory of change workshop conducted at the outset of the research. At times, respondents were also asked to answer some quantitative questions, to measure concepts such as resilience and well-being. These provide a snapshot of how the young people are doing in an area and allow the data to be presented visually. If any follow-up study takes place, these measures are a useful way of capturing change over time. In some instances, we also asked people to self-report on items like life satisfaction before they accessed the accommodation. Although there is a risk of recall bias with questions asked retrospectively, they do provide an additional perspective on how their lives have changed since they used the service.

Qualitative research also took place with partnership staff. This included:

- › Two focus groups with Tusla, Limerick City and County Council and Focus Ireland
- › One workshop with frontline staff to present and reflect on interview findings.



Total staff representation at these meetings is presented in Table 1. Some participants attended more than once, so these figures count unique attendance.

| Service                          | Number of attendees |
|----------------------------------|---------------------|
| Tusla                            | 18                  |
| Limerick City and County Council | 1                   |
| Focus Ireland                    | 22                  |

**Table 1: Participants involved in consultation**

The focus groups had the following objectives:

- 1 To map the service stakeholders
- 2 To identify the needs that the project is responding to and describe the characteristics of the service
- 3 To develop theories of change for young people and services
- 4 To guide the development of interview schedules
- 5 To discuss barriers to change and ways to overcome them.

## **1.6 Statement on ethical procedures and protocol**

From an ethical standpoint, this is a reasonably high-risk study given the vulnerability of some of the young people involved and the sensitivity of the subject matter. High professional research standards and competencies were adhered to. A set of key principles guided the project to ensure that the dignity and respect of participants were being upheld. These were as follows:

- › Ensuring voluntary and informed consent before participation in research
- › Protecting the anonymity and confidentiality of participants at all times; all names and identifying information were removed
- › Storing data in a way that complies with data protection legislation
- › Informing respondents of their rights under data protection legislation.

Applying ethical guidance in research projects is an ongoing matter of judgment and good research practice. Nonetheless, some specific steps were taken to ensure that the research operated to the highest ethical standards. Each young person received a written request regarding their involvement. Before the interviews commenced, a consent form was read out to participants, which they were asked to sign to confirm their consent. Participants were partially compensated for their time through receipt of a voucher.

## 2.0 Literature review

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How a young person fares in their transition to adulthood can often have long-term repercussions (Osgood et al., 2010). Early parenthood, poor educational outcomes, contact with the criminal justice system or substance use can lead to difficulties in finances, employment, relationships and health (ibid.). It is during this transition that some young people become particularly vulnerable to homelessness. This risk is considerable for those who have been in care (Dworsky et al., 2013; Dworsky and Courtney, 2009; Fowler et al., 2009) or are reliant on supports and services that may end abruptly on reaching 18 (Osgood, et al., 2010). Therefore, at a time when the risks for the young person may be greatest, the statutory and legal obligations change in a way that does not reflect the preparedness of the young person to live independently (Allen, 2012). Youth offending may also spike during this time. In the UK, the peak age for offending was 17 in 2009 (Ministry of Justice, 2010), just as State responsibility for the young person is coming to an end (unless they are in the care system).

Youth homelessness matters, not just because of its immediate impacts on a young person's well-being but also because of the long-term consequences which include poorer health, high rates of substance use, high-risk sexual behaviours (Eastman, 2015), poor nutrition, poorer cognitive functioning (especially memory) (Fry et al., 2016), low academic achievement, partner violence (Eastman, 2015), high rates of mortality (especially from suicide, trauma, and overdose) (Edidin et al., 2012; Roy, 2004; Kulik et al., 2011), as well as higher risk of being a victim of crime and sexual exploitation (Gaetz, 2014).

This review begins with the reasons why young people become homeless. It then goes on to discuss what facilitates a young person's move out of homelessness. This will include protective factors that are specific to the individual homeless person and the kinds of policies/services/approaches that have been found to be effective. As part of this, we will briefly review the evidence relating to the Housing First approach, particularly any evidence for this model with young people. We will conclude with some reflections on the literature that is relevant to the service being evaluated. This is a descriptive as opposed to analytic review, i.e. it does not aim to comprehensively answer any of the questions posed but to provide an overview of the key debates by way of contextual information for the research. Most of the evidence comes from the UK, Canada and the US, but studies from Ireland have also been included where available.

### 2.1 Why do young people become homeless?

Young homeless people are among the most disadvantaged in society (Fry et al., 2016). When young people become homeless they tend to have one or more vulnerabilities. These have been widely researched and include issues relating to family conflict (Milburn et al., 2005; Mayock and O'Sullivan, 2008; Mayock and Carr, 2008; Mallet et al., 2005), childhood deprivation and trauma (Fitzpatrick et al., 2013; Tyler and Schmitz, 2013), problem behaviour and negative peer influences (Mayock et al., 2013), early school leaving (Fowler et al., 2009), physical, emotional or sexual abuse or neglect (Ennett et al., 1999; Fitzpatrick, 2000; Gaetz and O'Grady, 2002; MacKenzie and Chamberlain, 2003; Fowler et al., 2009). Although some young people experience a 'trigger' event which leads to

becoming homeless (Quilgers et al., 2008), most research describes a continuation of disruptions that begin earlier in life (Mayock et al., 2013), or a 'downward spiral' that culminates in homelessness (Fitzpatrick, 2000).

A recent literature review in an Irish context also highlights the importance of structural factors in determining youth homelessness, such as the poverty and social exclusion experienced by the families of homeless youth (Mayock et al., 2014). The study found that about a quarter of the sample reported periods of family homelessness. And about the same proportion had a family member who had experienced homelessness (Mayock et al., 2014). Other research has found that young homeless people are far more likely to come from disadvantaged areas and their parents are more likely to be unemployed, live in constrained financial circumstances and have a history of housing insecurity and childhood adversity themselves (Quilgers et al., 2008; Herbers et al., 2015).

Debate exists about the extent to which other factors such as mental ill health and substance use are causes or consequences of youth homelessness, i.e. it is accepted that they are linked, but there is controversy about the direction of causality (Kemp et al., 2006; Mallett et al., 2005; Johnson and Chamberlain, 2008). Most recent evidence suggests that the relationships are reciprocal (Hodgson et al., 2013; Rice et al., 2005), i.e. that these factors pre-exist but that the state of being homeless also raises the odds of developing additional problems. Johnson and Chamberlain (2008) have directly addressed the temporal order of substance use and homelessness and found that one-third of their sample had substance abuse problems before they became homeless and that two-thirds developed these problems after they became homeless. What is clear is that the prevalence levels of both problems within the population are very high. A systematic review of psychiatric disorders found prevalence rates of 48–98% (Hodgson et al., 2013). Edidin et al. (2012) have also found that the chronic stress and deprivation associated with homelessness may have long-term effects on future development and cognitive functioning. Johnson and Chamberlain (2008) also found that most people with substance abuse issues remain homeless for 12 months or longer than those without. There is an intergenerational dimension here too. Parental substance misuse is common among homeless youth (Mallett et al., 2005; Ringwalt et al., 1998) and is also linked to their own use of substances (Stein et al., 2002; Tyler and Schmitz, 2013).

Homeless young people are over-represented in the criminal justice system. Again, the evidence is mixed as to the direction of causality, with some finding an effect for criminal behaviour on homelessness (Fowler, 2009) and others finding an effect in the opposite direction (Martijn and Sharpe, 2006). In general, family conflict and stress in the home raise the likelihood that a young person will become involved in risky behaviour (Mallett et al., 2005; Mayock and Vekic, 2006). Yoder et al. (2014) found that childhood trauma is a risk factor for arrest or jail, even controlling for other risk factors. Youth with a history of physical abuse were nearly twice as likely to be arrested and to be jailed compared to non-abused youth (ibid.). Homeless young people are also severely disadvantaged in the labour market. Surveys among single homeless people have consistently found that between 80 and 90 per cent are unemployed (Randall and Brown, 1999).

Finally, there is a strong empirical link between a history of State care and youth homelessness (Mendes and Moslehuddin, 2006; Stein, 2006; Wade and Dixon, 2006), including evidence from Ireland (Mayock and O'Sullivan, 2007; Mayock and Carr, 2008; Mayock and Corr, 2013). It should be borne in mind that care leavers are also more at

risk of negative early years' experiences such as family conflict, abuse and so on. They are also more likely to have developed substance problems and have poor mental and physical health than the general population (Hoschstadt et al. 2007). Although studies identify strong correlations between care and homelessness, these tend not to control for these other variables. There is, therefore, no causal relationship between the experience of care itself and homelessness, rather the circumstances that lead to a care order being made are also the ones that predict youth homelessness (Jones et al. 2011). At the same time, neither is there evidence that entering the care system reduces the odds that young people will become homeless in the future, especially where placements are unstable (Newton et al. 2000), and it remains an area of policy concern.

## **2.2 What determines a successful exit from homelessness?**

In this section, we present the research findings on what has been shown to work for young people, beginning with the evidence in relation to housing. We include research with all types of research design, with an emphasis on literature published in peer-reviewed journals.

### **1 Housing First for youth**

A substantial evidence base, including numerous randomised controlled trials, demonstrate the effectiveness of Housing First in resolving homelessness and increased housing stability (Rog et al., 2014). The largest and most compelling of these is the At Home/Chez Soi project in Canada (Goering et al., 2012, 2014). As well as positive housing outcomes (Tsemberis et al., 2003), improvements have been observed for substance use (Padgett et al., 2011) and mental health problems (Tsemberis et al., 2012). However, evidence for non-housing outcomes is not as consistently positive as for housing outcomes (Tsemberis, 2010), and advocates of the approach acknowledge that housing is not the only requirement for a successful exit from homelessness (Johnstone et al., 2016; Tsemberis, 2010). Emerging from this, and the burgeoning literature base on Housing First in the US and increasingly across Europe, is the concept of fidelity to the original Pathways to Housing First (PHF) approach.<sup>4</sup> Successive evaluation studies have found that maintaining close fidelity to the original promotes better outcomes for chronically homeless individuals and that it may be the optimum way of achieving housing stability for this cohort (Pearson et al., 2009). In addition, Housing First has been shown to be cost-beneficial, as reliance on emergency services and hospitalisations are more infrequent than treatment as usual (Greenwood et al., 2005).

Nonetheless, gaps in knowledge exist for various subpopulations (Rog et al., 2014), including for young people (Gaetz, 2014). A recent RCT of Housing First for youth in Canada found a significant improvement in housing outcomes (measured by number of days housed) relative to usual care, but non-housing outcomes were insignificant (Kozloff et al., 2016). As evidence on Housing First for youth expands, particularly in the Canadian context (Forchuk et al., 2013; Scott and Harrison, 2013; Gaetz, 2014), there is a growing recognition that the Housing First model can be adapted to young people 'based upon

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<sup>4</sup> The five domains of a Housing First fidelity assessment include: (a) housing choice and structure; (b) separation of housing and services; (c) service philosophy; (d) service array, and (e) programme structure (Stefancic et al., 2013)

our understanding of the development, social and legal needs of young people' (Gaetz, 2014: 160). A major deviation of Housing First for youth is the kind of housing which is deemed appropriate. Gaetz (2014) advocates for a broader range of housing options for young people according to their developmental needs and the young person's own choice.<sup>5</sup> A Housing First approach may not be necessarily appropriate for all young people, e.g. those who may benefit from a return to the family home (Forchuk et al., 2013). This indicates that Housing First approach must be adapted to incorporate the various developmental needs and personal choices of young people. In this way, 'Housing First' can be considered 'Preference First' for young people (Forchuk et al., 2013).

## **2 Relationships**

There is good evidence for the importance of family relationships to support exits for young people (Milburn et al., 2006; 2009). One study found that those with family bonds at one year had significantly fewer problem behaviours when leaving home and decreasing rates of problem behaviours over the following year. The authors argue that efforts to reunite families may be a viable intervention strategy for newly homeless young people (Milburn et al., 2006). A later study found that engagement with positive peer groups, maternal social support, and continued school attendance all promoted exiting behaviour (2009). Another study found that homeless young people who return to the family home are more likely to sustain an exit (Thompson et al., 2001). Feelings of loneliness are also widespread amongst homeless and linked with mental health problems (Kidd, 2006). A study on resilience and loneliness amongst homeless youth found that even the most resilient may struggle considerably with loneliness (Perron et al., 2014).

Findings from a six-year longitudinal study in Ireland of 40 homeless young people found that those who had exited homelessness were more likely to have maintained or re-established relationships with family members (particularly mothers) (Mayock and Carr, 2008; Mayock and Corr, 2013). The same study also found that the type of relationship was important and that breaking ties with negative peer groups also matters (Mayock et al., 2011). Finally, good relationships with formal support services can also support successful exits (Lindsey et al., 2000; Milburn et al., 2009; Mallet et al., 2005; Mayock et al., 2013).

## **3 Type of exit**

Mayock et al. (2011) emphasise the importance of independent exits over dependent exits. These describe exits to private accommodation without the ongoing formal support of social service or welfare agencies and where the costs of the accommodation are largely borne by the young person. This contrasts with dependent exits, which range from transitional housing to staying with family and friends. They point to other research that has found better outcomes for young people who transitioned out of homelessness through these independent exit channels (Thompson et al., 2001; Dworsky and Piliavin, 2000). Wolf et al., (2001) found that those making independent exits, defined as exits for

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<sup>5</sup> These include: independent living (scatter-site); transitional housing (separate units or congregate housing), permanent supportive housing; or a return to the family home. While transitional housing is considered a passé approach to accommodating those experiencing homelessness in adults, there is evidence to suggest that transitional housing can be appropriate for young people in graduating towards independent living (Gaetz and Scott, 2012).



which the individual paid, exhibited a higher increase in their overall quality of life than those who made dependent housing exits, that is, exits for which the individual did not pay. However, the authors acknowledge that it is not always clear why independent exits are more successful.

#### **4 Duration of homelessness**

There is strong evidence that a longer duration of homelessness increases the risks of other negative outcomes occurring (Chamberlain et al., 2008; Milburn et al., 2009). This means that the sooner possible exits can be identified, the better the chance that the young person has of a successful return to stable accommodation (Milburn et al., 2007; 2009; Mayock and Corr, 2013). This is also consistent with the Housing First model which is not contingent on other prerequisites being in place. Castro et al. (2014) also found that increased frequency and duration of homeless episodes were positively correlated with higher rates of psychiatric diagnoses.

#### **5 Gender**

For both adults and youth and across different jurisdictions, research has consistently found that being female increases the likelihood of an earlier exit, irrespective of the route out of homelessness (Wong and Piliavin 1997, Christensen and Vinte, 2005, Fitzpatrick, 2000). This may relate to differences in the male and female homeless population generally. Research on gender differences in homelessness in the US found that women had less frequent histories of substance abuse, incarceration, and conviction, and were likely to be homeless for a shorter time period (North and Smith, 1993). Women are also more likely to have caring responsibilities which can be a motivating factor for exiting homelessness (Karabanow, 2008).

#### **6 Service utilisation**

Service utilisation is, in general, associated with better outcomes for homeless youth (Eastman, 2015), although take-up often tends to be low (ibid.). In an evaluation of therapy and case management services at a drop in centre, Slesnik et al. found statistically significant improvements in substance use, mental health and housing outcomes after 12 months (2008). However, most youth did not acquire permanent housing, and education, employment, and medical service utilisation did not significantly change over time (ibid. ). Building on this study, the authors randomly assigned young people to three types of interventions: the Community Reinforcement Approach (CRA), motivational enhancement therapy and case management. Findings indicated that substance use and associated problems were significantly reduced in all three interventions across time, with sex and childhood abuse acting as moderating factors (Siesnick et al., 2015). Bender et al. (2015) have found that electronic case management (ECM), particularly texting, has potential for providing effective services to homeless youth. An evaluation of a brief intervention to enhance psychological capital amongst homeless women aged 18–23 found improvement across a range of outcomes. At the follow-up post-test, 82% of intervention participants who remained in the study had met or exceeded their short-term goals (Rew et al., 2017).

## **7 Education**

Entering education appears to have a strong protective effect on young people. Milburn et al. (2009) found in their study that practically all who exited had returned to education or training. This is consistent with other studies (Karabanow, 2008). Milburn et al. argue that it provides a structure and that this was also one that the young person believed would enhance their future. Mayock et al. (2014) found that it was often the case that participation in education and training was compromised by the absence of secure housing and a lack of formal qualifications.

## **8 Vocational skill-building/employment**

Unemployment amongst homeless youth tends to be very high, as high as 75% in some studies (Ferguson and Xie, 2008; Whitbeck, 2009). Ferguson (2013), quoting Baron and Hartnagel (1997), report that unemployment can also be chronic, with some homeless young people being out of work for 8 out of 12 months. Gaetz and O'Grady (2002) have found that employment is important to homeless youth for socialisation, identity formation, links to conventional institutions, and promoting economic self-sufficiency. Employment is also important because it enables young people to live independently (Tyler and Johnson, 2006). Social enterprise models have been successfully used with homeless and disadvantaged young people (Teasdale, 2010; Ferguson, 2008) as have supported employment programmes (Ferguson, 2012).

## **2.3 Conclusion**

Youth homelessness is complex and multi-faceted. Homeless young people are a diverse group who require different kinds of supports and take different paths out of homelessness. Understanding this diversity and having flexibility to respond in a bespoke way also appears to be important.

There is a broad consensus that exiting homelessness requires a combination of structural and personal changes in the young person's life. From a policy perspective, it appears that the most promising route into working with a young person is to provide them with the stability of a home, after which other issues that are impacting on their housing status can be addressed. The merits of the Housing First model relative to 'treatment before housing' appear to be well-founded. There is growing evidence that demonstrates how Housing First can be an effective response to young people's homelessness, in a way that incorporates their developmental needs and their distinct housing options.

Other important determinants of exists include supportive relationships and networks, especially with family members and with engagement in education, training or employment. Unsurprisingly, the longer a young person remains homeless, the more entrenched negative behaviour patterns become, and the more the odds are raised that they will engage in risky behaviour that will negatively impact on their housing status and, ultimately, their life chances.

## 3.0 The needs of homeless young people and how LYH is responding

This section describes the service in more detail, its stakeholders, the theory of change for young people and the evidence for what determines a successful exit from homelessness. It begins by describing the need the service is responding to. It goes on to describe the partnership approach and to the features of the customer-facing work that are considered important to its success. It also includes case studies of customers that illustrate some of the wider findings presented here.

### 3.1 What need is the service responding to?

As discussed earlier, Limerick has high levels of deprivation, coming second to the busiest areas in Dublin for deprivation indicators. It is particularly badly affected by high levels of poverty and crime, although this has been improving since the mid-2000s when key gang leaders were imprisoned. It also has more Tusla referrals per capita than larger cities in Ireland, makes up half of all Tusla work in the west of Ireland, yet it is not nearly as heavily resourced as Dublin.

The LYH, like all youth homelessness services, is responding to the fact that some young people are homeless, at risk of homelessness, or require support with an exit from homelessness. For the LYH, an additional issue is the system itself, i.e. it is responding to problems with the way the system has traditionally responded to these issues. In the literature review we distinguish between structural and personal drivers of homelessness. A third 'need' in this case is institutional, i.e. a problem with the way that services are organised. These needs are described in more detail in this section and summarised in Figure 2.

| Structural   | Institutional  | Personal  |
|--|--|---|
| <ul style="list-style-type: none"> <li>› Lack of appropriate housing</li> <li>› A history of care and lack of movement on facilities for care leavers</li> <li>› Bias within private rented sector against clients</li> <li>› Socio-economic determinants – poverty, unemployment, etc., impacting on family and young person</li> </ul> | <ul style="list-style-type: none"> <li>› Housing-ready model very embedded</li> <li>› Lack of coordination and planning</li> <li>› Duplication of services</li> <li>› Lack of monitoring, liaison with referrers and interagency work</li> </ul> | <ul style="list-style-type: none"> <li>› Personal barriers – mental/physical health, substance misuse etc.</li> <li>› Relationship breakdown (family, peers, etc.)</li> <li>› Limited independent living skills, including ability to manage tenancy</li> </ul> |

Figure 1: Needs that the service is responding to

## 1 Structural needs

Young people often find it difficult to access accommodation in either the public or private sector, and government housing policies have for decades been squeezing young people to the margins of the housing market. There is an insufficient supply of local authority housing and rental accommodation in the private sector. Historically, these have provided homes for young people but are increasingly unaffordable.

There is a severe lack of supported accommodation for young people in Limerick. For those at risk of homelessness, secure tenancies are particularly important to ensure that they do not enter the system in the first place. This is not unique to Limerick, and recognition of the lack of appropriate housing motivated the first Housing First trials in the US.

*There was no accommodation at all available in the system until this came along. The development of 'sympathetic landlord' accommodation for young people in need of housing has filled a gap. It forms a path towards eventual independent living. (Tusla Project Manager)*

*Young people with complex difficulties have the option of being placed in supported housing with access to a pathway of follow-on services, which has a tangible end point that both staff and the young person has control over. (Local council, Homelessness Action Team, staff member)*

Some specific groups, such as young people who have their own children, also have high housing needs. Box 1 gives an example of this in practice. Dawn's story describes how she became trapped in unsuitable accommodation because she couldn't save for a deposit, or apply for social welfare payments.

Another priority group are young people leaving care, whose difficulties in accessing private rented accommodation are particularly acute. Staff described how important it was not to expose young people who are vulnerable to unsuitable facilities such as hostels.

*The initiative allows the young person in foster placement to transition to another stable accommodation without being exposed to unsuitable hostel accommodation. This avoidance of unstable living situations is crucial to a good outcome. (Tusla Project Manager)*

## 2 Institutional needs

An important feature of the initiative is that it is changing the way that existing services work, both individually and collaboratively. Prior to the establishment of the service, a lot of time was spent on telephones, looking for short-term housing. Residential care is not an option after the young person turns 18, and with a shortage of short-term lettings, much staff time was spent on fruitless searching.

The initiative also brings considerable specialist experience on youth homelessness. Before the service was put in place, Focus Ireland operated separately to statutory services. This meant that the expertise of the voluntary sector was being siloed. In addition, each sector was working on its own priorities rather than in the joined-up manner that is now in place. The lack of communication meant that gaps emerged in the services and that

there was duplication in other areas. This led to a poorer quality service, with some young people dropping out of the system. It also meant that things were happening more slowly and that there was less space for innovation in how services were being delivered.

### **3 Personal needs**

Young people need help with advice and advocacy, especially on employment, education and independent living skills. They also often need help in accessing appropriate benefits and in dealing with the social welfare system. Knowledge about tenancy rights that will enable them to navigate the private rented sector is also very important. In addition, referrals are often required to ancillary services (mental health, addictions, general medical). Practical and emotional supports need to be readily available and are often intensive.

*It is very difficult for a young homeless person going straight out to the (private) rental market and they may not intuitively know the rules ... [with this system] ... There is a plan in place to avoid emergencies and the young person is given chances to learn the behaviours needed to cope in housing situations. (Council staff member)*

The importance of peer groups has been identified in the literature. Staff told us that this was a challenging issue for them to manage. However, if a young person is in education, then new activities arise and this improves the likelihood of a successful outcome. If no progress is made on education/employment, they are more vulnerable. This finding highlights further the importance of providing holistic supports that promote personal growth and development alongside housing. In some instances, their accommodation is open to abuse, or use by other homeless people who they may know from living on the street. There is also the novelty factor of having one's own place, which sometimes leads to anti-social behaviour. Managing this new independence can be challenging for both staff members and young people. To navigate this successfully requires a huge behavioural shift for the young person.

*A young person living in a hostel may be exposed to and become involved in new behaviours, for example, drug use, so that was a strong motivation for us in considering the youth housing initiative. There was a need for more appropriate accommodation. (Tusla Social Worker)*

If there is mixing with negative peer groups, this is usually something staff observe (e.g. through being on-call at evenings or weekends and differences are noticed in their presentation and/or their behaviour, such as missing appointments). They often also hear by word of mouth. Some young people also have been, or continue to be, exposed to dangerous family relationships.



### **Box 1: Case study of a homeless family**

Dawn (25) self-referred to the Homelessness Action Team of the local council as she was made homeless because she was short of money for her rent one month. She moved into her father-in-law's home with her partner and her two young children.

While she was grateful for having a place to stay, it placed pressure on her relationship with her partner. They had no privacy, as the house was already crowded with other in-laws living there. It was difficult to cook so she often made sandwiches rather than cooking. Feeling increasingly stressed at their situation, and realising their chances of being able to save again for a deposit were diminishing, she found out about Focus Ireland accommodation through HAT. She and her partner qualified for the accommodation and moved in after three months of being on the waiting list.

*The relief was incredible; I could give my children a proper home. I could cook their meals and not feel like I was crowding someone else's home.*

Dawn was supported by her keyworker in getting social welfare payments up and running for rent allowance and in making medical card applications for her family. Her children settled down quickly in their new home and she and her partner felt much happier and more secure. Their relationship also improved. After 18 months, her partner found employment and they began saving for a deposit for a house in the private rental sector. After a further 8 months they had saved enough and moved to a new house and were supported in this move by their Focus Ireland key worker. Dawn felt that the support she got was invaluable.

I could not have done it on my own; we would still be living with in-laws. I was losing hope. My keyworker was so supportive and never judged me.

## **3.2 The partnership approach**

The partnership approach of LYH is a unique working arrangement between stakeholders – Limerick City and County Council, Focus Ireland and Tusla. The partnership approach was reported as being an integral part of the service and a key ingredient of success. The young person gets more support as it is available from two or three agencies rather than one, and more creative solutions are possible.

*There is a big learning between the organisations. There is a joined-up thinking; we are looking at young people holistically. Everyone is working at thinking outside the box to find solutions. The LYH has allowed this to happen. All locations (for youth homelessness) are discussed. (Tusla Social Worker)*

Limerick Youth Housing is scatter-site and some units are shared. Decisions around sharing are based on the desire of the young people themselves and also considerations of their routines, for example, their engagement with employment or training, etc. This information is captured at assessment and fed back to wider allocation group meetings for discussion.

Central to this is the 'allocations' meeting held every six weeks. Staff from across the stake holder organisations – youth homelessness, aftercare, disabilities and residential care – are involved, and it expands to include discussions with other relevant stakeholders where appropriate (e.g. NOVAS, another homelessness voluntary organisation in Limerick, which runs the emergency accommodation DIAL House). The following benefits were identified from these meetings:

- › Referrals are appropriately prioritised. The meeting allows the team to make changes within the services, e.g. moving a person from one type of provision to another to make space for a higher priority case.
- › It allows for creative thinking about how best to respond to the needs of incoming referrals and subsequent forward planning. Early discussions of 17-year-olds who will be coming into the service in the coming year can take place in a timely manner.
- › The forum encourages discussion about the gaps in provision and ways to address them.
- › Provides networking opportunities, building on the initial trust and spirit of cooperation upon which the service was designed. There have been opportunities to train, travel and network with other similar projects, and the initiative has become known both nationally and internationally.
- › It is also an opportunity to resolve interagency problems. For example, at the outset, HAT, Tusla and Focus Ireland had different definitions of the thresholds for low-, medium- and high-risk cases. Through collaboration, they reached a new agreement about thresholds that were acceptable to all. This is now contained in a policy and protocol document.

Ongoing communication pathways have also been established. There is a willingness to learn from each other. Frontline staff are given the opportunity to establish and develop good inter-organisational working relationships. Staff reported that there is a lot of mutual support from colleagues. Within the initiative there is a lot of expertise in the area of youth homelessness. This should lead to better outcomes for the young people but also improve the institutional knowledge of how to prevent youth homelessness and improve the sustainability of exits. As well as the allocations meeting, the following four other benefits of the partnership have been identified.

## **1 Prioritisation of cases**

The case prioritisation element of the work ensures that those with the highest needs are prioritised:

*Because the allocation process is set up, it allows the most needy to get the space. It challenges your assessment of a situation. You may think your client has the worst need but then you may hear another story that is worse and you may change your opinion. (Tusla staff)*

It is thought that better planning for young people and early identification of gaps in provision should lead to fewer crises in the system and reduced costs. It should, for example, minimise the need for costly emergency placements for young people leaving care.

*We flag people early, we refer early, we get a sense of whether they are suitable for the service or not. (Tusla staff)*

## **2 Strong relationships with local government and statutory agencies**

The council staff member, as the referrer, stays in touch with the service and the progress of the young person, which improves accountability for outcomes and decisions. Review meetings take place regularly and there is regular communication between the council and key workers, ensuring that issues get flagged early.

*For us to know that we always have to feed back is very important. We have access to support if things come to be a problem. The roles are very clear. We are accountable to Tusla and the council. (Focus Ireland, Project Worker)*

## **3 Service quality**

The youth development approach with a focus on progression through employability, education or training is also seen as successful. Innovative staff are essential to the team. There must be an openness and a willingness to change, to take a risk, and to think creatively about finding ways to be responsive to the young person's needs. Recruiting staff with appropriate qualifications and experience is important. Regular training is also a feature. This is discussed in more detail in 3.3.

The standard of housing is important to the success of the initiative. The accommodation is designed to a high standard, and upkeep, maintenance and geographic location are also important. The move away from an institutional feel to housing projects is a positive progression, and there is more focus on scattered housing that does not require 24/7 staffing.

## **4 Retention strategy**

The retention strategy of the initiative is an important element of its success. The approach is based on positive youth development. The workers are encouraged to have a holistic approach in their case management. Individual care plans are designed in partnership with the young person. A step up/step down approach is used. The initiative provides a high tolerance level of support. The accommodation is run by what is described as a sympathetic landlord. A young person is not evicted if they fall into rent arrears (see 3.3).

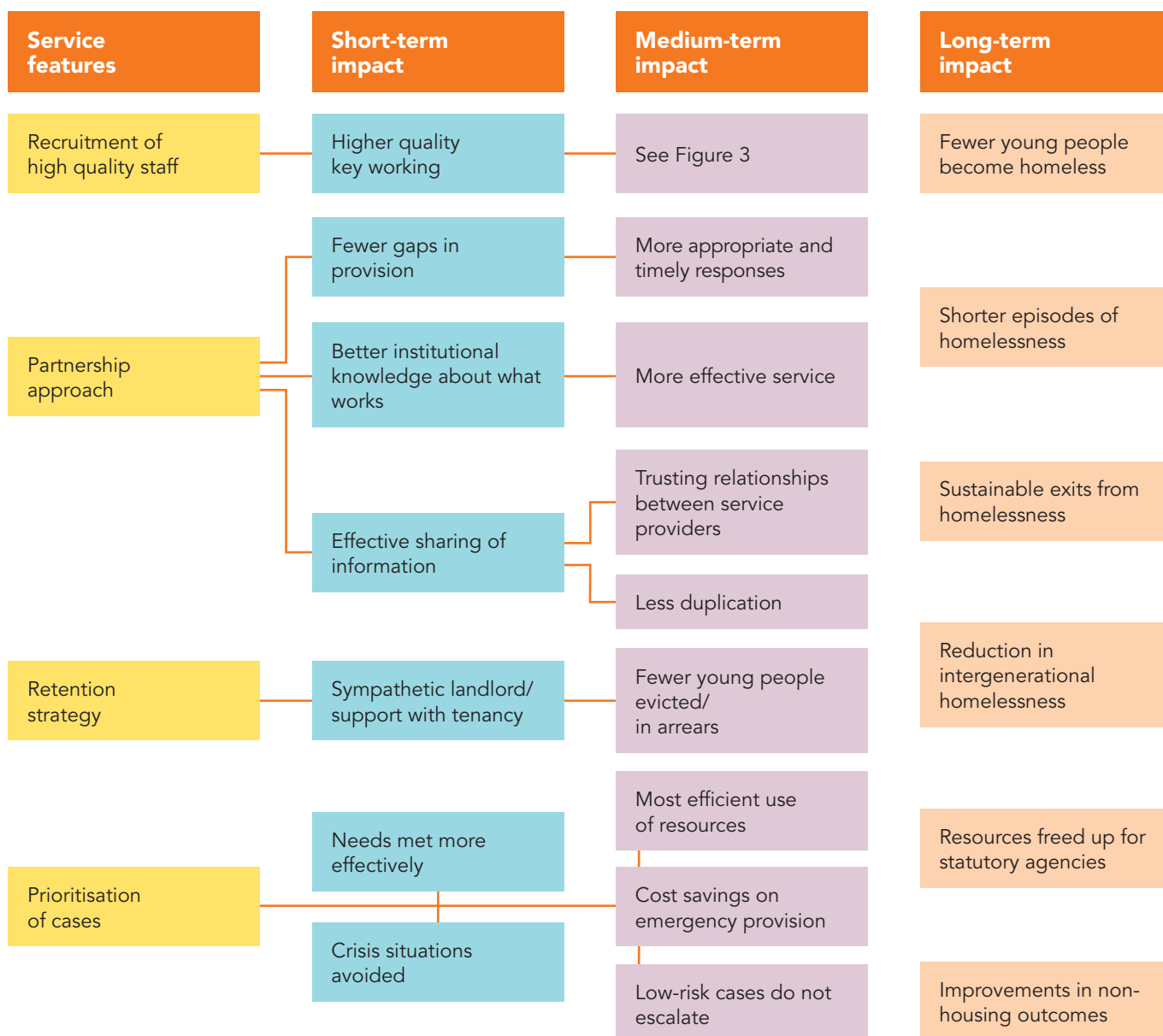


Figure 2: LYH theory of change for services

### 3.3 Customer-facing work

A young person who is homeless, or at risk of homelessness, and who is considered low to medium risk is offered the service upon turning 18.<sup>6</sup> The service is intended for those up to age 21. However, for a young person engaged in education, the service (the housing and associated supports) is extended until they are 23. As discussed, a feature of LYH is that a young person is identified earlier than 18 years with a view to flagging their potential needs to the team in advance of their entry into the initiative. The length of tenancy varies. A person may stay in the initiative from 18 to 23 (and occasionally for longer) or they may only engage with the service for a few weeks, depending on their needs. Staff work with customers to keep them engaged. A last resort is an eviction, which would occur in

<sup>6</sup> Other services are available for young people considered to be high risk.

extreme circumstances, for example, if there was criminal activity. However, these are rare. If the service does not suit the young person they may be referred to another service, for example, a hostel. The eviction policy regularly came up in discussion with the young people, who were aware of it and appeared to understand it. Some of them had received warnings in the past but they were very aware that there were responsibilities associated with staying in the accommodation, the primary one being to comply with the rules.

Meetings with key workers vary in regularity from between twice a week to twice a month. Those with higher need levels meet their key worker more regularly. Guidance and advice is given on issues related to independent living, such as housing, budgeting, social welfare, job seeking, education/training, and health. The meetings are also a form of social and emotional support. Check-in phone calls also occur between key workers and customers. One participant told us:

***The staff are friendly and they treat you like you are on the same level as them. They don't judge you. It makes you realise that you can get better and that you are not worth less than anyone else in this world.***

If the young person has been referred to the service by Tusla then they continue to have a Tusla support worker as well as a key worker in Focus Ireland.

There were high levels of satisfaction reported about the key workers by young people. Thirteen out of fourteen respondents said they felt supported by their key worker. They told us it was important that the relationship feels friendly and non-judgmental:

***There has to be a click with your social worker or key worker. They have to be there for you; having a good relationship is very important. They don't judge you.***

***They show that it's not just a job. They show they have an interest and demonstrate that support.***

***They keep trying if you come to them with a problem. They will go back to the drawing board and keep trying until they find a solution.***

The combination of safe shelter and a focus on independent living was often mentioned. By having housing needs met first, the young person and their support workers can think about their future earlier and in a more planned way than before:

***Three years ago, all we could offer them was private accommodation, or a hostel place. LYH has allowed us to place the more difficult young people in secure housing. This gives us a route to a tangible end that we have control over. (Tusla staff)***

The intensive support provided by staff enables early detection of problems and subsequently the linking of the young person with tailored, preventative support. The geographical proximity of the accommodation allows for greater monitoring of a potentially negative situation taking hold.

***We can very quickly find out their level of ability to cope on their own. For those with struggles, we can identify what they need earlier than we would have before now, in the old system. (Local council, HAT staff)***



A key characteristic of the model is the way that it works closely with a wide range of services. This includes traditional partnerships with social workers and so on, but there is also a good relationship with the judicial system, for example. The initiative gives more options to judges when faced with passing judgments on young homeless people in the court system.

Figure 3 sets out the theory of change for young people. It describes how they move from a situation of crisis to stability and to a set of conditions that mean the service is no longer required.

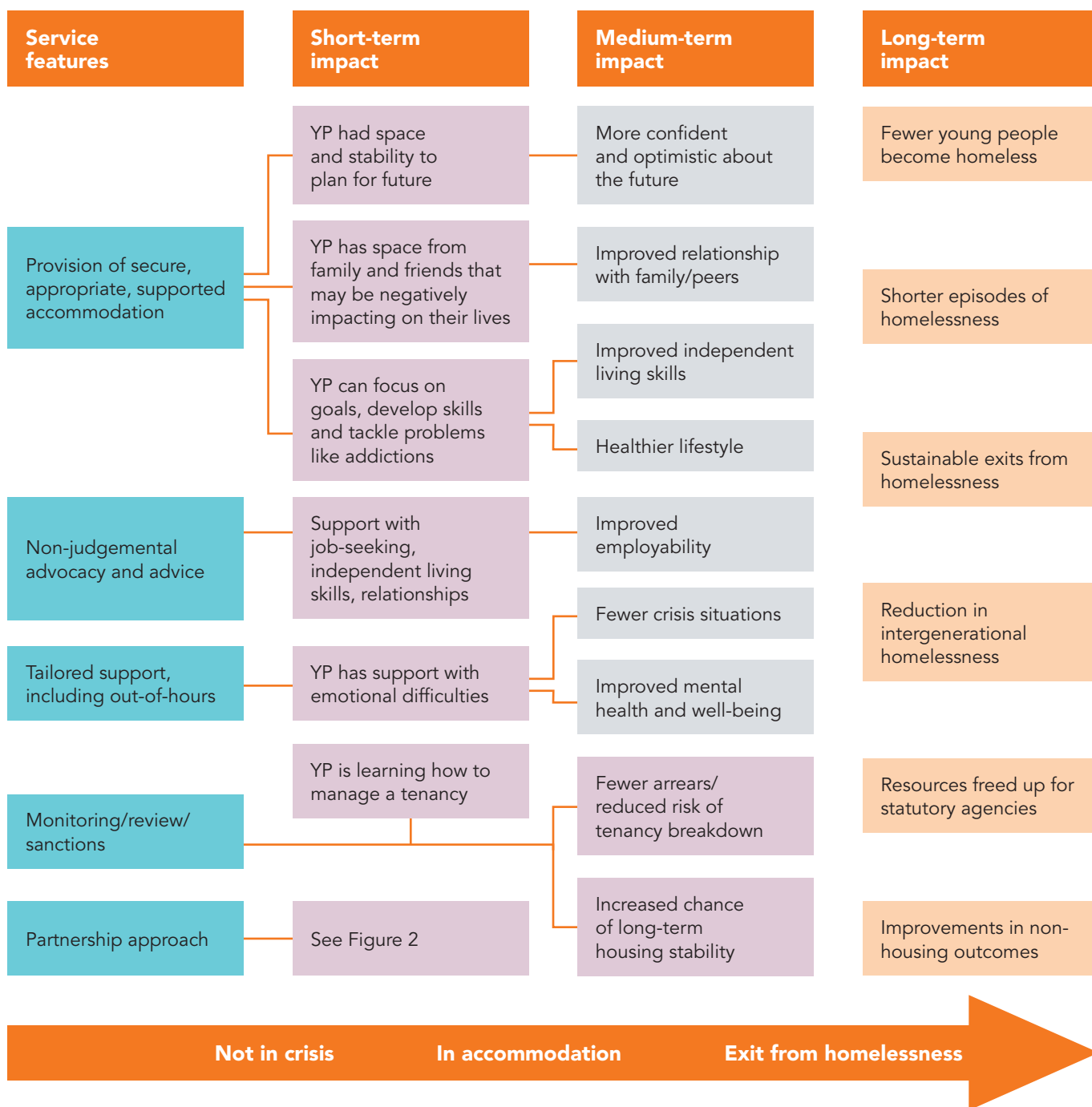


Figure 3: Theory of change: young person

### **3.4 Determinants of a successful outcome**

The factors determining a successful outcome for a customer was discussed in the focus groups and in the interviews with young people. The findings here were similar to those found in the literature (see Chapter 2). Some of the factors related to previous life experiences and/or things that were outside of the control of key workers. As discussed, young people coming from residential care tend to have higher needs than those from foster care or who have not been in the care system. They need more support with independent living skills, and their outcomes will sometimes not be as good, because their coping skills will not be as well developed. This is particularly the case for young people who have had numerous placement breakdowns (these will often end up in residential care). A move from a stable foster home to LYH is a planned move and is likely to be more successful than a crisis move as a result of a placement breakdown.

People with their own children are also a separate group who tend to do well. The housing of families is unique to the service, as it is commonplace for social services not to prioritise keeping young families together but to put the child into care. This may in turn have an impact on the life chances for the child and have implications for intergenerational homelessness. A history of homelessness leads to other difficulties for children such as inconsistent schooling and mental health problems, potentially with long-term consequences. However, these longer-term trends are not yet observable in the service data.

In terms of things that key workers can focus on, building a good relationship with the young person was highlighted. There needs to be a situation where trust has been established so that the young people will come to them when things are going wrong, for example, when money is running low, their mental health is deteriorating, or their addictions are out of control. Positive relationships with those outside of the service – families, peers – are also important, as are independent living skills. Those with more positive mental health tend to do better, as they are good at managing their social time and are less prone to loneliness. According to staff, loneliness and isolation were reported to be an issue for some young people. Staff told us that those in education/employment tend to be more motivated, more engaged in meaningful activities and less likely to engage with negative peer groups. There is a lot of emphasis within the service on employment and training pathways. This is discussed again in the recommendations section.

## 4.0 Profile of the young people

In the previous chapter we described how the project works and the perspectives of the services on how they believe it works. The rest of the study focuses on the findings from the interviews with young people (see Appendix 1 for the interview guide). In this chapter we provide an overview of the young people in the service and a description of our sample. It describes the lives of the young people before they came to the service, and their experience of moving into the accommodation.

### 4.1 A profile of the young people

There are currently 22 young people engaged with the service. Since its inception, 54 young people have availed of the service (see Table 2).

| Type of service | Number                       |
|-----------------|------------------------------|
| In FI housing   | 13 (space for 16)            |
| Outreach only   | 9                            |
| Closed cases    | 32 (including outreach only) |
| <b>Total</b>    | <b>54</b>                    |

Table 2: Number of young people

Some data have been gathered on the total population of 54. Figure 4 shows their previous accommodation. As we can see, almost a quarter had been in the care system.

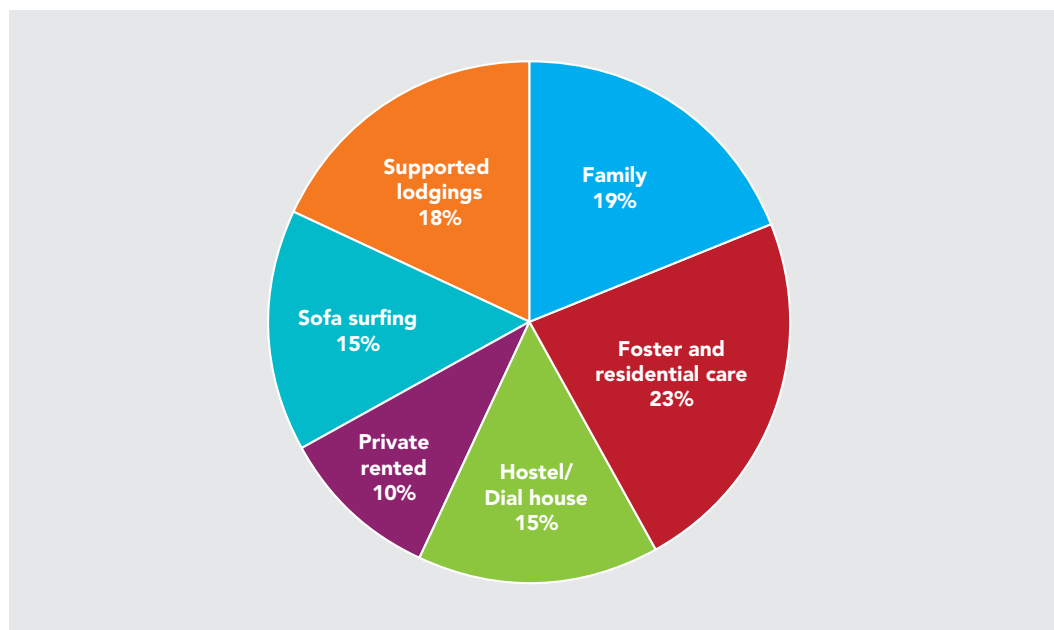
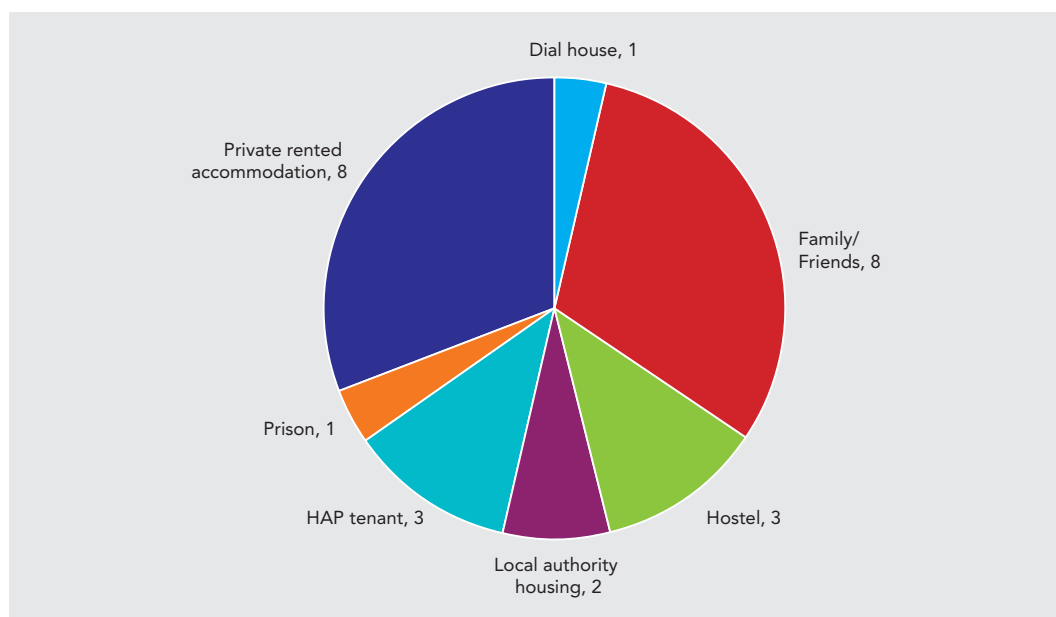


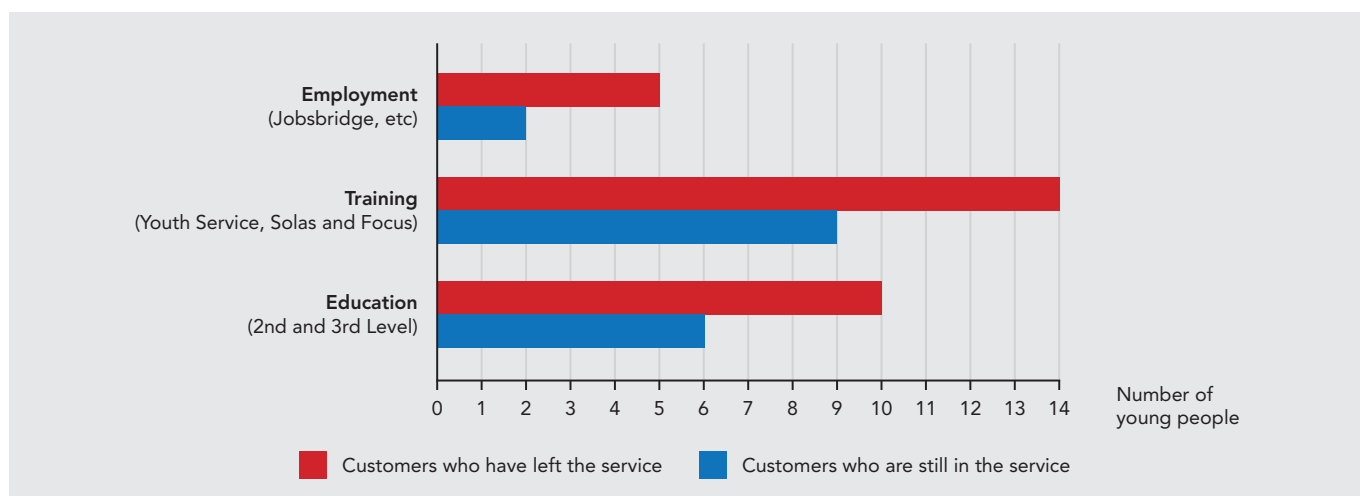
Figure 4: Accommodation before LYH

We also have data on the key outcome of housing stability. Figure 5 shows housing outcomes for 26 'closed cases' that live in the local authority area (i.e. for whom data are available). As we can see, 85% appear to have achieved housing stability of some kind (excluding three who are in a hostel and one who is in prison). Not enough is known about those with family/friends to know whether that is a positive outcome for the young person. However, 14, or over half of the closed cases show evidence of being able to manage a tenancy.



**Figure 5: Housing outcomes for former customers**

Finally, some data have been gathered on the numbers that have accessed education or employment opportunities. Figure 6 shows a breakdown by type of activity and distinguishes between those who are currently in the service and those who have left the service. As we can see, 46 young people, or 85% of all customers have accessed one of these. For former customers, these data were gathered at the point of leaving the service, so we do not know how sustainable this outcome was over time.



**Figure 6: Numbers of young people who have accessed employment, training or education**

## 4.2 Describing our sample

In our sample of 14, the average age of the interviewees was 21, with a range of 19–26. Most (n=10) have completed the Leaving Certificate and half were in some form of education or training. All were referred into the service through social workers, the Housing Action Team or Tusla. Most were referred because of an identified housing need, but other factors included poor family relationships, health and well-being, and addiction. Four were former customers, one of whom was now in long-term FI accommodation, with the other three having exited to local authority housing or the private rented sector. Seven were also in receipt of Tusla aftercare.<sup>7</sup>

There were more females (9) than males in our sample, and five had been in the care system. Accommodation experiences were similar to those in Figure 4. Most had more than one previous accommodation experience. For example, they may have been living with extended family since their family relationship broke down. These included precarious living arrangements such as couch surfing. Six of the participants had experiences of rough sleeping. The frequency varied from one person who did so regularly for a long period, to others who had done so occasionally. Two participants had also lived in a hostel for a time, while one had lived in a tent.

## 4.3 Experiences of Focus Ireland accommodation

There was a very high level of satisfaction with the accommodation (see Box 2 for an example of this). Participants were positive about the housing standard, the location and proximity to services. All respondents reported feeling very happy once they had moved in, with feelings of safety, security and independence featuring highly in feedback.

*It was amazing. We sat in silence for an hour. I couldn't believe we could make our own dinner in our own place.*

There was a small group of people who thought getting repairs done took a long time. The most notable difficulty was not getting along with those they were sharing with, which was mentioned by 3/14 respondents.

*She (roommate) moved in cold. I did not even meet her before moving in to see if we would get on. Not everyone pulls their weight.*

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<sup>7</sup> See <http://www.tusla.ie/services/alternative-care/after-care> for more information on aftercare provision in Ireland.



## Box 2: Case study of a homeless young person

Susan (21) had been living in foster care since the age of 13. She and her sister experienced emotional and physical neglect while living with their mother who was a single parent and had a substance misuse problem. They were referred to Tusla and put into foster care. Susan continued with her education until the Leaving Certificate and then moved to supported lodging for a year. Her social worker recommended that she apply to Focus Ireland through the youth housing initiative. Susan was studying at an Adult Education College and was keen to get a job following her two-year course. She could not see how she would be able to save money for a deposit and rent.

She moved into the Focus Ireland accommodation at the age of 19 and finished her course. At first, she found it difficult being responsible for herself and her own money. She would run out of money three days into the week and had to borrow and again be short the next week. She was offered support from her key worker in the area of budgeting and household management. She began to enjoy the challenge of making her money last and of learning how to cook nutritious meals on a budget. She is living with another girl in a two-bedroom apartment.

*It is way better than I thought it would be, way better than any apartment any of my friends live in (private rental sector). I was really surprised. The washing machine is new! It is really spacious for two people and only a short walk to the supermarket. I was so happy when I moved in. I had a bed to call my own, my own kitchen to cook in, my own front door to close.*

Susan is now job seeking and gets support from her key worker with CV preparation and other job-seeking skills. She feels that the support she gets is very important and gives her the confidence to continue. She is also considering some further education options and feels hopeful for her future.

## 5.0 Evidence of outcomes for the young people

In this chapter we focus on the outcomes for young people, i.e. the extent to which change has taken place in their lives as a result of being in the service. We pick up the outcomes identified in the theory of change in Chapter 3 and discuss each in turn, beginning with physical health. We conclude with some reflections on whether changes are attributable to the service and future challenges.

### 5.1 Physical health

Several participants suffer from chronic health conditions such as back pain and asthma. All reported that they were registered with a GP and that taking care of their health was important to them. Nine out of fourteen respondents were smokers, 5/14 drank alcohol regularly and 3/14 reported using drugs recreationally. The young people either had medical cards or were in the process of applying for a medical card.

Respondents were asked to rate their health from 'very poor' to 'very good' before and after participating in the scheme. Seven described their health as 'good' or 'very good' before taking part, which had increased to 12 at the time of interview (see Figure 7). Although a small sample, it is indicative of change. If this were replicated with ex-post and ex-ante data it would bring the sample from well below average to being in line with average for self-reported health for Ireland (82%) (Eurostat, 2015).

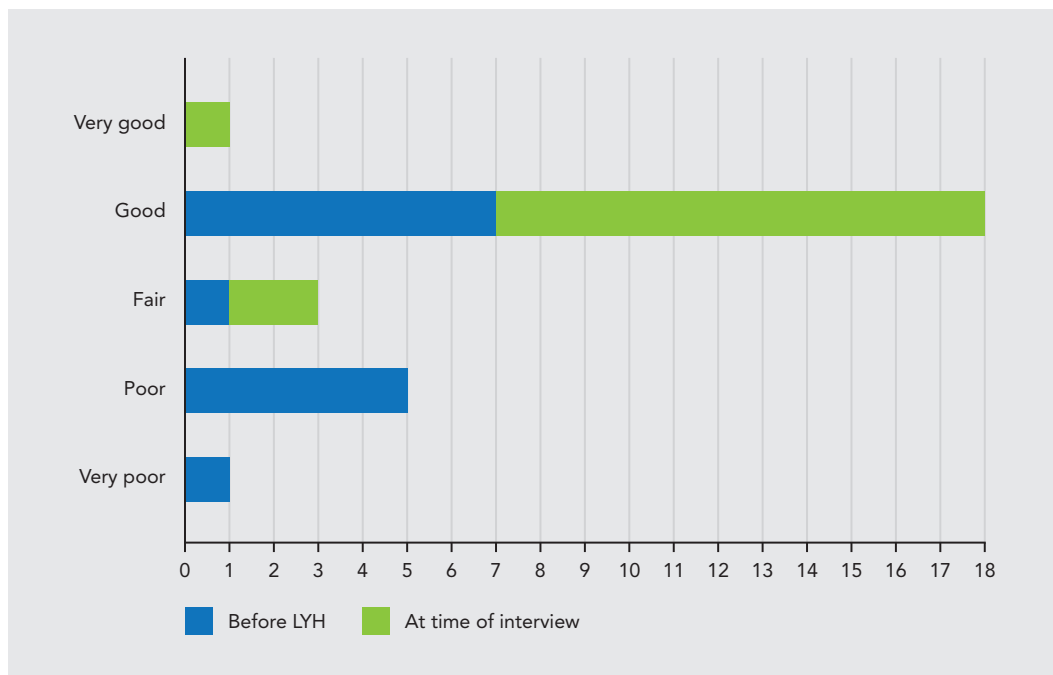


Figure 7: Self-reported health before and after LYH

## 5.2 Mental health and well-being

All the young people felt that the overall quality of their lives would have been poorer had they not engaged with the service. Many described a ripple effect of their housing status on the rest of their lives. For some, it was impacting on their mental health and/or addiction problems.

*Life is better. I have nothing to be worrying about. I have something to eat, a place to get changed, cleaned or washed. My frame of mind is better because I know I have everything. I don't have to be running to soup kitchens or begging or things like that.*

*I get less anxious about what is around the corner. I focus on everyday things like showers or cooking, instead of worrying about when I will next eat or shower.*

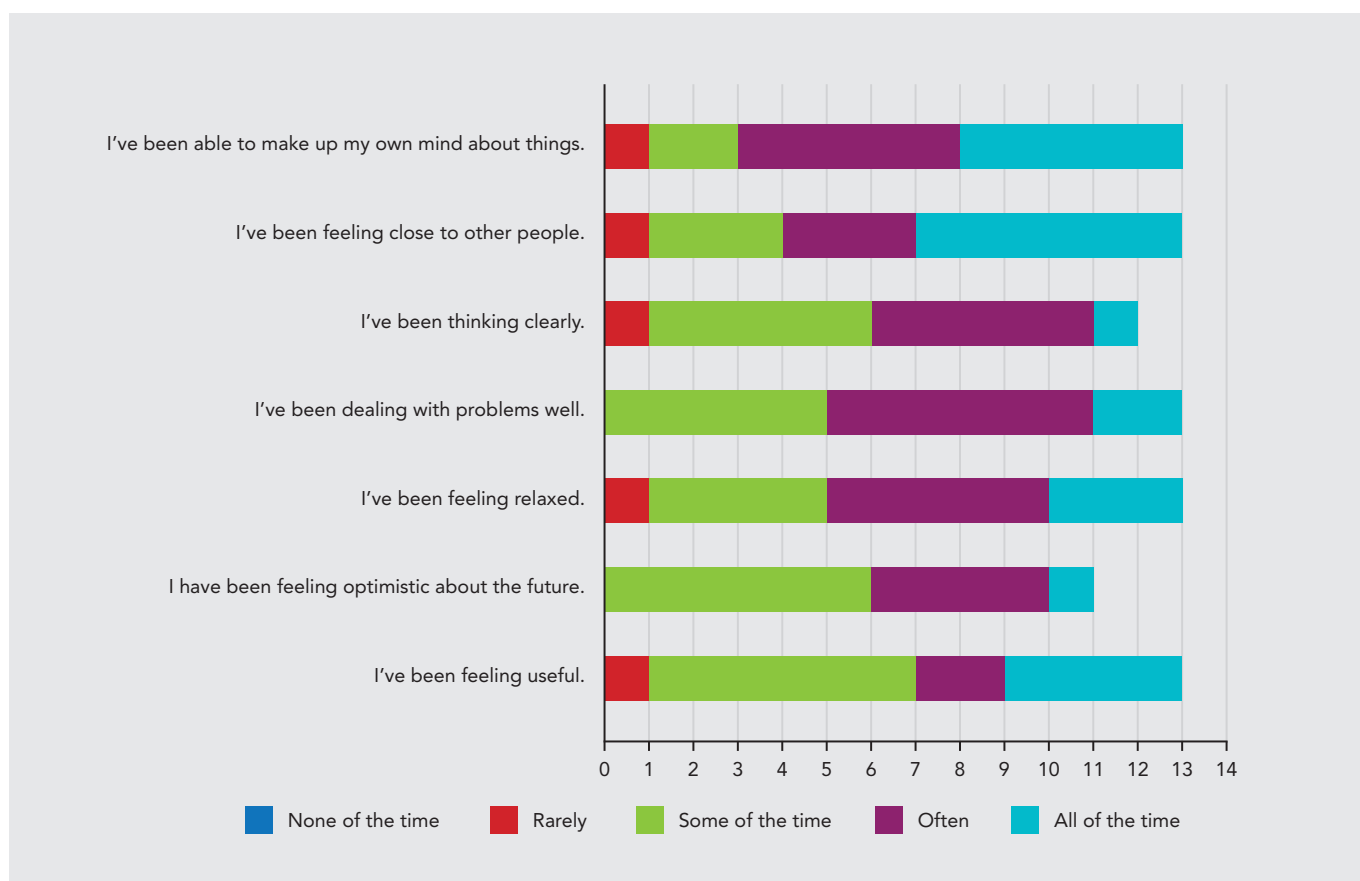
These are markers of what has been described as 'ontological security' (Padgett, 2007). This is a concept which describes the feeling of well-being that arises from a sense of constancy in living arrangements. In a study of Housing First tenants with mental illness in the US, features of ontological security, such as daily routines and privacy, were found to be more prevalent than amongst a control group (ibid.).

Those who had been in contact with the criminal justice system told us that they would have continued to do so, with an increased risk of being charged or imprisoned. Those currently in education said they would not have maintained their education had their housing situation continued to be unsuitable and unstable. Six out of fourteen said that they would have continued to interact with family members/peer groups who were negative influences on their lives.

*I now know the people who are good for me or bad for me.  
I don't have people poisoning my mind at home.*

Respondents were asked to rate their life satisfaction and feeling that life was worthwhile before coming to LYH. These received average ratings of 4.8/10 and 5.1/10, respectively. At the time of interview, this had increased to 8/10 and 8.1/10, respectively. By national and international comparison, these scores move from being in the very low range – 80% of European residents rate their life satisfaction at 6 or above – to being above the national average (7.4/10) (Eurostat, 2015).

In addition, respondents were asked to complete the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) (NHS Health Scotland, 2007) (see Figure 8). This is an adapted version of the widely used 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS).<sup>8</sup> This scale was used for illustrative, rather than diagnostic purposes, and should only be interpreted as such. However, the responses to this suggest some further mental health needs amongst the group, which was confirmed by the qualitative data.



**Figure 8: Self-reports on measures of positive mental health**

Independent living skills refer to a young person’s ability to cope with independent living. This includes day-to-day practical things like cooking and cleaning and self-care but also includes key life skill such as managing money and managing a tenancy. Independent living skills were frequently mentioned by key workers as being important to a young person’s ability to exit homelessness.

The young people in our sample generally reported that they were taking more responsibility for their lives, and being more responsible towards others. This increased sense of independence was reported positively. For several participants, it gave their day a purpose and they expressed pride at being able to do things for themselves.

<sup>8</sup> This seven-item scale has undergone a more rigorous test for internal consistency. The seven items also relate more to functioning than to feeling, which offers a slightly different perspective on mental well-being (Stewart-Brown, 2015).

*I didn't have to think what to have for dinner or how to spend money. Now I have to do that all for myself. I have to buy my own food, pay for rent, electricity. I have to think for myself. It is hard sometimes, but it's great too.*

*I'm better at budgeting and managing my money. They helped me at the start with that. I've gotten mature since I've had my own place. It has helped me to grow. I've realised that you can't live in the past; you have to move beyond it.*

There is evidence that good routines are being established:

*I'm getting my own routine. I can get things done now. There are no distractions like Dad, drink, drugs.*

They also considered their skills in relation to money/debt management, housing management, self/health care to be of a good standard. The area that young people felt they needed most help with was job seeking or researching training or educational courses.

## **5.4 Motivation, responsibility and resilience**

All respondents (n=14) said that they had a more secure, stable place to live where they felt safe. The feeling of safety was especially important to them, and this appeared to be brought about by a combination of safe shelter and independent living:

*You learn how to budget. This is very important. You get help with whatever you want to do and you go home to a roof over you and you can make your dinner. The best thing is that you can say you are going home.*

*Perfect, like heaven; warm, off the roads, out of trouble, have electricity, roof over my head. It's everything.*

*Good peace of mind, relaxed, having my own little safe, quiet place to go back to.*

They described themselves as becoming more motivated to set goals. Learning to live independently was an important first step and there was evidence that they were starting to think more long-term. This is a skill that is difficult for young homeless people to master, particularly those who have been in care. Those who were in the accommodation a short time tended to still be working on their independent living skills, whereas those who were in the accommodation longer were more likely to be planning more for their futures. In general, participants told us that they were no longer exposed to situations/influences that would lead them back into negative behaviour such as addiction. There are fewer chaotic experiences and this has been accompanied by less worry and anxiety.

Most young people interviewed also thought that they had become more confident in dealing with services since being engaged with the initiative. They tended to have a history of engagement with unplanned medical services such as the emergency department in the local hospital (n=4), but none had done so since they had been housed. The respondents also had used mental health or psychiatric services in the past, but mostly tended not to be engaging with same on an ongoing basis.

To capture these data quantitatively, respondents were asked to complete the Brief Resilience Scale (BRS) to measure their resilience to difficulties and adverse circumstances (Smith et al., 2008). The possible score range on the BRS is from 1 (low resilience) to 5 (high resilience). Using this scoring method, we found an average for this cohort of 3.42, ranging across the questions from 2.7–4.2 (see Figure 9). This is below (but close to) the average found by Smith et al. (2013) in a study of 844 participants with mixed health status.

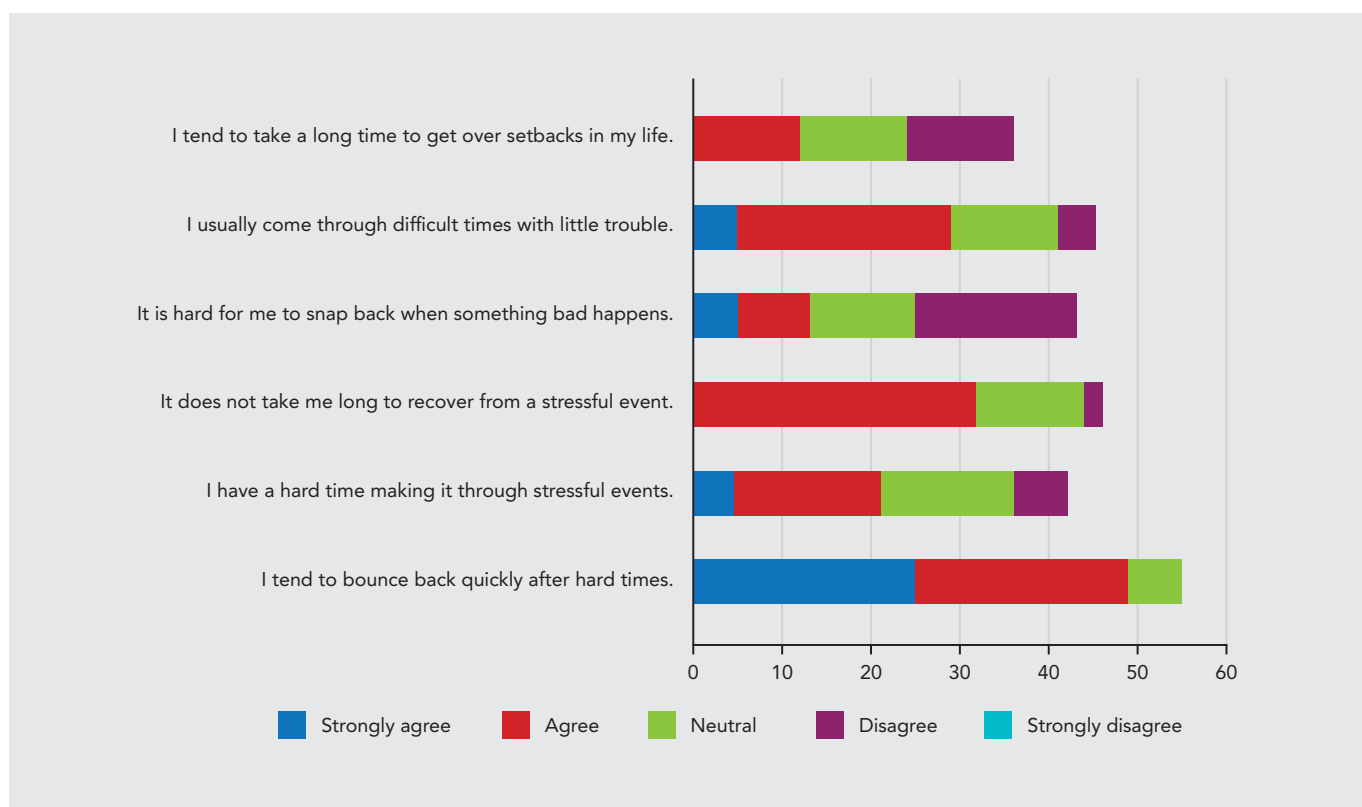


Figure 9: Participant responses to resilience scale

## 5.5 Relationships and communication

All of the young people interviewed told us that their relationships had improved since they had started living independently. This was due to having more control over their lives generally, and being less reliant on family.

All respondents kept in contact with some family members. The contact tended to be weekly, or bi-weekly, and usually face-to-face. The young people reported that they were broadly happy with the level of contact they had with family members and friends. They felt that living independently had allowed them to have better control over what often were negative relationships in their lives. Even relationships that were reported as ‘difficult’ or a ‘bad influence’ were maintained at some level by the young people.

*They have improved. I have grown and people see that I'm taking responsibility for things in my life.*



Ninety per cent of the young people interviewed reported having friends and acquaintances. There was recognition that some friendships were a negative influence prior to moving in to the accommodation, and new boundaries were often in place with regards to dealing with these friends.

*I lost friends because I wouldn't have parties in my 'home', but in regard to other relationships I had more time to spend relaxing time with them, and it gave me space to develop the relationship with my stepdad. Also, there was a good effect on my relationship with my mother, because it showed her that I can be independent.*

Young people also reported having better control over relationships now that they had their own space.

*Life has definitely improved. I'm much happier now. I was going mad sharing with in-laws. It caused a lot of tension in my relationship with my partner.*

*I'm not getting sucked back into taking advantage of everything and having a negative attitude. I now have more control of my life.*

As with life satisfaction, participants were asked to rate their relationship on a 10-point scale, with 1 being very negative and 10 being very positive. As we can see, there is a big increase in the number of people reporting higher satisfaction (especially with family) at the time of interview, compared with before they joined the service, with average scores increasing from 4/10 to 7.6/10. Of the 12 people who answered this question, this represented an improvement for 10 of them and a disimprovement for 2.

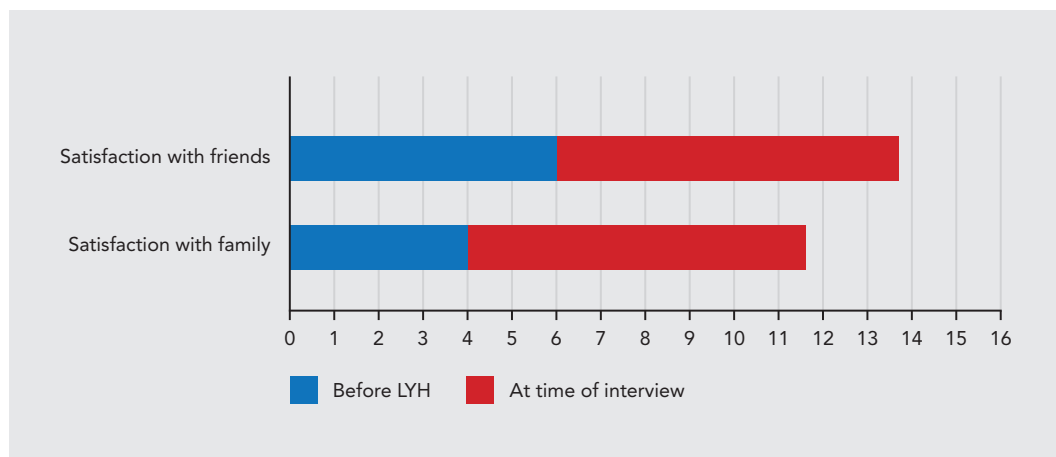


Figure 10: Satisfaction with relationships

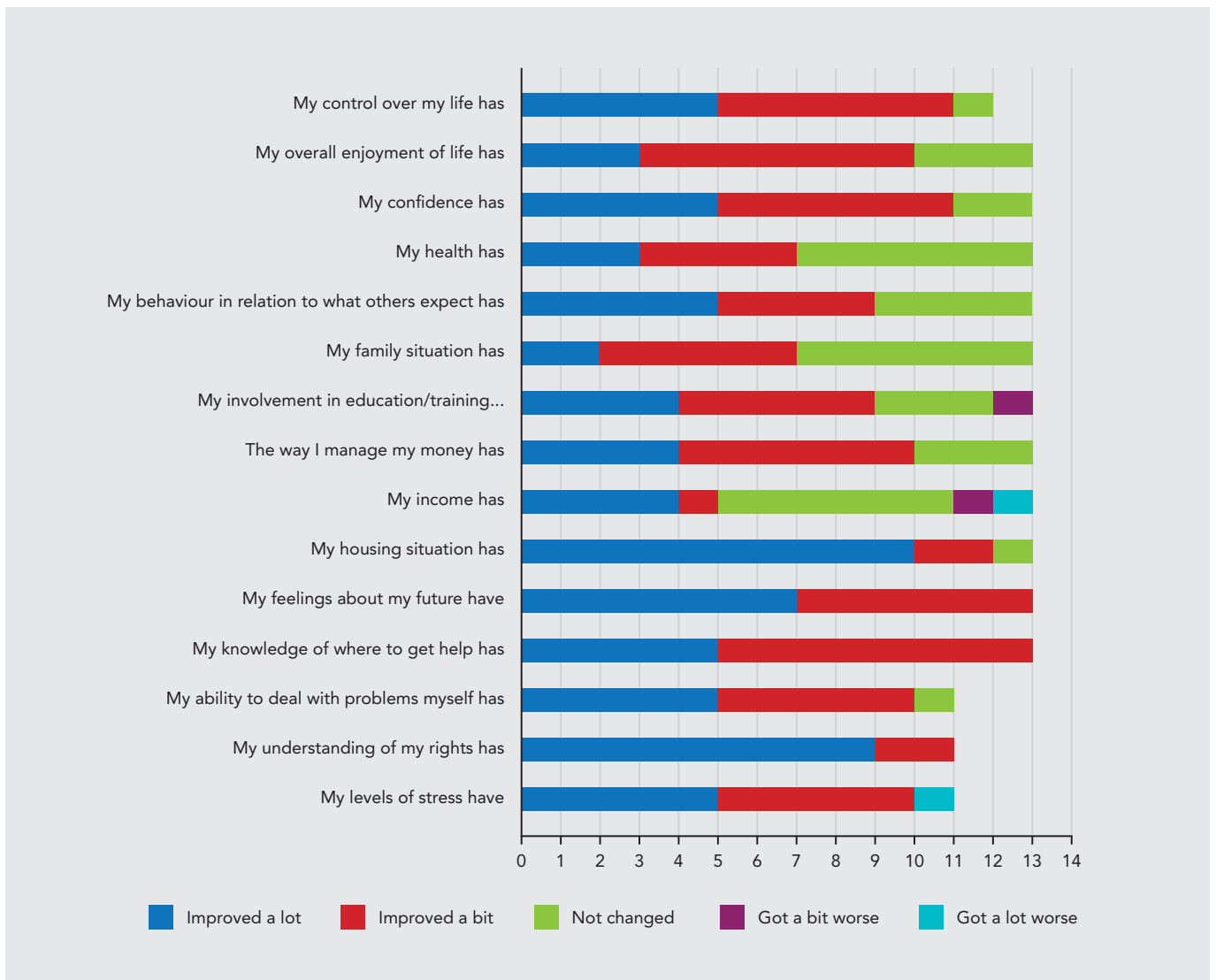
## **5.6 Education, employment, skills and use of time**

Education, training and employment are considered key considerations of the support plan (and where appropriate aftercare plan) for each young person. This is 'customer-led' in that it is determined by the interest and desires of young people themselves. This is regularly reviewed every three months through the support plans. In terms of education, 7/14 were engaged in some form of education/training. This ranged from third-level college to adult education or online courses. Seven out of fourteen were actively job seeking or planning training or education. Young people used their time by visiting family and friends, shopping, managing their tenancies, raising children and keeping appointments (e.g. key worker time, AA, addiction services, counselling). Hobbies mentioned included exercising, socialising with friends, watching TV, watching movies, day trips, reading, listening to music, dog walking, cooking and feeding horses. Overall, the evidence presented suggested that the young people were better able to manage their time effectively since being housed. Young people reported that they spent more time on managing their own home/living situation. They were learning to manage their own budget and their use of time in a more varied and productive way.

When asked about how they spent their time prior to being housed, they consistently talked about 'killing time'. This usually involved walking the streets, visiting friends, going for drives, and some reported using alcohol and/or drugs. Not having time or space to relax meant that young people tended to spend a lot of time being worried and anxious. Out of the sample, 7/14 who answered the question had been in contact with the criminal justice system prior to engaging with the service; 6/14 had been arrested but none of these were charged; 4 had received a fine.

## **5.7 Attribution of outcomes to the service**

Participants were asked to respond to a final quantitative question that summarised the extent to which their lives were improving across each of the outcome areas. The results are presented in Figure 11. As we can see, quite a bit of improvement is being reported across all areas. Unsurprisingly, the area with most improvement is housing. There is also evidence that young people are more aware of their rights and where to get help. There is some disimprovement in income and stress, and one person reported a disimprovement in education/training. It should be noted that the disimprovement in income most likely relates to a bias in the sample: many were in receipt of social welfare payments before accessing the service, and in some cases their disposable income decreased because they were now paying rent as opposed to sofa surfing or staying with family and friends. However, some of the young people were also extremely poor prior to being housed, as they were not able to claim social welfare payments due to the lack of a permanent address.



**Figure 11: Summary of outcomes**

When questioned about what would have happened had they not been housed by the service, most said that their futures would have remained the same or worsened. This meant that they would have remained in unsuitable accommodation (extended family, toxic family environments, addicted parent(s), couch surfing) with implications for the other areas of their lives. Those in supported lodging thought they would have remained there. Those sleeping rough (3/14) felt their lives would have worsened significantly, with one even reporting that they would most likely have died, either through suicide or misadventure.

Most young people got help from their social worker and/or aftercare worker prior to help from Focus Ireland. Most interviewed said that they found it difficult dealing with multiple agencies at first, but as they gained more experience, they found it easier. This was improved further when they began working with Focus Ireland because they were supported in this.

## 5.8 Future plans and challenges

Most young people said that they would like to stay in the Focus Ireland accommodation for as long as possible. Few had plans regarding accommodation beyond that (one respondent was moving to a council house soon). About half of the young people sampled found it difficult to imagine their long-term future and were more inclined to view the immediate future (6–12 months) clearly. Everyone interviewed said that they would like to be able to live independently of professional support in the future. All expressed a wish to be happy in the future, to hold onto the good things in their lives and to be in control of their futures:

*... hope to be calmer, to be finished with chaos.*

All young people interviewed expressed hopes for their futures. They all said they would eventually like to be able to afford a place of their own to live in. Most wanted to have full-time employment, either in the immediate or medium-term future. Six out of fourteen said they would like to pursue further education, and one would like to learn how to drive. Seven out of fourteen said they were satisfied with their current education/employment status. Those who were not fully satisfied were those who were unemployed and keen to get a job.

The challenges faced by the young people interviewed tended to cover similar themes as discussed above: unstable home environments, not being able to cope with emotional difficulties, becoming addicted to drugs or alcohol or prescription medication, and coming to terms with difficult family circumstances, including addicted parent(s):

*My mom was always moving. She drank a lot, wouldn't pay rent. We kept having to move house. I ended up raising my sister when I was not even grown up myself.*

Participants were also asked to identify the things in society that would need to change to prevent youth homelessness. Suggestions they made were as follows:

- › Having someone to talk to at an early stage of difficulties arising in the home
- › More child-centred social work practice
- › More understanding and helpful landlords
- › More opportunities to hear real-life stories of homeless/addicted young people in schools
- › More lenient (sympathetic) school system with a focus on enjoyment and enjoyment of learning.

*People need to hear a child. My social workers were not really listening to us and my mother would tell them different stories [to the ones that we told them].*

*The systems should be more child-focused. Children should be told they can speak up, that they do not have to be afraid.*

Finally, although a full cost-benefit analysis was outside the scope of this study, we have been able to compare the costs of delivering the service with the savings to the State from a reduction in demand for emergency accommodation (see Box 3 for a description of this).

### **Box 3: Some estimates of cost savings from the project**

Staff involved in delivering the project were clear that there were cost savings to the State from the project. These included the direct savings from a reduction in the costs of providing emergency accommodation and the longer-term savings that flow from better outcomes for young people. These include a reduction in the amount of contact with the criminal justice system, lower benefit payments as young people move into work, reduced costs associated with problematic drug use, savings to the health system from better physical and emotional health for young people and a reduction in the number of social work hours spent on each case.

It is these longer-term benefits where the greatest savings are likely to accrue, particularly where they also result in improved outcomes for the children of young people and a reduction in intergenerational homelessness. However, due to the qualitative nature of the data gathered as part of this project, it has not been possible to make these estimates. However, it is possible to make a simple comparison between the costs of the project and the estimated savings from a reduction in the use of emergency accommodation.

In 2016, 34 young people used the service at a cost per young person of €8,220. These included 11 young people who received outreach support, i.e. were not being housed by Focus Ireland, and we estimate this aspect of the service absorbs about 20% of the costs of the project. Once we exclude outreach, the costs per young person housed rises to €6,576. The total cost in that year of the housed element was therefore €151,248. In addition, Focus Ireland received €65,936 in rental income, of which €57,408 was paid by the government in Housing Benefit.

There is no published official data on the costs of emergency accommodation in Limerick. An estimate by the European Observatory for Ireland is €29,000 in 2013 (Pleace et al., 2013). Not all of the young people would have ended up in emergency accommodation. Some would have stayed in unsuitable accommodation, with difficult families, or even slept rough. Although these circumstances would most likely have exacerbated the problems that young people were facing and led to an increase in the longer-term costs, they do not carry an immediate cost to the local council. From our sample of young people, we estimate that about 50% would have gone into emergency accommodation. This would result in a total saving on emergency accommodation of €333,800. If we compare this very narrow cost saving with the costs of the service, it results in a 'return' of just over 1.6:1, suggesting €1.60 is saved for every €1 invested.

Another source of cost savings comes from the administrative savings from the partnership approach. Staff told us that lots of time was spent in fruitless accommodation searches and in duplication of work under the old system. Although it has not been possible to quantify this, it is an area that would benefit from future research, e.g. in advance of future roll-outs. In the months prior to the service change, staff could be asked to complete activity diaries to measure the length of time spent on such tasks. More systematic measurement of outcomes for young people could also enable more holistic estimates of cost savings (see recommendations).

## 6.0 Conclusions and recommendations

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In this final section, we reflect on what has been learned so far from the process and make some recommendations for things that could be improved.

### 6.1 Lessons from the process so far

The service has been in existence for three years and lessons have been learned about what works. The service has been adapted in the following ways to address these:

#### 1 Increased responsiveness

The service is designed to be bespoke to the needs of the young person. The group have been able to tailor the service by being responsive to the life stage of the young person. There is no minimum stay or maximum stay time in the service. It is responsive to the needs of the young person and specifically to what length and level of support they need.

#### 2 Information acquired improves the intervention

The service being provided is multi-layered with considerable complexity. The initiative has learned that even if a person only needed a short-term stay (e.g. under 8 weeks) there is still a benefit for both young person and staff. The learning from this short intervention allows the team to figure out with the young person why the housing intervention did not work out. The case information is then augmented, which allows the team to get to know their client needs better and provide them with a better fit in terms of service provision in the future.

#### 3 Need for earlier interventions

The initiative has learned that there is a need to focus more on the needs of those most at risk, and early intervention is important for that. Staff would like to engage earlier with 17-year-olds (or even 16-year-olds,) because the transition between 17 and 18 is too great and the young person is more likely to have a poorer outcome if they wait until 18 to engage them. At present, there is no formal preparatory phase, but this has been identified as something that would be useful.

#### 4 Representation at allocation meetings has been modified

The team learned over time who needed to be at the allocations meetings in order for the service to be most effective. For example, NOVAS were not present in the beginning and the service has improved since they have been involved. The current protocol is that any stakeholder can be invited to attend if that will improve the service provision.



## **5 Policy and protocol development**

The need to change protocols has been identified. For example, one organisation's definition of high need would not necessarily correspond with another's. It has been established within the team that high needs do not always mean high risk, and identifying this has improved the response. There is an openness to change of policies to hone the service to better suit the needs of the young people.

## **6 Accountability has increased**

The level of accountability has increased since the beginning, which has resulted in better communication and thus better service provision. For example, there were differences in the levels of reporting between statutory and voluntary sector. They have tried to reduce these gaps by bringing their policies more in line with each other.

### **1 Development of policy and protocol for roll-out to new areas is underway**

Achieving buy-in in a new geographical area for roll-out of the initiative can be difficult to manage as it takes time to build new relationships. The service is currently considering developing an induction pack for staff, which could be used along with protocol documents in training about the service.

### **2 Plans to deliver more housing places**

The initiative plans to increase accommodation places, roll out to other geographical locations, and reduce the waiting time for customers to be housed. However, the housing crisis is impacting on growth, particularly the availability of move-on accommodation. There has to be a through-put otherwise there is no service to offer new referrals. There is very little available in the private rental sector, a few in council housing, so it is mostly Focus Ireland accommodation. A barrier to acquiring property in Limerick was that the Capital Acquisition Scheme (CAS) funding for social housing could not be used for transitional housing under local regulation, but in Limerick an exception was made in this instance. Subsequently, it is now agreed that CAS funding can be used for these transitional units. This is a great opportunity to fund property acquisitions. However, it can still take 18 months to get the deeds of a property from sale agreed time due to protocols, legal requirements and regulation. It is thus very difficult to purchase property in a timely manner.

### **3 Further research and development**

Other future plans include engaging in further research and engaging in more lobbying to raise the profile of the service and youth homelessness generally.

## 6.2 Recommendations

Some recommendations have emerged from the research which apply at the service, local and national level.

### Recommendations for Focus Ireland

#### 1 Data collection, longer-term outcomes and further evaluations

The evaluation was hampered by a lack of robust outcomes data for young people. As the service works with a small number of young people, many of whom are known to social services, it should be possible to introduce better monitoring of longer-term non-housing outcomes. To this end, Focus Ireland have commissioned a parallel study to develop a measurement tool for this cohort. Because of the extent to which these young people have already been subject to administrative data collection, staff have raised concerns about getting young people to agree to complete the surveys. However, even if only a sample complete it, it would provide much richer longitudinal data which could build on this cross-sectional analysis.

Staff should consider ways in which they could use technology to support their work. One suggestion that would support data capture was that staff should carry laptops or tablets to client sessions. These could also be used for more electronic case management, which has been found to be effective in other studies (see Chapter 2).

As the service was offered to all eligible young people, there was no natural comparison group with whom the study cohort could be compared. One way to enhance the evidence base with some counterfactual data would be to carry out baseline research before replications are put in place. The focus of data collection would not just be in relation to outcomes for young people but also to the time staff spend in fruitless housing searches or duplication of work.

It is not yet clear whether the programme can contribute to the breaking of the intergenerational cycle of youth homelessness. The recommendation is to explore the impacts of the programme on children and to track longitudinal outcomes.

An exit is currently defined as the young person no longer needing the service, but this is a very subjective definition. More clarity on what this means could help identify areas that need prioritisation and extra resources.

#### 2 Case management staffing

The 'key worker' approach was identified as central to the success of the project. The importance of recruiting 'well-trained, high-quality staff' capable of adapting to the approach of the services was reflected in the comments of the statutory partners and the young people. Giving such staff the time to actually make a difference is part of the success of the project, and it is important that, as the service develops and is perhaps rolled out across the country, key workers' caseloads are maintained at their current level to allow this work to take place.

### **3 Employment and training**

Employment and training emerged from the primary and secondary research as being an important enabler to a successful exit and to the sustainability of that exit. It was also an area that young people told us they needed more help with. Staff have already built relationships with the Department for Social Protection and associated employment programmes. However, there may be scope for enhancing this aspect of the Limerick Youth Housing. This might, for example, involve building relationships with employers to provide work placement opportunities for young people, or building relationships with other non-statutory bodies such as social enterprises. However, there is no budget for additional work in this area, and it would require additional funding.

## **Local authority recommendations**

### **1 Mental health support**

Whilst much progress appears to have been made by the young people, the area that emerged as having the greatest unmet need was mental health. Although the mental health scales used were for illustrative rather than diagnostic purposes and should only be interpreted as such, this may be an area that requires further research and thought as to how to provide support in this area.

One immediate step that could be taken would be for the local HSE Community Mental Health services to be invited to participate in the wider partnership approach of the project.

### **2 Affordable, accessible and secure housing**

There is a chronic shortage of suitable housing in Limerick, which is one of the biggest barriers to reaching more young people more effectively. It is recommended that ways are found to release unused housing to the initiative, e.g. homes that are in disuse or that would be suitable but require refurbishment. This recommendation applies at both the local and national level (see below).

Whilst the relaxation of Capital Assistance Scheme (CAS) funding being used for 'transitional housing' is welcome, it is only a loose arrangement with the council. This should be embedded in policy; it should also apply at the national level. The introduction of a specialised CAS budget line for care leavers, as envisaged in *Rebuilding Ireland*, provides an opportunity to learn from this project and extend its lessons nationwide.

### **3 Better evaluation**

Initiatives like this are innovative and would benefit from a greater research culture. Measurement and evaluation should be built into the design of such projects such that they are capturing data at baseline, which would allow for more systematic data collection and enable quantitative as well as qualitative evaluations of effectiveness. This is particularly important where cost-benefit considerations are deemed important.

## National policy recommendations

### 1 The partnership approach

One of the clear findings of the evaluation is that the partnership between Focus Ireland, Limerick County Council and Tusla in delivering the programme is 'an integral part of the service' and a 'key ingredient of success'. This partnership was both an operational activity ('allocations meetings every 6 weeks') and an organisational commitment to communication and problem-solving.

This model is currently 'a unique working arrangement' within Limerick but much could be achieved if it was adopted across the country. The initiation of such partnership can arise from the particular commitment and insight of local actors, but is more likely to be effective if given active support and encouragement at the national level, e.g. by Tusla, the Department of Housing (etc.) and other local government structures (Cepsie, CCMA, etc.).

Other State actors which play a crucial role in the life chances of these young people should also be encouraged. For instance, the participation of Intreo staff in the 'allocations meetings' would help address the challenges in creating effective pathways to the labour market. Similarly, as noted above, the active participation of Community Mental Health services at appropriate times would be an effective way of responding to these needs.

### 2 Vacant housing strategy

The shortage of housing accessible to young people must also be addressed by action at a national level. There is a high vacancy rate in housing across Ireland. While, according to the CSO, Limerick has a lower vacancy rate than the national average, there is still a vacancy rate of over 10% in the city and county (amounting to over 10,000 housing units, 2,500 of which are in the city area). The forthcoming Vacant Housing Strategy due under the *Rebuilding Ireland* strategy must not only address how these units are to be brought quickly into use, but also ensure that an appropriate number of the units are made available to young people at risk of homelessness. Focus Ireland have developed a series of recommendations for addressing these housing shortages.

### 3 Housing: private rented sector

There are also barriers relating to deposits and rents in the private rented sector and access to housing support for those who are in unsuitable accommodation.

In Dublin, the Government has introduced a variant of the Housing Assistance Programme (HAP) to specifically address the problems faced by households that are homeless or at imminent risk of becoming so. This Homeless HAP programme has the flexibility to meet higher rent costs where necessary as well as more rapid access to deposits and rent in advance, for example. The challenges do not only exist in Dublin, and severe problems in the private rental market have been recognised by designating an increased number of towns and cities as 'Rent Pressure Zones'. Homeless HAP should be extended to all areas designated as RPZs.

### 4 Better data on youth homelessness, care leaver outcomes, etc.

Better quality national data would be highly beneficial to research projects such as this. The absence of national datasets on important outcomes such as mental health makes comparisons very difficult, as does the lack of data on relevant sub-populations such as care leavers.

## **5 Young people on reduced-rate social welfare**

Young people are in receipt of different levels of financial support depending on their circumstances (ranging from €100 to €188). Staff felt that the amount of assistance affected the range of move-on options available. Young people who are only in receipt of reduced-rate social welfare face particular barriers. Those on lower payments struggled more with budgeting and often owed money at the end of the week, whilst those on the higher payments felt that the amount was sufficient to live on. The stated policy objective of the reduction in welfare rates for young people was to increase the incentive to take up work. However, homelessness or housing insecurity can often present a much more fundamental barrier to training or employment. Focus Ireland have recommended that young people who are homeless and are engaged in a supported pathway out of homelessness should receive the full adult welfare rate, with labour market supports integrated into the support programme. The participation of the Department of Social Protection in the local partnerships would create an effective mechanism where existing discretion in this regard could be exercised without creating any unintended perverse incentives.

## **6.3 Conclusion**

In general, the young people we spoke to were extremely positive about the impact the service has had on their lives. This was evident from their personal stories and also from the way they completed the quantitative questions retrospectively and at the time of interview. There is clear evidence that the housing element of the programme is beneficial by allowing them space to recover from previous experiences, to develop their skills and to plan for their future. Key working was also valued by the group. The findings especially endorse the non-judgmental way of working and highlight the skills the staff have in supporting the young person, irrespective of the circumstances. However, the service is not a panacea. Whilst housing stability has certainly been achieved, young people were still struggling with addictions, mental health problems, a lack of life skills and difficult family relationships. Engagement with employment and training was a clear area for improvement, and some of the young people we spoke to were keen to work but needed more help in this area.

There are several limitations to this study, which have been outlined throughout. These caveats notwithstanding, the overwhelming message from the sample that we spoke with suggests that the approach has had a transformative impact on their lives. There are also likely to be substantial cost savings to the State of investing in this way of working. There is evidence that young people are moving into employment, committing fewer crimes and using fewer emergency services. Future research should seek to capture these wider social impacts more systematically. Finally, the research provides further support for the housing before treatment approach with young homeless people in an Irish context. The level of satisfaction and appreciation amongst the young people for the housing was very high. There is clear evidence that young people are motivated to build on the improvements in their lives since they started to use the service. Future updates of the research should seek to re-engage this group to track the sustainability of the outcomes into the future.

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# Appendix 1 – Interview guide

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## Introductory comments (for example)

This youth housing initiative is being tested in Limerick as a model for working with homeless young people. Before this service existed, it was much more difficult for homeless young people to get access to housing, and shelter accommodation was much more common. If the service is shown to be successful then it may be rolled out to other young people in Ireland. Telling us about your experience will help us to build a picture of whether the service is helpful and in what ways. It is also an opportunity for you to give feedback on the service and tell us about what has worked and not worked for you. Staff are really keen to know what works and what does not. Just Economics are the company who have been contracted to find out about everyone's experience with the service. This includes all the staff as well as the users of the service. A gift voucher will be available as a thank you for your time. The interview will last approximately one hour.

## Data protection

Before we begin, we need to let you know that, in accordance with data protection legislation, we will treat your responses confidentially: they will not be seen by anyone except the interviewer. The answers will be anonymised (your name and personal details will be removed) and they will be combined with other answers to get an overall picture of how the service is working. We may develop some case studies based on these interviews but we will change any identifying details. By taking part you are helping us understand the service better and we really appreciate your help with that. Please answer as honestly as possible; there are no right and wrong answers. If there is any question that you do not want to answer, this will in no way affect your entitlement to the gift voucher. Please also let us know if you would like to see the report before it is published.

Request to sign consent form

Note on any practical issues observed in client with regards to collecting data, e.g. disability, literacy.

### 1.0 Background

- 1.1 To begin with I was wondering if you could tell me about yourself. (probes on information we don't have, e.g. where you were born, school, family history, have children)
- 1.2 When was your first contact with the service?
- 1.3 What were the reasons for the referral? (probe: housing need, family relationships, education/employment needs, substance use, health and well-being, services engaged in)
- 1.4 What service referred you?

- 1.5 Can you tell me about your previous living arrangement (hostel, family home, foster care, residential, street homeless, staying with friends)?
- 1.6 Have you ever slept rough (number of nights in the month prior to accessing service)?

## **2.0 Experience of LYH**

- 2.1 What is your experience of the service?

Prompt: accommodation satisfaction; key worker experience; (how often do you meet keyworker, what do you discuss at this meeting? Do you need help accessing other supports? Do you get help accessing other supports (education, employment/training, medical, social/emotional, mental health, addiction, other?)

- 2.2 Before you were engaged in the service, where did you get help with these things?
- 2.3 Did you have to go to many other agencies to get these supports? Did you find that process difficult or easy to manage?
- 2.4 What do you think would have happened to you if you did not get the FI accommodation?
  - (a) In terms of accommodation?
  - (b) In terms of quality of life?
- 2.5 One of the reasons that we are interested in researching the service is because it works in a different way with young people. What would you describe as the most important ingredients of a service that works well for young people?

## **3.0 Day-to-day activities**

- 3.1 How do you spend your time?
- 3.2 How did you spend your time before?
- 3.3 Are there other things you would like to do that you are not currently doing? Yes/No. Can you tell me more about that?

## **4.0 Effect of the initiative on your life**

- 4.1 Has your day-to-day living improved as a result of the LYH supports and accommodation? Probe: what has changed for you as a result of the FI initiative?
- 4.2 Are there activities you engage in now that you would not have before?
- 4.3 Are there activities you engaged in before that you would not engage in now?
- 4.4 How would you rate your independent living skills now? (need a lot of help, fair, good, very good). What do you need most help with? And before?
- 4.5 Picking up on the reasons that you came to the service (mental health, addiction etc.), what has changed in these areas of your life?
- 4.6 Have the relationships in your life changed (probe: children, parents, siblings, peers)?
- 4.7 Specific question on education/employment if not already covered.

## **5.0 Use of services**

- 5.1 Has the way you deal with public agencies changed (social work, local authority, social welfare) – better, worse, the same, please explain?
- 5.2 Before you engaged with the service, did you do any of the following?
  - Go to A&E (how many times?)
  - Spend time in hospital (how long?)
  - Use the ambulance service?
  - Now using any of these services?
- 5.3 Since you engaged with the service, have you done any of the following?
  - Registered with a GP?
  - Started to use mental health services?
  - Claimed benefits – which ones?
- 5.4 How many times per month did you interact with the police before you started using the service? How about now? Did any of these interactions before or after lead to an arrest or charge?
- 5.5 How much do you receive in financial support each week?  
What difference does this make to your life?

## **6.0 Future plans**

- 6.1 Do you know, at this time, how long you will stay with the service?
- 6.2 Where do you see yourself in 1 year, 5 years and 10 years? Can you tell us about your hopes and aspirations for the future (probe: areas that led to use of service)?
- 6.3 If you had not come to this service, where do you think you would have been in 1, 5 and 10 years' time?
- 6.4 What challenges do you face? What needs to change in society?  
What needs to change in your personal life? Is there anything that the service can do to meet these challenges?
- 6.5 If we wanted to come back and chat to you again in the future about how you are doing, is that something that you would be open to?  
Anything else you would like to add?







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