



MBA GRADUATE DISSERTATION

Investigating if Alternative Approaches should be implemented in order to Reduce

Homelessness in Dublin.

Dublin Business School

MBA Programme

September Intake 2017

Supervisor: Shaun Hayden

Attached by:

Patrice O'Sullivan

Student number: 10022480

Date of attachment:

Table of Contents:	Page Number:
Certification of Originality.....	iii
Acknowledgements.....	iv
Abstract.....	v
Chapter 1: Introduction.....	1
1.1 Rationale for topic.....	1
1.2 Research Question.....	3
1.3 Research Objectives.....	3
1.4 Researcher Suitability.....	4
1.5 Recipient for this Research.....	4
Chapter 2: Literature Review.....	5
2.1 Literature Introduction.....	5
2.2 Irish Governments Implementation.....	6
2.3 Entering Homelessness.....	11
2.4 Support structure within the homeless sector.....	13
2.5 Exiting homelessness.....	16
2.6 Conclusion.....	19
Chapter 3: Research Methodology.....	22
3.1 Methodology Introduction.....	22
3.2 Research Approach.....	22
3.3 Research Strategy.....	23
3.4 Method of Recruitment.....	25
3.5 Data Analysis Proceedings.....	26
3.6 Thematic Analysis.....	28

3.7 Belmont Principles.....	29
3.8 Potential Issues.....	29
3.9 Conclusion.....	30
Chapter 4: Data Analysis and Findings.....	31
4.1 Introduction.....	31
4.2 Structure of Data Analysis.....	31
4.3 Government Implementation.....	32
4.4 Entering Homelessness.....	34
4.5 Support Structure within the homeless sector.....	37
4.6 Exiting Homelessness.....	39
4.7 Conclusion.....	40
Chapter 5: Discussions.....	41
5.1 Introduction.....	41
5.2 Government Implementation.....	41
5.3 Entering Homelessness.....	43
5.4 Support Structure.....	44
5.5 Exiting Homelessness.....	47
Chapter 6: Conclusion, Limitations and Recommendations.....	49
Chapter 7: Bibliography.....	61
Chapter 8: Appendix.....	62
Appendix A: Reflection.....	62
Appendix B: Gantt Chart.....	67
Appendix C: Questionnaires.....	68
Appendix D: Interview Questions.....	69
Appendix E: Consent Form.....	70
Appendix F: Information Sheet.....	71

Certification of Originality

I hereby declare that the work described in this dissertation is, except where otherwise stated, entirely my own work and has not been submitted as any type of exercise for a degree at this or any other college/university.

Signed: _____

Date: _____

Patrice O'Sullivan

Acknowledgements

I would like to thank my research supervisor – Shaun Hayden for his guidance and valuable advice during this dissertation process.

I would like to thank all the individuals who participated in the research questionnaires and interviews for giving their time and expertise. The study would not have been possible without their contributions. I would also like to thank my family and friends. They were a great help to me during this process. The support they provided was ongoing for which I am deeply grateful. Particularly, to my mother, thank you for taking the time to proof read this work.

Abstract

This is an academic investigation for the Dublin Business School by Patrice O’Sullivan, an MBA graduate in 2018. This dissertation will discuss homelessness in Ireland and look at the ongoing discussions around ending the cycle of homelessness and evaluate the constant pressure towards the Irish Government to either increase the budget or build more social housing, in order to official end the cycle of reoccurring homelessness. It will then look further into this and see if the current supports that are currently being offered by the social care workers, addiction support workers and the charitable organisations are really doing everything they can, to reduce the cycle of homelessness. The main question that will remain in the back of the researchers mind will be; is homelessness maintained by the local charities or reducing by having positive progression to independent accommodation?

The Irish Government is constantly launching a plan to end long term homelessness and the need to sleep rough in Ireland, as it the stands the new plan that is launched is the hope of homelessness to end of 2020. It is highly unlikely that this ambitious target will be achieved, and indeed, the extent of homelessness, particularly family homelessness, is at unprecedented levels. In 2017, during the winter months there was at least one family per day presenting homeless.

This paper attempts to explain why homelessness, particularly long-term homelessness, has increased rather than decreased in Ireland. It will then provide an overview of the evolution of homelessness, particularly in Dublin by looking at the homelessness policy.

The paper concludes that despite the many successful initiatives that are reported to prevent homelessness, there seem to be an excessive flow into homelessness which is driven primarily by referring people to rented accommodation that are not ready to sustain independent living. This paper will also show that the charitable organisations are not encouraging sustainment from their drug addiction or being taught valuable life skills that will be beneficial and key to maintain an independent life.

Chapter 1: Introduction

1.1 Rationale for topic

Homelessness is known as one of the social ills facing Ireland today. Every year, millions of euros are spent on hostels, hotels, B&B's and other temporary accommodation, as a short term solution to this problem. Homelessness is one of the most extreme forms of social exclusions and it "should be defined as a fundamental and persistent problem" Amore, K. et alia. (2011). The Irish legislation which defines homelessness was written in 1988. It makes no reference to families or children nor does it place a duty on the Government to provide accommodation for people who are homeless. The definition needs to be updated as it currently does not reflect, on the level of support that is currently been offered to people in Ireland. While in fact homeless people are receiving accommodation support and financial support.

In February 2013, the Minister for Housing and Planning at the time was Jan O'Sullivan, who launched a Homelessness Policy Statement. It is a relatively brief document that promised to end long-term homelessness, which was later defined as living maximum stay in emergency accommodation would not exceed than six months. This meant that charitable organisations had an obligation where they supported and worked towards a move on to independent living within a six month period. Charitable organisations would consider this as a 'housing-led' approach, which was defined as the rapid provision of secure housing, with support as needed to ensure sustainable tenancies (Department of the Environment, Community and Local Government, 2016). The idea of ending homelessness has, in the words of Baker and Evans (2016,) "*gone from politically unthinkable to politically mainstream.*"

As many people are already aware that when Ireland approaches the winter months, the charitable organisations are constantly seeking financial support for homeless people. The amount of finance requested is constantly increasing each year alongside of the demand for housing. There are different levels of homelessness that needs to be communicated to the wider stake in society. There is homelessness on the streets and homelessness in emergency/temporary accommodation. There are homeless people that choose to reject the support of independent living and would prefer to sleep on the streets of Dublin or continue to obtain a bed in emergency accommodation. There is also homeless street drinkers that are frequently 'houseless' but not 'roofless' for instances they often live in temporary accommodation. Street drinkers or street drug users would prefer to be on the streets than in accommodation, the reason for this is to interact with other peers when indulging in their addition and they also make reference to the streets as a safer form of living.

This research will look at the budget for homeless services, the support offered in emergency and temporary accommodation for homeless people and ask their views on the support they are been offered. This study will look at how the Irish Government and charitable organisations are supporting homeless people in Dublin and why there is a constant increase in people becoming homeless each year and a delay in people moving out of the homeless sector. For that reason, the rationale for carrying out this study is to investigate if charitable organisations are maintaining the cycle of homelessness rather than reducing the cycling.

1.2 Research Question

The research question is known to be the most critical part of any research. Saunders et al. (2009) argue that the extent to which a clear set of conclusions are drawn from the data that was collected which is then determined by the clarity of the research question.

Furthermore, it is important to develop a research question that the researcher is interested in, in order for the researcher to completely focus on the research. The primary research question that motivated the researcher to undertake this dissertation is: **Are charitable organisations maintaining the cycle of homelessness in Dublin?**

The purpose of this research is to see if there is positive progression within the homeless sector and if homeless people are in fact moving into independent living.

1.3 Research Objectives

According to Saunders et al (2009) research objectives can be defined as being clear, specific statements that identify what the researcher wishes to accomplish as a result of doing the research. The following objectives are the main focus of this thesis:

- Researching whether homelessness is maintained rather than reduced.
- Looking at the staff training and service user's support in reducing homelessness and working towards independent living.
- Suggested working techniques for homeless services.
- This paper will conclude by recommending that the government and homeless charities should work towards greater structure on support, budgeting, living environment within the hostels and leadership roles in service provision.

1.4 Researcher Suitability

The researcher holds a degree in applied social studies and a MA in addiction studies and has ten years of experience working for severely homeless organisations in Dublin. The researcher now works in the disability sector and is currently undertaking the Masters of Business Administration (MBA) part time programme in Dublin Business School and will utilise the knowledge obtained in the course modules, specifically the modules in Project Management, Cooperative Financials and Research Methods for the research. Having worked for ten years in the homeless sector, including roles as project worker and a manager, the researcher has a good level of understanding and interest in this topic, especially since it is new research. This research will use the support of the knowledge and research skills that were gained from the MBA programme.

1.5 Recipient for this research

The research thesis is submitted as part of the curriculum of the MBA programme at Dublin Business School in association with Quality and Qualifications Ireland (QQI). The principal recipient of the proposed dissertation will be Dublin Business School and QQI. A copy of the questionnaire results will be made available to the respondents if they are interested of the outcome. It can be made available after following assessment of the thesis by the examinations board.

Chapter 2. Literature Review

2.1 Literature Review

The purpose of this literature review is to provide a theoretical framework for this study. The literature review is laid out in order to examine key themes impacting upon the lives of those people living within the homeless sector in Dublin. The literature review will consider, Are homeless people moving out of the cycle of homelessness within the recommended timeframe of six months, are homeless people getting the support they require while residing in the homeless sector, and are staff in the homeless sector adequate enough to support people who are homeless? The purpose of this critique is to gather a greater picture on how many people are actually homeless. The paper will also review the effectiveness of the current supports in place. Furthermore, it will look at how the homeless sectors, manage their yearly budget funds. It will then see why the homeless figures keep increasing rather than decreasing.

The literature review will focus on the following themes:

Theme 1: *Irish Governments Implementation*

Theme 2: *Entering homelessness*

Theme 3: *Support structure within the homeless sector*

Theme 4: *Exiting homelessness*

2.2 Irish Governments Implementation

Homelessness can be a complicated subject with multiple underlying causes. The Irish government continuously informs the Irish society that their overall aim is to halt the cycle of homelessness. However, the homelessness issue evolves and develops as the issues of society change (Doherty *et al.*, 2006). As a consequence, the former Minister for Health, Dr. James O'Reilly has spoken about homeless services that need to adjust to the 'service users' at a controllable level, which can be referred to as low threshold. Low threshold is working with people '*where they are at*' by providing support which enable them to move through and out of homelessness. For instance, every single health service for the homeless should incorporate stable accommodation as a treatment goal (Shannon, 2015). When a service is offering support under the low threshold model, it means that each person that is homeless is supported with their drug and alcohol use by creating a safe place for people to use their addictive substances. This is without considering the staffing levels for each hostel and the ratios between staff and service users. Is this realistic and manageable, is what we need to ask ourselves and how is managed when other people are trying to stay drug and alcohol free? This approach was introduced because services soon realised that it was difficult to ban drug or alcohol use indoors. The staffing levels were not available and it could easily result in too many people on the streets. Dublin Homeless Executive even considered the impact this would have on the community if too many people were on the streets using illegal substances and felt there would be a high level of crime.

As of now, all emergency and long term hostels work under the low threshold approach. However, what skills are people learning before entering the world of independent living in order to secure and maintain their own accommodation?

This question is raised because people are living in an environment where they are used to using drugs or alcohol; paying no bills (which is a lack of budgeting skills), no responsibility of laundry, cleaning or cooking duties. Over 60% of homeless services in Dublin are operating under a low threshold approach (Treshold, 2013). What is abnormal becomes the norm and service users are aware of, only this way of living. There are only four addiction centres in Dublin that offer addiction support and rehab support. These centres have a huge waiting list of a month plus. Each centre can only cater between fifteen and twenty five people at one time, for a period of five months. That is approximately sixty people receiving support for their addiction, every five months. The current treatment time is a five months residential stay and five months attending their day centre. Majority of service users leaving the centre would return to homelessness if they do not have a secure home to return too. What are the chances of service users sustaining from their addiction while living in a low threshold approach?

The Government is currently spending at least €32,000 a year for every homeless person that registers with the Central Placement Services in Dublin. Central Placement Services are based in Parkgate Street in Dublin and these is where you would present if you become homeless, your given an identification number, forms are completed of your previous housing history and you are then told to wait for a phone call for an available bed in a hostel. Availability may not necessary mean within the one day, your status is taking into consideration whether you are married or have children that are also homeless.

The figures for homelessness in 2017 were counted that 8270 people are homeless in Ireland, 7941 are homeless in Dublin. 5222 homeless people were adults and 3048 were homeless children (Treshold 2013). There are 1 to 3 people experiencing homelessness as a child.

The figures of homelessness keep increasing each year, where more and more families are becoming homeless (Treshold 2013). The majority of public funding for homeless services comes from the Department of Housing, Planning, Community and Local Government (DOH), and is disbursed through local authorities. Under the legislation, local authorities must cover at least 10% of the costs of homeless services from their own resources.

The Irish Government produced a document called the Five Pillars which include the following areas of support: Social Housing; Homelessness; New Builds, Rental Sector; and Housing Stock. The Five Pillars was set up in order to support the following areas:

- To end homeless families by July 2017, but this was not achieved.
- Secondly, to move emergency accommodation to housing assistance payment but this was also a failure in the system.

The current policies and systems in place continue to fail. In a review of over 60 plans and strategies in North America, Europe and Australia there aim to end homelessness, was noted that there was little consistency in how ending homelessness as it was operationalised, but that the majority had a broadly ‘functional zero’ definition (Turner et al., 2015). That is a definition that does not hope to eliminate homelessness, but to undertake an ‘absolute zero approach’, but rather aims to ensure “there are enough services, housing and shelter beds for those who need it. In this approach, emergency shelters are meant to be temporary and the goal is to move to permanent housing” (Turner et al., 2015). The definition set out in Ireland in 2013 was broadly a ‘functional zero’ approach, in that ‘ending homelessness’ is ending long-term shelter use and the need to sleep rough. However, it is now clear that the ambitious target of ending long-term homelessness and the need to sleep rough in Ireland by the end of 2020 will not be achieved. In fact in June 2017, Dublin opened up three new emergency hostels.

However, the extent of homelessness, particularly family homelessness, is at unprecedented levels. People that are homeless in Ireland can realistically live in or remain in, long term supported accommodation for longer than a decade and is still considered to be homeless.

‘Homelessness: an Integrated Strategy’ was published in May 2000 by the Irish government. This was prepared by a cross-departmental team; the strategy was aimed to ensure that homelessness in Ireland would be tackled in a coordinated way, through the development of three-year action plans in each local authority area. The aim was to build partnerships between organisations delivering homeless services, to identify gaps and make recommendations to address those gaps in services and to provide information for people experiencing homelessness (Department of Environment, 2000). Since the structure was implemented there is only evidence of homelessness increasing each year, rather than any tackling the ongoing crisis we are all aware of.

The Irish Government introduced the HAP scheme which means the Housing Scheme Assistance it is very similar to rent allowance. If a person allocates private rented accommodation, DCC will give the first month deposit and full month rent at the end of every month. The tenant will make their contribution to the council. The only catch is the landlord would need to accept the HAP and it would need to be in line with the recommended amount you can apply for, this is categories by area and whether you are single or with children. Obvious the more children you have the more you are offered in rent payment support from Dublin City Council.

Cosgrave believes that the system in Ireland is stacked to keep the conditions around homelessness just the way they are.

He also hints that the political status quo, where every government is dominated by either Fianna Fail or Fine Gael, is barely capable of tackling the issue (Cosgrave, 2016). "The homeless problem is a human tragedy but it's a great business opportunity," he says. "It's being exploited by people who are probably very favourably disposed to some of the more traditional parties" (Cosgrave, 2016). It is very profitable for people who probably do not vote for Sinn Fein. "So when such a problem is just so profitable, it's unlikely that it is going to be solved with any great haste" (Cosgrave, 2016).

In May 2016, a new Programme for Partnership Government was announced, which stated that "It is not acceptable in 2016 to have families living in unsuitable emergency accommodation or to have people sleeping rough on our streets" (Government of Ireland, 2016). The Programme committed to publish, within 100 days, a new Action Plan for Housing, to increase the rent limits on the rent supplement scheme and to increase the social housing output substantially. The document also promised that the Action Plan on Housing would contain specific breakfast type accommodation as long-term emergency accommodation, primarily through the provision of rapid-build housing.

On the 19th of July, and within 100 days of the formation of the Government, an Action Plan for Housing and Homelessness, entitled 'Rebuilding Ireland' (Department of Housing, Planning, Community and Local Government, 2016a), was launched. The Plan stated that the "long-term solution to the current homelessness issue is to increase the supply of homes" (2016). The Plan promised to limit the use of hotels for accommodating homeless families by mid-2017, to increase Housing First tenancies in Dublin from 100 to 300 by 2017; to extend Tenancy Sustainment services across the country; and to increase the amount of rent subsidy available to homeless households.

On the 22nd of September 2016, an elaboration of the homelessness actions was published, therefore; in addition to the earlier actions, promised to accelerate the rapid-build programme to ensure the provision of 1,500 units by the end of 2018, and the addition of 200 emergency beds for rough sleepers by the end of 2016. It is of note that the Rebuilding Ireland action plan does not contain a commitment to ending homelessness, in contrast to the 2008 and 2013 strategies. As of now, there has been an increase in emergency accommodation in Dublin and also homeless families continue to occupy B&B's for long periods of time.

2.3: Entering homelessness

Homelessness can be a complicated subject with multiple underlying causes. The Irish Government continuously attempts to halt the cycle of homelessness. However, the homelessness issue evolves and develops as the issue of society change (Doherty et al., 2006). The housing authorities in Ireland, support people who are affected by homelessness by allocating suitable accommodation (Dublin Region Homeless Executive, 2013). Homelessness in Dublin is managed by the Central Placement Service (CPS) who is contactable by a Freephone number. This number is listed in coffee shops and old phone booths. The central placement services are only available from 4pm to 7pm and 9pm to 11pm where they would take phone calls and inform people if there are available beds in one of the hostels within Dublin. If a bed is not available the person would be informed where they can access a free sleeping bag and hat. There is also a limit on sleeping bags. For someone on the streets, this can be very stressful as they are unaware if they will obtain shelter for the night. The CPS evaluates individual situations and informs clients of their options.

Society in general, seems to respond inadequately in its efforts to address the cycle of homelessness (Focus Ireland, 2015). It was recorded that homelessness increased by 80% between June 2015 to October 2017 (Mid-West Region, 2018). These figures doubled in Dublin and increased by 60% outside of Dublin (Mid-West Region, 2018). Homeless accommodation met its capacity which resulted in an extreme struggle to offer a bed to everyone (Mid-West Region, 2018). In October 2017, nearly 50% of all homeless adults nationally were being accommodated in commercial hotels, with a figure of 55% in Dublin. A significant contributor to the increase in homelessness is the number of families entering homeless services for the first time. This number increased in Dublin from 264 in June 2015 to 1,026 in October 2017 (Mid-West Region, 2018). In Dublin in 2016, 65% of funding went on emergency accommodation; while outside of Dublin it was 50% went on emergency accommodation (Mid-West Region, 2018). By the final quarter of 2016, 54.5% of expenditure on emergency accommodation was on private emergency accommodation; it was 31.4% outside of Dublin (Mid-West Region, 2018). This reflected the fact that accommodation provided by designated homeless service providers had reached capacity, particularly for homeless families, and that authorities were increasingly dependent on securing accommodation in hostels, B&Bs and other private accommodation (Mid-West Region, 2018). In Dublin alone, it is estimated the four Local Authorities and the Department of Housing, Planning, Community and Local Government will spend in excess of €100m on homeless services in 2017 – an increase of €30m on expenditure in 2016. Outside of Dublin, expenditure of over €26m is estimated – an increase of €3m over the previous year (Department of Housing, Planning, Community and Local Government, 2018).

The rapid rise in expenditure on homeless services reflects the demand-led nature of homelessness. The structure of homeless services largely reflects the vision, mission and values of the organisations and the availability of beds in commercial hotels and B&Bs. Dublin Homeless Executive authority in Ireland do not operate homeless accommodation services directly. Historically, most Local Authorities made provision for homeless men in the casual wards of county homes (former workhouses), but they began to be phased out from the mid-1960s (Doherty, 1982). Dublin City Council was unique in that it provided hostel accommodation for homeless men and women, but this service was contracted out to an NGO (non-profit government organisations) in 2014. Thus, the nature and type of homelessness services in Ireland is determined in part by the origins and ethos of various NGOs (non-profit government organisations) and, more recently, by their funding arrangements with local authorities.

2.4: Support structures within the Homeless Sector

A homeless person is more inclined to use drugs and alcohol to cope with their situation while living the life without sustainable accommodation that they can call home. Alcohol and drugs can be used as an attempt to achieve temporary relief from their current situation (National Coalition of Homeless, 2010). On the other hand, substance dependence can intensify their problem and decrease the homeless person's ability to achieve employment and accommodation stability. Additionally, some people may view drug and alcohol use as necessary to be accepted among the homeless community (National Coalition of Homeless, 2009). Evidence suggests that the Irish Government does not provide a comprehensive approach to addiction treatment of those who are both homeless and substance abusers (Department of Health and Human Services, 2013).

The Irish Government should examine the connection between homelessness and substances abuse. Instead there is great trust and faith that homeless services can provide everything. For instance, stable accommodation, education, free from substance misuses and support with life skills in order to prevent the cycle of homelessness and to decrease the length of time actually occupying homeless accommodation. Staff members need to complete the above while also trying to maintaining a safe environment within the hostel. There are no security guards employed within the homeless sector, staff members role at times can be like a security guard. Staff members try to manage while there could be at least 101 service users in the one building every night.

The National Quality Standard Framework for homelessness in Dublin is for staff members in organisations to work with services users that are homeless. For instances it mentions keyworking, that each service user must be keyworked regularly: "*Key working is a process undertaken by the key worker to ensure the delivery and ongoing review of the care plan. This usually involves regular meetings between the key worker and the service user where progress against the support plan would be discussed and goals revised as appropriate. The key worker is usually a member of the multidisciplinary team responsible for delivering most of the service user's care*". This is unrealistic for organisations and not specific enough. The Dublin Region Homeless Executive needs to make their documents more specific and clear. Hostels in Dublin can at times cater for approximately 101 service users give or take on one night. There would be approximately four to six staff on the floor. This ratio is either 1:25 or 1:7. Keyworking is not possible when the staff are expected to cook, clean, observe and maintain a violent free night. Staff are all other roles rather than a keyworker. Organisations nowadays hire support workers instead of keyworkers and this is solely down to salary difference and their role description.

A support worker is then expected to cook, clean and carry out personal care support rather than keyworking tasks which are: attending appointments, looking at addiction support and following up with alternative/ secure accommodation and putting together a plan to support their active addiction. Organisations stopped the funding for key-working training; this training is not offered in colleges or with your degree. Staff are expected to read the in-house policies and learn for themselves. This has deemed impossible at times when there is low staffing on the floor, which results in no time to read policies. With organisations understaffed, and lack of training and knowledge, how can anyone homeless person move in and out of homelessness within a six month period. The national standard also mentioned how the line manager would need to support case managers around the service user's outcomes. From the authors experience of line managing homeless services, they have only ever encountered five case managers to cover three hundred service user. If you were homeless with an active addiction, do you believe you could survive a clean and stable life with this level of support being offered? When a person first enters the homeless services they are vulnerable and may possibly be drug, gambling and alcohol free, but by the time they mix with other peers they are then engaging in the addiction world to blank out the loneliness and the fear that is surrounding them. The author believes that this can be reduced by increasing the staff support, increasing in drug rehabilitation support and upskilling their staff. Homeless organisations are too willing to take on board additional service users, where their premises are already fully booked or under staffed. Homeless organisations in Dublin are also known to be competing which each when it comes to taking over premises for Dublin Region Homeless Executive. The more premises the organisation has, and bigger the organisation the more funding is being offered. This is all in favour of an increased budget but the overall impact has a negative effect on the service user's safety, support and move on progression.

2.5: Exiting the Homeless Sector

The Social Housing Strategy (2014) and the Rebuilding Ireland Action Plan (2016) respectively committed to providing 35,600 and 47,000 social housing (Government of Ireland. 2016). These units will comprise new builds and the purchasing and leasing of existing units of housing. The Rebuilding Ireland plan envisages that less than half of the target will be met by new builds; thus, the remaining units will have to come from the already stretched existing stock of housing (Government of Ireland. 2016). Many of these are likely to come from the private rented sector and in some cases, households that qualify for social housing may simply find that their landlord has changed to an Approved Housing Body or Local Authority; in other cases, this may result in the displacement of one household to facilitate another (Government of Ireland. 2016). For homeless families in particular, social housing provided by Local Authorities or Approved Housing Bodies is the preferred option, given their experience of instability in the private rented sector. The Rebuilding Ireland plan envisages that by 2021, some 5,000 units of social housing will be constructed, but between 2016 and 2019 fewer than 10,000 units will be constructed; the remaining units will be purchased or leased from the private market (Government of Ireland. 2016). Thus, in the short to medium term, the construction of new social housing will have only a limited impact on the homeless sector, in the absence of Directives compelling Local Authorities to provide a specific percentage of allocations to homeless households and given the number of households assessed as qualifying for social housing, it is difficult to see social housing having a significant impact on reducing homelessness (Government of Ireland. 2016). In the same period of 2016, it was recorded that 2,039 households presented to services were newly homeless. People are exiting the homeless sector without the skill set to maintain independent living or to stabilise their addiction (Government of Ireland. 2016).

In addition to the 2,039 new households presenting as homeless to services in the first nine months of 2016 in Dublin, there were a further 3,338 repeat presentations in Quarter 3 2016, in that they had presented in earlier quarters but were still in homeless services in Q3 2016. Consequently, the number of households who, on the last day of the quarter, had been in emergency accommodation for more than six months – the long-term homeless – increased from 48% at the end of Q1 2015 to 65% at the end of Q3 2017 in Dublin (Government of Ireland. 2016).

Following the publication of the Implementation Plan on the State's Response to Homelessness (2014), the Department of the Environment, Community and Local Government noted in a Circular to all Local Authorities that only 4.1% of all social housing allocations by Local Authorities were made to homeless households. The Circular reminded Local Authorities that the Minister had the power to issue directions to Local Authorities as to how an allocation scheme should operate and that he had decided not to exercise this power but would review the position at the end of the year (Government of Ireland. 2016). In January 2015, the Minister for the Environment, Community and Local Government decided to utilize his power, and issued a Directive to the four Dublin Local Authorities to the effect that 50% of dwellings available for allocation for the period 27 January to 26 July 2015 should be allocated to the homeless and other vulnerable households, and that 30% should be allocated in the other urban centres (Government of Ireland. 2016).

On 22 April 2016, the Chief Executives of the four Dublin Councils wrote to the Minister to request that the Directive not be extended.

They argued that “Societies view is now a requirement and it is having the effect of encouraging some households who are in housing need and who are awaiting social housing to enter the ‘homeless’ system in the mistaken belief that this will hasten the allocation to them of a social housing unit” (Keegan, 2016).

In February, the Housing Agency, at the request of the Department of the Environment, Community and Local Government, conducted a review of the impact of the Directive, and based on the Housing Agency’s analysis, a decision was taken not to extend it again (Government of Ireland. 2016). The Minister stated that the study “concluded that prioritising the allocation of social housing to homeless and other vulnerable households came at a cost to other households on the social housing waiting lists” (Government of Ireland. 2016) However, based on evidence from other jurisdictions, we know that it is difficult to substantiate claims that policies that aim to move households out of homelessness have the perverse effect of drawing households into homelessness in an effort to acquire the scarce resource of permanent social housing. For example, we have some comparative material to reflect on from the case of what became known as the ‘Dinkins deluge’, where in the late 1980s, the City of New York substantially increased the rate at which they moved families out of homeless accommodation and into subsidized housing (Government of Ireland. 2016). As the rate of exits to subsidised accommodation in New York increased, the number of families in emergency accommodation and hotels doubled and the conventional wisdom was that “families found the prospect of getting a subsidised apartment so enticing that they entered homeless shelters en masse” (Cragg and O’Flaherty, 1999). Following the conventional wisdom, the number of exits to subsidized housing was reduced, but family homelessness increased.

Cragg and O’Flaherty (1999), in their detailed analysis of the policy change, found that the prospect of subsidised accommodation did draw some families into homeless accommodation. Therefore, the real increase in the number of homeless families was the reduction in the number of exits to subsidised accommodation (Cragg and O’Flaherty, 1999). If the City of New York had maintained the increased rate of subsidised exits, the number of homeless families would have been almost eliminated by 2004 (Cragg and O’Flaherty, 1999). They concluded that “it take placing at least seven families into subsidized housing to draw one family into the shelter system” (Cragg and O’Flaherty, 1999). They also observe that in conditions where subsidised housing is rationed and where the demand is significantly higher than the availability, some queue jumping will occur, but reducing the number of families that are homeless may be an overriding consideration.

2.6 Conclusion

It is clear that the ambitious target of ending long-term homelessness and the need to sleep rough in Ireland by the end of 2020 will not be achieved. The aspiration to reorient homeless service provision towards a housing-led approach is further from being realised than at any point over the past 30 years. Instead, this paper suggests that despite the raft of action plans and strategies, homelessness will continue to rise in the short-term, particularly amongst families. Expenditure on hopeless hostels and bleak B&Bs will consume an increasing share of homelessness budgets; and Housing First will remain marginal in the overall scheme of homelessness provision, despite some rhetorical nods in its direction from some NGOs. This is due to a lack of social housing in the short term and the relentless increase in rents in the private rented market and the plummeting availability of such dwellings, particularly in Dublin.

The majority of interventions over the past three years are valuable in their own right, and some like the prevention work are extremely successful at a relatively low cost, but others, in the absence of housing supply, may have had distorting effects. For example, the fact that the Minister for the Environment, Community and Local Government gave commitments to restrict rent increases in February 2015 but that legislative effect was not given to this commitment until April 2016 may have provided an impetus to landlords to raise rents substantially, in the knowledge that such changes were pending. Increasing the allocation of social housing to homeless households may have had the effect of marginally increasing entries to homelessness, but in the absence of a such a directive, the number of families languishing in extraordinarily expensive and inappropriate hotel accommodation will grow remorselessly. Families may at least entertain some expectation of social housing at some stage.

In face of such challenges, perhaps it is not surprising that the ambition to end homelessness in Ireland within a defined timeframe has been replaced with a more general aspiration to reduce the use of private emergency accommodation for families, and to increase the number of hostel beds with the objective of reducing rough sleeping. It can be argued that current policy set out in Rebuilding Ireland is an adaptive response to a range of unprecedented current circumstances: unprecedented numbers entering homelessness; unprecedented rates of rental inflation in the private sector; and unprecedented low levels of social housing output relative to demand. The need to review the supporting structure of staff on the floor in the hostels and how they are encouraging independent living and what they are doing to achieve this.

Finally, the very rapid increase in homeless households over the past 3 years in Ireland demonstrates the centrality of housing markets in creating homelessness. This may seem self-evident, but historically and contemporaneously, a pervasive view was that homelessness was the consequence of a range of individual failings and ailments. There is nothing to suggest that the rate of personal illnesses and afflictions amongst the Irish population increased over the past three years, thus resulting in greater numbers of homeless people. However, there is ample evidence that in the absence of secure affordable housing, as demonstrated in Ireland over the past 3 years, homelessness will increase. This is not unique to Ireland. In a review of 10-Year Plans to end homelessness in four Canadian cities, Adamo et al. (2016) noted that despite the plans, homelessness was increasing in all four cities. This, Adamo et al. (2016: 36) concluded was ‘not the result of poor plan design and weak implementation; rather it is due largely to the limited supply of new affordable housing that cities can deliver with current levels of funding under the Federal Provincial IAH program, coupled with the declining availability and affordability of purpose-built rental housing in the private rental market and the impact of stagnating incomes and social assistance rates on the ability of households to secure and retain housing.’ Both the Irish and Canadian cases demonstrate the value of devising plans to end homelessness and to put in place clear monitoring and reporting mechanisms. However, neither the four Canadian cities nor the local authorities in Ireland could adequately address the structural issues of housing affordability and supply, particularly in the private rented sector, and until this structural issue is addressed by policy makers, homelessness and housing insecurity will remain an extraordinarily expensive and damaging outcome of the failures of the housing policy.

Chapter 3: Methodology

3.1 Methodology Introduction

The perspective of this thesis was a qualitative approach. Qualitative research has proved to be the most effective in studying areas of complexity and exclusiveness, as it attracts a focused approach of exploration on a specific topic (Frost, 2011), which associates well with the aim of this study. Saunders et al. (2009) defined research as “a process in which people undertake in order to find things out in a systematic way, thereby increasing their knowledge”. Baker et al. (2010) made a distinction between research methodology and methods. The methodology is defined as the paradigm that forms the basis for how the research is carried out and encompasses the research philosophy, research approach, research strategy, time horizons, data collection methods and data analysis that is utilised in the research. Blaxter et al. (2010) defines the research methods as principally the tools used to collect and analyse data, such as questionnaires and interviews. This section presents an outline of the research methodology and methods proposed for the research to be undertaken. This section deals with the different types of methodologies that were adopted to carry out the research for this dissertation.

3.2 Research Approach

This dissertation will be of a qualitative approach. The fundamental purpose of this thesis is to comprehend the significance barriers in why homelessness continues to increase in Ireland. Data will be collected through interviews and questionnaires. The interviews were conducted with a select number of employees and service users that are either working in the homeless sector or living the cycle of homelessness in the City of Dublin.

Questionnaires will also be filled in by staff members and services users from one homeless organisation, thirty questionnaires will be hopefully completed. This is to gather whether there is a significant difference in information being communicated and support being offered. The evidence will also be sourced from collecting data from the current policies and procedures that are in place. This project will analyse the views of three people to determine where the concerns exist, and how they can be addressed, while balancing the rights of the service user (homeless participants and the general public that are unaware of what homelessness is really about). In doing so, it will reflect on the social and legal views by the competing rights of both organisations and service users within the system.

3.3 Research Strategy

The author's anticipation is to generate awareness of where there is a lack of facilities and services for people battling addiction or that may have a lack of life skills or mental health issues. The author will research if there is unrealistic plans being implemented and if there is evidence of unnecessary budgeting within the homeless sector.

This will involve exploring the employees and service users by sourcing there: knowledge, views, understanding, interpretations, and experience. The study will explore an area that can be misunderstood within the Irish media, by refining further thinking in future social policy development within Dublin City Council who is known as the lead operators for homelessness in Dublin.

The concluding section will then offer an assessment on the limitations of the study, recommendations and a reflective learning will be generated by the data.

Considering that the aim was to obtain the participant's own experiences and viewpoints, inductive semi-structured interviews were chosen as the data gathering method of enquiry (Al-Busaidi, 2008). Effective interviewing depends on the interviewer's skill in asking, listening and interpretation. These skills cannot simply be acquired and deployed (Al-Busaidi, 2008). This methodology will allow the participants to contribute their own perception of their first-hand experience of receiving support for their addiction and their lack of accommodation. The staff will provide their expertise on financial budgeting and how they manage addiction support planning and reducing the cycle of homelessness. This type of interviewing style will allow further flexibility on the course and direction of the discussion, the author will aim to explore any concepts or themes that may emerge that participants may have previously been unaware of. The semi-structured interviews will contain ten questions for each interviewee, the interviewer is aware of the topic and the themes that need to be discussed. The questions will be created to specifically discuss each theme in order to connect to the methodology and literature review content. The question will allow the researcher the opportunity to probe the interviewee on interesting and relevant topics. The questions that will be asked will be open ended questions. Bell describes how the unstructured style of interview can reap benefits, "Unstructured interviews centered round a topic may, produce a wealth of valuable data." (Bell (1993) p.138).

Items required for the interviews will be: Dictaphone, consent letter and an outlined proposal. A technique that will be used during the interviews will be motivational interviewing. The length of time of each interview will be approximately one hour. The type of analysis will be thematic analysis. Time, cost and project management: The time frame of this dissertation is expected to be four months, as collecting relevant information requires thorough research which is hard work and time consuming.

The cost on this research will be relatively cheap, it will only be 10cent per page for the thirty questionnaires and four pages for the interview questions.

3.4 Method of Recruitment

The participants will be selected from the homeless sector in Dublin, which offers accommodation to homeless people. The selection will be employees that have a direct involvement with the budgeting of their services and offering direction towards therapeutic approaches to the service users. There will also be one service user that resides within the homeless sector preferably Depaul. Depaul was the first organisation that introduced low threshold approaches. There will be four participants specifically selected to be interviewed. Each person's role within the homeless sector will vary. The roles are as follows:

- Project group manager for services
- Manager of the floor
- Staff member on the floor
- One service user that is currently living within homeless services.

The precise inclusion and exclusion criteria were used as follows:

Inclusive Criteria

- All participants to be over the age of 18.
- All participants to either work in the homeless sector or to be a service user.
- All participants to openly willing be to partake in the study.

Exclusion Criteria:

- Service users and employees who fulfil the criteria but have learning difficulties or who find it very difficult to communicate.
- Service users and employees that meet the criteria, but who have mental health difficulties which may aggravate any feelings during the interview.
- Service users and employees that meet the criteria, but deemed by a nurse to be unfit to partake in the interview.
- Service users and employees that meet the criteria, but who do not speak English.

Each participant will be informed of the purpose of the research project, the information sheet and the consent form. The participants will be offered the opportunity to speak with the principal researcher in case further questions arise. Each participant will be advised not to sign the consent form whilst the writer is present to avoid the opportunity for persuasion. The participants will be informed that they can terminate or retract any association, at any time. If the participants wish to take part, they will be asked to sign the consent form and leave it at the main reception of their homeless project. The principal researcher can then contact each participant to schedule a time and date for the interview. These interviews will take place in the homeless accommodation in a meeting room; however the participants will be given the choice of being interviewed elsewhere, if preferred.

3.5 Data Analysis Procedures

The information sourced from the interviews will then be coded. Coding is then grasping the relevant words that were mentioned during the interview discussion.

The author will highlight the codes and create categories by creating a connection and then highlighting the connection. The data will then be collected by using semi-structured interviews and observational techniques; the aim is to develop an understanding of each persons views within the homeless sector, their understanding of homelessness ending and the level of support they receive in order to move on positively. It will be noteworthy not to be too rigid in the style of questioning. The interviewer will explore defined themes, depending on the manner of the discussion. There will be a less structured method towards the interview approach where the facilitator gathers a great sense of exploration with the respondents (Supsford, 2006). The topics for the interviews will be discussed in advance, but the ordering of them will be varied between the various interviews. In addition, the objective of the study is to elicit the views, experiences and concerns of the respondents. Therefore, it is significant that the structure of the interview will be as natural as possible. Consequently, the interview schedule will be alternated with a more open style of questioning, which will be introduced during the interviews. Each interview should last in the region of approximately one hour. All the interviews will be voice recorded by tape recorder. Body language is also crucial for understanding the meaning of an utterance; this will be documented by taking notes throughout. Generally, the note taking should take place during the interview. Depending on the interview, notes maybe recorded immediately after the interview.

Motivational interviewing techniques will be used to avoid direct misunderstandings. There will be no further interviews to be conducted once the initial cohort of interviews are concluded. The semi-structured interviews will be based around ten open-ended set questions. The purpose of conducting semi-structured interviews is to gather knowledge of the phenomenological experience of working with those seeking treatment for addiction and those in their environment that have been affected.

The use of this method is to allow the respondent to share more clearly and perhaps introduce issues that the researcher had not thought of. The participants can be perceived as the expert on this subject and should therefore be allowed maximum opportunity to tell their own story. There are two primary research tools that will be utilised in this dissertation. In the first instance, questionnaires will allow employees to voice their thoughts and opinions on the changes and the subsequent implementation of the changes to one control room.

3.6 Thematic Analysis:

One of the advantages of thematic analysis is its theoretical freedom (Braun and Clarke, 2006). Thematic analysis can be either inductive or theory-driven (Braun and Clarke 2006). This study was driven both by theoretical interest and by the description of the data; therefore, the thesis reports a type of abductee analysis (Braun and Clarke, 2006). Thematic analysis is used to generalise potential elements, themes and concepts from the interview data (Braun and Clarke, 2006). By benefiting this method of data analysis, there was a possibility for extended detailed and complex emergence of issues that were extracted from the respondent's responses, understanding and experiences (Braun and Clarke, 2006). In actual fact, the main intention in applying inductive qualitative analysis was to explore the lack of supports that are available to homeless people. Each response, opinion and thought that the respondents wishes to share, will be coded in language, and the interviewer will then decode it again to grasp the intended meaning (Braun and Clarke, 2006).

3.7 Belmont Principles

In regard to ethical issues, the author adheres to the Belmont Principles of Ethics (1979) and guidelines for the protection of Human Subjects of research. These principles ensure the protection of any participants employed in the name of research (Department of Health and Human Resources, 1979). Each respondent will be given written consent for their views and opinions to form part of this thesis with the understanding that they can withdraw consent and the agreement at any time. The offer will also be made to provide each respondent with a copy of this work, if requested. The interviewees details will remain anonymous, to avoid bias and to allow interviewee freedom of expression. This is also to protect the identity of the participants that may have been even remotely signified as client one, client two and so on. Anonymity will be critical; therefore, care is exercised in the storing of confidential information after the interviews. The author will comply with the role of assessment of risk-benefit and appropriate guidelines for inclusion and exclusion of the research and has entered into it voluntarily (Department of Health and Human Resources, 1979). All effort will be made to maximise the possible benefits and minimise any possible harm in regard to beneficence.

3.8 Potential Issues:

There is a possibility of an opportunity of a potential risk of bias from the interviewer that will be minimising the use of prompt questions. It will be significant that the interviewer is reflective and has acknowledged any potential bias by correcting it, as is standard with all phenomenological research.

3.9 Conclusion

The purpose of this chapter was to outline the research methodology, which was employed by the author to explore the participant's subjective experience of homelessness. In relation to the fundamental ethical principles held within the Belmont Report, clarification and reasoning was offered to the choice of inductive qualitative nature of the research process, the technique of the semi-structured interview and the intentions of the sampling. Thematic analysis was put forward as the choice of data interpretation. Throughout the study, ethical considerations and the Belmont Principles was obeyed.

Chapter 4: Data Analysis and Findings

4.1 Introduction

This section consists of an integrated discussion of the findings of qualitative and quantitative data analysis. A discussion of the results of the primary research in relation to the findings of the secondary research for instances in the literature review and primary is provided in chapter 5. The participants were interviewed regarding their understanding of the move on progression within the homeless sector and to find out what supports they were receiving. Thirty questionnaires were also completed between staff and service users. The participants were referred to as client one, client two and so on.

4.2 Structure of Data Analysis

According to Saunders et al. (2007), very little views can be derived from quantitative data until it is processed and analysed. Therefore, the data collected was categorised and assessed to obtain conclusive findings.

In total, 30 respondents took part in the survey of the questionnaires. All respondents were involved within the homeless sector. Superordinate and subordinate themes were obtained from the data and were received as follows:

Table 1: Superordinate and Subordinate Themes:

Superordinate Themes	Subordinate Themes
<i>Government Implementation:</i>	<ul style="list-style-type: none"> - Excessive budget - Accommodation shortages
<i>Entering homelessness:</i>	<ul style="list-style-type: none"> - Lack of understanding - Fear
<i>Support structure:</i>	<ul style="list-style-type: none"> - Lack of addiction support/education - Poor staffing - Inexperienced staff
<i>Exiting Homeless:</i>	<ul style="list-style-type: none"> - Lack of support - Poor life skills

4.3 Theme one: Irish Government Implementations

Theme one focused on the Irish Governments involvement within the homeless sector in Dublin and how it contributes in reducing the amount of people without a roof over their head. Findings were sourced within the questionnaires and also during the interviewing process. This theme was divided between two separate subordinate themes, which were 1) Excessive Budgeting and Accommodation shortages. Client one mentioned “*Our hostel is budgeted at 3 million per year; the majority of funding is spent on staff wages because we have a high turnover of staff leaving and need to get shifts covered by contracted staff*”. Client two “*we can’t meet the short term accommodation model also known as STA where service users move on within 6 months because of the lack of accommodation that is available.*”

When people enter our doors they could be staying here longer than a year or two or may move into alternative homeless accommodation". Client four "The Government needs to spend more time doing up the houses that are left unoccupied, there is still many houses that are boarded up in the city centre".

It was noted that each year there is a significant increase in service users rather than a reduction. Client four spoke specifically about the accommodation that is managed by homeless executive (Dublin City Council), and how they feel distressed that a significant number of houses are boarded up, *"I think it's disgusting, I would be walking up here and when I get off the bus at night time, there is a load of homeless people on the streets. I walked past, ten boarded up houses yesterday. And I don't understand why they are boarded up, while there are people on the streets."* Client one states that the hostel in Dublin are only meant to be an emergency hostel where service users are meant to move on to an STA within in a week, but now each person is staying longer than six months. Client one also stated that there is not a shortage in budget when it comes to staffing, cleaning services, cooking services and laundry services. This particular hostel caters for 101 clients where food is brought in from an external supplier every day, bed sheets and towels are dry cleaned daily by an external supplier. The hostel employed four external contract cleaners who clean the premises daily. This does not include fifteen staff, three deputy managers, external chefs to cook the food and one project manager's salary. There is also a nurse and GP who would visit the premises twice a week. The nurse and GP will see the clients on a medical basis; the benefit of this is that the service users do not need to attend the GP surgery. The downfall, the service is expensive and removes the independency of service users taking care of their own health. This service will not be provided if they moved into independent living. This particular homeless service does not provide any addiction support or life skills support.

The building is considered as a place where people come to rest. It is divided between two sections the male and female sleeping corridors. It was noted that the females are known to cause more trouble than the males, therefore they will only accommodate nineteen women at one time and eighty-two men.

When asked during the interview process of what is a keyworker and there understanding of a keyworker, Client four mentioned: *“I don’t know what a keyworker means, I just arrive take a towel and get some food and head to bed. It’s just a waiting game, not sure what I’m meant to do but just wait”*. This is very concerning because a keyworker is meant to be the person who helps you move on to suitable accommodation and put together an efficient support plan in how you can maintain a positive attitude and focus on whether it is addiction support, mental health support and life-skill support.

4.4 Entering Homelessness

In the questionnaire survey there was a question: *“can you use alcohol and drugs in the hostel”* and everyone answered yes. It is an interesting fact to consider that, in a hostel you can have a mixture of people with drug, gambling, sex and alcohol addiction, mental health issues, marriage breakdowns or rental increases a landlord. People can enter the doors without ever having a liking to drugs or alcohol or they may be trying to stay free of any substances but when the days are long it is extremely likely that people would opt for alcohol or drugs in order to numb the current pain. Client four expressed difficulty living within the homeless sector, especially when attempting to engage with the staff in the homeless sector.

They expressed how they feel alone and how there is no form of communication. *“Homeless services are just a business where the door is left opened by the staff and then closed after you, if you question staff they are quick to tell you leave the premises, there’s a constant fear because you don’t want to be left on the streets again”*. This participant felt this was the only acknowledgement of work being conducted within the premises. When you become homeless you become dependent on the Homeless Executive and homeless organisations to be supportive, provide educational direction and knowledge of your current situation and keep you safe. You become vulnerable, frightened and often a victim of all kinds of violence because you are physically weaker, due to a lack of nutritional food and sleep. Client one stated *“When a service user enters our premises there given a bed number, towel and toothbrush. Each room has three or four beds without a door. There are eight toilets to cater for 101 people, men and women. People’s privacy is removed and this is to provide easier access for monitoring drug or alcohol taking. There is no process with bed allocation, which means you could be sharing a room with someone that injects heroin or drinks alcohol or dealing drugs. There is roughly six staff on shift which isn’t enough staffing to follow through with a key-working role or life skills support or addiction support”*. The six staff are basically divided between the following roles; monitoring the front door, signing people in by allocating a bed number, giving out towels and serving food, monitoring bathrooms and corridors for any violence, drug or alcohol intake. Client four, *“I fear for my own life on a daily basis, I see in the staff faces and there also afraid. I can’t even show my mobile phone or else it will be robbed. I need to sleep with my phone down my top. My phone is my only possession”*. Client two, *“When accommodation becomes available, which is very rare the homeless executive will send out an email and ask for all homeless organisations to apply for the one person they feel is suitable”*.

There could be at least hundred applications which means it is very unlikely your service user will be selected and if they are, they would be put forward to the second process which is an interview stage. The council would also look to see if there are any children dependent and how long you're homeless rather than where the person is at with their addiction, how their life skills are and if they can manage to live independently. The majority of people that do move out of the homeless sector and are offered accommodation by the council are not ready due to active addiction or poor life skills. They then end up back in the cycle of homeless services and then their house is left unoccupied for several years. There are even men and women who are homeless who try to conceive a baby in order to increase their chances of long term accommodation. The downfall with this is being pregnant on the streets, many people could be six or seven months pregnant before they are offered short term accommodation. If they have their baby and social services believe the mother does not impose a risk to their child, they would be offered accommodation in a B&B or a homeless accommodation in Dublin if there is a bed available. Social services are also struggling because there is a lack of foster homes and care homes. Social services will only remove the baby from the mother as a last resort. Unfortunately there are limited services available in Dublin who cater for women and children being homeless, as of now there is only one service called Rendu and this only caters for 20 women and the waiting list is excessive.

Dublin Homeless Executive would assess each person that is homeless and would offer a specific amount of money to an organisation if they agreed to offer the individual a bed. The amount would depend on the how much support would be required for this individual by taking in to consideration if they impose a threat to themselves, threat to others or a threat to the building. They can offer figures ranging from €24,000 to €45,000 yearly.

This money can easily be spent on catering for additional addiction centres, or building social housing. Therefore, when a homeless organisation accepts a new service user, the organisational budget would increase. There are times when service users may require their own staff if they are deemed violent or are known to overdose on drugs or cause risk to staff or other service users. This service user would cost the Dublin Homeless Executive anything from €56000 to €60000 yearly. Some organisations often just say yes and take the service users in without considering if they can cater for the person. The downfall of this is overcrowding, under staffed and increased risk of crime.

4.5 Support Structure

During the interviewing process the main question was in relation to the support offered to maintain stabilisation and to live independently. As it stands, there is currently no support offered within the doors of the hostels for addiction, life skills or mental health issues. This support can be offered from external agencies; however this would usually mean there is an excessive waiting list or specific requirements to be met before being accepted on to the programme. This waiting process can be difficult for people who are walking the streets between the hours of 9am and 6pm.

One of the main reasons for homelessness is due to either an addiction to drugs, alcohol, gambling or sex, mental health issues or/ and a lack of life skills, where the service user cannot manage financially. It is noted that within the homeless sector they offer shelter, food and warmth. Client four stated: *“I was placed in adult homeless services when I was 18 years of age and I didn’t have a clue what to do. I was still a child. I was told to use the free phone every day to see if a bed was available.”*

I didn't have a support worker who I could ask questions too or get guidance. I was basically lost on the streets. I didn't know where I could go to get something to eat or shower, sometimes I would be told a bed isn't available and I would just walk the streets at night time because I was too scared to stop". Since entering the homeless sector there has been a lack of consistency and support. The homeless sector has a high staff turnover and the staff are not required to have an addiction or mental health educational background. Client one stated that: *"The key-working training was cut from us over the budget; we were told there wasn't enough in the budget. With the lack of staff members to cover the floor, it can be difficult to observe, read policies and learn. Sometimes we can't provide a proper induction and we ask new staff to pick it up as they go along or to shadow the other staff members"*. In the survey questionnaires, it was noted from the service users that they were in fact unaware of their keyworker or the role of a keyworker. This is an important key to reflect on, because being homeless is the most fearful, most traumatic and the only time in your life when you're the most dependent on a service or just one person in your life. The staff in homeless services are meant to be: Knowledgeable, supportive, consistent and achievable in order to help the homeless to move out of the homeless sector correctly but instead they are told to pick it up as they go along. These are staff that may not have the educational background or are just out of college. The average support worker or key worker may have a fetac 5 in care worker or Level 7 or 8 in applied social studies. These college degrees do not go into specifics when it comes to supporting people with mental health or an active addiction. Would you feel confident with this level of support? Client four also stated that: *"Organisations are not the place where you can be argumentative or you will be informed that your bed will be at risk and you may be asked to stay on the streets. Your bed will then be offered to the next service user. You have no other choice but to accept the way it is.*

There are homeless people that choose to sleep on the streets rather than occupying a bed in a hostel". Emergency beds can be perceived as dangerous. Client four, "Sometimes I'm afraid encase I get stabbed with a dirty needle or if I look at someone wrongly. I have to hide any money that I would have encase I get threatened to hand it over. I witnessed people who were brutally attacked for €20, the staff are too afraid to get involved and by the time the Gards arrive, the damage is done."

Client four reflected on their life and when they become homeless for the first time: *"I turned to drugs when I became homeless because of the pressure around me and not having my own roof over my head. Using drugs helped me cope with being homeless, I had no one. I had to wander the streets from 9am-9pm. I wanted to blank it all out. My children were taking from me and the hurt was too much to deal with. I had no support, no counselling, no addiction support, no keyworker"*. Drugs are often used as a coping mechanism as people can be unaware of how to deal with the ongoing hurt, shame and guilt. Unless homeless people can access the correct support and guidance, they will continue to use drugs and alcohol.

4.6 Exiting Homelessness

Client two mentioned the STA (short term accommodation) model where the Government put in place a new strategy where the goal is to move service users out of the homeless sector within a six month period. The managers and staff were clear to note that in their ten years of service this only occurred twice, of which client two stated: *"I recall only two service users moving on within a six month period, if they move on there isn't any follow up on support to see how they are progressing or if they fell back into the trap of homelessness"*.

From the thirty survey questionnaires that were given out everyone agreed that there was an increase in service users attending homeless services, but a lack of progression. The feedback on key-working was very basic, where service users were unsure what this was, they were unaware of the meaning of the role or who their keyworker was. A keyworker is meant to be vital in this person's life. A keyworker is the person you can rely on to provide support, guidance and adequate learning skills in order to move out of the homeless cycle.

If this support is not offered at the beginning it is certainly not offered when the person exits the homeless sector. If a service user moves out of the homeless sector and into independent living there is only one organisation that provides after care support, this organisation is called Focus Ireland. This after care service is only offered for a period of six weeks, there is an excessive waiting list with a staffing of eight. It is funded by the Government and can be used by all organisations. The after-care programme is clearly under staffed.

Homelessness will continue to persist because of the shortage of staffing and suitable resources, a shortage in treatment centres and permanent accommodation. The housing waiting list in Dublin City Council continues to rise and there will be less people moving out of the homeless cycle (Citizen's Information Board, 2014). People can easily be waiting nineteen years to be housed. Once a person is housed that is it, there's no follow up to make sure they can maintain the accommodation, the case is then closed.

As Halpenny *et al.*, (2002) stated: 'out of sight and out of mind,' the participants had expressed that this is how they felt at the time.

4.7 Conclusion

This chapter contained significant information within the homeless sector and how it is running on a daily basis. The four themes that emerged in this chapter are now expanded in the discussion chapter.

Chapter Five: Discussion

5.1 Introduction

This chapter will critically examine the discoveries outlined in the previous chapter by discussing those findings with previous studies described in the literature review. The purpose of this research was to explore if homeless organisations are maintaining the cycle of homelessness. Thematic analysis was applied to the narratives of the four clients who are currently within the homeless sector as staff members or service users. Then, questions were offered to 15 clients and 15 staff to see if there was a level of consistency. In-depth interviews were conducted and four subordinate themes emerged from this research. There was a great lack of knowledge, fear and lack of education/ training. This chapter will be around a discussion of the findings and will conclude with a summary of its limitations and potential contributions.

5.2 Government Implementations

From the media it is clear to say the focus is to get people off the streets and to have a roof over everyone's head. From the interviews and the questionnaires there is clear evidence stating that this may not be enough for the homeless. People that are homeless need support with life skills and also how to manage their life without any substances. Current policies and strategies are focused more on concrete, materialistic and medical principles rather than helping homeless people to meet their universal psychological and spiritual needs. As stated in chapter four, client four mentioned the large amount of houses that are currently boarded up around Dublin. As everyone is aware of the chronic housing deficiency, Focus Ireland reported that the council cannot offer a short-term solution (Focus Ireland, 2015).

Homeless people are offered a sleeping bag for the night, if a bed is not available. When situations like this take place it can be extremely frustrating for people when several houses belonging to the local authority are currently boarded up, within Dublin City Centre. Dublin City Council also confirmed that there is currently no budget made available to repair the vacant houses (Focus Ireland, 2015). The participants confirmed that they would accept the accommodation at its current state. In 2016, it was reported that there was 600 empty council houses in Dublin. This is 1.5% of the housing stock (Citizen's Information Board, 2015).

Another concern is the length of time service users are occupying homeless accommodations. The current model that is in place where service users move through the emergency accommodation within a six month period is not currently happening. Client one, two, three and four have all confirmed this in their interviews and it also came across in their questionnaires. Client one *“No, I’m not aware of anyone moving on within six months”*.

Client four reported: *“I’m in and out of homeless since the age of 4, in this accommodation nearly nineteen months now.”* This client can offer a vast amount of information on homelessness in Dublin as this person has witnessed homelessness at alternative stages but was confident to say homelessness is only getting worse. We hear about homelessness nearly every day and how people are working towards ending homelessness and that it will happen in 2020, which is not realistic especially when new families and single people are being made homeless every day. Irish society needs to ask the questions what changes need to take place in order for improvements? Building new homes is not the only solution.

5.3 Entering Homelessness

Excessive amount of people remain and are basically stuck in emergency accommodation for far too long. If there is no progression, beds are not made available for people that require the shelter. This has been the case now for well over three years with month-on-month increases of people registering as homeless (Baker, 2018).

It was recorded in January 2018, that there were currently 10,000 people occupying a bed in the homeless sector (Baker, 2018). These figures continue to increase. There just isn't enough emergency beds to occupy everyone that is homeless, which results in people on the streets. The allocation of beds is offered out by first come first serve basis.

When entering homeless accommodation it can be daunting as you may have to share a room with four other people, your privacy is removed, sense of safety and security is also taken from you. Depending on the hostel there may be a delay in sourcing a support worker or keyworker and you may have to be put on a waiting list or you would be assigned to someone that has a long case list and may not provide you the attention you would require. Being homeless doesn't just have an impact on your environment but it can create this unawareness, for your health, food, clothing and shelter. All of which can be exacerbated by feelings of loneliness and isolation and, in some cases, cause substance abuse. National Coalition of Homeless (2009) discussed how many homeless people turn to drug misuse to cope with their current situation and to gain temporary relief from their problems. Client four noted: *"It's hard living in a place where people are on something or asking you to use with them."* If you are not an alcohol or a drug abuser homeless hostels are a terrible place to be.

Client one and two are aware of drug misuse taking place in the premises but work under a low threshold policy where they accept people that are with an addiction, that try to offer direction in by reminding service users to use their substances in the toilets rather than the bedrooms. Whether you use in the corridors, bathrooms or bedrooms it is clearly obvious to people that are sober when someone is affected by misuse. This can be a trigger for someone trying to stay clean or sober.

Hostels now store their sin bins (specific bins that dispose of needles safely) in the toilet area rather than the bedrooms to encourage people to not use in the bedrooms. There is a huge risk to this, a heroin abuser that injects would be on high or be “goofing” which means their body from shoulders down are numb for a period of time. This feeling is what they would crave for in order to go to sleep; they will not choose a cold toilet floor over their bed. This can result in opened syringes that would be dirty or even hidden syringes which potentially puts staff and service users at risk of infection.

People will use this anywhere and will not practice safe drug use unless there reminded and sin bin may do that. The manager of the premises believes a sin bin in the bedrooms will only encourage additional drug misuse. As this hostel is working under a low threshold approach, not providing sin bins would not be viewed as “*working where people are at*”.

5.4 Support Structure

National Coalition of Homeless (2009) mentioned that substance misuse can have an impact on sustaining stable accommodation. As the National Coalition of Homeless (2009) stated substance abuse is a result of homelessness rather than a cause. Methadone clinics offer support to people that have an opiate addiction, however, the participants cannot be accepted on to a methadone programme unless they produce three dirty urines in a space of two weeks.

Therefore, when a person decides they want to be free of opiates, they are asked to return on two separate occasions to provide urine tests. These visits cannot be consecutive and need to take place within a two week period (one urine test per week) (National Centre for Biotechnology Information, 2004). This process is to ensure that there is proof of opiate dependency but without the support structure of learning how to stay clean or the support of methadone this process can be very difficult and may encourage more drug use. If you're living conditions are not great and if you sense a lack of expertise in the homeless sector, you are then more likely to continue to misuse. The methadone clinic in Dublin (Merchants Quay) is open for four hours a day but it is not a place where a person can go for therapeutic support. Client one and two stated *"We refer service users to Merchants quay regularly; you only go to Merchants quay if you want to stay clean, and they will give you methadone in exchange to clean urines."*

Client four then spoke about achieving stabilisation: *"I didn't know where to get help, all I needed at the time was somewhere to stay. The drugs blocked away the fear."* When a person lives in an abnormal situation for many months it can become the norm (Dotson, 2008). One in three homeless people in Ireland have attempted suicide, and this figure increases to one in two among those with a mental health condition (Shannon, 2015). Homeless people are comfortable to interact with a group of people. They would use this support as a protective tool to prevent remembrance of their feelings of guilt and shame. It is used as distraction. Client four spoke about abusing substances in pairs or in a small group which enhances the feeling of want or comfort: *"On taking heroin I would use with someone else, I want the company and I need someone to inject for me."*

The questionnaire asked the question: “*Can you tell me, what is your understanding of key-working is and if you were offered key-working*”?

80 per cent of people were unaware of key-working and the majority of people have not attended a key-working session. Key-working is the core responsibility for service users in order to move out of homelessness. The DRHE (Dublin Regional Homeless Executive) set up a national standard framework policy where they highlighted that when people become homeless they should be assigned a keyworker when they come homeless. They state that keyworkers are like case managers and they are the lead workers and have the main contact with the service users (Dublin Region Homeless Executive 2013). The keyworkers need to support the service users in order to move out of the homeless sector. It does not specify how many key-working sessions should take place and there isn't one document or template to record a key-working session.

The participants were also asked what supports are offered if they arrive to a hostel or emergency accommodation with an active addiction, the response was as follows: Client three stated that: “*Support is received external in alternative establishments for instances merchants quay and Coolmine*” The majority of these support centres require a referral application from the keyworker. If key-working is not taking place how are people getting support they require in order to move out of homelessness. This is the main reason why they cannot sustain independent living.

Service users of homeless accommodation are currently waiting for Dublin City Council Housing and they tend to avoid private rented accommodation (which is obtained through the HAP scheme, which is known to be very difficult and even harder when you have no references and a background of living in homeless accommodations).

They avoid public housing due to previous experience, for example; service users lost their homes due to poor life skills where they could not financially manage. Unfortunately many hostels in Dublin do not force rent payment when occupying an emergency bed, they are asked to pay at least €4.50 daily but if this cannot be paid staff only record this but there is not a follow up.

This sets a poor example of service users taking responsibility of their accommodation and how to manage financially. Everyone that is homeless has access to social welfare payments and is in the position to pay. Private rented accommodation has fallen through due to the lack of inadequate life skills. As Client four stated: *“I tried private rented and it didn’t work out. The landlord increased the rent and I had to move out.”* Council housing provides a sense of security where people believe it would offer a roof over their head permanently.

5.5 Exiting Homelessness

When a person is dependent on the constant support and guidance from a professional stance this can have an influence on how they manage their behaviour. A lack of protection and security can hinder a person’s decision making, for instance people can re-enter active addiction. The staff members in homeless accommodation do not provide addiction support because of a number of reasons 1) staffing levels are low. 2) Educational background or experience may not be there. 3) Lack of resources 4) Time restrictions where people are only occupying the hostels from 6pm-10am or 9pm to 9am. By receiving addiction support the service users would learn techniques to cope with ongoing stressors, learn how to stay drug or alcohol free and prepare for independent living.

Client three “*I am aware of two people that moved out of homeless services and into independent living but I’m not aware if they are still occupying their independent accommodation or are back within the cycle of homelessness*”. The key point here to note is that when people move out to independent living there needs to be check in support to see how people are managing. It may take the council a long time to notice if the person has vacated their property.

Another question that was asked was “*Is there an increase in service users?*” A hundred per cent of people answered yes, which is even obvious to the general public, what was interesting was 90% stated that they were not aware of service users moving out of homelessness within a six month period which is known as the short term accommodation model set up by DRHE. DRHE set this model up as guidance and direction for all homeless organisations to follow but is clearly not happening if homeless figures continue to increase. To conclude on this section is that, exiting homeless services is extremely impossible and if it does we are unsure if there is a success rate. Are people able to maintain an independent life without the regular support?

Chapter 6: Conclusion

The Government can continue to pay excessive amounts for hotel and B&B beds and continue on expand on emergency hostels but all of the above will not solve the issue of homelessness. In the researchers opinion there are three types of homeless people which are as follows:

- 1) People who are genuinely homeless and want to work with the system and the supports that are being offered.
- 2) People that are happy to live within the homeless system and have no intent in wanting to progress to independent living.
- 3) People that choose to be homeless in order to gain a council house quicker.

Staff that work in emergency accommodation do not categories service users in the following group nor does the Dublin Region Homeless Executive. The researcher believes that this is one the reasons for a low move on progression. As staff are already limited and not fully equipped to help people that are homeless. They are more focused on the “*trouble makers/the ones that are causing the most trouble*” to try and move them out of homeless services. The benefit of this is less incidents and less monitoring for staff if this person is not in the hostel. The downfall is that this person may not be ready for independent living.

The issue with people in category 1, may fall through the trap and get fed up of being ignored and may seek that support elsewhere. For instances: from peers who may then encourage drink, drugs or even prostitution. The Irish Government needs to be asking the question, why people are not moving on from the homeless services? What is going on internally? And, what are the blocks? Then the Irish Government will eventually run out of space if they continue to build new premises.

In one of the interviews the manager discussed the staff to service user ratio and stated that *“In this premises we would have 1 staff to 21 service users at one given time, majority of our funding goes on staffing.”* It is impossible for the residents or service users to receive the support and guidance that they require, therefore; categorising service users within the homeless sector maybe the best opportunity for everyone. Even looking at the STA (short term accommodation) model that is in place, it is fair to say it’s unrealistic especially when people are not moving out of homelessness. As discussed previously there are almost 10,000 people in Ireland that are homeless. The Irish Governments plan for 2019 is to add more money for housing roughly €2.3 billion and budget for €93million on council housing, this is a 26% increase from 2018. Each year the homeless figures will continue to increase, people are aware of the high rental cost in the private sector and are either refusing to pay or can’t afford it. If they’re not homeless the waiting list for a council house, could take at least nineteen years, people are then opting for the quicker solution which is registering as homeless and putting their name down for housing, the waiting timeframe could reduce by at least 60 to 70%.

6.2 Limitations

When conducting research there are always strengths and weaknesses attached to the study. Firstly, semi-structured interviews provided the opportunity to examine certain areas in further detail. It generated a wide plethora of data, themes and findings. Secondly, the constraint was created as the researcher currently managed one of the homeless hostels. This developed avoidance for the participants as they held back because they viewed the researcher as a person of authority. Further information would have been sourced if the researcher could have interviewed additional service users.

6.3 Recommendations for further Research

The researcher believes that there are system failings, social policy blunders, unclear strategies and inept political responses when it comes to homelessness. The perception that the staff are not doing their role, that they are under staffed, and service users are not receiving the support that they should be getting, this was clearly highlighted in interview (with client four) and the thirty questionnaires that were completed.

It was also noted that staff lacked the appropriate information and training in order to fulfil their role within the homeless sector. Lack of training was down to reduced budget and lack of resources on the floor. Outlined below are recommendations that the researcher believes that may benefit the homeless authority and homeless organisations:

1. The focus needs to shift from simply seeking to provide a roof over someone's head to explore and address their substance misuse and support around life skills in how to live independently for instance budgeting, cooking and being organised.
2. Staff and support workers need to introduce the meaning of life, the service user's values, demonstrate care and constantly ask; what are your goals? What steps need to be taken in order to work to achieve these goals? What is the focus today? Name one positive task that was achieved today? Organisations need to shift their way of working and allow each day be productive. Enable service users rather than disable responsibility, show people how to achieve the tasks. Let the staff members be the guide and allow the service users to achieve the tasks for a sense of self-worth. Service users need to be educated and be shown how to help themselves.
3. Give each person a purpose to stay positive and to get up every morning.
4. Positive affirmation highlighted within the service.

5. Positive move on stories echoed in the hostels.
6. Homelessness has a beginning, middle and end. A support structure must be included in each area. The beginning would be assigning a keyworker; goals need to be written down, reviewed and followed up on a monthly basis. Support for substance misuse, mental health support and life-skills support needs to be introduced (middle). The end would be offering support to the service user when they move into independent living, possibly a timeframe of three months to ensure relapse hasn't occurred or homelessness reoccurring.
7. Each service users support plan needs to be highlighted and known to all staff members.
8. Everyone on the team needs to be aware of everyone's goals.
9. Service users to be assigned actions or tasks to help themselves to move out of the homeless sector (all staff members needs to be made aware so they can have the discussion with the service users when they arrive to the hostel).
10. Case meetings need to be taken on a weekly basis where each service user is spoken about. This is the opportunity to discuss where this person is at; with their addiction, life skills, mental health and move on progression.
11. The question why needs to be asked regularly and throughout the homeless sector.
12. Homeless people need to be in categories between 1, 2, 3 as stated in chapter 5.
13. There needs to be a review process of the length of time people are occupying a bed in a homeless shelter and asking the question why? And who is at fault? Staffing the service users or the support services for addiction or housing?

14. Look at the staff ratio and the education of each staff member. As it stands there is not an educational critique to work with people that are homeless, managers are usually employed within the sector and were previously staff members (management degree or experience is not a criteria for a deputy manager role). Client one and two were managers who did not have time to provide the foundation base to staff members, it would be highly recommended that staff should be given the basic understanding of addiction, homelessness, addiction services and awareness of the housing authority and how their systems operate.
15. Managers in the homeless sector would also need to be reviewed, I believe it is beneficial to have managers in charge if they have the experience of working the floor but I think they need to have the skill set to be managers? There is a big difference in knowing the premises as a floor staff than knowing it as a manager. The managers need to be sent on training courses or need to have a managers degree especially when their role entails; payroll, supervision, budgeting and progress development of the service users.
16. The Irish Government needs to look at opening up new treatment centres and after care services. Once a person accesses a treatment centre, they are then asked to return to the hostels (after treatment) while they wait for independent living. This can then start the cycle of addiction (misuse of substances because they are sleeping and living with people that block out the lonely feeling or the drugs or alcohol can keep them warm while on the streets during the day).

17. DRHE would need to look at the current model of the STA approach where service users are informed that their staff will work towards a move on progression within a six month period. This clearly is not happening and would need to be reviewed as it is currently giving false hope to service users who do become homeless and believe it would only take six months to move through the system.
18. The DRHE need to review the National Quality Standard Framework and be more specific when it comes to the key-workers responsibility. For instance how often should they meet for key-working and provide a one general recording document that ensures that the support plan is also being covered.
19. Internal support to be offered to service users for their addiction, for instance workshops on safe drug use, services that are available externally to help people so they are also aware and may not need to depend on their key-worker as much.
20. AA and NA meetings to be held in the evenings for people who want to sustain drug or alcohol misuse.
21. Keyworkers should attend accommodation viewings (if people choose to rent and go down the HAP scheme option) for people that are homeless and answer any questions that may be difficult for the service users.
22. Introduce payment of service charge or rent to each service user to allow people to develop one of the vital skills in order to keep their secure accommodation in independent living.
23. Low threshold model to be reviewed as the freedom to use drugs and alcohol in hostels can be very daunting for everyone whether you are an abuser or not.

24. Every homeless service should look at recreating their premises as an information centre where there is excessive amount of information on the walls of the building. This allows service users to gain information without necessary seeking staff support. The walls could contain information on how to apply for a council house, how to apply for HAP, listings of rented accommodation that are available within their means, job opportunities and educational courses. Another area could be a list of alcohol support groups (AA) or table lodge for therapeutic support. Drug support, sex addiction and gambling addiction wall and so on. The information needs to be repetitive and placed all over the building where it might eventually click with one person. It could also be based around the support plan process.
25. DRHE needs to review the NQSF with regard to staff roles and responsibilities. It is too vague and would be beneficial if it was clear to staff what their responsibility is to create a successful move on to independent living.

Chapter 8. Bibliography

- Adamo, A., Klodawsky, F., Aubry, T. and Hwang, S. (2016) *Ending Homelessness in Canada: A Study of 10-Year Plans in 4 Canadian Cities* (Toronto: Centre for Urban Health Solutions, St. Michael's Hospital).
- Al-Busaidi, Z. (2008). Qualitative Research and its Uses in Health Care. *Sultan Qaboos Univ Med.* 8 (1), p11-19.
- Amore, K., Baker, M. and Howden-Chapman, P. (2011). The ETHOS Definition and Classification of Homelessness: An Analysis, *European Journal of Homelessness*, 5(2), pp. 19-37
- Baker, N. (2018). Almost 10,000 people in emergency accommodation, figures show. *Irish Examiner.* 1 (1), p1.
- Baker, T. and Evans, J. (2016) 'Housing First' and the Changing Terrains of Homeless Governance, *Geography Compass* 10(1) pp.25-41.
- Blaxter, L. Hughes, C. and Tight, M. (2010) *How to Research.* 4th edn. Buckingham: Open University Press.
- Braun, V and Clarke, V. (2006). Using Thematic Analysis in Psychology: Qualitative Research in Psychology. *University of West of England.* 3 (2).

- Bell, Clive. 1993. "Interactions between institutional and Informal Credit Agencies in Rural Indian". In K. Hoff, A. Braverman, and J.E. Stiglitz, eds. *The Economic of Rural Organisation: Theory, practice, and Policy*. New York: Oxford University Press.
- Cosgrave, P. (2016). Homelessness being exploited for business. *Irish Independent*. 1 (1), p2-4.
- Cragg, M. and O'Flaherty, B. (1999) Do Homeless Shelter Conditions Determine Shelter Population? The Case of the Dinkins Deluge, *Journal of Urban Economics* 46(3), pp.377-415.
- Department of Health and Human Services. (2013). Behavioural Health Services for People Who Are Homeless. *Substance Abuse and Mental Health Services Administration*. 55 (1), p5-15.
- Department of the Environment and Local Government. (2000). Annual Report 2000. *Department of the Environment and Local Government*. 1 (1), p5-45.
- Department of the Environment, Community and Local Government (2013) *Homelessness Policy Statement* (Dublin: Department of the Environment, Community and Local Government).
- Department of Health and Human Resources. (1979). The Belmont Report. *Department of Health, Education and Welfare*. 1 (1).

- Department of Housing, Planning, Community and Local Government (2016b) *Local Government Budgets 2016* (Dublin: Department of Housing, Planning, Community and Local Government).
- Doherty, V. (1982) *Closing Down the County Homes* (Dublin: Simon Community National Office).
- Doherty., *et al.* (2006). Homelessness and Exclusion: Regulating Public Space. *The Changing Role of the State*. 1 (1), p5-12.
- Dublin Region Homeless Executive (2013). *Homeless Policy and Legislation*. Available: <http://www.homelessdublin.ie/homeless-policy-and-legislation>. Last accessed 21st of July 2015.
- Dublin Simon Community (2016) *Report and Financial Statements for the Financial Year Ended 31 December 2015* (Dublin: Dublin Simon Community).
- Environment, Community and Local Government. (2007). Delivering Homes and Sustaining Communities. *Housing Policy*. 1 (1).
- Flick, U (2014). *The Sage Handbook of Qualitative Data Analysis*. Washington, DC: Sage. p24.
- Focus Ireland. (2015). *What do we mean by homelessness?* Available: <https://www.focusireland.ie/files/publications/Info%20sheet%20-%20What%20do%20we%20mean%20by%20homelessness.pdf>. Last accessed 6th of March 2015.

- Frost, N (2011). *Qualitative Research Methods in Psychology Combining Core Approaches*. England: McGraw Hill Education. p50.
- Government of Ireland (2016) *A Programme for Partnership Government* (Dublin: Government of Ireland).
- Government of Ireland. (2016). *Rebuilding Ireland. Action Plan*. 1 (1), p3-110.
- Hanson, C (2009). *Thinking about Addiction: Hyperbolic Discounting and Responsible Agency*. Netherlands: VIBS. p18-25.
- Harvey, B. (2008). Homelessness, the 1988 Housing Act, State Policy and Civil Society. In: Daithi Downey *Perspective on Irish Homelessness Past, Present and Future*. Dublin: Homeless Agency. p1-138.
- Healy, S and Larragh, A and Leah, A and Mallon, S and Murphy, M and Reynolds, B. (2013). What Would Real Recovery Look Like? Securing Economic Development, Social Equity and Sustainability. *Social Justice Ireland*. 1 (1), p181-204.
- Higgins, A. (2005). A Recovery Approach within The Irish Mental Health Services: A Framework for Development. *Mental Health Commission*. 1 (1), p7-13.
- Keane. (2014). A Case for the Re-orientation of Drug Treatment Services and Rehabilitation Services in Ireland. *Addiction Recovery: A Contagious Paradigm*. 1 (1), p10-47.

- Keegan, O.P. (2016) Letter to Minister Alan Kelly re: Ministerial Directive Regarding Housing Allocations, 22 April 2016.
- Kinsella, C. (2012). Re-locating Fear on the Streets: Homelessness, Victimization and Fear of Crime. *Think Pieces*. 6 (2), p121-125.
- Mid-West Region (2018) Homelessness Financial Report Q1 2016. [on-line] Available at: <http://www.housing.gov.ie/housing/homelessness/other/homelessness-data> [27.11.2016].
- Moran, R. (1999). The Availability, Use and Evaluation of the Provision of Crèche Facilities in Association with Drug Treatment. The Health Research Board, Dublin.
- National Centre for Biotechnology Information. (2004). Clinical Guidelines for the use of Buprenorphine in the Treatment of Opioid Addiction. *Substance Abuse and Mental Health Services Administration*. 40 (1), p3.
- National Coalition of the Homeless. (2009). Substance Abuse and Homelessness. *National Coalition of the Homeless*. 1 (1).
- Saunders, M., Lewis, P. & Thornhill, A. (2009) Research methods for business students, 5th ed., Harlow, Pearson Education.

- Shannon, J. (2015). *'Disproportionate levels of illness and addiction' among homeless people*. Available: <http://www.irishtimes.com/news/ireland/irish-news/disproportionate-levels-of-illness-and-addiction-among-homeless-people-1.1964372>. Last accessed 5th June 2015.
- Supsford, R and Jupp, V (2006). *Data Collection and Analysis*. 2nd ed. London: Sage.
- Turner, A., Pakeman, K. and Albanese, T. (2015) *Discerning 'Functional Zero': Considerations for Defining and Measuring an End to Homelessness in Canada* (Toronto: The Homeless Hub).
- Treshold. (2013). On the development of a new framework Statutory Homeless Action Plan for the Dublin Region 2014-2016. *Dublin Region Homeless Executive*. 1 (1), p2-8.

Appendix A:

Reflection

“Education can be viewed as an admirable thing but it is well to remember from time to time that nothing is worth knowing can be taught.” Oscar Wilde

I have found this MBA programme to have significantly broadened my horizons. It has been an enjoyable yet incredibly difficult experience and one that has taught me nearly as much about myself as about the business world. I found the experience of studying part time to be a very challenging yet, particularly now that I am at the end of the programme, rewarding experience. I will use the content of this chapter to outline my key learnings from the dissertation and the two-year MBA programme and to reflect on my experiences, both high and low.

I decided to undertake this research topic in order to achieve a greater insight into the homeless sector. I am keen in this area because I use to work as a manager for a homeless organisation (My role is now a service manager for disability services) and each day I use to be introduced to at least two new homeless people which amounts to sixty new homeless service users each month. On a regular basis, I hear about the pressure the Government is under around tackling homelessness and wanting to break the cycle, but I wanted to know; what is the issue? Why are homeless projects increasing? Why is social housing being built? How come the budget for homelessness continues to increase? With all of this in place you would expect homelessness to decrease rather than increase. I believe there is an alternative method that can be introduced, and I wanted to research this by looking at gaps in the systems and current approaches that may require adjusting.

The main struggle for this research was the literature review as many readings were in favour of increasing the financial budget for social housing.

It was my priority to demonstrate the gaps from my in-depth interviews and questionnaires by linking it together in the findings chapter.

Another obstacle for me to undertake the MBA was educational background, I currently hold an honours degree in Social Science and a Masters in Addition Studies. From time to time, I would question my capability and capacity for undertaking this course. I feel without the business foundation; I am at deficit compared to the other students in my class. I know that a Masters of Business Administration will provide me the opportunity to grow intellectually in this field and especially understand the financial aspect to the business world. I feel this is lacked in the social care sector. In my field, there is no criterion for staff to hold a degree in accountancy. As a manager in the social care sector, I was given the role to manage budgets, payroll, purchasing and invoices. This skill was learnt on my own without any training. This could also be a deficit in the homeless service. Are the projects structured at the level of professionalism that is required to reduce the homeless figures? This research may either prove that I am wrong or that I'm right but I was excited to start the journey and see what I discovered.

I am fully aware that this topic may be received in a negative light or maybe sensitive for people, it is my role to ensure that people are aware that I am not looking to stop helping the homeless. My overall aim is to research if the correct support is being offered towards reducing the cycle of homelessness and how we as society prevent this from developing.

On the 29th of November I presented my presentation to my student colleagues.

I must say, I was feeling anxious at the time because I was unsure how this project would be perceived; talking about homelessness is a sensitive subject as people are culturally led that they have to feel sensitive for the unfortunate or have to pretend to be. I felt the presentation went well and the perception was positive a one.

I work in the area of homelessness not because I feel that everyone is unfortunate due to their circumstances; but I work in this field because I actually want to stop homelessness and I feel there are three areas to look at. People who refuse the support of moving out of homelessness by for instances by refusing to look at their addiction or lack of life skills and then there is people that are using the homeless system to gain a quick chance of receiving social housing and then you have genuine people that are actually homeless. My aim of the presentation was to get my point across without been judged or offending people in the audience. I truly believe that Irish citizens are really unaware of the exact meaning of homelessness and the cost it imbeds on the Irish justice system.

Shortly after the presentation I found out I was five months pregnant. At the end of my studies I got married and also bought a house while continuing to study and prepare for the arrival of my first born. Unfortunately, I could not complete my thesis on its due date in August due to the health of my baby at the time. DBS were very supportive and extended the deadline to Jan 2019, the only downfall was not finishing with my class mates.

The difficulty with the interviews and questionnaires were peoples oblivious on how important their roles are within the homeless sector and how support and systems may require changing. 99.9% of managers within the homeless sector have worked as floor staff and worked their way up as managers.

The training in the homeless sector is poor (staff have to learn for themselves, induction is poor, alongside of poor in-house training) and the staff turnover is high which does not provide the sense of consistency and trust that the service users require. From writing this project, I want people to be able to look at this situation as if they were homeless and in this situation how would they feel about following the current systems that are in place. How confident are people to even know what they are meant to do? Are people aware that you may need to share a room with three other people, have no bedroom door and be in a hostel with hundred and one other people, eight toilets in total, eight showers, no security and five staff on shift? Prisons are managed better and are also safer for the client and the staff.

I found throughout my research that I was going off point and focusing on an area that I did not intend on researching or changing my overall objectives. This was down to poor research skills on my part. I did find there was a lack of research with regard to the benefits of homeless organisations. You will not know the true exact unless you become homeless and still the obstacles you're up against and how difficult it is to stay sober and crime free.

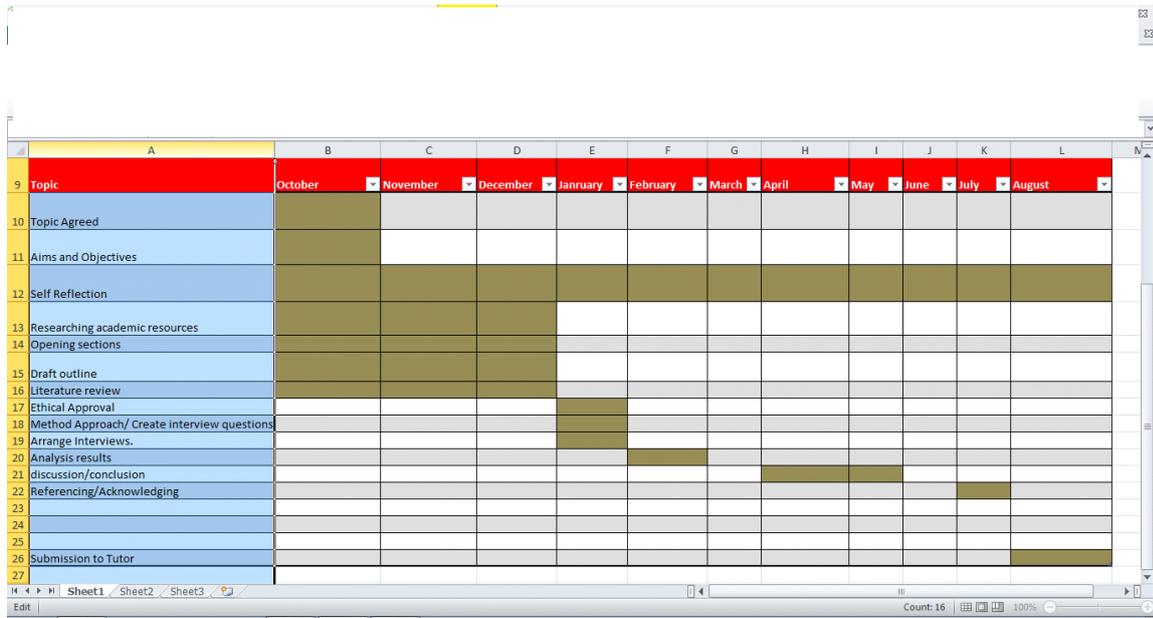
As you can imagine the most challenging aspect of completing the MBA has been time management. I have found the course work in itself to be mentally stimulating however the volume of work and the time commitments required were significantly greater than I had anticipated. As such at numerous times throughout the two years, I found balancing my work, my personal life and my studies to be quite difficult and stressful. The most difficult period was trying to complete the dissertation with a new born baby and during this time I really learned a lot about myself. There have been highs and lows, and at times I felt like I was climbing a mountain and could not complete the workload in the time allowed and at other times, particularly after completing the field work, I felt enthused and energised, ready for the next challenge.

Ultimately, it was a huge learning experience for me. I developed new cognitive skills, learning skills, and critical skills which I will be able to apply to help achieve personal and professional goals in the future. I have also acquired a far deeper understanding in to how the research process works, and that I believe it is something one cannot learn without living the experience. And while this has been challenging, having come through it I can now look back with pride at what has been accomplished through dedication and perseverance. I look back and think that if an MBA came without difficulties, it would not be worth accomplishing.

For myself, I look forward to applying everything I have learned, while carrying out this dissertation and throughout the many modules completed, from my work perspective in its current form and in any future roles that I am lucky enough to have. I am confident that this will not be the last of my further education, if anything this programme has awoken a newfound appreciation for knowledge, learning and an awareness of all that I have yet to learn.

Appendix B

Gantt Chart:



Appendix C:

Questionnaire Questions for Participants

- Are you working/resident in the homeless sector?
- How long have you lived/worked in the homeless sector?
- Is there an increase in service users?
- Can you tell me in your own view what your understanding of key working is?
- How often have you offered key working or received keyworking?
- What training were you offered to be a keyworker?
- What supports are offered to maintain stabilisation and to live independently?
- What is the staff and service users ratio?
- Can you tell me if you engaged with a case manager and know their role of a case manager?
- What support is offered to you/ service users for your/their addiction?
- Are you aware of many people moving out of the homelessness sector within a six month period?
- Can you tell me what a support plan is?
- Can you use drink and alcohol in this hostel?

Appendix D: Interview Questions for Participants:

1. Can you tell me how long you have been working within the homeless sector?
2. Can you please tell me your role within the homeless sector?
3. In your opinion can you tell me how often do service users move out of the homeless sector and into independent living? (is it a six month period?)
4. What supports are offered during their stay in this organisations in order to reduce homelessness and work towards independent living? Only speak of the supports this organisations offer.
5. Can you tell me about the budget and how it is allocated on a yearly basis?
6. Is this organisation 100% funded by the Government?
7. Is funding based on how many residents are catered for?
8. In your view why do you think homelessness is increasing?
9. How many residents to a bedroom?
10. Can you tell me about the staff and service user ratio?
11. Are staff specifically trained in any of the below: Addiction specialist, key-working or counselling?
12. Are any drug and alcohol support groups offered to the residents by this organisation?
13. Are you aware of any residents/ service users moving on to independent living within a six month period?
14. What are staff's role?

Appendix E: Informed Consent Form

Chief Investigator : Patrice O’Sullivan (Dublin Business School, MBA, thesis student)

- | | |
|---|----------------|
| | Please initial |
| <ul style="list-style-type: none"> • I confirm that I have been given and have read and understood the information sheet for the above MA in MBA Dublin Business School Masters student’s thesis study and have asked and received answers to any questions raised | [] |
| <ul style="list-style-type: none"> • I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my rights being affected in any way | [] |
| <ul style="list-style-type: none"> • I understand that the researcher will hold all information and data collected securely and in confidence and that all efforts will be made to ensure that I cannot be identified as a participant in the study (except as might be required by law) and I give permission for the researcher to hold relevant personal data | [] |
| <ul style="list-style-type: none"> • I agree to take part in the above study | [] |

Name of Participant	Signature	Date
Name of person taking consent	Signature	Date
Name of researcher	Signature	Date

One copy for the subject; one copy for the researcher.

Appendix F: Information Sheet

Title of the Study: Investigating if Alternative Approaches should be implemented in order to Reduce Homelessness in Dublin.

Researcher: Patrice O’Sullivan

Research Supervisor: Shaun Hayden

Patrice O’Sullivan is conducting a research study as a part of my Master Degree Programme in MBA, at Dublin Business School.

Purpose of the study

1. Explore views and experiences of homelessness in Dublin.
2. Examine what supports are offered within the homeless sector.
3. To seek a further emphasises on what needs to improve.

Participant’s requirement

If you are interested in taking part in a face-to-face interview please sign the consent form. Interviews will take place in a quiet room within the homeless organisation.

Confidentiality

All of the information provided will remain confidential to the research. A number will identity all forms.

Freedom of information and the right to withdraw from the study

If you initially decide to take part you can subsequently change your mind and withdraw from the study without prejudice, and request to have your data removed from the study. Additionally, under the Freedom of Information Act (1997) you have the right to access to information concerning you, which you may request from the researcher in writing.