

**Life Satisfaction and its Impact on Attitudes towards  
Homelessness in the General Public in Dublin**

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## **Abstract:**

The main aim of this research was to investigate the attitudes of Dublin's general public towards homelessness to establish whether satisfaction with life has a relationship with attitudes towards homelessness. The total number of participants in this study was 258. Quantitative analysis was conducted with a non-experimental, correlational design. Attitudes towards homelessness were measured using the Attitudes Towards Homelessness Inventory (ATHI) (Kingree & Daves, 1997). The Satisfaction with Life Questionnaire (Diener, Emmons, Larsen & Griffin, 1985) was used to measure satisfaction with life. The results did not support the hypothesis that satisfaction with life was correlated with attitudes towards homelessness. It was however found that the general public in Dublin have a generally non-stigmatising attitude towards homelessness. There were no significant differences found between males and females of different ages and their attitudes towards homelessness in this study. Across all ages and both sexes participants in this research retained a generally good attitude towards the homeless.

## Literature Review

### Introduction:

The definition of homelessness is greatly debated both in Ireland and internationally (Seymour, 2009, p. 403). *The Irish Housing Act* (1988) defines a person as homeless if they have no accommodation that they could reasonably occupy, or, if they are in hospital, night shelter or institution because they have no acceptable accommodation in which to reside and that they are unable to provide such housing through their own means. The European Federation of National Organisations working with the Homeless [FEANTSA] is a non-governmental agency (NGO) that works with the European Union in preventing homelessness across Europe. FEANTSA developed the European Typology of Homelessness and Housing Exclusion [ETHOS]. ETHOS has four categories of homelessness: roofless, homeless, insecure housing and inadequate housing (FEANTSA, 2011). These definitions are vastly more inclusive than the stereotypical view of homelessness as a single male rough sleeper (Seymour, 2009).

There are many different ways to conceptualise homelessness using different perspectives. The conflict perspective sees homelessness as stemming from the social fact that some people have more opportunities than others and that people in the lower socioeconomic group are marginalised and thus are more likely to become homeless. Homelessness is one of the most extreme forms of social exclusion (Giddens, 2009, p.502). Social Exclusion occurs when individuals become removed from the full engagement in society (Giddens, 2009, p. 498). The lack of permanent address can restrict engagement in education, work and social life (Giddens, 2009, p. 502). Conflict theory sees winners and losers, with some people having inordinate wealth and power in a society. Conflict theorists believe that this inequality throughout society is unfair (Anderson & Taylor, 2008, p. 21).

The functionalist perspective views the homeless as dysfunctional and deviant. This perspective views society as a functioning body and those who deviate as the ones to blame (Ravenhill, 2008, p.29) for their situation. Functionalists see this stratification as the natural order (Giddens, 2009, p.443). The structuralist perspective also looks at the broader institutions that lead to homelessness such as housing, welfare, the family and social policy.

The interpretivist perspective is concerned with the meaning of homelessness, which in common sense or stereotypical terms is the single adult male who is sleeping rough. The new homeless are families and couples and there are also a large number of people living in emergency accommodation who are also considered as being homeless (DEHLG, 2000). This perspective looks at the labelling of homeless people and the general public perception of the homeless as substance abusers or as mentally ill and thus they are to blame for their own situation (Ravenhill, 2008, p.35).

To fully understand the issue of homelessness, one must look further than the surface common sense view of homelessness. The issue of homelessness is greater than this as it encompasses poverty, inequality, welfare and social services. The issue of homelessness cannot be looked at in isolation, it needs to be examined and placed in its correct context. In order to gain such perspective it is necessary to look at wider society (Mills, 1959, p.12).

### **International Research on Attitudes towards Homelessness:**

There has been limited international research on attitudes towards homelessness. One such study by Toro et al. (2007) compared attitudes towards homelessness across different countries. A phone survey was conducted to measure the prevalence of homelessness and also the attitudes towards homelessness in five different countries; Belgium, Germany, Italy, the United Kingdom and the United States of America. Toro et al. postulated that there is a link between the cultural ideology of a nation and its welfare policy. They state that

Europeans have a more collectivist attitude, whereas Americans have a more individualistic attitude and that this has a relationship with attitudes towards homelessness in these areas. This study found that respondents in the United States experienced more instances of homelessness and also held less favourable attitudes towards homelessness than European respondents (Toro, et al. 2007). The study by Toro et al. (2007) proposes there is a link between policy and public opinion and suggests that policy shapes opinion and also that public opinion shapes policy.

### **Irish Homeless Policy since 2000, a Brief Overview:**

Four policies dealing with homelessness have been published in Ireland since 2000. These policies are all linked and have developed from one another, with *Homelessness - An Integrated Strategy* (2000) from the Department of the Environment, Heritage and Local Government [DEHLG] being an overarching policy. *Youth Homelessness Strategy* focuses on young people and homelessness; *A Preventative Strategy* focuses on prevention with particular emphasis on those leaving institutional care. *The Way Home: A Strategy to Address Adult Homelessness 2008-2013*(DEHLG, 2008) is a broad level document much like *Homelessness- An Integrated Strategy*, with more of a focus on cost efficiency and expenses following the economic downturn.

*Homelessness - An Integrated Strategy* (DEHLG, 2000) aims to provide a united response to all the issues that affect the homeless. This strategy aims to develop coordinated responses to emergency, transitional and long-term needs, including health, education, training, employment and home management. There is an emphasis on Dublin and Urban areas where the occurrence of homelessness is more concentrated. It recommends that more varied types of accommodation be provided for the changing needs of the homeless, including accommodation suitable for families, couples and young people. There is a recommendation

for more long term accommodation and supports to help people transition from emergency to long term facilities. Prevention strategies are recommended that will target at-risk groups including those leaving state institutions.

*The Youth Homelessness Strategy* was published in 2001 by the Department of Health and Children [DOHC]. This policy complements *Homelessness - An Integrated Response*, yet recognises that youth homelessness is different to adult homelessness as the majority of young people do have a place of residence, but that they can no longer reside there for myriad reasons. This policy adopts the holistic approach of the *National Children's Strategy* (DOHC, 2000) which states that Children should have accommodation that is suited to their needs. The main aim of the strategy is to reduce and attempt to eliminate youth homelessness through preventative measures and ensure services are there to re-integrate any child that should become homeless back into their community. This strategy places emphasis on preventing youth homelessness by focusing on the importance of support for young people, their families, schools and communities. Truancy and early school leaving are correlated to homelessness and should be combated with initiatives to encourage young people to stay in school. There is also a link between those leaving care and becoming homeless. Aftercare services will be improved to aid the transition for those returning home or beginning independent living. For those that do become homeless despite these measures, emergency responses will be provided.

*Homelessness- A Preventative Strategy* (DEHLG, 2002) aims to target those most at risk to prevent them from becoming homeless. This looks at preventative measures and expands on recommendations given in the *Integrated Strategy*. This strategy recommends early intervention before people become homeless, with a focus on people leaving institutional care, as this group has been identified as being at risk of becoming homeless. The main aim of this strategy is that no one should leave institutional care of any description without having

both suitable accommodation and the necessary supports for reintegration into the community. The focus of this strategy is on those leaving institutional care such as those released from custody, young adults leaving care and people leaving hospitals or psychiatric institutions. It is noted in this document that poor educational achievement is linked to homelessness, therefore, a programme was proposed that would ensure further continuation of education outside prison. Education services for homeless adults will be extended with 6,000 new places becoming available on the *Back to Education Initiative*.

*The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* (DEHLG, 2008) driven by results from an independent review on the effectiveness of previous homeless strategies builds on the *Integrated Strategy* and the *Preventative Strategy*. The three main aims of this strategy are to eliminate the need for people to sleep rough, eliminate the need for long term stays in emergency accommodation and to prevent people from becoming homeless in the first place. This policy recommends streamlining and coordination of funding. Funding will be based on need, with improved transparency and accountability for expenditure. Appropriate emergency accommodation is needed to eliminate the need to sleep rough in the short term, with the view to moving people to long-term housing. This strategy aims to move people from emergency accommodation into long-term housing and eliminate stays longer than six months in emergency accommodation. People could be placed in rented accommodation if they are capable of independent living with appropriate support. An adequate provision of housing with support systems in place is crucial to combat homelessness. The review found that implementation of the *Preventative Strategy* had been beneficial, however, the focus was too narrow and needs to be widened. Lack of education and training has been found to be linked to homelessness, therefore at a local level this strategy should ensure that people have access to education and also to employment. This strategy proposes that in the long term social exclusion, deprivation and mental health be

addressed in order to prevent homelessness. Funding will be provided for further research into the nature of homelessness and how it can be prevented; identifying and addressing pathways into and out of homelessness and addressing government policies that affect levels of homelessness.

As stated by Toro et al. (2007) policy and attitudes towards homelessness are linked so therefore when looking at attitudes towards homelessness it is important to be aware of current policy regarding homelessness. Traditionally homeless policy in Ireland was based on the functionalist perspective, with a view that homelessness was a personal predicament (Considine & Dukelow, 2009, p.350). However, more recently Irish policy has increasingly adopted a perspective based on conflict theory with initiatives that look to identify the structural causes of homelessness, creating policy that is aimed at identifying individuals and areas most at risk of homelessness, in order to combat this issue.

### **Previous Research on Attitudes towards Homelessness and Poverty:**

Kingree and Daves (1997) developed a questionnaire which rates attitudes towards homelessness through a four part study. Three parts measured attitudes of students of Georgia State University and one part measured attitudes amongst low income participants accessing substance abuse services in North America. The 'Attitudes towards Homelessness Inventory' (ATHI) is a multidimensional questionnaire with four internally valid dimensions (Kingree and Daves, 1997). These four dimensions that measure the attitudes towards homelessness are: the personal causes of homelessness, the societal causes of homelessness, whether homelessness can be solved and the disposition to affiliate with homeless people. Kingree and Daves state that the attribution of homelessness to either personal or societal causes can shape how solutions to homelessness are developed and whether or not they are publicly supported. However, their studies were primarily conducted with university students

and the results from studies of this cohort cannot be inferred to be indicative of the attitudes of the general public.

When empathy was measured in conjunction with the ATHI, Kingree and Daves found that empathetic participants were more likely to believe that homelessness was caused by societal deficiencies and also that homelessness could be solved. The final part of their study found that education could have a significant effect on the scores in ATHI. With students completing the questionnaire both before and after reading essays attributing homelessness to personal causes or social causes. Participants that read essays attributing homelessness to personal causes produced more negative scores on whether homelessness can be solved. Those that read the societal essays were more positive in believing that there are solutions for homelessness. This shows that the type of education given on issues surrounding homelessness can have a direct effect upon attitudes towards homelessness.

Kingree and Daves (1997) found that females and older participants had less stigmatising attitudes towards homelessness. Additionally a study by Cozzarelli, Wilkinson and Tagler (2001) found that men held more negative stereotypes regarding the poor than women. This study of attitudes and attributions of poverty also found that younger participants were more likely to attribute poverty to personal causes. With older participants being more likely to attribute poverty to societal causes. Participants in this study in general were likely to blame the poor for their poverty and this was thought to be related to American individualistic values (Cozzarelli, Wilkinson and Tagler, 2001).

Additionally Wisehart, Whatley and Briihl (2013) conducted a study at an American University and found that respondents that had been in receipt of a short educational programme on homelessness had a more positive attitude towards homelessness than the control group who had not been given the homelessness educational programme.

An alternative measurement for attitudes towards homelessness, the attitudes "Towards Homelessness Questionnaire" (ATHQ) was developed by Lester and Pattison (2000) in the United Kingdom to measure attitudes towards homelessness. This questionnaire was created to measure the attitudes towards homelessness of medical students. They found this 20 statement questionnaire, measured on a five point Likert scale, to be valid and reliable at measuring the effect of education in the area of homelessness on attitudes towards homelessness. Lester and Pattison found that students who had completed a module on health and homelessness scored higher than students that did not complete this module, therefore they deduced that education in the area of homelessness improves attitudes towards homelessness.

Buchanan, Rohr, Stevak, & Sai, (2007) compared the ATHI and the ATHQ attitudes towards homelessness measurements. They conducted a study of medical students both before and after education in the area of homelessness that included lectures and visits to providers of services for the homeless. This study found that the ATHI was more sensitive at measuring changes in attitudes. The positive changes in scores for ATHI were four times greater than changes in scores for the ATHQ after medical students received this education in the area of homelessness.

The study of attitudes towards homelessness has been predominantly conducted with students or those employed in homeless services, medical staff and medical students. Attitudes towards homelessness studies have been conducted in the United States and the United Kingdom. There has been limited study of the general public in Ireland regarding their attitudes towards homelessness.

## **Homelessness in Ireland:**

According to figures from the Central Statistics Office [CSO], on census night 2011 there were 3,808 people staying in designated homeless facilities or sleeping rough, with 62% of those being in Dublin. It is difficult to get an exact figure of the amount of people who are homeless as there are many sleeping in squats or with friends and family, however, it is estimated that 5,000 people are homeless in Ireland at any one time (Focus Ireland, 2013; Peter McVerry Trust, 2014).

The causes of homelessness are often divided into two categories (Focus Ireland, 2013) these are individual causes and structural causes. According to Dublin Simon Community (2014) there are four main causes of homelessness: structural, institutional, relationship and personal causes. Structural causes include poverty, unemployment and shortages of housing. Institutional causes are people leaving institutional care who are at increased risk of becoming homeless as referred to in the Government's homelessness prevention plan. Relationship causes include domestic violence and relationship breakdown. Personal causes or individual causes can include substance abuse, mental illness or learning difficulties (Dublin Simon, 2014b).

Ireland has a history of reliance on religious groups in the provision of welfare to those in need. From the soup kitchens provided by the Quakers (Considine & Dukelow, 2009,p.12) during the Irish famine, through the establishment of voluntary charitable organisations such as Barnardos and the Society of Saint Vincent de Paul in the nineteenth century (Considine & Dukelow, 2009, p. 89), to the founding of the Dublin Simon Community and Focus Ireland in the last century, charitable institutions have provided much of the support to those in poverty. The Society of Saint Vincent de Paul [SVP] has more than 11,000 volunteers in Ireland and thus is the largest voluntary charitable organisation (SVP, 2014) in the State. The Simon

Community helps 3,000 (2014a) people a year. These charitable organisations need public support to ensure they have continued assistance from both voluntary workers and charitable donations. Public support is vital for the continuation of their services. It is imperative that the issues that influence attitudes towards homelessness are investigated as these could affect the support that the public give to charities. Empathy could have an effect on attitudes towards poverty and homelessness and therefore could affect whether the public are supportive of initiatives to help those that are in poverty or the homeless.

### **Empathy, Satisfaction with Life and the Desire to Help:**

Empathy is the emotional response to the distress of another (Hogg & Vaughn, 2010, p. 264) and can be described as experiencing someone else's pain or sadness as if it was one's own. Empathy leads to pro-social behaviour. Pro-social behaviours are acts that are valued positively by society. There are situational, emotional and dispositional influences that affect our likelihood to engage in pro-social behaviours. For example people are more likely to help those that are perceived to not be responsible for their situation. The norm of social responsibility tells us that we should help others and contribute to the welfare of society (Hogg & Vaughn, 2010, p. 552).

Alfred Adler believed that people are social beings (Holt, Bremner, Sutherland, Vliek, Passer & Smith, 2012, p. 568) who hold the interest of the general welfare above personal selfish self interest. Adler proposed that this community minded attitude is linked to good mental health, which he called "gemeinschaftsgefühl". La Voy, Brand and McFadden (2013) in their study of Adler's gemeinschaftsgefühl argue that the individual must contribute to the betterment and progression of mankind, with every individual having both a place and role in the community. They state that the common understanding of human beings as being

narcissistic and self interested cannot be the case, as if it were society would collapse. They believe that most individuals are devoted to others and supportive of community progression.

A study in North America by Wei, Liao, Ku and Shaffer (2011) found that there was a positive correlation between empathy and subjective well being amongst participants. Furthermore a study of medical residents by Shanafelt et al. (2005) found that residents with a better mental well being showed greater empathy. Additionally a study by Mehrabian and Epstein (1972) found that helping behaviour was correlated with empathic tendency in a group of students and inferred that being empathic is the greatest determinant of helping behaviour. As empathy has been found to be related to well being in previous research, it is proposed that those who have a greater satisfaction with life will have a better attitude towards homelessness.

Diener, Emmons, Larsen and Griffin (1985) found that the 'Satisfaction with Life Scale' had favourable psychometric properties, therefore it is a reliable questionnaire to use. It is predicted that those who score high on the satisfaction with life questionnaire should have a more favourable attitude towards homelessness. There should be a positive correlation between satisfaction with life and attitudes towards homelessness.

### **Main Aims and Objectives:**

The main aim of this research is to investigate the attitudes of Dublin's general public towards homelessness and whether satisfaction with life has a relationship with these attitudes towards homelessness for participants. Previous research has predominantly occurred in North America and mostly has been carried out with the participation of students or those working in homeless services. This research aims to measure the general public's attitude towards homelessness as these attitudes have been thought to influence social policy and willingness to support charitable institutions. To achieve these aims homelessness will be

quantitatively measured and satisfaction with life will also be quantitatively measured to establish if satisfaction with life has any effect on attitudes towards homelessness. Subscales within the attitudes towards homelessness measurement will be compared to establish if participants believe that homelessness is attributed to either personal causes or societal causes. Gender differences in attitudes towards homelessness will be investigated to establish if there are differences in attitudes for males and females. Age differences will also be investigated to discover the potential differences in attitudes towards homelessness for participants of different ages.

### **Hypotheses:**

The main hypothesis (H1) was that there would be a positive correlation between satisfaction with life and attitudes towards homelessness.

The second hypothesis was that participants would have a non-stigmatising attitude towards homelessness.

The third hypothesis was that homelessness would be considered by participants to be caused by either personal deficiencies or societal deficiencies, therefore the attribution of homelessness to either personal causes or societal causes should be negatively correlated in the results.

The fourth hypothesis was that there would be a difference in attitudes towards homelessness due to both the age and the sex of participants.

## **Method:**

### **Design:**

Hypothesis 1 (H1) Those with high life satisfaction should have a more favourable attitude towards homelessness. Quantitative analysis was conducted with a non-experimental, correlational design. This design measured x and y to determine the correlation between the variables and to establish if there is a relationship between the two. Both variables in this instance are continuous and these variables cannot be manipulated within this study. Satisfaction with life score was measured using the 'Satisfaction with Life Scale' (X - predictor) and attitudes towards homelessness measured with the 'Attitudes Towards Homelessness Inventory' (Y - criterion). These variables were then compared. For this correlational study, the predictor variable was satisfaction with life score and the criterion variable was attitudes towards homelessness score. The direction of this correlation was predicted, it was predicted that there would be a positive correlation between the predictor variable and the criterion variable. It was predicted that there should be a positive correlation between satisfaction with life scores and attitudes towards homelessness scores. A higher satisfaction with life score should correlate with a more positive attitude towards homelessness.

The second hypothesis was that participants would have a non-stigmatising attitude towards homelessness. This was measured by looking at means and standard deviations for the results of total scores from the ATHI and additional statements on attitudes towards homelessness taken from Kingree and Daves (1997) study on attitudes towards homelessness.

The third hypothesis was that homelessness will be considered by participants to be caused by either personal deficiencies or societal deficiencies, therefore the attribution of homelessness to either personal causes or societal causes should be negatively correlated in

the results. This was measured by comparing the scores for the subscales of personal causes and societal causes of homelessness and establishing if there was a correlation using SPSS.

The fourth hypothesis was that there would be a difference in attitudes towards homelessness due to both the age and the sex of participants. SPSS was used to establish if there was a correlation between increased age and attitudes towards homelessness. Results for the males and results for females will be investigated in SPSS to establish if there are differences in means and standard deviations for total scores in ATHI and also if there are differences between means and standard deviations for males and females for the additional statements in Part A (see appendix 1 ).

### **Participants:**

The total number of participants in this study was 258 members of the general public in Dublin City. The minimum age of participants was 19 and the maximum age of participants was 72. The mean age was 35.98 and the median age was 35. Eleven participants did not give their age. There were 162 women in this study and 90 of the participants were men. Six of the participants did not specify their gender. Participants were sourced through a number of routes. The questionnaire was created in Survey Monkey and posted to various groups on Facebook. The link to the questionnaire on Survey Monkey was also sent to a variety of different employees at companies throughout Dublin through internal company emails. On-street participants were asked to fill out a questionnaire on entry into the local public library, they were asked to participate if they so wished and to return the completed questionnaire to the researcher as they left the library. Participants were given a brief outline regarding the study prior to completion and a brief discussion took place as to the nature and purpose of the study.

## **Materials:**

Attitudes towards homelessness were measured using the 'Attitudes Towards Homelessness Inventory' (ATHI) (Kingree & Daves, 1997), (see appendix 3 for original questionnaire). The ATHI consists of 11 questions which were answered on a five point Likert scale ranging from 1- strongly agree to 5- strongly disagree. Total scores of attitudes towards homelessness (TOT) could therefore range from 11 to 55, with a higher score indicating a more favourable attitude towards homelessness. There were four subscales within this questionnaire, these subscales are personal causes, societal causes, solutions and affiliation.

The attribution of homelessness to personal causes or Personal Causes of Homelessness (PC) was measured with questions 1, 7 & 8. An example of a statement of personal causes used in this study is statement 8) *Most homeless persons are substance abusers*. Scores for PC could potentially range from a low of 3 to a high of 15. With low scores indicating a more stigmatising attitude towards homelessness and high scores indicating a more favourable attitude towards homelessness.

The attribution of homelessness to societal causes, or Societal Causes of Homelessness (SC) was measured with questions 2,3 & 9. An example of a statement of Societal Causes is statement 9) *With rising rents and mortgage arrears there are now more families at risk of losing their homes than ever before*. Scores for SC could range from a low of 3 to a high of 15.

The willingness to affiliate with homeless people or Affiliation (AFF) was measured with questions 4 & 10. An example of a statement to measure affiliation with homeless people is 10) *I feel uneasy when I meet homeless people*. AFF scores could range from a low of 2 to a high of 10. With low scores in this subscale indicating a more stigmatising attitude towards homelessness and high scores indicating a more favourable attitude towards homelessness.

The belief in the solvability of homelessness or Solutions to Homelessness (SOL) was measured with questions 5,6 & 11. An example of a statement to measure the solutions to homelessness is 6) *There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed.* Scores for SOL could range from a low of 3 to a high of 15. Low scores in this subscale indicate a more stigmatising attitude towards homelessness and high scores indicate a more favourable attitude towards homelessness.

Of the eleven questions in the ATHI question 4) *I would feel comfortable eating a meal with a homeless person,* was recoded so as to create positive high scores for this question.

In order to calculate a total score for attitudes towards homelessness (TOT), the questions measuring societal causes (SC) (questions 2,3 & 9) were also recoded in SPSS. These statements were recoded so that those with a high score for SC believed that homelessness is due to societal causes. Personal causes were coded so that high scores indicated a belief that personal factors did not cause homelessness.

Questions in the societal subscale, questions 2, 3 and 9 had also to be slightly rewritten to fit an Irish context, as the original questionnaire was designed in the United States and the redesigned questions were thought to be more valid in the Irish context. Question 2 in Kingree and Daves questionnaire *'Recent government cutbacks in housing assistance for the poor may have made the homeless problem in this country worse'* was rewritten as *Cuts to rent supplement allowance limits are actually contributing to some people becoming homeless.* Question 3 was rewritten from *'The low minimum wage in this country virtually guarantees a large homeless population'* to *Increased taxes and new charges such as the Universal Social Charge and Property Tax have made the homeless problem in this country worse.* Question 9 was rewritten from *'Recent government cutbacks in welfare have contributed substantially to the homeless problem in this country'* to *With rising rents and*

*mortgage arrears there are now more families at risk of homelessness than ever before.* Both the original questions and the amended questions are attached in the appendices.

Scores for each subscale were calculated by adding up the scores to answers given for the questions for that subscale. This created total scores for personal causes, societal causes, affiliation and solutions to homelessness. According to Kingree and Daves (1997), scores for personal causes (PC) of homelessness and the scores for societal scores (SC) of homelessness will be negatively correlated as they believe that participants will conceptualise homelessness as either being caused by personal deficiencies or by societal deficiencies.

Total scores of attitudes towards homelessness (TOT) were calculated by adding the totals for each subscale to get one total score for attitudes towards homelessness. The four subscales totals, personal causes, societal causes, solutions and affiliation were added together for each participant to give a total score for attitudes towards homelessness for each participant. Higher scores indicated a more favourable attitude towards homelessness and lower scores indicated a less favourable attitude towards homelessness.

'The Satisfaction with Life Scale' (Diener, Emmons, Larsen & Griffin, 1985) (see appendix 4 for original questionnaire), was used to measure satisfaction with life. Five questions were answered on a five point Likert scale. Scores for the questions were then calculated to give a total satisfaction with life score. This score for satisfaction with life could then range from 5 to 25. Scores were recoded in SPSS to give higher scores indicating higher satisfaction with life. Examples of the statements included are 4) *So far I have gotten the important things I want in life* and 5) *If I could live my life over I would change almost nothing.*

Results were analysed in SPSS. A database was set up for entering the results into SPSS. Results from the paper questionnaires and results from Survey Monkey were entered onto this database in SPSS for analysis.

Cronbach's alpha was run for the satisfaction with life questions, for total scores on attitudes towards homelessness and also for each subscale. Cronbach's alpha for satisfaction with life was .84. Cronbach's alpha for total attitude towards homelessness was .63. Cronbach's alpha was also calculated for a total homelessness score without the inclusion of the three rewritten questions 2,3 & 9 and this resulted in a Cronbach's alpha of .617. This was done to ensure the new questions were not affecting the reliability of the total score. As the Cronbach's alpha with the new questions was higher than the score that excluded these three rewritten questions, these questions were retained for analysis. Cronbach's alpha measures the internal validity of a scale, Cronbach's alpha can help to evaluate if a scale or subscale measures that which is meant to be measured by this scale, that is to say that questions within each subscale are measuring the same thing.

For the subscales Cronbach's alpha was PC.534, SC .648, AFF .547 and SOL .534. These scores were quite low. Usually a score above .7 is considered to be acceptable reliability. However Cronbach's alpha for the ATHI total scores is approaching .7 at .63.

Also included in the questionnaire were nine questions that were not used to compute a total score but had been used in the original 27 question questionnaire for the ATHI (see appendix 2 for the original questionnaire). Kingree and Daves (1997) removed questions from the final ATHI questionnaire if they were found not to measure that which they were meant to measure or if questions were found to be answered in such a way as to skew the results. These questions were included in the current study in an attempt to produce a broader indication of the attitudes to homelessness amongst the public in Dublin and also to compare the answers found in Kingree and Daves' original study to establish if there were any differences or similarities in attitudes between the two studies for these questions. Examples of the questions included in this section were 1) *It is easy to recognise a homeless person* and 7) *I would consider dating a homeless person*.

The question regarding dating a homeless person was removed from the original questionnaire by Kingree and Daves (1997) as the majority (90%) of their participants disagreed with this statement. It was included in this study along with eight other questions that Kingree and Daves (1997) had removed from their final ATHI questionnaire. These questions were chosen from the original questionnaire to be included in this current study of attitudes towards homelessness in the general public in Dublin as it was predicted that these questions could be beneficial in providing greater insight into the attitudes of people in Dublin towards homelessness when used in conjunction with the final ATHI questionnaire.

### **Procedure:**

The full questionnaire ( see appendix 1) used in this current research including questions regarding the participant's age and gender, the ATHI and 'Satisfaction with Life Scale' took around four to five minutes in total to complete. The questionnaire began with a short introductory statement to brief participants of the purpose and nature of the study. Included were contact details of the researcher in order for interested participants to obtain further information if they so wished.

General demographic questions were included in the questionnaire for gender and age. On the first page of the questionnaire were the 11 statements from the 'Attitudes Towards Homelessness Inventory' (ATHI) from Kingree and Daves (see appendix 3 for original 11). This was used to measure scores for attitudes towards homelessness for participants. The ATHI is a multidimensional measurement that is composed of four subscales; personal causes, societal causes, affiliation and solutions. All 11 statements were answered on a five point Likert scale with answers ranging from 1-Strongly Agree to 5-Strongly Disagree. Total ATHI and subscales scores were calculated for participants from these results.

Part A on the second page of the questionnaire contains nine questions that were used by Kingree and Daves (1997) in their original 27 statement questionnaire (see appendix 2) which was used in the first part of their validation of the 'Attitudes Towards Homelessness Inventory'. Kingree and Daves removed some statements from their final inventory, however, in this study it was thought that nine of the questions that were not included in the final ATHI could be used as an additional measure of attitudes towards homelessness. These nine statements were answered on a five point Likert scale.

Part B on page two of the questionnaire contained the 'Satisfaction with Life Questionnaire' (Diener, Emmons, Larsen and Griffin,1985) (see appendix 4) contains five questions on satisfaction with life. Answers were given on a five point Likert scale so as to calculate total scores for satisfaction with life for participants.

The questionnaire was printed in paper form and also entered onto Survey Monkey. Links to Survey Monkey were attached to postings on group pages on Facebook. Emails were sent to employees from various companies throughout Dublin through internal company emails. There was a brief outline of the aims and purpose of the study attached in the emails and in the Facebook postings. On-street participants were approached outside the local public library. All participants were thanked both within the questionnaire itself and in the attachment in email or on Facebook postings. Those completing the paper questionnaire, were thanked in person after they had completed the questionnaire.

Once sufficient data had been collected, a database was created in SPSS. All results from all questionnaires were entered into the database. Analysis was conducted using SPSS. Totals for ATHI score were computed in SPSS. Totals for the four subscales were also computed in SPSS. Totals for satisfaction with life were computed. Correlations were calculated in SPSS to establish if there were correlations between satisfaction with life score and attitudes

towards homelessness for participants. Pearson's correlations were calculated to establish if there was a correlation between the results for the personal causes and societal causes subscales. Pearson's correlations were calculated in SPSS to establish if there were correlations between age and attitudes towards homelessness. Means and standard deviations were calculated for the answers given by males and females to ascertain if there were any significant gender differences in this study.

### **Ethical Issues:**

There are ethical issues involved in this study as there are in any social science study. Informed consent was given by each participant in the study. Participants were briefed as to the nature and purpose of the study. All participants were told that they were not obliged to take part in the study. They were made aware of their right to withdraw from the study at any stage. Participants were informed that their answers in the questionnaire would not provide any information that could possibly identify them in the final study and that the study would remain entirely anonymous throughout.

A permission letter (see appendix 5) was provided by the college and this was used to seek permission at the local public library to conduct research on the premises. It was requested that the researcher be permitted to approach patrons of the library and ask them if they would like to be included in the study. Permission was granted by the library staff to conduct the research on a Saturday morning outside the main front door of the public library. Full permission was granted by the librarian on duty and the library manager.

Approved questionnaires were used in this study. The 'Attitudes towards Homelessness Inventory' and the 'Satisfaction with Life' questionnaire have both been used in previous studies and have been found not to have any significant ethical issues. These questionnaires were not found to be used together in any previous studies, therefore this study aims to bring

new knowledge to the area regarding the issues surrounding homelessness. The 'Attitudes Towards Homelessness Inventory' was not found to be used in any previous studies of the general public in Ireland. Therefore there may be potential benefits to using this questionnaire the results of which may contribute fresh knowledge to the area of public attitudes towards homelessness in Ireland.

The 'Attitudes Towards Homelessness Inventory' is used to measure attitudes towards homelessness. If any of the participants approached to participate in this study were homeless at the time of completion of the questionnaire or if they had previously experienced homelessness prior to completing the questionnaire they may possibly find some of the questions included uncomfortable. There are questions regarding the mental health of homeless people and the prevalence of substance abuse amongst homeless people. It was a concern that certain questions may cause discomfort or upset to any participants who have previously, or are currently experiencing homelessness, however in an attempt to counteract such feelings regarding these questions it was made clear to participants that this questionnaire was being used to establish answers to these statements and in no way were these questions meant to be judgemental of the homeless population.

The satisfaction with life questionnaire could potentially make people evaluate their life and if they are not satisfied with their life at this point they could feel despondent regarding their current life situation. The questionnaire could potentially make them feel inadequate about their situation in life if they were feeling in any way vulnerable at the time of completion of the questionnaire.

As it was possible that negative feelings could be raised by the questionnaire, included at the end of the questionnaire were helpline support service telephone numbers for relevant homeless services, including Focus Ireland and the Simon Community. Also included were

support numbers for the mental health support lines Aware and the Samaritans. Furthermore, when conducting the research the researcher debriefed the participants where possible to ensure that participants were not anxious or in any way affected in a negative way after completing the questionnaire.

## **Results:**

### **Hypothesis 1:**

The main hypothesis (H1) was that there would be a positive correlation between satisfaction with life and attitudes towards homelessness.

It was hypothesised that there would be a positive correlation between scores for satisfaction with life and positive attitudes towards homelessness.

However  $r = -.006$ ,  $n = 246$ ,  $p > .05$  shows that there was actually an extremely small non-significant negative correlation between satisfaction with life and attitudes towards homelessness.

This analysis fails to reject the null hypothesis, so therefore we cannot accept the alternative hypothesis. This research therefore did not find that there was a significant correlation between satisfaction with life and attitudes towards homelessness amongst participants in this particular study. In fact the opposite was found to the expected results that a higher satisfaction with life would correlate with a more positive attitude towards homelessness. The higher the satisfaction with life score the lower the attitude towards homelessness score. However the correlation was so small and was also statistically insignificant, that not much can be inferred from this result, other than satisfaction with life has no significant correlation with attitudes towards homelessness for the participants in this research at the time that the research was conducted.

### **Hypothesis 2:**

The second hypothesis was that participants would have a non-stigmatising attitude towards homelessness.

The participants in this study had a generally non-stigmatising attitude towards homelessness. Scores on the ATHI scale could potentially range from 11-55 with the lowest score of 11

being most stigmatising and 55 being the least stigmatising. Scores in this study ranged from a low of 24 to a high of 55. Participants had generally high scores on the ATHI  $N=246$   $M=39.02$   $SD=5.17$ , this shows that participants had a generally non-stigmatising attitude towards the homeless.

The nine questions that were included in Part A of the questionnaire, were not used to compute totals, they were used to give greater insight into the attitudes of the general public in Dublin towards homelessness.

These nine statements were taken from the original 27 item questionnaire used in Study 1 of Kingree and Daves (1997) validation of the ATHI. Results from Part A of the current study, support the previous results for ATHI. They further indicate that the general public in Dublin have a generally non-stigmatising attitude towards homelessness.

The majority (82%) of participants disagreed with the statement that people who become homeless will never return to a normal life.

Nearly three quarters (74% ) of participants disagreed with the statement that most people who are homeless are mentally ill.

Over two thirds of participants (65%) agreed with the statement that homeless people are not more dangerous than other people.

Around two thirds (62%) of participants disagreed with the statement that homeless people and non-homeless people cannot understand each other.

Around 40% disagreed or strongly disagreed with the statement that homeless people are unclean. With around one third (32%) agreeing or strongly agreeing with the fact that homeless people are unclean. However participants that discussed this particular question stated that this was due to the lack of available facilities for the homeless to keep clean, rather than a personal failing.

Most participants scored high in the AFF subscale, however very few participants stated that they would consider dating a homeless person. This is similar to the results found in the study by Kingree & Daves (1997).

Over a tenth (11.5%) of participants either agreed or strongly agreed that homeless people could be trusted as babysitters. 44% of participants stated that they disagreed or strongly disagreed with the statement that homeless people could be trusted as babysitters. There was a large percentage (44.9%) who neither agreed nor disagreed with this statement.

### **Hypothesis 3:**

The third hypothesis was that homelessness will be considered to be attributed to either personal deficiencies or societal deficiencies, therefore attribution of homelessness to personal causes and societal causes should be negatively correlated in the results.

According to predictions made by Kingree and Daves (1997) SC and PC should be negatively related. This was not supported by their results, however in this current study there was a very small but significant negative correlation between SC and PC  $r=-.191$ ,  $n=249$   $p<.01$ . This calculation was done before recoding of questions 2,3 & 9. This somewhat supports the hypothesis that homelessness is conceptualised by participants as being either of personal or societal causes.

Participants generally scored highly in PC ( $M=9.8$ ,  $SD=2.09$ ). This indicates that participants did not view homelessness as being attributed to personal causes. Participants scored low in SC ( $M=6.65$ ,  $SD= 2.28$ ) which indicates that participants did believe that homelessness was caused by societal deficiencies.

### **Hypothesis 4:**

The fourth hypothesis is that there will be a difference in attitudes towards homelessness due to both the age and the sex of participants.

There were no significant differences between males and females for attitudes towards homelessness. For males  $N=85$ ,  $M=39.14$  &  $SD=5.12$ , for females  $N=155$ ,  $M=39.09$  &  $SD=5.21$  for TOT.

It was found that there was a slight decrease in attitudes towards homelessness amongst men as they got older and an increase in favourable attitudes amongst women as they got older.

There was a very small, but not significant correlation between age and attitudes towards homelessness for male participants  $r=-.13, n=85, p>.5$

As they got older women participants were found to have improved attitudes towards homelessness  $r=.03, n=151, p>.5$ , however, this is an incredibly small and non-significant improvement in attitudes amongst the older female participants.

These results are contrary to previous research (Kingree & Daves, 1997) that younger women have better attitudes towards homelessness.

For the nine statements in Part A of the questionnaire there were very few differences between male and female attitudes. 45% of participants thought that it was easy to recognise a homeless person. 40% of men and nearly half (49%) of women agreed with this statement.

9.1% stated that they would consider dating a homeless person with slightly more males agreeing to this statement than females. 11.2% of males agreed or strongly agreed that they would consider dating a homeless person with 8.2% of females agreeing or strongly agreeing that they would consider dating a homeless person. 65% of participants disagreed or strongly disagreed with the statement that they would consider dating a homeless person.

60% of participants agreed or strongly agreed with the statement that people who are homeless are capable of managing homes for themselves. Only 11.5% of participants disagreed or strongly disagreed with this statement. 13.5% of males disagreed with this statement compared to 10.2% of females.

**Table 1: Showing Mean, Median and Standard Deviation for PartA statements by gender**

Gender		PartA1	PartA2	PartA3	PartA4	PartA5	PartA6	PartA7	PartA8	PartA9
male	Valid	89	87	88	89	85	88	89	89	89
	Missing	1	3	2	1	5	2	1	1	1
	Mean	2.8539	4.0115	3.9545	2.3483	3.6706	3.0568	3.7416	3.5056	2.4944
	Median	3.0000	4.0000	4.0000	2.0000	4.0000	3.0000	4.0000	3.0000	2.0000
	SD	1.08241	.86930	.88290	1.06708	1.00461	.98679	.99462	1.00140	.90609
female	Valid	159	159	157	159	156	158	158	159	158
	Missing	3	3	5	3	6	4	4	3	4
	Mean	2.7296	4.0189	3.9554	2.3522	3.6218	3.1835	3.8671	3.4591	2.3418
	Median	3.0000	4.0000	4.0000	2.0000	4.0000	3.0000	4.0000	3.0000	2.0000
	SD	1.09478	.81498	.88683	1.03201	.95946	1.08163	1.01645	.94629	.89423

As Table 1 above shows, across all nine questions there were very similar answers given by males and females. The only discrepancies have been noted in the above results. For all other answers the differences in percentages for males compared to females were negligible. It was found that there was not much gender difference in attitudes towards homelessness in this study.

## **Discussion:**

### **General discussion:**

One of the main predictions of this study was that those participants with a greater satisfaction with life will have a more favourable attitude towards homelessness. The results indicated that there was no correlation between scores for satisfaction with life and attitudes towards homelessness, thereby the null hypothesis cannot be rejected, that there will be no correlation between satisfaction with life and attitudes towards homelessness. It was not found that participants with a greater satisfaction with life had a more favourable attitude towards homelessness. This was contrary to findings by Kingree and Daves (1997) that found empathy to be positively correlated to positive attitudes towards homelessness. The current findings also do not support the theory that there is a positive correlation between empathy and subjective well being, they do not replicate previous research that reported a positive correlation between empathy and subjective well-being (Wei, Liao, Ku & Shaffer, 2011; Shanafelt et al.,2005).

A further aim of this research was to establish whether the general public in Dublin had a stigmatising or non-stigmatising attitude towards homelessness. The results indicate that in line with findings by Toro et al. (2007) Europeans would have a less stigmatising attitude towards homelessness when compared with North Americans. Although there was no direct comparisons made in this research to compare North American and Irish participants, when results for this particular study are compared to previous research the participants in this study have a less stigmatising attitude towards homelessness than those found in previous research (Kingree & Daves, 1997) that found that participants showed little desire to affiliate with homeless persons or that found that participants viewed the poor people as to blame for their poverty (Cozzerelli, Wilkinson & Tagler, 2001).

The majority of participants disagreed with the statement that people who become homeless will never return to a normal life and this is a further indication of the non-stigmatising attitude held by participants towards homelessness.

It was proposed by Kingree & Daves (1997) that participants would conceptualise homelessness as being caused by either personal or societal deficiencies. They predicted that subscales of PC and SC would be negatively correlated. As this research found that there was a small but significant correlation between SC and PC, this somewhat supports the suggestion that participants attribute homelessness to either societal causes or personal causes. It was also found that participants were more likely to attribute homelessness to societal causes and this could have implications for Irish policy in the area of homelessness. Participants did not view homelessness from the functionalist perspective, they were less likely to blame the homeless themselves for their situation. Participants took the conflict theorists perspective, that the reason people become homeless is due to the deficiencies of society and not down to individual deficiencies. During the collection of the data for this research many participants stated that the reason that they may have thought that homeless people were unclean was due to the lack of washing facilities available to homeless people. This was further indication that participants believed that homeless people are not to blame for their situation, they are perceived as unclean not because of personal deficiencies, but because of outside forces.

Of particular note are the responses to the question regarding the mental health of homeless people. Almost three quarters of participants disagreed or strongly disagreed with the statement that most people who are homeless are mentally ill. As there has been a large amount of public awareness of the issues of mental health in the media over the last few years, with mental health issues being a prominent subject both in the Irish mass media and on social media forums, this result could be an indication that the high scoring found for this

statement in this study may be due to heightened awareness of both mental health and homelessness issues that were prevalent in the media around the time that the research was conducted. This could be further indication of the strength of education on shaping public attitudes. The importance of education on attitudes towards homelessness has been highlighted in much of the previous research (Kingree & Daves, 1997; Lester & Pattison, 2000; Buchanan, Rohr, Stevak & Sai, 2007).

This research also aimed to deduce if there were gender differences in attitudes towards the homelessness and additionally if there were differences in attitudes due to the age of participants. This was not supported by the results. There were no significant differences between men's and women's attitudes towards homelessness, this was contrary to previous research that found that women had less stigmatising attitudes towards homelessness (Kingree & Daves, 1997) and poverty (Cozzarelli, Wilkinson & Tagler, 2001).

There were little differences found in attitudes towards homelessness as people aged. It was found that there was a slight decrease in attitudes towards homelessness amongst men as they got older and a very small increase in favourable attitudes amongst women as they got older. This did not support previous research that older people had a less stigmatising attitude towards homelessness (Kingree & Daves, 1997).

There were also very small differences found between males and females of different ages and their attitudes towards homelessness. Across both the age ranges and sexes participants retained a generally good attitude towards the homeless.

When collecting the data for this research from on-street participants one particular woman that completed the questionnaire outside the library stated that she had been homeless three times in the past. She was very interested in the research and it was a relief that she in no way was upset or offended by any of the questions contained in the research questionnaire, as this had been a worry when conducting research in public. However, a small number of

participants did state that they felt that thinking about their satisfaction with life made them feel inadequate about their life situation at the time of completion of the questionnaire. They expressly stated that the questions regarding their satisfaction life made them feel this way. The researcher debriefed and reassured these participants as far as possible and was confident that the participants were not unduly distressed following this debriefing.

### **Limitations:**

There are some limitations within this study. The total number of participants was small, with a total of 258 participants in all. The total number of men in the study was particularly low, with only 90 (34.9%) of the participants being male.

Previous studies found that attitudes towards homelessness were affected by education regarding homelessness (Wisehart, Whatley & Briehl, 2013; Kingree & Daves, 1997; Lester & Pattison, 2000; Buchanan, Rohr, Stevak & Sai, 2007). This study was conducted during a time when the issues surrounding homelessness were very prevalent in the news with the death of the homeless man 'Jonathan Corrie' (Focus, n.d.) outside the Dail in December 2014. Around the same time RTE aired a series 'The High Hopes Choir' which focussed on two regional choirs in Dublin and Waterford made up of people affected by homelessness. The aim of these choirs was expressly to improve the public's perception of homelessness. This widespread media coverage could possibly have had a greater bearing on the results than satisfaction with life. If this study had been executed at a time when the issue of homelessness was not so prevalent in the news then the results may have been different. Education through the media on the issues surrounding homelessness may be an extraneous variable in this research.

Graham (2009, p.9-10) states that questions regarding happiness, and from this we can infer satisfaction with life questions are notably susceptible to order bias when used in questionnaires. This means that their position in a questionnaire can affect the results

obtained. According to Graham (2009,p.9-10) happiness questions should always be placed at the beginning of the questionnaire. However in this questionnaire the satisfaction with life questions were placed at the end of the questionnaire and in retrospect they should have been at the beginning of the questionnaire to prevent order bias. The placing of satisfaction with life questions after attitudes towards homelessness questions could have made the participants re-evaluate their satisfaction with life. Participants in the study may have compared their current situation to those who are homeless and potentially given more positive answers than they would have done if the satisfaction with life questions had been contained at the beginning of the questionnaire.

When discussing the questionnaire with participants, some participants of the study stated that they were unsure regarding the questions on societal causes. They stated that they did not know enough about these factors and whether they contributed towards homelessness. In future studies these questions could either be abandoned or simplified.

### **Suggestions for further research:**

As there is little or no available research in the area of attitudes towards homelessness in the general public in Ireland, a mixed methods approach in any further research would be beneficial. As with quantitative research, participants can only answer the questions that are set by the researcher, there is no opportunity for answers that are not included on the questionnaire. A small number of interviews could show greater insight and ascertain factors that could be missed when standard questions are used. Although this was a research study of quantitative design, it was found by the researcher that asking people to fill the questionnaire outside the local library was very informative. Most participants showed a willingness to discuss the questionnaire and were anxious to give reasons for particular answers. The on-street collection of data was found to be most helpful and insightful. It was found that the

general public were full of ideas and information that were of great interest to the researcher. It would therefore be beneficial to conduct some qualitative analysis with members of the public in Dublin to ascertain what they think affects their attitudes towards homelessness. It may also be advantageous to conduct similar research at a time when the issues surrounding homelessness are not so prevalent in the news and compare the results to the current study to measure if the attitudes of members of the general public in Dublin towards homelessness remain positive.

### **Conclusion:**

Although the main hypothesis that attitudes towards homelessness will be affected by satisfaction with life amongst members of the public in Dublin was not supported by the results, this research may be beneficial as an introductory exploration into the attitudes towards homelessness held by the general public in Ireland. This was found by the researcher to be an area where little previous research has been conducted. It is important to be aware of how the general people view homelessness as public opinion and policy are linked (Toro et al, 2007). Policy is driven by opinion and opinions are also shaped by policies. This research found that members of the general public in Dublin had a generally non-stigmatising attitude towards homelessness. Participants were more likely to attribute homelessness to societal causes rather than personal causes. Therefore this means that they believe that the structure of society causes homelessness. This has implications for Irish social policy surrounding the issue of homelessness. The generally positive attitude towards homelessness found in this research could be a potential indication of the positive attitudes of the wider public, and hopefully these attitudes could lead to improvements in policy that in the future prevent the need for any person in Ireland to become homeless.

In this research it was found that there were little differences in attitudes towards homelessness for male and female participants, this could be indicative that these results may

be a good representation of the general public's attitudes towards homelessness, even though there were fewer males in the research, males and females had very similar answers across all questions.

Life satisfaction was not found to be correlated with attitudes towards homelessness in this research, however, it was found that participants from the general public in Dublin had a generally non-stigmatising attitude towards the homeless, with little differences found in attitudes towards homelessness due to either the age or the sex of the participants.

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## Appendices:

### Appendix 1: Life Satisfaction and Attitudes Towards Homelessness

#### Questionnaire

##### LIFE SATISFACTION AND ITS IMPACT ON ATTITUDES TO HOMELESSNESS

This study is concerned with how life satisfaction relates to attitudes to homelessness. Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers. Any information that you give will remain anonymous, you are not required to write your name anywhere on this survey. I hope you find this interesting, and I would like to thank you in advance for your time and co-operation.

If you require any further information concerning this research, please contact me at the email address below.

Sive Moran

1642132@mydbs.ie

Please complete the following demographic information.

Age \_\_\_\_\_

What is your gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

**INSTRUCTIONS:** Please read the following statements and indicate how much you agree with them by circling the appropriate number to the right of the statement as follows:

- 1 = strongly agree
- 2 = agree
- 3 = neither agree nor disagree
- 4 = disagree
- 5 = strongly disagree

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1  | Homeless people had parents who took little interest in them as children.  | 1 | 2 | 3 | 4 | 5 |
| 2  | Cuts to rent supplement allowance limits are actually contributing to some people becoming homeless.                                       | 1 | 2 | 3 | 4 | 5 |
| 3  | Increased taxes and new charges such as the Universal Social Charge and Property Tax have made the homeless problem in this country worse. | 1 | 2 | 3 | 4 | 5 |
| 4  | I would feel comfortable eating a meal with a homeless person.   | 1 | 2 | 3 | 4 | 5 |
| 5  | Rehabilitation programs for homeless people are too expensive to operate.  | 1 | 2 | 3 | 4 | 5 |
| 6  | There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed.                     | 1 | 2 | 3 | 4 | 5 |
| 7  | Most circumstances of homelessness in adults can be traced to their emotional experiences in childhood.                                    | 1 | 2 | 3 | 4 | 5 |
| 8  | Most homeless persons are substance abusers.   | 1 | 2 | 3 | 4 | 5 |
| 9  | With rising rents and mortgage arrears there are now more families at risk of losing their homes than ever before.                         | 1 | 2 | 3 | 4 | 5 |
| 10 | I feel uneasy when I meet homeless people.   | 1 | 2 | 3 | 4 | 5 |
| 11 | A homeless person cannot really be expected to adopt a normal lifestyle.   | 1 | 2 | 3 | 4 | 5 |

**INSTRUCTIONS:** Please read the following statements and indicate how much you agree with them by circling the appropriate number to the right of the statement as follows:

- 1 = strongly agree
- 2 = agree
- 3 = neither agree nor disagree
- 4 = disagree
- 5 = strongly disagree

**Part A**

- |   |  |   |   |   |   |   |
|---|--|---|---|---|---|---|
| 1 | It is easy to recognise a homeless person.                                   | 1 | 2 | 3 | 4 | 5 |
| 2 | People who become homeless will never return to a normal lifestyle.          | 1 | 2 | 3 | 4 | 5 |
| 3 | Most people who are homeless are mentally ill.                               | 1 | 2 | 3 | 4 | 5 |
| 4 | Homeless people are not more dangerous than other people.                    | 1 | 2 | 3 | 4 | 5 |
| 5 | Homeless people and non-homeless people cannot really understand each other. | 1 | 2 | 3 | 4 | 5 |
| 6 | Homeless people are unclean.   | 1 | 2 | 3 | 4 | 5 |
| 7 | I would consider dating a homeless person.                                   | 1 | 2 | 3 | 4 | 5 |
| 8 | Homeless people could be trusted as babysitters.                             | 1 | 2 | 3 | 4 | 5 |
| 9 | People who are homeless are capable of managing homes for themselves.        | 1 | 2 | 3 | 4 | 5 |

**Part B**

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | In most ways my life is close to my ideal.                  | 1 | 2 | 3 | 4 | 5 |
| 2 | The conditions in my life are excellent.                    | 1 | 2 | 3 | 4 | 5 |
| 3 | I am satisfied with my life.                                | 1 | 2 | 3 | 4 | 5 |
| 4 | So far I have gotten the important things I want in life.   | 1 | 2 | 3 | 4 | 5 |
| 5 | If I could live my life over I would change almost nothing. | 1 | 2 | 3 | 4 | 5 |

If you are concerned with or affected by any of the raised issues please do not hesitate to contact the following organisations:

The Aware Support Line 1890 303 302 available Monday – Sunday, 10am to 10pm.

Samaritans 116 123

Focus Ireland (01) 4940224

Simon Community 24 hour HOMELESS HELPLINE at 1800 707 707.

I would once again like to thank you for taking part in this study and would remind you that all information given here will remain anonymous. If you would like to know more about this study, please do not hesitate in contacting me at the email address printed on the front of this booklet.

Sive Moran.

## **Appendix 2: 27 item ATHI**

1. It is easy to recognize a homeless person. AFF
2. Homeless people had parents who took little interest in them as children. PC
3. People who become homeless will never return to a normal lifestyle. SOL
4. Most homeless people are mentally ill. PC
5. Recent government cutbacks in housing assistance for the poor may have made the homeless problem in this country worse. SC
6. Homeless people are not more dangerous than other people. AFF
7. Helping the homeless with their financial problems often improves their condition. SOL
8. The low minimum wage in this country virtually guarantees a large homeless population. SC
9. I would feel comfortable eating a meal with a homeless person. AFF
10. Homeless people lack motivation. PC
11. Most homeless people are capable of performing skilled labor. SOL
12. Homeless and nonhomeless people cannot really understand each other. SOL
13. Homeless people are unclean. AFF
14. Rehabilitation programs for homeless people are too expensive to operate. SOL
15. There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed. SOL
16. Most circumstances of homelessness in adults can be traced to their emotional experiences in childhood. PC
17. Most homeless persons are substance abusers. PC
18. I would consider dating a homeless person. AFF
19. Recent government cutbacks in welfare have contributed substantially to the homeless problem in this country. SC
20. Homeless people are more likely to have sexually transmitted diseases than are non-homeless people.
21. A shift from manufacturing to a service-based economy has indirectly contributed to the homeless problem in this country. SC
22. Homeless people could be trusted as babysitters. SOL
23. Most homeless people have similar personalities. AFF
24. I feel uneasy when I meet homeless people. AFF
25. People who are homeless are capable of managing homes for themselves. SOL
26. Most homeless people have mental defects. PC
27. A homeless person cannot really be expected to adopt a normal lifestyle. SOL

### **Appendix 3: ATHI**

2. Homeless people had parents who took little interest in them as children. PC
5. Recent government cutbacks in housing assistance for the poor may have made the homeless problem in this country worse. SC
8. The low minimum wage in this country virtually guarantees a large homeless population. SC
9. I would feel comfortable eating a meal with a homeless person. AFF
14. Rehabilitation programs for homeless people are too expensive to operate. SOL
15. There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed. SOL
16. Most circumstances of homelessness in adults can be traced to their emotional experiences in childhood. PC
17. Most homeless persons are substance abusers. PC
19. Recent government cutbacks in welfare have contributed substantially to the homeless problem in this country. SC
24. I feel uneasy when I meet homeless people. AFF
27. A homeless person cannot really be expected to adopt a normal lifestyle. SOL

Appendix 4: Satisfaction with Life Scale.

- 
1. In most ways my life is close to my ideal.
  2. The conditions of my life are excellent.
  3. I am satisfied with my life
  4. So far I have gotten the important things I want in life.
  5. If I could live my life over, I would change almost nothing.
-

## **Appendix 5: Permission letter from the school.**



**Dublin  
Business  
School**

*Excellence Through Learning*

Dr. Bernadette Quinn,  
Research Coordinator,  
Social Science Programme,  
Dublin Business School.

28<sup>th</sup> January 2015

Dear Sir/ Madam,

Re: Permission to conduct a research study.

Sive Moran is enrolled as a final year Social Science student at Dublin Business School. DBS Social Science students are required to complete an independent research project during their final year of study. Sive's research project aims to examine attitudes to homelessness.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Sive is requesting permission, as soon as possible, to collect research data by distributing questionnaires for completion.

Please feel free to address any questions regarding this research to Dr. Bernadette Quinn, Research Coordinator, Social Science Programme, Dublin Business School or to Paul Halligan, Sive's thesis supervisor ([paul.halligan@dbs.ie](mailto:paul.halligan@dbs.ie))

Sive can also provide further details about how she will conduct her research study.

Thank you for your time.

Yours Sincerely,

Dr. Bernadette Quinn