

Table of Contents:	Page
Contents	1
Acknowledgements	2
Title	3
Abstract	4
Introduction	5-17
Background Information	5
Review of Literature	6-17
Aims of study/Hypothesis	17
Method	18-20
Materials	18
Apparatus	18
Participants	18
Design	19
Procedure/Ethical considerations	19
Analysis	20
Results	21-23
General attitudes	21
Mental Health	21-22
Criminal Behaviour	22
Economic Concerns	23
Discussion	24-36
Limitations	37-39
Reference List	40-41
Appendix 1	42-43
Appendix 2	44-47

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Title:

**Youth Homelessness: Attitudes Perceived by Staff Working With Homeless
Youths.**

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Abstract:

Earlier research has shown that young people who are homeless seem to become involved in more criminal activities compared to those youths who are not homeless. However there has been little research done on attitudes towards homelessness and the effects it has on both the life of the homeless individual and the rest of society. This study looks at attitudes of those who work with homeless youths, and explores the attitudes they have towards this disadvantaged group. It was a non experimental design. Data was obtained from a total of 102 participants, consisting of 52 males and 50 females, between 18-70 years of age. Participants voluntarily completed a questionnaire presented using a five point Likert Scale. Findings suggest that the participants showed a number of positive attitudes towards this group. A large percentage of participants associated entry into youth homelessness as being a result of emotional experiences, experienced in childhood.

Introduction:

In 2006 according to the EU Survey on income and living conditions, 11% of all children under 14 were living in consistent poverty and 20% were at risk of poverty. This is living in families whose income is below the 60% median (the line bordering between those at risk of poverty and those that are not at risk, below meaning at risk). Youth homelessness generally refers to young individuals who are under the age of eighteen, but it may also include young adults up until the age of twenty depending on some cases. The Government's Youth Homeless Strategy defined youth homelessness as any young person who is, "sleeping on the streets, sleeping anywhere not intended for night-time accommodation or not providing safe protection from the elements, sleeping in temporary accommodation (hostels, shelters, bed and breakfast accommodation) that provides protection from the elements but lacking in other characteristics of a home and/or only intended for a short stay, sleeping in insecure accommodation with relatives or friends", (Focus Ireland, 2009).

Childhood and adolescence are a very important time for development such as education, health and social skills. It is during these years that children and adolescences develop their life skills. A few things are thought to relate with youth homelessness such as lack of family support, lack of education, poor health care both physically and mentally and chances of substance misuse increase.

In the present paper the effects that homelessness has on the lives of youths is investigated. It will look at differing routes into homelessness and incorporate elements on mental health, educational disadvantages and criminal behaviour. The following literature reviews attempt to demonstrate and support the hypothesis.

Foster care is one of many alternative pathways into homelessness. Young people who grow up within the fostering system are a very vulnerable group. They must leave this system by the age of 18 and make the transition from care to living independently in the world. This increases their likelihood of becoming homeless as the transition is very sudden. According to Focus Ireland (2000), “There is a lack of suitable accommodation and support groups to meet the needs of young people at different stages of leaving care. Consequently, people can very quickly fall on hard times and fall into homelessness”.

A study, “Left Out on their Own: Young People Leaving Care in Ireland”, carried out by Focus Ireland in (2000), was one of the most comprehensive studies ever carried out in this area. The study found that the young individuals who were leaving care had not received adequate levels of support, which were needed to prepare them for life outside of state care and that there was a lack of aftercare services provided. Results showed that there was as many as 68% of participants living in homelessness within two years after leaving foster care. Homelessness can lead to many further outcomes such as increase in crimes committed, imprisonment, drug and alcohol abuse, teenage pregnancies and health problems.

There were interesting findings regarding public attitudes in a study called ‘Beliefs, attitudes, and knowledge about homelessness A Survey of the General Public’, (Toro & McDonnell (1992). The study evaluated beliefs about policy, attitudes and understanding about homelessness using a survey conducted over the phone. Results showed that participants had a good understanding about homelessness and were

supportive of this marginalized group. On the grounds of both gender and age, factors showed differing results for attitudes and beliefs along with understanding of homelessness. Homelessness was believed to be a more serious issue by the females and younger participants in the study. They believed that work opportunities were critical in aiding the homeless problem.

This next study is particularly relevant to the present study. 'The Effects of Prosocial Communication with The Homeless' by Lawrence (2000) was a study conducted with the aim of looking at attitudes towards homelessness. There were a total of 19 participants which were made up of college students. They were placed in homeless shelters to work for 15 hours. They were then required to complete a questionnaire on attitudes toward this particular marginalized group along with 65 students who did not work with the group. The results found that those who worked with the marginalized group in the homeless shelter showed positive changes in their attitudes toward this group. While the group of 19 students showed more concern towards the seriousness of the homeless situation, both groups did in fact show acknowledgement toward various external causes linked to homelessness.

Another interesting finding was the study called 'Parent-adolescent violence and later behavioural health problems among homeless and housed youths', (housed youths refers to youths living at home) by Mason & Toro (2009). Parent-adolescent violence refers to violence between parents and adolescents. It is another important pathway to homelessness and predicts poor behavioural health outcomes among youths. The objective of this study was to look at potential links of parent-adolescent violence

associated with outcomes among homeless youths and demographically matched youths.

An exploratory factor analysis (EFA) of items was used to measure parent and adolescent violence combined in the same analysis. Secondly an examination was conducted in order to look at predictive relationships between the factors identified in the EFA and behavioural health problems. This included mental health and alcohol abuse problems. Predictive relationships were examined in the overall sample. Sub-groups were also used such as gender, ethnic and housing status. Results of the EFA suggested that parent-adolescent violence includes, separate parent and adolescent physical components and shared psychological component. Each of these components contributed exclusively to predicting behavioural health problems amongst youths later in life.

The following research looked at educational issues based on a case study. Keogh, Halpenny & Gilligan, (2002) carried out a study titled 'Educational Issues for Children and Young People in Families living in Emergency Accommodation- An Irish Perspective'. It explored how homelessness can impact on the educational involvement of young people in families that are residing in emergency accommodation in Dublin.

The study consisted of twenty families with forty children in total. The participants had been homeless for different lengths of time, ranging from five weeks to nine years. This study suggested that homelessness should be observed as a 'process', and that

the response to homelessness should be adapted around each individual families needs as apposed to presuming that everyone has the same specific needs.

The case study included in this paper consisted of one family mother (Catherine), father (Roger) and three children (Elisabeth 14, James 9 & Sarah 5). The family were homeless for two and a half years. The family were extremely isolated and the children missed school for a couple of months as there was no school nearby. They eventually found emergency accommodation in a bed and breakfast (B&B), but this was financially difficult as they had to eat out all the time with lack of facilities such as laundry and cooking facilities. They managed to find a new B&B with two bedrooms and cooking facilities.

It was found that being homelessness had a significant impact on Elisabeth's education. Elisabeth found it to difficult to return to school and so dropped out altogether (at the time of the interview she had been considering enrolling in another education program). James's school work was effected as he had missed out on quit a large amount in his absence and fell behind. He had changed schools three times and if housed in a different area he may have to move again. The youngest Sarah had not started school at this point.

The findings suggested that homelessness does have a significant impact on children and young people's educational status. The effects of constantly moving, frequently having to leave friends, family and personal possessions behind can be very damaging. This can effect not only education but also the ability to connect with others, build relationships and have a sense of belonging.

Another useful finding was a study regarding mental health status of homeless children and their families. The Mental and Physical Health and Well-being of Homeless Families in Dublin: A Pilot Study was carried out by Focus Ireland (1999). The main objective was to examine the mental health status of homeless children and their families living in supported temporary housing projects. The research question was whether temporary housing has an impact on the mental health of children and their families who reside in these temporary housing projects. The study consisted of 14 families with 31 children. The majority of these families were lone parents (12 of the 14 lone parents were mothers).

Within the study approximately a third of the child participants had a total problem score above the clinical threshold with adequate severity to merit referral for treatment. A total 45% of the children that participated in the study manifested externalizing problems for example (physical health problems). While 29% manifested Internalizing problems (psychological as internal health problems). An overall 78% of families had at least one child with a CBCL (Child behaviour checklist) dimension of clinical significance (CBCL referring to a form of measurement). This means that at least one child from every family had some type of mental health problem.

The study revealed a high level of stress and clinical morbidity in the group of homeless children and their mothers. It was suggested by Focus Ireland, (2000) that there was a need to provide the appropriate mental health supports and services for this vulnerable group.

Another study looked at health aspects associated with homelessness, 'Perspectives of Homeless People on Their Health and Health Needs Priorities' by Isolde, D. (2007). This study looked at the attitudes of people who are homeless and how they feel about their health care needs. The idea behind the study is that healthcare professionals need to be made aware of the homeless people's perspectives. The study was conducted using a descriptive, exploratory design. Information was recorded using interviews and participants were also observed. There were a total of 24 participants who were experiencing homelessness.

Findings suggested that concerns held by the participants were strongly related to both mental and physical illness along with concerns about addictions and stress. They also expressed feelings of social exclusion, and increased violence occurring within homeless shelters. The participants expressed the desire for a job and longed to be placed in suitable housing. They portrayed feelings of being trapped in an unfair society. It was recommended that health problems be reduced and that housing be made accessible and affordable. It was also suggested that homeless people should have the chance to be reintegrated back into society through employment counselling and addiction recovery programmes. The study acknowledged that society needs to adapt a more positive attitude toward this group.

The following is a study regarding health and homeless youths called, 'A support intervention to promote health and coping among homeless youths' by Stewart, M.; Reutter, L.; Letourneau, N. & Makwarimba, E. (2009). The aim was to set up a support intervention for young homeless people. This was put together to optimize the

influence of peers and was pilot tested. There were a total of 63 participants consisting of both homeless youths and service users. Based on the results found, a 20-week pilot intervention program was formed. Within this program there were a total of four support groups. There was a choice of participating in one-on-one sessions, and taking part in leisurely activities within a group. Those who supported the homeless youths were from a professional background and included individuals who had previously experienced youth homelessness.

There was a total 56 homeless youths aged between 16 to 24 years of age. The study was conducted using both qualitative and quantitative measures. It was found that the youths who participated, reported improved health behaviours, a decline in the feelings of loneliness, better mental well-being, having a broader social network and having improved coping skills. There were also reports on reduction of the use of drugs and alcohol amongst this group. It was suggested that research in the future might be able to look on replicating the above with a bigger participant sample.

The remaining four studies looked at the criminal aspect regarding homeless youths and crime. The following study is called 'Street Youth, Unemployment and Crime' by Baron, (2008). The research question was 'does unemployment status have an influence on criminal activity among homeless youths'. The study paid attention to variables linking unemployment to crime, suggesting that the participant's view of their situation within the labour market played a part in their criminal behaviour.

The study consisted of 400 homeless Street Youths, 265 were males, 135 were females. The respondents were identified based on four sampling criteria,

‘participants must be aged 24 and under’, ‘have left or finished school’, ‘must be currently unemployed’, and ‘must have spent time without a fixed address or living in a shelter in previous twelve months’ (Baron, 2008). Data was collected between May 2000 and August 2001 in a large Canadian city. In order to gather the participants, the researchers were based in geographical areas that were known to be frequented by street youths. Face to face interviews were then carried out. Participants were given an incentive of 20 dollars in food coupons. Crime was measured using self-reports.

The findings revealed that the effect of unemployment on crime was moderated by financial dissatisfaction and low employment. Meaning the participant’s crime rate was linked to their unhappiness with the lack of financial means available to them. Anger also appeared to result in negative perceptions, lack of social control and prolonged homelessness leading to greater participation in direct criminal activities. The criminal involvement appeared to be encouraged by peers, and was also guided by lack of fear of punishment regarding the crimes. As defined by Baron: Hagan and McCarthy (1997) , “ The absence of legal financial resources to help house and feed themselves, the potential for alienation as a result of the experiences leaves these youths at risk for criminal activity, making them an ideal sample to explore the unemployment-crime relationship”. Researchers conducting the study suggested that unemployment had a direct effect on poverty crime along with drug dealing. They also suggested that unemployment had a direct effect on anger and crime which may be brought about by relative deprivation, financial dissatisfaction, and support from the state and finally homelessness.

Idemudia & Erbor (2007) carried out a study called 'Personality and Criminal Outcomes of Homeless Youths in Nigerian Jail Population; Results of PDS and MAACL-H Assessments'. The objective of this study was to explore the prevalence of armed robberies and the involvement of young people in these crimes as part of a comprehensive study on homelessness and criminal behaviour in Nigeria. The study was carried out using an assessment and comparison of homeless imprisoned youths with a control group of youths who were not imprisoned and never homeless. This sample was selected from the general population. The following scales were used PDS (Psychopathic Deviate Scale) and MAACL-H (Multiple Affect Adjective Checklist Hostility Subscale). In depth interviews were conducted using questionnaires. The sample consisted of 100 homeless inmates aged between 15&26 and 100 youths who were not imprisoned or homeless, aged between 15&31.

The first hypothesis predicted that there was a higher score regarding PDS and MAACL-H among the homeless group compared to the non homeless group. The second Hypothesis also showed a significant relationship between PDS and the type of crime that was committed by the homeless prisoners. The direction of this relationship was higher for PDS linked with felony. This was followed by misdemeanour offences. The MAACL-H scale was not significant regarding types of crimes committed. The findings for this study showed significant theoretical and practical inferences for imprisoned homeless youths compared to youths who have never been homeless.

The following study is called Self control, Social Consequences and Criminal Behaviour: Street Youth and General Theory of Crime, Baron (2003). The aim of this

study was to examine the role that self-control plays regarding crime and drug use as well as its link to negative social consequences. The study also explores if social consequences are in their own right related to crime as predicted in strain and differential association theory, or if their impact is removed by the presence of low self-control.

The sample for this study consisted of a total of 400 homeless street youths.

The results discovered that low self control does in fact predict a range of criminal behaviours as well as predicting drug use amongst homeless youths. Secondly the results revealed that social consequences such as monetary dissatisfaction, relative deprivation, the duration of homelessness, deviant values and deviant peers also exerted an effect on criminal behaviour along with drug use.

The study 'Substance abuse' Disorders Among Runaway and Homeless Youth', by Kipke M.D, Montgomery S.B, Simon T.R & Iverson E.F (1997), looks to see if the length of time a person is homeless is related to an increased risk of gaining a substance disorder. Participants ranged between 13 and 23 years of age with a total of 432 homeless youth. Ethnicity and gender were taken into consideration, 66% were male and 34% were female. It was estimated that 71% of the participants were classified under the Diagnostic and Statistical Manual of Mental Disorders III, as being alcohol or drug dependant. Results signify that the escalating length of time a person is homeless positively links with increased risk for a homeless person to have an abuse disorder.

To conclude, all of the studies and the results taken from them show that homelessness does play a significant part in the lives of young people and children. It affects various aspects of their lives to a certain degree, but from the results it proves to have a very significant impact on the mental health aspects of youths and children living in temporary housing, shelters and B&B's. Crime rates also appear to increase with lack of financial dissatisfaction.

According to Elliott and Ageton 1980, Hinderlary, Hirschi and Weiss 1979, 1981: Mosher et al. (2002), research that involves a large range of varying behaviours, including serious offences, which needs participants to report on the actual, not the relative number of times that they have taken part in this behaviour, is increasingly likely to uncover certain conditions by which socioeconomic status is related to crime. Education is also greatly effected by homelessness, as many children and young people will find themselves falling behind. If they miss long periods of school this can lead to feelings of isolation, it can effect their attitude towards learning and in a lot of cases can lead to a large drop out rate amongst school aged children and young people. It is also important to consider parents and family support systems when looking at homelessness associated with youths, as every person is in a different situation, and has varying needs.

It is hypothesised that people who work with young homeless people will have more positive attitudes towards them. Relevant to this hypothesis is a study on attitudes called 'Student Nurse Attitudes Towards Homeless Clients: A Challenge for Education and Practice', by Zriny & Balogh (2004). This study aimed to describe

student nurse attitudes towards homeless people as a marginalized group in society. A 58 item Lickert scale was used to assess these attitudes.

Results of the study on nurse attitudes showed that in general attitudes toward homelessness were neutral but when a more detailed analysis was conducted it was noted that nurses in varying situations would refuse homeless individuals appropriate care. It was also noted that positive attitudes and personal experiences with this marginalised group assisted in increased value of health care provided and less inequality amongst homeless patients.

Method

Materials:

The data for this present study was collected using self administered questionnaires. They were administered to participants from a variety of different organisations including those that work or have worked with young homeless people. The study was looking at the effects that homelessness has on the livelihood of homeless youths. The questionnaires took between 3 to 4 minutes to complete.

Apparatus:

A covering letter and a questionnaire were administered. The 24 items in the questionnaire were presented using a 5 point Likert response format, (1= strongly agree, 2= agree, 3= neutral, 4= disagree, 5= strongly disagree). The Likert Scale was successfully used to assess attitudes towards Homelessness Inventory in Kingree & Daves (1997) study 'Preliminary Validation of The Attitudes Toward Homelessness Inventory'.

Participants:

There was a total of 102 Participants. Participants consisted of 52 males and 50 females, although gender was not a measure in this study. Age of participants ranged from between 18-70 years of age. The mean age was (32.87) and the standard deviation totalled at (10.95). The participants came from various backgrounds including the healthcare system, homeless organisations and youth hostels. The participants volunteered to complete the questionnaires.

Design:

This is a non experimental study. The aim of the study is to focus on people's attitudes towards youth homelessness and crime by using descriptive statistics. The frequencies provide percentages based on the data retrieved. The study is testing the hypothesis utilizing a Likert scale.

Procedure:

The research for the present study was conducted using individuals from various organisations and youth hostels in Dublin as well as staff in the Rotunda Hospital. Phone calls were made and cover letters along with a draft of the questionnaire was sent out to the co-ordinating directors and managers. Once approval was received, questionnaires were administered to the participants. The purpose of the study was clearly explained to each participant before the questionnaires were completed.

A few ethical guidelines used in this study include the following. Participants were given a brief written overview regarding the nature of the study and were able to ask any questions they may have had at the beginning of the questionnaire. The participants completed the questionnaires voluntarily. They remained completely anonymous throughout the study. The only personal information that was requested was information regarding whether they were male or female and what age they were. The participants were reminded of the confidentiality of their responses. The questionnaire took between 3-4 minutes to complete. They were thanked afterwards and given further opportunity to obtain more information about the study. When the

data was collected, all negative answers were recoded, and then scores were computed to give total scores. All statistics were computed with SPSS 15.

Analysis:

The present study was an analysis for a non experimental study.

Results:

Descriptive statistics were used to indicate that a certain percentage of participants strongly agreed, agreed, did not have an opinion (neutral), disagreed or strongly disagreed with the questions asked in the questionnaire. The following results aim to look at perceptions towards youth homelessness using a series of analysis. It was hypothesised that those who work with young homeless people would show positive attitudes towards them.

General attitudes:

52.9% of participants agreed that it is easy to recognise a homeless person when they see one.

46.1% disagreed that people who are or were homeless had parents who took little interest in them as children.

63.7% disagreed that homeless people would never be capable of returning to a normal lifestyle after becoming homeless at some point in their life.

64.7% of participants disagreed that homeless people have similar personalities.

Mental health:

56.9% disagreed that homeless people are mentally ill.

54.9% disagreed that homeless people have a mental defect.

50% of participants did agree that circumstances of youth homelessness can be traced back to their emotional experiences in early childhood.

54.9% disagreed that most homeless people have mental defects.

Criminal behaviour:

49% agreed that young people who become homeless at some point in their lives will become attracted to a criminal lifestyle.

47.1% agreed that people who are homeless are more prone to violence than others.

36.3% disagreed that homeless people lack motivation and therefore find crime an easy option.

46.1% agreed that homeless people are more unfit for work and therefore find crime an easy option.

46.1% agreed that most homeless people are substance abusers.

44.1% agreed that homeless people are considered more violent than others.

Economic concerns:

45.1% disagreed that rehabilitation programmes for homeless people are too expensive to operate compared to 23.5% who agreed.

52.9% also disagreed that there is little that can be done for people in homeless shelters except to see that they are comfortable and well fed.

58.8% agreed that recent government cutbacks in welfare have contributed substantially to the homeless problem in this country.

Discussion

For the purpose of this study the aim was to look at people who work with homeless people and their attitudes. As highlighted in this report the effects that homelessness plays in the lives of young people can be disadvantageous to their future wellbeing and life opportunities, unless there is an increase in positive measures taken by society to assist youths in exiting homelessness. Preventative measures which have been suggested in previous studies must also be put to good use. According to previous research referred to in this report homeless youths may be exposed to many differing routes into homelessness and are faced by varying societal inequalities.

The findings presented in this study suggest that many of the participants who work with young homeless people appear to have a good understanding of the issues surrounding youth homelessness. Findings suggested mixed opinions. Participants showed a number of positive perceptions towards this group and a number of negative ones. It also showed that a large percentage of those who work with young homeless people would associate their entry into homelessness as a result of emotional experiences, experienced in childhood. It was identified that rehabilitation programmes are considered to be an important focus in assisting the homeless youths in our society. It is suggested that these programmes are capable of doing a lot more than simply providing food and shelter.

The following discussion will zone in on the findings and link them to the original hypothesis. The discussion will look at the results found in detail and compare them

to previous studies. Following a detailed discussion of the results, implications for results and a conclusion will be presented.

General Attitudes:

The following results are linked with the general attitudes of those who work with young homeless people. Findings showed that 52.9% of participants agreed that it is easy to recognising a homeless person when they see one. This was associated with a more negative opinion. A little over half of participants would recognise a homeless person by observing them, but this does not mean that all homeless people are visible. Results suggested that the further 47.1% either strongly agreed, were neutral, disagreed or strongly disagreed with the statement.

Another interesting finding showed that 64.7% of participants disagreed that homeless people have similar personalities. This would suggest that a considerable number of the participants believe each homeless person has there own individual personality and would appear to be a more positive opinion. It suggested that the majority of the participants that work with homeless youths either strongly agreed or agreed that they have differing personalities.

A comparative study on attitudes called 'the Effects of Prosocial Communication with The Homeless', by Lawrence (2000), looked at attitudes of students towards homeless people. Here findings showed that those of the students that worked with homeless people showed more positive attitudes towards them, compared to those who did not have contact with them. These results could be matched with the 64.7% of participants who disagreed that homeless people have similar personalities in the

present study. But it does not match the result found at 52.9% as majority of perceptions appeared more negative.

It may be due to the increased awareness a person has, of problems and inequalities faced by this vulnerable group by having had direct contact with them on a more personal level. It is possible that the results obtained at 52.9% regarding attitudes for recognition of a homeless person may be linked to the individuals understanding of the term homeless.

There are differing forms of homelessness both visible and invisible homelessness. The visible homeless tend to be individuals seen on the street sleeping rough, begging. The invisible homeless are much more difficult to distinguish from the non-homeless. They can include immigrants, those residing in short term accommodation such as bed and breakfasts, hostels, homeless shelters. The invisible homeless can include those that may still be residing in some form of accommodation but are at a very high risk of becoming homeless living below the standard median which is estimated at 60% median. The remaining 47.1% of participants may not have had the same understanding of the term homelessness as was portrayed on the questionnaire as it may have been too generalized.

Another finding showed that 63.7% of those participants working with homeless youth's, disagreed that homeless people would never be capable of returning to a normal lifestyle after becoming homeless at some point in their life and so the majority believed that a normal life could be re-established at some point. These results can be linked in with a study conducted on homeless people's perspectives and

attitudes of themselves and their situation. The study is called 'Perspectives of Homeless People on Their Health and Health Needs Priorities' by Isolde, D. (2007).

Findings showed that there was a strong desire amongst this group to enter employment and gain access to housing. Feelings of entrapment within an unfair society were established and concerns about health, addiction and stress were common. The study recognized that society must adapt a more positive attitude toward this vulnerable group of people.

In the present study positive perceptions towards young homeless people were found regarding the statement about readapting to a normal lifestyle. This matched the findings in the previous study, as positive attitudes were found to be required by both society and the homeless person themselves, to readapt into what is considered by society as a normal lifestyle. It appeared that more than half of participants agreed that homeless youths could be capable of returning to a normal lifestyle. The further 36.3% either strongly agreed, were neutral, disagreed or strongly disagreed with the statement.

The term 'normal' may have led to an uncertain understanding of the question and therefore perceptions may have been affected as the meaning of normal had not been defined. A normal lifestyle may generally be described as living above the 60% standard median which means that you are not living at risk of poverty. It may include residing in permanent or long term accommodation, maintaining a steady income to meet the basic needs of a family and or individual, and making sure that there is equal access to education and healthcare for all.

Mental Health:

Various aspects were considered under this section regarding mental illness and emotional experiences. A couple of studies that were previously conducted in the area and link in with the results include the 'Mental and Physical Health and Well-being of Homeless Families in Dublin: A Pilot Study', carried out by Focus Ireland (1999), and 'Parent-Adolescent Violence and Later Behavioural Health Problems Among Homeless and Housed Youths', by Mason & Toro (2009).

Findings of the present study suggested that 56.9% of participants disagreed that young homeless people are mentally ill, followed by 54.9% disagreeing that homeless people have a mental defect. These results show that participants have a positive attitude towards homeless people's mental state and don't agree that mental illness necessarily has any bearing on their situation. It is important to stress here that all young individuals who are or have been homeless may or may not at some point or other experience some form of mental health issues.

The term mental illness is not to be confused with mental ill health. Mental illness can be defined as 'the experiencing of severe and distressing psychological symptoms to the extent that normal functioning is seriously impaired', Mental Health Ireland (2010). Examples may include delusions and depressive moods. Mental ill health is a more generalised term and can be experienced by all of us due to varying circumstances, such as employment problems and financial concerns. Symptoms may include poor concentration and disturbed sleeping patterns to name a few.

The study on ‘Mental and Physical Health and Well-being of Homeless Families in Dublin: A Pilot Study’, Focus Ireland (1999) looked at mental health aspects of homelessness on young people. Here the main objective was to examine the mental health status of homeless children and their families living in supported temporary housing projects. Findings suggested that 29% of child participants manifested internalizing problems which refers to psychological health problems, and 45% of the children who participated in the study manifested externalizing problems such as physical health problems. The study revealed high levels of stress and clinical morbidity within the group of homeless children and their mothers.

The findings for the present study strongly suggested that little more than half of the participants who work with young homeless people would disagree that homeless youths have a mental defect or are mentally ill. The findings in the study by Focus Ireland mentioned above would suggest otherwise therefore the findings vary.

Although it only suggests that a small number at 29% of a total of 31 child participants showed signs of internalizing psychological problems the findings are relevant.

Another two interesting findings suggested that 50% of participants agreed that circumstances of youth homelessness can be traced back to their emotional experiences in early childhood. This leaves the other half either strongly agreeing, uncertain, disagreeing or strongly disagreeing with this statement. Similar to the above is the finding that suggests that 46.1% of participants disagreed that people who are or were homeless had parents who took little interest in them as children. These

results while different have certain similarities as they are looking at past experiences of youths as a factor resulting in youth homelessness.

Linked to these findings is the study conducted on parental-adolescent violence by Mason and Toro (2009). The focus of the study was to look at potential links of parent-adolescent violence with outcomes among homeless youths and demographically matched youths. An exploratory factor analysis referred to as (EFA) was used to measure parent and adolescent violence. An examination was conducted to look at predictive relationships between the factors identified in the EFA as well as behavioural health problems. Results suggested that both physical and psychological components were included and that they did contribute to behavioural health problems later on in life.

The results based on attitudes about parents taking little interest in them as children resulting in youth homelessness did not match the results found in the study on parent-adolescent violence. A total of 46.1% disagreed that homelessness was linked with low parental interest. But it was found that behavioural health problems amongst youths later in life may be affected by low parental interest in the comparative study.

However half of participants did agree that circumstances of youth homelessness can be traced back to their emotional experiences in early childhood. This does match the results found in the comparative study as they both suggest that past experiences can have an impact on the lives of youths and can result in increased chances of youth homelessness.

Criminal behaviour:

The following results are based on attitudes towards criminal behaviour. These results will be linked in with varying comparative studies throughout. Results showed that 47.1% of participants agreed that people who are homeless are more prone to violence than others. This would suggest that little less than half of those who participated, felt that young homeless people were inclined toward becoming increasingly involved in violent situations. These results may also suggest that had they not become homeless they would be less inclined to be prone to violence.

Another similar finding showed that 44.1% of participants agreed that homeless people are considered more violent than others. These two findings are closely link in with one another. A comparative study called 'Personality and Criminal Outcomes of Homeless Youths in Nigerian Jail Population' by Idemudia & Erbor (2007), aimed to look at the occurrence of armed robberies and the participation of young people in these crimes as part of a complete study on homelessness and criminal behaviour.

Findings here supported those of the attitudes found above regarding violence, as the comparative study showed significant theoretical and practical inferences for imprisoned homeless youths compared to youths who have never been homeless. It would appear from these findings that homeless youths may be more prone to becoming involved in violent behaviour or situations as was also suggested above.

The following findings showed that 36.3% disagreed that homeless people lack motivation and therefore find crime an easy option. This leaves the other 63.7%

strongly agreeing, feeling neutral, disagreeing or strongly disagreeing with the statement. Once again briefly looking back to ‘Perspectives of Homeless People on Their Health and Health Needs Priorities’ by Isolde, D. (2007) regarding the findings for motivational levels, participants showed a longing to engage in employment. They presented feelings of entrapment and expressed concerns about increased violence. These concerns match the perceptions surrounding decreased motivation and increased criminal behaviour amongst this vulnerable group in the present study. Due to lack of employment opportunities, monetary satisfaction is diminished possibly creating low motivational desire.

The findings for motivation at 36.3% may also be linked with, ‘Street Youth, Unemployment and Crime’ by Baron (2008). The aim of this study was to pay attention to variables that linked unemployment to crime. Findings matched those from above, financial dissatisfaction and low employment were both associated with effects that unemployment had on crime.

At 46.1% participants agreed that homeless people are more unfit for work and therefore find crime an easy option. This result would suggest more negative attitudes toward employment for young homeless people. That homeless people are considered less suitable for employment due to their circumstances regarding homelessness. Possibility of having poor credentials and no fixed address along with monetary dissatisfaction may be issues for homeless people, which decrease the likelihood of access to employment and increase in criminal behaviour.

A comparative study Street Youth; Unemployment and Crime by Baron (2008), looked at employment and the influence that its status has on homeless youths.

Findings showed that the effect unemployment had on criminal activity was related to levels of financial unhappiness and low levels of employment experienced by the participants. This suggests that the crime rates were associated with financial dissatisfaction. These results would suggest that the attitudes at 46.1% acknowledged in the present study support the findings in the comparative study. Both studies suggested that there would be an increase in crime amongst homeless youths due to lack of employment opportunities for this disadvantaged group.

The final results for criminal behaviour showed that 46.1% of participants agreed that most homeless people are substance abusers. This result would suggest that nearly half of participants associate young homeless people with being substance abusers. This is a negative perception. That leaves the remainder either strongly agreeing, feeling neutral, disagreeing, or strongly disagreeing with the question.

Regarding substance abuse the results match those found in 'Self control, Social Consequences and Criminal Behaviour: Street Youth and General Theory of Crime', by Baron (2003). Here there were two findings. The first finding suggested that minimal self control does predict a variety of criminal behaviours. It also predicted drug use amongst homeless youths. Secondly the results revealed that social consequences such as monetary dissatisfaction along with duration of homelessness, deviant values and peers contribute to instances of criminal behaviour along with drug use. Referring back to the present study it would seem from other research that substance abuse is a problem amongst homeless youths. So it could be suggested that the attitudes held by participants are supported by previous research.

The final results for criminal behaviour at 46.1% for substance abuse also link in with ‘Substance abuse’ Disorders Among Runaway and Homeless Youth’, by Kipke M.D, Montgomery S.B, Simon T.R & Iverson E.F (1997). This study looked at the length of time an individual is homeless, and if this is related to an increased risk of gaining a substance disorder. Ethnicity and gender were considered here. Findings showed that 71% of the participants were classified as being alcohol or drug dependant under the Diagnostic and Statistical Manual of Mental Disorders III.

The results indicated that the increasing length of time a person was homeless, was positively associated with increased risk for a homeless person to have an abuse disorder or be a substance abuser. These results match the perceptions found in the present study as a large percentage agreed that most homeless people are substance abusers at 46.1%.

Economic concerns:

The following findings are based on economic concerns and attitudes felt toward the expense of homelessness in our society. Results are based on questionnaires completed by staff members that work with homeless youths. These results are to be compared to a study ‘Left Out on their Own: Young People Leaving Care in Ireland’, carried out by Focus Ireland in (2000).

Findings suggested that 45.1% of participants disagreed that rehabilitation programmes for homeless people are too expensive to operate compared to 23.5% who agreed that they were too expensive. This result could suggest that funding should be put into these programmes to assist in keeping homeless youths off the

street. Attitudes towards programmes and shelters for this vulnerable group appear to be positive attitudes held by those who assist these youths.

52.9% disagreed that there is little that can be done for people in homeless shelters except to see that they are comfortable and well fed. This would suggest that societal factors may have lead people to believe that little can be done for the homeless. But this appears not to be the case. Findings would suggest that little over half of participants believe that a lot more can be done to improve the quality of a young homeless persons life. Appropriate shelters and programmes set up for homeless people can be very beneficial, and can assist in improving opportunities and life chances available to the homeless if given the chance.

58.8% agreed that recent government cutbacks in welfare have contributed substantially to the homeless problem in this country. These findings suggest that over half of participants believe the increase in the amount of homeless people living on the streets including the invisible homeless, has been a result of financial cut backs, on which these people would have been dependent in the first instance. However, it is important to state here that not all individuals who have become homeless in recent times are homeless because of these cutbacks. Other factors do contribute to it such as leaving state care, addiction and abuse to mention a few.

Having explored these results, the comparative study can be mentioned. It neither agrees nor disagrees with the present study regarding cost and care provided by rehabilitation programmes. However it is worth mentioning as it presents a good picture of the problems faced by youths with regards to the present findings. The

study 'Left Out on their Own: Young People Leaving Care in Ireland', is particularly well linked in with the importance of rehabilitation programmes and shelters. The study explored young people coming out of state care. It was believed that they had not received suitable levels of support and so they were unprepared for living in the outside world. The young people had been institutionalised for most of their life, once they reached the age of eighteen the state was no longer responsible for them.

Findings showed that there were as many as 68% of participants living in homelessness within two years of leaving foster care. This is a scary finding. It may suggest that similar to the present findings, there is a poor acknowledgement of the importance of these programmes and shelters as they provide a haven and support necessary for this vulnerable group.

Conclusion:

To conclude, this study has provided an insight into the opinions expressed by those who work in close proximity with homeless youths, using a 24 item likert scale to obtain information. As far as can be determined the majority of attitudes observed in this quantitative study appear to match previous research, with a few exceptions.

The findings showed that many of the attitudes held towards this disadvantaged group were positive although there were some negative perceptions found. It appeared that many of them did not attribute the cause of homelessness to personal responsibility which supported the hypothesis. While more research is required in the future, it would appear the hypothesis was supported. Those who work with young homeless people show positive attitudes towards them and their situation.

Limitations:

There are some limitations to mention here that may or may not have created a flaw in the final results. One of the questions referred to a normal lifestyle. The general statement was ‘homeless people would never be capable of returning to a normal lifestyle after becoming homeless’, (see appendix 2). The term normal lifestyle was not distinctly defined, and so ones perception of a normal lifestyle could be very different to that of another individual, possibly influencing a person’s opinion from many different perspectives. In this instance a normal lifestyle generally referred to any individual living above the 60% median (income). An individual or group of people who have their basic needs met such as food, shelter and water on a long term basis.

The same could be said for the term mental defect. A mental defect can be defined as ‘mental retardation, brain damage or other biological dysfunction that is associated with distress or disability causing symptoms or impairment in at least one important area of an individual's functioning and is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) of the American Psychiatric Association’, US Legal Definitions (04/04/2010). Mental defect covers a broad spectrum of things and the participants were not given a clear explanation of the meaning. So each individual participant may have had a different understanding of the term which may have influenced the answers they each chose.

Some suggestions for future research may include conducting a study to compare perceptions of people who work with homeless individuals and groups, with the

perceptions of non homeless people. This would inevitably give a much broader insight into the possible benefits of interaction and increased awareness about homelessness and the attitudes people have towards homeless people.

Another suggestion considers gender differences. It would be interesting to compare male and female opinions on homelessness to see if there is a difference between them. This could be conducted either as an independent study or be linked with the first suggestion, looking at those who work within the homeless sector and those that do not. It would also be suggested to provide as many definitions were possible to make sure that all participants have the same understanding of words used throughout the study so as to avoid any confusion.

Another area that may require further study is strongly linked with youth homelessness as research directly related to youths appears to be lacking in certain areas. Healthcare and education are two major areas of concern followed by increased criminal and substance misuse. It would be interesting to look into the prevalence of HIV transmitted through needle exchange amongst this group. To look at knowledge surrounding the safe use of needles and the repercussions associated with sharing needles through drug use. It would be interesting to tie in all these aspects and create a large scale study incorporating different aspects associated with these issues.

Rehabilitation programmes were referred to in the present study. It would be interesting to look into the actual costs of running these programmes and explore success rates resulting from completion of them. Further research on life after foster care should also be explored. Ways of providing better support services within the

system should be looked at. Better support within the care system may result in young people having a stronger chance of avoiding becoming homeless when they are exiting the institutionalised care system.

References:

Baron, S.W (2003), 'Self control, Social Consequences and Criminal Behaviour: Street Youth and General Theory of Crime'; *Journal of Research in Crime and Delinquency*, Vol 40 (4) pp.403-425.

Baron, S.W (2008) 'Street Youth, Unemployment and Crime'; *Canadian Journal of Criminology & Criminal Justice*. Vol. 50 Issue 4, pp. 399-434.

Focus Ireland (2000) 'Left Out on their Own: Young People Leaving Care in Ireland', *Community Development Journal*, Vol. 37, pp 116-117.

Focus Ireland (2000), *Young People Leaving Care, Bridging the gaps from care to home*, information sheet, pg 4.

Focus Ireland, (2009), *The Government's Youth Homeless Strategy*, Youth Homelessness Information Sheet, pg 1.

Haber, M.G & Toro, P.A. (2009), 'Parent-adolescent violence and later behavioural health problems among homeless and house youths'; *American Journal of Orthopsychiatry*, Vol. 79 (3), pp.305-318.

Idemudia & Erbor (2007) 'Personality and Criminal Outcomes of Homeless Youths in Nigerian Jail Population'; *Results of PDS and MAACL-H Assessments; Journal of Child and Adolescent Mental Health*; Vol. 19, (2) pp. 137-145.

Isolde, D. (2007). 'Perspectives of Homeless People on Their Health and Health Needs Priorities', *Journal of advanced nursing*, Vol. 58(3), pp. 273-279.

Keogh. A.F, Halpenny. A.M & Gilligan. R, (2006), 'Educational Issues for Children and Young People in Families Living In Emergency Accommodation- An Irish Perspective'; *Children and Society*, Children's Research Centre, Trinity College, University of Dublin, Volume 20 pp. 360-375.

Kipke M.D, Montgomery S.B, Simon T.R & Iverson E.F (1997)'Substance Abuse, Disorders Among Runaway And Homeless Youth'; International Journal of The Addictions, Substance Use & Misuse, Vol. 32(7-8), pp. 969-986.

Kingree, L.B. & Daves, W.F. (1997) Preliminary Validation of The Attitudes Towards Homelessness Inventory, Journal of Community Psychology, Vol. 25 (3), pp. 265-288.

Lawrence, S.G. (2000) The Effects of Prosocial Communication with The Homeless: Journal of Social Distress and the Homeless, Vol.9 (2), pp. 91-110

Miklos, Z and Balogh, Z (2004), 'Student Nurse Attitudes Towards Homeless Clients: A Challenge For Education And Practice, Nursing Ethics, Vol. 11(4) pp. 334-348.

O'Brian, J. & Houghton, F. et al. (1999), 'The Mental and Physical Health and Well-being of Homeless Families in Dublin: A Pilot Study', A Report by Focus Ireland, the Mater Hospital and the Northern Area Health Board.

Stewart, M.; Reutter, L.; Letourneau, N. & Makwarimba, E. (2009), 'A support intervention to promote health and coping among homeless youths', Canadian Journal of Nursing Research, Vol. 41(2), pp. 55-77.

Toro, P.A and McDonnell, D.M (1992), Beliefs, attitudes and knowledge About Homelessness: A Survey of The General Public. American Journal of Community Psychology, Vol. 20(1), pp. 53-80.

Website references:

Mental Heath Ireland (2010) Mental Illness, [online] available from, www.mentalhealthireland.ie, accessed 01/04/2010, 15.14pm.

USLegal Definitions (2010), Mental Defect Law and Legal Definition [online] available from <http://definitions.uslegal.com/m/mental-defect/>;accessed 4/04/2010, 13.22pm.

Appendix 1:

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

23rd October 2009.

Dear Sir/ Madam,

Re: Permission to conduct a research study with members of your organisation.

Ali Wyse 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. Ali Wyse's final year research project aims to examine the effects of homelessness on young people.

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. Ali is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Dr. Bernadette Quinn, Research Coordinator, Social Science Programme, Dublin Business School. Ali Wyse [ali-wyse@hotmail.com] can also provide further details about how she will conduct her research study. Thank you for your time.

Yours Sincerely,

Dr. Bernadette Quinn

Tel: 01 4178737

Email: Bernadette.quinn@dbs.ie

Appendix 2:

Young Peoples Exposure to Homelessness

This study is concerned about Homelessness and Crime among Young people. Participants include those that work directly with Homeless People. 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 strictly confidential, 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 my supervisor at the address below.

Mr Paul Halligan,

Lecturer,

Department of Social Science,

DBS School of Arts,

34/35 South William Street,

Dublin 2,

Ireland,

Telephone: 01- 4178730

Please attempt all questions. Be as honest as possible. Your confidentiality is of utmost importance. Please do not sign your name.

Please indicate your Gender:

Male: { } Female: { }

Please indicate your Age:

Age: { }

THE FOLLOWING QUESTIONS REFER TO YOUTH HOMELESSNESS AND CRIME. PLEASE TICK THE APPROPRIATE BOX.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. It is easy to recognise a homeless person.	[]	[]	[]	[]	[]
2. Homeless people had parents who took little interest in them as children.	[]	[]	[]	[]	[]
3. People who become homeless will never return to a normal lifestyle.	[]	[]	[]	[]	[]
4. Most homeless people are mentally ill.	[]	[]	[]	[]	[]
5. People who become homeless will become attracted to a criminal lifestyle.	[]	[]	[]	[]	[]
6. Homeless people are not more dangerous than other people.	[]	[]	[]	[]	[]
7. Homeless people are more prone to violence than others.	[]	[]	[]	[]	[]

8. Helping homeless people with their financial problems often improves their condition. [] [] [] [] []
9. Homeless people lack motivation and therefore find crime an easy option. [] [] [] [] []
10. Most homeless people are capable of performing skilled labour. [] [] [] [] []
11. Homeless and nonhomeless people cannot really understand each other. [] [] [] [] []
12. Homeless people are more unfit for work and therefore more likely to indulge in crime. [] [] [] [] []
13. Rehabilitation programs for homeless people are too expensive to operate. [] [] [] [] []
14. There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed. [] [] [] [] []
15. Most circumstances of homelessness in youths can be traced to their emotional experiences in early childhood. [] [] [] [] []
16. Most homeless persons are substance abusers. [] [] [] [] []
17. Recent government cutbacks in welfare have contributed substantially to the homeless problem in this country. [] [] [] [] []
18. Most homeless people have similar personalities. [] [] [] [] []
19. I feel uneasy when I meet homeless people. [] [] [] [] []

20. People who are homeless are capable of managing homes for themselves. [] [] [] [] []
21. Most homeless people have mental defects. [] [] [] [] []
22. A homeless person cannot really be expected to adopt a normal lifestyle. [] [] [] [] []
23. Homeless people are considered more violent than others. [] [] [] [] []
24. Homeless people have less moral experience than others. [] [] [] [] []