Youth Homelessness in Ireland
The Emergence of a Social Problem

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Abstract

This paper presents a historical account of youth homelessness in Dublin from the mid-1960s and documents how homeless young people (variously defined) were constructed as a distinct group within the broader homeless population. Rather than viewing homelessness as comprising an undifferentiated mass, various agencies successfully attempted to distinguish particular sub-groups within the homeless population that required specific interventions. Young people were identified from the early 1970s as one such sub-group. However, official recognition by the Irish government of youth homelessness did not emerge until the mid-1980s and the boundaries of ‘youth’ were to remain fluid until the Child Care Act, 1991 established by statute that homeless youth were those under the age of 18 years. The analysis presented in this paper broadly argues that homelessness is a fluid concept rather than a constant reality with a shared understanding. Thus, what is understood in contemporary society as a social problem deserving of specific policy and service responses, is historically rooted in decades of social, legal and political debate about the existence, nature, consequences and responses to homelessness amongst young people.

Keywords

Youth homelessness; homeless children; social construction; Ireland; history

Introduction

This paper documents the emergence of youth homelessness in Ireland as a social problem, identifying the factors that have shaped and re-shaped how we understand it today, and arguing that what is commonly understood as ‘youth homelessness’ is historically variable rather than an immutable fact. From the second half of the twentieth century, young people without stable family accommodation, like other categories of disadvantaged youth, were gradually viewed as ‘deprived’, replacing the earlier portrayal and understanding of such young people as ‘depraved’ (O’Sullivan, 1979). However, this process was both emergent and socially contingent, involving a complex range of interpretations, including legal debate, which centred in latter years on the question of who was responsible for the provision of services to those children and young people deemed to be ‘homeless’. Thus, what is understood in contemporary society as a social problem deserving of specific policy and service responses, is historically rooted in decades of social, legal and political debate about the existence, nature, consequences and responses to homelessness amongst young people.
Homelessness as a ‘Social Problem’

A key strand of research into homelessness has focused on highlighting the ‘social construction’ of the issue. Research in this tradition has aimed to understand how certain matters are defined as social problems, thereby influencing the strategies devised to manage them (Hutson and Liddiard, 1994). In particular, research has illuminated the manner in which different vested interest groups have attempted to construct both the issue and the desired response. According to Jacobs and Manzi (2000: 37), rather than viewing homelessness as simply the outcome of a deficit of accommodation for certain households, a constructionist approach highlights the ‘dynamic aspects of homelessness’, stressing ‘how definitions change over time depending on the relative power of interest groups to impose their agenda on the policy community’. From this perspective, homelessness is ‘unstable, capable of being redefined and moved up and down policy agendas as different interests succeed in gaining the upper hand in the ongoing struggle to define priorities’ (Jacobs et al, 1999:13). This analysis is applicable both temporally and spatially. For example, homelessness or vagrancy has been viewed as matter of deviancy needing punitive regulation by the State (Chambliss, 1964), a consequence of structural inequalities requiring social and economic intervention (Elliot and Krivo, 1991), and as personal inadequacies necessitating individualised management and professional intervention (Gerstal et al, 1996). Similarly, at any point in time, individual agencies can construct homelessness differently for different audiences and this may vary considerably by jurisdiction (see for example, the analysis of the regulation of public space by Doherty et al. 2008). In the case of youth homelessness in the UK in the 1980s, Liddiard and Hutson (1991) observe that many agencies providing services oscillate between a pathological and a normalising model of youth homelessness in their public presentation of the situation, that is, portraying homelessness as something unique and extreme or, alternatively, as something that can happen to any young person. In a similar vein, Jacobs et al. (1999: 24) observe that voluntary agencies often depict the homeless as victims to ensure financial donations, which would be less likely if they were presented as addicted or in any other less than deserving fashion. Thus, from a social constructionist perspective, homelessness is a fluid concept rather than a constant reality with a shared understanding.

Varying degrees of constructionism exist. The analysis here leans towards a ‘weak’ constructionist approach, taking the ‘strong’ position to signify the belief that ‘social reality is produced entirely by human discourse and interaction’ (Somerville and Bengtsson, 2002: 121). Following the schema devised by Hacking (1999), in which he argues that there are six grades of constructionism (historical, ironic, reformist, unmasking, rebellious and revolutionary), with the least demanding grade being historical, we are decidedly on that least demanding grade. By historical constructionism, Hacking (1999: 19) means ‘someone presents a history of x and argues that x has been constructed in the course of social processes. Far from being inevitable, x is the contingent upshot of historical events’. In this paper, we present a preliminary history of the emergence of homelessness among young people in Ireland and argue that what we understand today as ‘youth homelessness’ has been constructed in the course of social processes. In particular, we demonstrate that the manner in which the State and other agencies respond to homelessness amongst the young is neither fixed nor static. While the current dominant portrayal of the homeless young person is constructed around...
themes of social exclusion, marginalisation, and deprivation, administered within a legal framework that requires strategic direction to give coherence to the responses of various actors, we need to be cognisant of the fragile nature of this construct. By drawing attention to the actors and agencies that have contributed to constructions of homelessness amongst the young, past and present, we hope to ‘undercut powerful ideas, policies and practices’ (Fopp, 2008: 166) and contribute to a more historically informed understanding of the way in which youth homelessness is currently understood. The paper therefore aims to provide the building blocks for future theorising on the social construction of youth homelessness in Ireland.

In the beginning …

It was only from the mid-1960s that youth homelessness was gradually articulated as a form of homelessness different from that experienced by adults. The official ‘birth’ of youth homelessness can be traced to 1966, when a category ‘homeless’ appeared in the annual reports of the Department of Education as a reason for committal to an Industrial School. This situation is not reflective of an absence of children who were without accommodation prior to this period; rather, the Industrial Schools effectively absorbed such children, but labelled them as ‘wandering abroad’ from the mid-19th century, and maintained this role until the system gradually reshaped itself as small-scale residential care units some 100 years later in the 1970s.

With the gradual demise of the industrial schools from the early 1960s, a number of voluntary agencies began providing various services for those children leaving the schools. For example, in 1966 the Los Angeles Society was established following a survey conducted by a number of voluntary agencies which estimated that as many as 150 boys were sleeping rough in Dublin. After spending a year on various fundraising projects, the Society set up its first hostel for homeless boys at 26 Arran Quay with the aim of providing accommodation for 12 homeless boys between the ages of 15 and 19 years. Two years later, a group of people with a common belief in the need for the provision of hostel accommodation for homeless girls in Dublin formed the Homeless Girls Society. Sherrard House in the North Inner City opened in 1970.

Youth Homelessness in the 1970s: Constructing the Deprived Child

In 1970, the Report on Industrial Schools and Reformatories (better known as the Kennedy Report) acknowledged the large number of children being released due to the closure of Industrial Schools (between 1964 and 1969, 14 Industrial Schools closed). Describing the situation as particularly ‘difficult’, it went on to note that there were ‘few hostels in the State and those that are there do not receive the support they need’ (Reformatory and Industrial Schools Systems Report, 1970: 58). Within official discourse, however, youth homelessness remained a relatively marginal issue, as evidenced by the CARE Memorandum5 (CARE, 1972: 68) when it highlighted the plight of ‘unattached’ youth and the poor service provision for deprived children in general:

Adolescents who are unattached either because they have been in care since childhood or because they have lately become estranged from their families are another special group requiring residential care. Because of their
Increasing independence and because of the fact that they are likely to be more involved in work or education and less in need of family care, they can best be catered for in hostels. There are at present three or four hostels and small residential establishments for adolescents in Dublin.

Two further reports highlighted the dearth of suitable accommodation for young people at this time. In September 1973, the newly established Simon Ireland produced a report on ‘unattached youth’ in Dublin, noting that, while a number of general hostels accommodated young people under the age of 25, only seven existed specifically for what were termed unattached youths (generally aged 14 to 20). This report also observed that many of the nominally adult hostels recorded considerable numbers of young people using their services (Whelan, 1973). One year later, the Dublin Diocesan Welfare Committee, under the Chairmanship of Bishop James Kavanagh, reported on aspects of homelessness in Dublin, noting that five hostels provided emergency accommodation for adolescent girls, except for those ‘in need of psychiatric treatment, or obviously members of the “drug scene” ’ (Dublin Diocesan Welfare Committee, 1974: 7). In relation to adolescent boys, the committee noted that only two hostels offered accommodation and neither had emergency provision. In general, teenage boys seeking emergency accommodation were referred to the Iveagh Hostel or, if very young, were provided with Bed and Breakfast (B&B) accommodation. The majority of those adolescent males seeking emergency or, in the vernacular of the time, ‘casual’ accommodation, were sleeping rough from time to time and the committee estimated that they numbered approximately 30 (Dublin Diocesan Welfare Committee, 1974).

In 1974, the Minister for Health at that time, Brendan Corish, established a Task Force on Child Care Services. Within a year of its establishment, the Task Force issued an interim report stating that they had been able to isolate a number of major gaps in the existing range of services requiring attention as a matter of great urgency. In relation to homeless children, the Interim Report argued that additional accommodation was needed for ‘older boys who have no fixed abode’, noting that:

Most of these boys stay periodically in their family homes, combining this with periods of sleeping in adult hostels or, as is often the case, sleeping rough. Some of them, however, retain no contact with their families, even on a periodic basis. Many of them have undergone great personal stress and deprivation. Some have been in trouble with the law. Because of their age, the best form of residential provision for them would be of the hostel type, in which the staff would aim to provide guidance, therapeutic relationships, education or employment suited to their age.

The committee estimated that, in addition to those boys residing in the available hostels, a further 30 had no fixed abode and, on this basis, concluded that additional hostel accommodation was required.

**Homeless Children and Traveller Children**

While homeless children were increasingly visible (both on the streets and on the agendas of various voluntary agencies) by the mid-1970s, a distinction was made...
between settled children and Traveller children sleeping rough. For example, a report on children who were begging or sleeping rough, requested by An Coisde Cuspóirí Coiteann (the General Purposes Standing Committee of Dublin City Council), drew a distinction between Traveller and non-Traveller children who were sleeping rough and further observed that, while there were a range of possible ‘causes’ for children sleeping rough in Dublin, it was difficult to provide a consensus on the issue. The following reasons for rough sleeping among children were proposed (Clare & Byrne, 1976: 8):

… those whose families have been moved from the city centre and who are not settling in come back into the city; homeless families who are accommodated temporarily but for whom no place can be found for the boys, who then have to sleep rough; children rejected by their families; young people without homes in the city who cannot find accommodation; children leaving home permanently or temporarily because of bad home conditions e.g. drink, problem families, broken homes etc., – an increasing number it is said – who take drugs; ex-residents of institutions; the difficult disruptive child for whom no suitable accommodation can be found; those who are sent to some institution and who abscond; those who do it for adventure; those who sleep rough occasionally when they find themselves left behind in the city centre when the last bus has gone.

This analysis locates the problem of children sleeping rough with the individual young person whilst also acknowledging the role of home-based problems. The authors later suggested that the problem of rough sleeping among Traveller children was largely attributed to the alcoholism of their parents and went on to assert that ‘the children of travelling people who are sleeping rough must be treated separately because of their different background’ (Clare & Byrne, 1976: 10).

**Hope Hostel and the Eastern Health Board**

In the same year as An Coisde Cuspóirí Coiteann requested a report on children sleeping rough, a new lay voluntary organisation was established to provide accommodation for young people, particularly boys, who were sleeping rough. HOPE was founded in October 1975 by a German social worker who, when visiting Dublin, was struck by the number of children sleeping rough (Harvey and Menton, 1989). The founders of HOPE estimated that there were at least 60 under-18s sleeping rough in Dublin every night based on a relatively crude assessment of the extent of youth homelessness. The report (Coghlan et al, 1976: 11) also noted that the majority of these young people were ‘non-itinerant’:

Most of these young people are in the 13–15 age group but there are cases of children of seven or less sleeping out. There are indications that the problem is growing. The majority of these young people are non-itinerant and boys outnumber girls.

It was not until March 1977 that HOPE was in a position to open a hostel at 42 Harcourt Street. In its first full year of operation, 59 children (58 boys and 1 girl) stayed in the hostel, with the average length of stay being four weeks. Of those who
stayed in the hostel, 53 per cent were aged between 16 and 18 years and a further 39 per cent were aged between 12 and 15. The majority were from Dublin, with 20 per cent recorded as from other parts of Ireland and 12 per cent classified as Travellers. In addition to the provision of the hostel, HOPE provided an outreach service which commenced formally in June 1977 with the appointment of three full-time street workers. However, for various reasons, this service terminated in December 1977 but it was recommended that a comprehensive research project be undertaken to explore the issue of ‘unattached youth’ in Dublin. What followed was the first comprehensive study of homeless children in Dublin.

‘Out in the Cold’

Published in March 1979 (the International Year of the Child), Out in the Cold: A Report of Unattached Youth in Dublin in the Winter of 1978–79 was based on research conducted in both Dublin city-centre and in the deprived suburban area of Fairfields (Finglas). For the purposes of the research, the authors defined ‘unattached youth’ as young people ‘who hang around in public places during the day or night unaccompanied by responsible adults and who appear to have nothing to do’ (HOPE, 1979: 5). They also suggested that there were ‘degrees’ of alienation amongst unattached youth: (1) those who slept rough with no hope of a place to return to; and (2) those ‘on the gur’ (i.e. sleeping rough) for periods of time, but retaining attachment to family/friends/community. In what was possibly the first attempt to highlight the heterogeneity of the youth homeless population, the HOPE research team (Hope, 1979: 10–11) identified five sub-categories of unattached young people, each with differing reasons for leaving or staying away from home:

1. Children alienated from families of origin, generally in earlier years of adolescence, who exhibit varying degrees of unattachment. This was generally as a consequence of a row/ill treatment/fear of parental reaction to delinquent behaviour on child’s part; or failure to produce the required ‘entrance money’ after a day’s trading; or those who have been neglected and uncared for by their families for a some time, in many cases the families overwhelmed by other problems.
2. Older children who had been sleeping rough or ‘on gur’ for longer periods, who may have no home ties in the State because: they may have been discharged from institutions with no families to return to, or who do not wish them to return; or may have returned from abroad after families emigrated and are therefore alone in Ireland.
3. Young itinerants who tend to be more mobile than other young unattached and mainly mix only with other young itinerants.
4. Street Gangs, remaining out late and sometimes all night.
5. Young people on streets at weekends and occasional ‘nights out’.

Despite HOPE’s nuanced approach, youth homelessness was most commonly assumed to be a manifestation of very specific unmet need among a very small number of children and/or portrayed as an ‘itinerant’ issue. For example, the efforts of HOPE to articulate a new category of needy children – those who were homeless – was not readily accepted by either the Department of Health or the regional health boards. Instead, the standard response was to assume that the number of homeless youth was not large and consisted primarily of Travellers. For example, in 1983 Barry Desmond,
the Minister for Health at the time, argued that it was not possible to give a precise estimate of the number of children and suggested that ‘[t]he figure is quite small and is made up almost exclusively of children drawn from the travelling community’ (Dáil Debates, Vol. 339, Vol. 1189, 1983). As Helleiner (1998a: 310) argues in relation to the official understanding of Traveller children (and indeed settled children sleeping rough) during this period, ‘the labelling of Traveller children focused upon individual and family-related deficits rather than any structural (or cultural) causes of Traveller children’s divergence from the model of “proper children”’. However, from the early 1980s onwards, the distinction between Traveller children and homeless children virtually disappears and reference is made only to the generic category “homeless children”. Thus, during the 1970s, various labels were used to describe a category of young people who were without adequate accommodation: those with no fixed abode, those who were ‘unattached’, Traveller children, and so on. The term ‘youth homelessness’ had yet to fully emerge as various actors struggled to describe these young people. The most common response was to state that most were Travellers, a claim which in some way appeared to absolve state agencies, in particular, from the provision of appropriate services. However, this understanding and interpretation was to change radically by the mid-1980s.

Youth Homelessness in the 1980s: Constructing Visibility

The first clear articulation of the emergence of ‘homeless’ young people came with the publication of the report of the National Youth Policy Committee. Established in September 1983 and reporting almost exactly a year later, this government-appointed committee noted an apparent change in the composition of the homeless population and identified a specific problem in relation to homelessness among the young:

> We have received very compelling evidence of the need to deal specifically with the problem of homelessness among young people. The homeless class of people were earlier seen as consisting mainly of men over 40, but there is now a new class of young homeless person – boys and girls. We are anxious that this disturbing fact should be borne in mind by the Government (National Youth Policy Committee, 1984: 156).

This report also highlighted the absence of clear statutory responsibility for the provision of services for homeless children and young people. Acknowledging that legislation alone would not resolve the problem, it recommended that the Government appoint a committee ‘to provide resources to alleviate the very real suffering which exists at present’ (National Youth Policy Committee, 1984: 160). In December of the same year, an Ad-hoc Committee on the Homeless (1984: 29), established under the aegis of the Department of Health, proposed that health boards take responsibility for the provision of accommodation for homeless children:

> The committee considers that the accommodation and other needs of homeless children can best be met by health boards either directly or through the subvention of voluntary bodies. As a guideline and for the purposes of this report the Committee considers persons under 18 years of age as children. However, in practice this age limit should not be rigidly
applied in a manner which would result in individuals becoming homeless on reaching or shortly after becoming 18 years of age.

Echoing the recommendations of the statutory reports above, a national survey of youth homelessness conducted by the National Campaign for the Homeless⁹ (1985) identified over 800 young people between 10 and 30 years and likewise proposed that ‘the Health Board take the leading role in providing accommodation for all homeless people aged 16 to 40’ (National Campaign for the Homeless, 1985: 15).

Explicit recognition by the government of the problem of youth homelessness, and an apparent willingness to tackle the situation, came in 1985 in the form of a National Youth Policy entitled, In Partnership with Youth (Government of Ireland, 1985). This document contained the clearest articulation to date that youth homelessness was viewed by the State as an area distinct from adult homelessness requiring specific attention, when it stated that:

The Government accept that it is the responsibility of the Health Boards to provide for long-term and short-stay accommodation for homeless young people incapable of independent living and in need of special care (Government of Ireland, 1985: 34–35).

The document further noted that new legislation was in preparation that would address many of the unmet needs of homeless children (The Children (Care and Protection) Bill, 1985 which eventually emerged as the Child Care Act, 1991), that homelessness should not in itself constitute an offence¹⁰, and that small-scale residential provision was inherently more appropriate than large-scale institutional care in meeting the needs of homeless children.

In March 1987, to mark the International Year of Shelter for the Homeless, a conference entitled ‘Streetwise’, was organised by Focus Point¹¹ and UNICEF to highlight the plight of young homeless people both in Ireland and internationally. Kennedy (1987) summarised the nature of the problem noting that no accurate assessment of the extent of homelessness amongst the young existed. Fragmentary evidence was available, suggesting that it was a growing problem attributable in part to changes in the nature and provision of residential care. Residential places for older children had decreased since the 1970s and, according to Kennedy (1987: 67), ‘[p]reventative services have not been developed to provide support for families in their local communities’.

The 1990s: The Legal Construction of Youth Homelessness

By the early 1990s, the existence of youth homelessness was recognised in official discourse, alongside evidence of the absence of suitable accommodation for children and young people once they became homeless, particularly, but not exclusively, in Dublin (Carlson, 1990; Daly, 1990; O’Donnell, 1990, 1992). The problem became particularly acute in the early 1990s, ironically perhaps, partly as a consequence of the passing of the Child Care Act, 1991, which gave health boards responsibility for children up to the age of 18.

The Child Care Act, 1991

With the passing of the Child Care Act, 1991, specific statutory provision for homeless children in Ireland was legislated for. Prior to the enactment of this legislation, health boards had responsibility for children only up to the age of 16 (under the provisions of the
Children Act, 1908), a situation which created a gap in services for 16- and 17-year-olds. The Act remedied this situation by defining a child as someone up to the age of 18 and placed a clear obligation on the health boards, under Section 5 of the Act, to provide accommodation for homeless children (see O’Sullivan, 1995a and b for further details). However, considerable differences quickly emerged between the health boards, in particular the Eastern Health Board (EHB) and voluntary agencies, over the interpretation and implementation of the section, culminating in a series of High Court actions designed to obtain clarification. Section 5 of the Child Care Act, 1991, read as follows:

Where it appears to a Health Board that a child in its area is homeless, the Board shall enquire into the child’s circumstances, and if the Board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the Board under the provisions of this Act, the Board shall take such steps as are reasonable to make available suitable accommodation for him.

Section 5 of the Child Care Act, 1991 came into operation in November 1992, but within a short period of time considerable difficulties emerged in relation to the interpretation of the Section by the health boards, particularly the EHB, with the absence of a range of suitable accommodation generating considerable dilemmas for the newly formed Crisis Intervention (Out of Hours) Service.

The Development of a Statutory Response (Out of Hours Service) to Youth Homelessness

As noted, until the late 1980s the EHB’s direct involvement with homeless young people was limited and no specific powers or responsibilities fell to the State with regard to homeless children until the introduction of Section 5 of the Child Care Act, 1991. However, from the mid-1980s, a number of social workers were deployed by the EHB to work specifically with homeless children. Statutory involvement in the provision of services for homeless children was further extended when, in March 1992, the EHB established a Crisis Intervention (Out of Hours) Service for homeless children and young people. The Out of Hours Service was set up to provide children and young people (under the age of 18) in crisis with the necessary services when all other options were closed. It is a social work, rather than a specific accommodation, service but much of its remit relates to ‘out of home’ young people (Kelleher et al., 2000). By the mid-1990s, there were 50 emergency beds available to homeless children.

Despite the development of these services, considerable difficulties remained in relation to the implementation of Section 5 of the Act. Many of the challenges were related to the alleged inadequacy of provision and the consequent reliance on the part of health boards on B&B accommodation in attempting to meet the needs of homeless young people. In the EHB region, the number of homeless children placed in B&Bs doubled from 39 in 1991 to 76 in 1993. Critiques of the operationalisation of Section 5 argued that it excluded homeless children from mainstream child welfare services and effectively positioned them within a secondary child welfare system that provided minimal levels of support and accommodation and not care and protection (O’Sullivan, 1996a, 1998). The debate about the adequacy of the provision of B&B accommodation to homeless children ultimately ended up in the High Court.
Homeless Children and the Courts

Controversy over the use of B&B accommodation, particularly for unaccompanied children under 18, prompted the use of the High Court to explore the operationalisation of Section 5. At the centre of this debate were arguments about how the stipulation that health boards ‘take such steps as are reasonable’ might be appropriately evaluated, alongside questions about what constituted ‘suitable accommodation’ for homeless children (see Whyte, 2002 for further details).

In a series of High Court actions, the Courts clearly identified a gap in Irish child care legislation in that, unlike many other EU states, health boards were adjudged not to have powers of civil detainment. The judgments resulting from these actions led to the establishment of a small number of (euphemistically entitled) High Support and Special Care Units for children by the Department of Health, in conjunction with the health boards. However, the number of children before the High Court continued to grow and, in July 1998, the High Court issued an order to force the Minister for Health to provide sufficient accommodation for the children appearing before it in order to vindicate their constitutional rights. By 2005, three special care units were established with an approved bed capacity of 30, in addition to 13 high support units with an approved bed capacity of 93.

A New Millennium: Constructing a Strategic Response

The turbulence of the 1990s, which centred largely on the EHB gradually coming to terms with their new legislative obligations towards homeless children, gradually eased and by the beginning of the 21st century a new set of concerns emerged. These concerns focused on efforts to prevent homelessness from occurring rather than reacting to it; the achievement of greater inter-agency collaboration; and the recognition that homelessness was symptomatic, not simply of the absence of accommodation, but of deficits in other services and supports as well.

A Forum on Youth Homelessness was established in 1999 with the objective of strategically addressing deficits in service provision and ensuring that ‘the services on offer are effective and responsive to the needs of young homeless people’ (Forum on Youth Homelessness, 2000: 5). Reporting in 2000, the Forum identified several fundamental weaknesses in the system of services targeting homeless children. Its recommendations focused on the co-ordination of services, access to services, care and accommodation issues, substance abuse, medical care, education/training and the needs of special groups (including Travellers, refugees and asylum seekers). It also recommended the establishment of a new administrative structure to deliver services to homeless young people. In October 2001, a national Youth Homelessness Strategy (Department of Health and Children, 2001) was published and for the first time, a national framework for tackling youth homelessness was established, with the Health Service Executive (HSE) having lead responsibility for its implementation. The stated goal of the Strategy is:

To reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at re-integrating him/her into his/her community as quickly as possible (Department of Health and Children, 2001: 9).
The Strategy was extremely ambitious and set out twelve specific objectives underpinned by an emphasis on the prevention of youth homelessness, the need for a responsive child-focused service and the importance of co-ordinated inter-agency work. The Strategy acknowledged that homeless young people are not a homogeneous group and that there was consequently, ‘a need to ensure that services can match individual needs more appropriately’ (Department of Health and Children, 2001: 19). All of this signified a dramatic shift from a position a decade earlier when statutory responsibility for the provision of services to homeless youth had not yet been legislated for. Nonetheless, progress in implementing this Strategy has been relatively slow (Mayock and O’Sullivan, 2007) and, to date, no review of progress on its implementation has been published despite the commitment contained in the National Action Plan for Social Inclusion, 2007–2016 that such a review, coupled with the development of a new programme of action, would take place in 2007. Within this strategic approach, the homeless young person is constructed as a client or customer requiring a range of support services and the key priority is to orientate the various services to provide the required package. Earlier discourses on deprivation or depravity are therefore decentred as a more anodyne managerialist discourse assumes ascendancy in the governance of youth homelessness. This construction reflects more a general reinterpretation of responses to marginal populations, influenced by the strictures of new public management.

Conclusion
This paper has presented a historical account of youth homelessness in Dublin from the mid-1960s and has documented how homeless young people (variously defined) were constructed as a distinct group within the broader homeless population. The range of young people, from teens to those in their early or mid-20s, described as homeless and the absence of reliable data sources makes it difficult to assess the extent of the phenomenon over time. What is clear, however, is that a discourse on ‘youth homelessness’ – discernible from various statutory and non-statutory reports and statements on homeless children and young people – emerged from the 1970s. The cacophony of labels utilised in the 1970s, from ‘traveller’ to ‘vagrant’ to ‘unattached’, to give substance to policy actions and inactions, gradually settled and the term ‘youth homelessness’ began to appear in the early 1980s. Rather than viewing homelessness as comprising an undifferentiated mass, various agencies, in particular non-governmental organisations (NGOs), successfully attempted to distinguish particular sub-groups within the homeless population that required specific interventions. Young people were identified from the early 1970s as one such sub-group. However, official recognition by the Irish government of the problem of youth homelessness did not emerge until the mid-1980s and the boundaries of ‘youth’ were to remain fluid until the Child Care Act, 1991 established by statute that homeless youth were those under the age of 18 years.

Youth homelessness became a problematic legal construct in the early 1990s with the implementation of Section 5 of the Child Care Act, 1991. The various High Court judgments on the responsibility of the State towards homeless children and young people, and the latter’s ambiguous status within health boards, account in part for the high profile accorded to these children during the 1990s. A crucial outcome of these
debates during the late 1980s and 1990s was the pushing centre stage of the health boards in terms of the provision of services for homeless children. While NGOs remain involved in the provision of services, statutory bodies are identified as having primary responsibility for homeless children and young people. This is a significant shift from the position identified at the outset of this paper. It also partly explains the managerial approach to the homeless problem, which is increasingly evident, and which ambitiously aims to reduce and, ultimately, eliminate homelessness.

The analysis presented in this paper broadly supports the contention by Jacobs et al (1999: 25) that ‘conceptions of homelessness change over time and are subject to ideological influences, availability of resources and expectations bestowed on government and policy makers’. Homeless young people are currently understood as comprising a distinct group within the overall homeless population, with particular needs, deserving of public sympathy and whose needs can be addressed by greater inter-agency collaboration. Nonetheless, contradictions remain, particular with respect to how ‘youth’ is (legally) defined, thereby affecting service provision, and the manner in which young homeless people’s lives are officially conceptualised. The relatively benign policy environment that currently exists, particularly in relation to funding of services for homeless young people, may well shift in the future as increased pressure is placed on public expenditure. This in turn is likely to lead to a further reconceptualisation of youth homelessness, which may generate a more punitive response than is currently the case.

Notes
1. Social constructionism is a term applied to theories or approaches that emphasise the idea that social phenomenon are actively and creatively produced by human beings and highly contingent on historical and social processes. It therefore involves looking at the ways social phenomena are created, institutionalised, and made into tradition by individuals and/or society. Socially constructed reality is seen as an ongoing, dynamic process; reality is reproduced by people acting on their interpretations and their knowledge of it. Constructionism became prominent in the U.S. with the publication of Berger and Luckmann’s (1966) book, *The Social Construction of Reality*, in which they argue that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions.
2. Industrial Schools were legislated for in Ireland in 1868, based on the models already in operation in England and Scotland. The objective of Industrial Schools was to inculcate children into habits of “industry, regularity, self-denial, self reliance and self-control”. Although the schools contained a small number of children who had committed minor acts of delinquency, the majority were placed in the schools due to the poverty of their parents. The first Industrial school was established in 1869 and, by 1900, there were 70 industrial schools certified with a capacity for nearly 8,000 children. By the 1950s, nearly 6,000 children were contained in Industrial Schools, but the numbers steadily declined from this period (see O’Sullivan and O’Donnell, 2007, for further details).
3. Both societies continue to operate and to provide accommodation for homeless young people.
4. CARE, the Campaign for the Care of Deprived Children, was founded in December 1970. Its key aims were: to promote the welfare of deprived children in Ireland and, for that purpose, to stress the importance of the physical and emotional environment of the developing child; to look for improvements in children’s services and in legislation to remedy the deficiencies that have long been identified; and to emphasise that children should be maintained in their own family where at all possible and that services should be based on that principle. CARE was eventually dissolved in the mid-1990s.
5. The Simon Community was founded in London in 1963 by a former probation officer Anton Wallich-Clifford. The Dublin Simon Community was established in 1969.
6. The purpose of this Task Force was to ‘make recommendations on the extension of services for deprived children and children at risk, to prepare a Bill up-dating the law in relation to children and to make recommendations on whatever administrative reforms it considered necessary in the child care services’ (Task Force on Child Care Services, 1980: 1).

7. A number of children were provided with assistance in a flat in Frankfort Avenue before the opening of the hostel in Harcourt Street. In February 1983, the Hostel in Harcourt Street closed and the a new hostel opened at No. 2, Nelson Street, Dublin 7.

8. According to Helleiner (2003: 24), ‘In the late 1970s, the issue of begging children was linked by politicians to the issue of child homelessness – a linkage strengthened by discussion of the need for the state to take responsibility for the well-being of Traveller children whose parents were imprisoned or hospitalized’.

9. The National Campaign for the Homeless was established in March 1984 on the basis that ‘only by working together could the many voluntary organisations be effective in making the statutory bodies face up to their responsibilities to the homeless. The National Campaign for the Homeless ceased operations in 1995.

10. Under Section 28 of the Vagrancy Act, 1824, it was an offence to be ‘wandering abroad … not having any visible means of subsistence, and not giving a good account of himself or herself’. The Housing Act, 1988 in effect decriminalized homelessness by deleting this section of the Vagrancy Act.

11. Focus Point was established in 1985 in order to provide a range of innovative services to homeless households and operates today under the rubric of Focus Ireland.

12. In January 2005, the Health Service Executive replaced a complex structure of ten regional Health Boards, the Eastern Regional Health Authority and a number of other different agencies and organisations.

References


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