
UNDERSTANDING THE EMERGENCY ACCOMMODATION USE PATTERNS OF HOMELESS FAMILIES: THE CASE OF DUBLIN

THE DATA POLITICS OF HOUSING AND PLANNING

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INTRODUCTION

- Growing trend in homeless families across Europe
- Ireland: rate of family homelessness +42% in two years
 - Measuring extent, nature and trajectory of homeless families not straightforward
- Identify the needs of this growing and increasingly diverse homeless population
 - Research tended to rely on small-scale, qualitative investigations
- Admin data from emergency accommodation providers to monitor presentation (Aubry et al., 2013, Kneebone et al., 2015, Bairéad and Norris, 2022)
 - Map patterns of emergency accommodation use; efficiencies in resource deployment



INTRODUCTION

- Aim to examine patterns of use of homeless families within Dublin City (2012 – 2016) to inform strategies for intervention
- Use Kuhn & Culhane's (1998) pioneering typology of homeless stay patterns into clusters (*Transitional, Episodic and Chronic*) based on duration of stay and rate of re-admission

- **Objectives**

1. Analyse patterns of the utilisation of emergency accommodation stays in Dublin
2. Compare the proportions of homeless family clusters in Dublin to the full adult homeless population.
3. Examine the socio-demographic profiles of the homeless clusters & analyse patterns of emergency homeless accommodation use.
4. Reflect on implications of findings for policies and programmes to address homeless need



Emergency homeless shelter use in the Dublin region 2012–2016: Utilizing a cluster analysis of administrative data

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ABSTRACT

Arising out of a decade of economic recession and austerity, Ireland is currently in the grip of a severe housing crisis marked by weak housing supply, rapidly rising house prices and rents and a dramatic increase in homelessness that is placing severe pressure on the State's emergency accommodation system. This article utilises data from a national homelessness services database (PASS system), which captures live information on service user intentions for all state funded NGO and local authority homeless services, to examine the patterns of emergency accommodation use by the homeless population in Dublin City. The paper applies a k-means cluster analysis to determine different subgroups of Dublin's homeless population ($n = 12,734$) and analyses their rate of movement through homeless services between the years 2012 and 2016. A temporary cluster (78%) experienced a small number of homeless episodes for relatively short periods of time, while an episodic cluster (10%) experienced multiple homeless episodes also for a short period of time. The chronic cluster (12%) experienced a small number of homeless episodes but with long stays in emergency shelter. Results for Ireland show patterns similar to those reported in the US, Canada and Denmark, where a small number of chronic users of homeless accommodation account for a disproportionately large share of resources (i.e. 50% of total bed nights). The findings have implications for the operation of emergency homeless accommodation in Ireland and, in particular, the targeting of interventions and the re-directing of resources away from emergency accommodation responses towards a more effective emergency accommodation system for all stakeholders.

1. Introduction

In the decade following the financial crisis, incidences of homelessness in Ireland have increased dramatically. Between July 2014 and December 2016 the number of individuals who sought access to emergency homeless accommodation increased by a staggering 130%, from 3226 to 7421 individuals (Department of Housing, 2016). Recent research has demonstrated that the demographic profile of homeless individuals is changing, with a growing proportion of young families entering emergency homeless services provision and often those are lone parent households headed by women (Morris & O'Donoghue-Hynes, 2018). A multitude of interrelated factors arising out of Ireland's experience of, and response to, the economic recession from 2008 have led to these conditions, including: ongoing issues with mortgage arrears and home repossessions following the collapse of the property market and banking sectors (Waldron & Redmond, 2016); weak housing supply

conditions which have helped to dramatically increase house prices since 2012 (Kitchin, Hearn, & O'Callaghan, 2015); the re-emergence of investors in the rental sector which has fuelled rents (Byrne, 2016; Waldron, 2018); and weak levels of social housing provision following a succession of austerity budgets (Norris & Byrne, 2017).

Given the scale of the homelessness crisis in Ireland, there is a need to develop understanding of the needs of a growing and increasingly diverse homeless population in order to inform both policy development and programme implementation with regard to the allocation of resources for emergency accommodation provision. Indeed, one of the key objectives of the Irish Government's (2016, 33) recent strategy for the housing sector is to "provide early solutions to address the unacceptable level of families in emergency accommodation." As part of this objective, local government recognised the need to map patterns of emergency accommodation use among the homeless population in order to fully consider the most appropriate deployment of resources. As such, policy

PATTERNS OF SERVICE USE TYPOLOGY

Kuhn & Culhane (1998) - Three Clusters Typology

- **Transitional:** 80% Service Users
 - Move directly through services; young.
 - Precarious housing; catastrophic event (i.e., unemployment, separation, etc.)
 - Low support needs.
- **Episodic:** 10% Service Users
 - Intermittent use of services over time; young
 - Combines with rough sleeping, hospital, imprisonment
 - Medical/Mental Health/Substance Misuse
- **Long-term/Chronic:** 10% Service Users
 - Long-term use of emergency accommodation; older.
 - Significant and enduring health and other support needs.



INTERNATIONAL APPLICATION OF TYPOLOGY

Source	Location	Time (Years)	Final population	Transitional	Episodic	Chronic
Culhane et al, (2007)	New York City	3	10,461	73%	5%	22%
	Massachusetts	2	494	74%	6%	20%
	Philadelphia	3	1,673	72%	8%	20%
	Columbus	2	674	80%	2%	18%
Benjaminsen & Andrade, (2015)	Denmark	11	25,326	77%	7%	16%
Kuhn & Culhane (1998)	New York City	3	73,263	81%	9%	10%
	Philadelphia	2	6,897	79%	12%	10%
Aubry et al, (2013)	Toronto	4	56,533	88%	9%	4%
	Guelph	4	1,016	94%	3%	3%
	Ottawa	4	18,879	88%	11%	2%
Kneebone et al, (2015)	Calgary	5	32,972	86%	12%	2%
Rabinovitch et al, (2016)	Victoria	4	4,332	85%	14%	2%

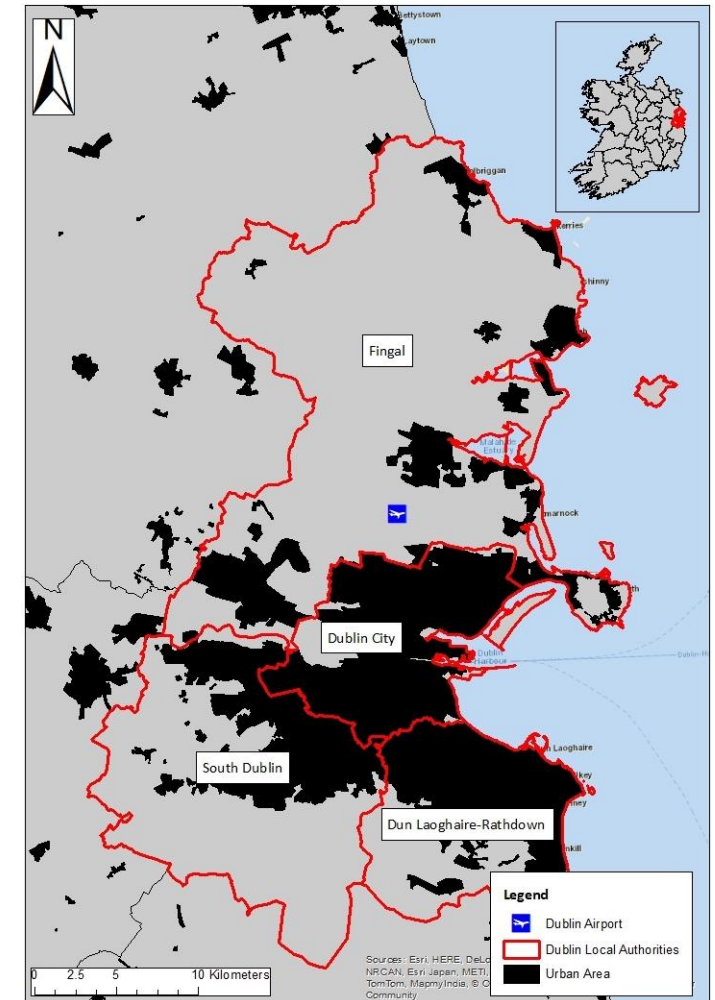
FAMILY HOMELESSNESS

- Family homelessness long overlooked (Quilgars and Pleace, 2023).
- Unaffordable rents, insecure income, relationship breakdown & domestic violence (Mayock et al., 2012)
- Gendered dimension to family homelessness (Baptista, 2010).
 - Female lone parents are statistically more likely to experience homelessness
 - Likely to be younger (peak years 21 - 24, when most likely to be caring for young children (Culhane et al., 2013).
- Less likely to display complex care needs that might impede independent living
- Ireland: families increasingly sliding into patterns of chronic, long-term shelter stays (Morris and O'Donoghue-Hynes, 2018)
 - further insights needed in order to develop tailored responses



METHODOLOGY

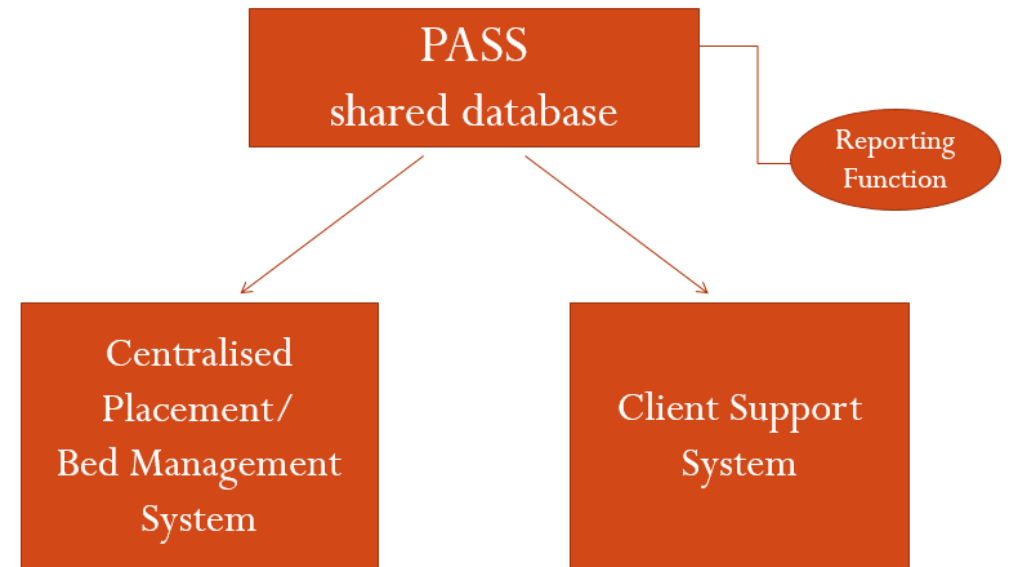
- Homeless patterns across 4 Dublin Local Authority Areas
- Dublin accounts for 73% of national homeless cases
 - Homeless families increased by 376% (407 to 1,939)
 - 40% of all homeless individuals are children
- Dublin Regional Homeless Executive
- PASS Database, online system provides 'real time' info on homeless presentation
- Client ID; admission & departure dates; basic demographic info
- Information on Accommodation provided
- 391,292 nights (2012 – 2016)
- 2,356 homeless families



METHODOLOGY

- **K-Means Cluster Analysis**, same method as Kuhn and Culhane (1998)
- Two variables for every family units
 - number of episodes;
 - number of days per episode
- Episodes separated by 30 day intervals
- Demographic data:
 - gender, age & nationality.
 - No ability to link to health data
- Data censored left and right
 - only episodes relating to the period were included
- Final Dataset contained 391,292 nights (2,356 families)

A Shared Homeless Client Database



HOMELESS FAMILY CLUSTERS IN DUBLIN

	Transitional	Episodic	Chronic	Total
Sample Size (n)	1,726	52	578	2,356
Percentage of Clients	73%	2%	25%	100%
Average No. of Episodes	1.20	4.65	1.35	1.32
Average No. of Nights	80.40	332.83	406.93	166.08
Total Nights	138,778	17,307	235,207	391,292
Percentage of Total Night	35%	4%	60%	100%
Ratio %days/ %clients	0.49	2.21	2.40	1.00

PATTERNS OF EMERGENCY ACCOMMODATION USE

- Clear relationships ($p=0.000$) between homeless clusters and the number of nights & episodes of homelessness
- 65% of transitional users have stays <100 days and 82% demonstrate one homeless episode
- 60% episodic users demonstrate stays between 100 – 500 nights & 77% experience 3 – 5 homeless episodes
 - Small number of episodic families moving in and out of services consistently – not clear on where they are staying between homeless episodes
 - Episodic & Chronic homeless more likely display physical or mental ill-health or substance dependency issues
- 50% of Chronic Cluster demonstrate stays of 300 – 500 nights, while 21% > 500 nights
 - For 73% of chronic cases, the long stays are a single continuous homeless episode
 - When compared to the full adult homeless population, a higher proportion of families are remaining within emergency accommodation for longer periods

DEMOGRAPHIC PROFILE OF CLUSTERS

■ Household Type

- 37% are couples, 63% of homeless families are lone parents
- Variance noted in episodic clusters, where couples represent a larger share (67%)
- 41% homeless families have 1 child, 45% have 2-3 children & 14% > 3 children

■ Gender

- 77% homeless families are female headed, although drops to 62% among episodic group
- Episodic more likely to exhibit mental health, substance dependency and rough sleeping
- Possible homeless mothers less likely to engage in such risky behaviours?

■ Country of Origin

- Irish nationals account for 73% of homeless families
- 5% from EEA Countries & 19% from Non-EEA
- Irish nationals more likely found among Episodic (79%) & Chronic (80%) Clusters

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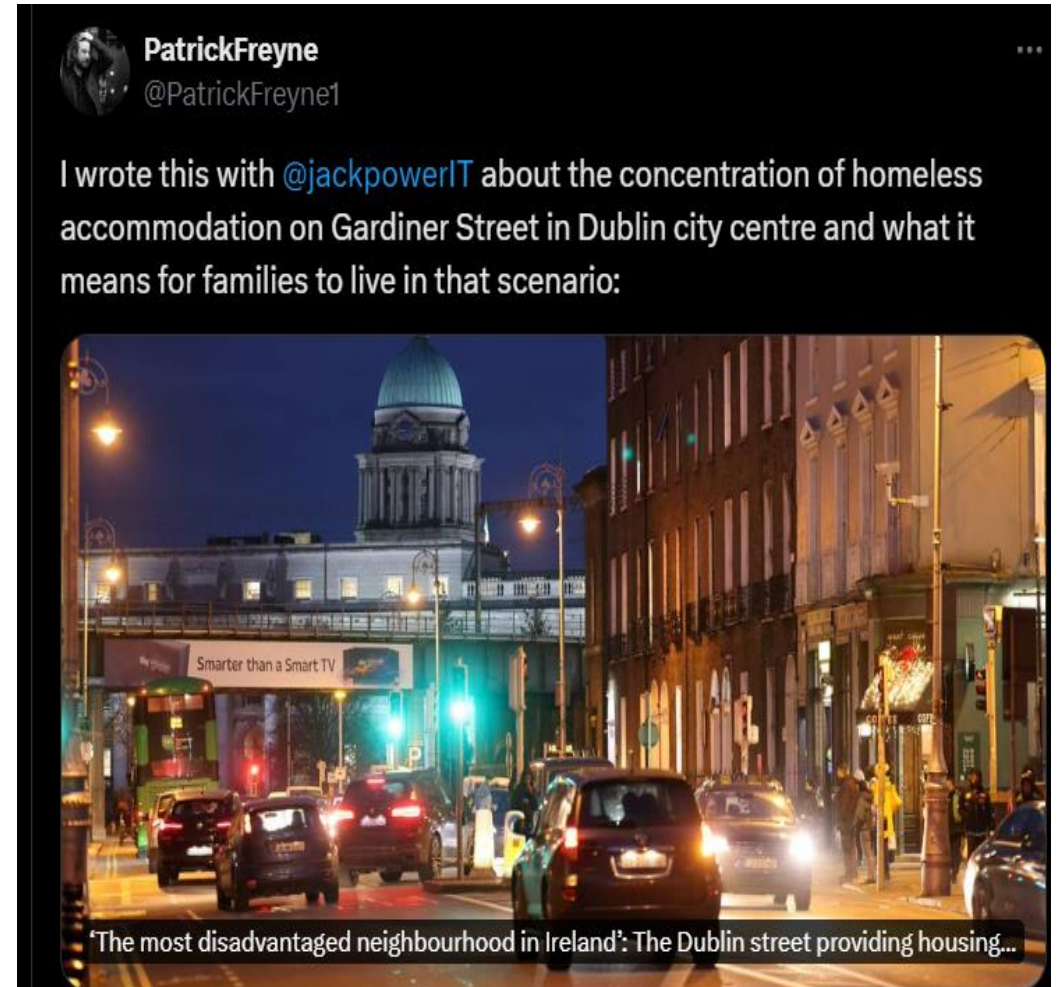
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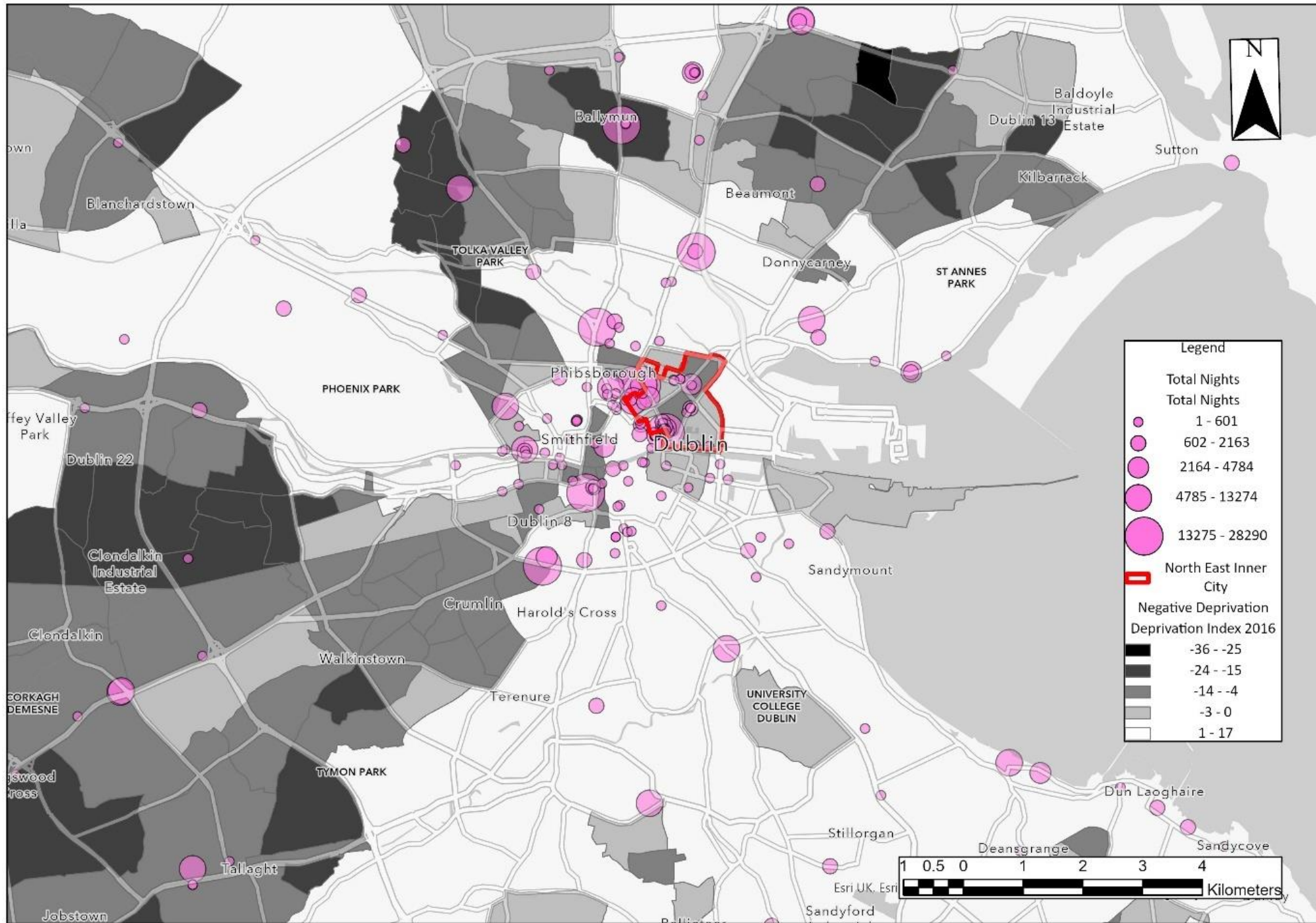
Kitty Holland



MAPPING FAMILY HOMELESSNESS

- GIS - map accommodation providers and total nights
- 373,294 nights across 277 facilities
- Haase/ Pratschke (HP) Deprivation Index
 - Electoral Division level (585 with Greater Dublin Area)
 - Scores >30 considered extreme affluence, while scores <-30 are extremely disadvantaged
- 333,839 nights provided through hotels
- 39,433 nights in supported accommodation.
- 10 facilities provide 48% of total bed nights (8 hotels)
- 1 hotel accounted for 28,920 nights, or 8% of total bed capacity
- Average 1,644 nights of accommodation per facility





IMPLICATIONS

1. Need develop a range of targeted interventions (*transitional, episodic or chronic homelessness*)
 - Targeting resources on long-term, chronic homeless should yield most significant benefits
 - Empirical basis for reviewing existing programs & framework for the implementation of new policies (*Housing First*)
2. Reduce numbers transitioning into chronic homelessness
 - Best interest of families, and speed up bed capacity in already overstretched system
 - Cluster typology enables decision makers to identify the resource needs of individual families based on their patterns of emergency accommodation use
3. Interventions directed at transitional cluster should focus on short-term re-housing
 - Transitional users require less highly-structured programmes & have low rates of readmission
 - Episodic and Chronic users should be directed to more targeted interventions like Housing First
 - Expansion in social housing is the surest upstream intervention to stem the flow of individuals entering homelessness