

SERVICE-PROVIDER PERSPECTIVES ON SERVICES FOR THE HOMELESS IN JAMAICA: IMPLICATIONS FOR SOCIAL WORK PRACTICE AND POLICY DEVELOPMENT

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Abstract

This article reports on a qualitative study that explored the perspectives of service providers on homelessness services in Kingston, Jamaica. Through face-to-face interviews with 11 service providers, the study found that, overall, participants were critical of the government's response, citing that they were out of touch with the lived experiences of homeless individuals, which resulted in weak organisational leadership and management, poor strategic decisions, and service sector fragmentation. Service providers identified the need for an expert multi sectoral task force to review and redraft the homelessness policy and legislation and determine measures to ensure the optimal use of scarce resources. Additionally, participants believed that the collective voice of social workers placed them in an ideal position to highlight the oppressive and undignified practices that marginalised the homeless.

Keywords: homelessness, provider perspectives, social work, social policy.

Introduction

Homeless individuals in Jamaica face harsh discrimination, stigmatisation, and abuse, compounded by limited access to essential services and inconsistent advocacy for, and representation of, their interests (Bertelsmann Stiftung [BTI], 2020; S. Gray, personal communication, June 7, 2016; Jamaicans for Justice [JFJ], 2010). In July 1999, government officials forcibly removed 30 mentally ill and homeless individuals from one parish to another, sparking a public outcry, widespread negative media coverage, and strong advocacy from interest groups that resulted in a Commission of Enquiry in May 2000. Dissatisfied with the outcome of the inquiry, key lobbyists and social commentators questioned the Commission's effectiveness (Higgins, 2015; Jackson-Miller, 2000; JFJ, 2010). In response, the Government of Jamaica (GOJ) mandated the Board of Supervision for the relief of the poor in Jamaica (BOS) in the Ministry of Local Government and Community Development to attend to

the plight of homeless citizens (GOJ, 2020). By 2006, the BOS had convened a National Homeless Sub-committee to steer the strategic planning and policy development process but the GOJ failed to provide formal approval for its five-year strategic plan (BOS, 2006; Planning Institute of Jamaica [PIOJ], 2014a) and, by 2019, had yet to finalise and implement a dedicated homelessness policy (GOJ, 2019). In addition, among other activities, the BOS conducted homelessness surveys, formed public-private partnerships, built parish drop-in centres, upgraded infirmaries, and conducted homelessness training and education campaigns (BOS, 2006; BOS et al., 2012; McKenzie, 2019). However, homeless service providers continued to express their concern about increasing homelessness, systemic inefficiencies and the dire situation of homeless individuals, who were marginalised, under-represented, and experienced ongoing violence (Carter, 2017; W. De La Haye, personal communication, April 19, 2016; S. Gray, personal communication, June 7, 2016; M. Irons-Morgan, personal communication, June 7, 2016; Virtue, 2013). Compounding the situation was the paucity of theoretically robust empirical multidisciplinary research on homelessness and the voices and experiences of homeless service providers and users were notably absent in the discourse on homelessness (PIOJ, 2009). Hence, this qualitative study sought service providers' views on the national response to homelessness and the voices privileged therein in the belief that they could inform the strategic policy development process and draw attention to the visibility and critical role of social workers in treating people experiencing chronic homelessness. Further, empirical research of this nature would allow the international homelessness research community to gain awareness of, and insight into, homelessness in the developing context of Jamaica. Accordingly, the study sought to understand homeless service providers' perspectives on the GOJ's response to homelessness with the aim of contributing to improvements for homeless individuals. To this end, it posed the following research questions:

1. What are the service providers' perspectives on the government's national response to homelessness?
2. How do service providers perceive and understand their roles in the homelessness sector?
3. What are service providers' views on homelessness policy and legislation and its effects on service provision, access, and use?

The researcher was interested in the visibility of social workers in the homelessness sector and the implications of service providers' perspectives for policy development and social work practice.

Theoretical Framework

Given the multifaceted nature of homelessness, the researcher chose an interpretive theoretical framework to examine how historical, cultural, social, and political factors had shaped the understanding of, and responses to, homelessness in Jamaica. Social constructionism provided such a framework. It saw the construction of knowledge as a collective endeavour that, in turn, shaped and gave meaning to people's experiences of homelessness and questioned taken-for-granted assumptions about this complex social problem (Berger & Luckmann, 1967).

Overview of Homelessness

There was some consensus that homelessness: (a) arose from a complex interplay of individual and structural factors (Petrenchik, 2006); (b) posed significant challenges as one of the most politically charged, cross-cutting policy issues (Lucas 2017; Speak & Tipple, 2006); (c) required a well-resourced homelessness support sector (Parsell, 2011); and (d) robust multidisciplinary research (Anderson, 2003; Fitzpatrick & Christian, 2006; Kriel, 2017). Culhane et al. (2013) noted that a failure to engage in, and promote a culture of, homelessness research had affected the quality and breadth of strategic planning, policy development, and appropriate legislation. There was, too, a notable disparity in the production of empirically sound and theoretically robust homelessness research in developed and developing countries (Fitzpatrick & Christian, 2006; Kriel, 2017). A lack of multidisciplinary research had stifled the development of culturally appropriate definitions of homelessness and attendant solutions (Anderson, 2003; Canadian Observatory on Homelessness, n.d.; Culhane et al., 2013; Fitzpatrick & Christian, 2006). Consequently, studies showed that definitions of homelessness used by organisations that formed the basis of service eligibility excluded some homeless individuals from accessing services (Brubaker et al., 2013). Several studies found a rigid, fragmented service bureaucracy; stigmatization and discrimination; inadequate resourcing; professional differences; regulation and accountability requirements; provider biases; and lack of integrated care and teamwork hampered service provision (Guerrero et al., 2014; Renedo, 2014; Schneider, 2014; Waegemakers Schiff, 2015; Zufferey, 2008). Limited service options and multiple referrals created a revolving door for homeless service users. Accordingly, service providers across disciplines, in government and non-government agencies, claimed homelessness legislation played a crucial role in protecting the rights of, and securing justice for, homeless individuals (Crisis, 2015).

Housing service providers across the globe used different combinations of housing approaches, including the controversial staircase model, transitional housing, and housing first (HF) and case-management models to respond to homelessness (Drake & Blunden, 2015; Leff et al., 2009). The evidenced-based HF model that originated in the USA had rejected the housing readiness philosophy that made housing contingent on service compliance and embraced a nationally supported, consumer-driven, rights-based, multisectoral approach (Gaetz & Dej, 2017; Tsemberis, 2011). HF had gained attention around the world, especially in Europe and Canada, as an effective response to homelessness (Drake & Blunden, 2015; Tsemberis, 2011). However, research showed that service providers had experienced implementation challenges, including community intolerance and resource and funding shortages that affected the scope and quality of services (Parsell & Jones, 2014). Though Canada had conducted the largest evidenced-based successful randomised controlled trial of HF in five Canadian cities, named the Cross-Site At Home/Chez Soi Project, some researchers noted variations in program fidelity (Goering et al., 2014; Greenwood et al., 2013). Finland had provided the most coherent response to, and reduced the incidence of, homelessness. Evaluated as a credible, meticulously planned comprehensive strategy that worked, it unfolded in a climate of strong political will, adequate financing and resources, measurable plans, housing-first principles, and comprehensive cooperation among stakeholders. It involved a whole-of-government approach with strong non-governmental organisational support and included homeless individuals in decision-making processes (Pleace et al., 2015).

Homelessness Situation in Jamaica

At the time this study commenced, homelessness fell within the jurisdiction of the BOS (GOJ, 2020), which was mired in the disempowering and archaic ideologies of the 1886 Poor Relief Act (Osei, 2002). The continued use of this outdated Act (Poor Relief Act, 1886), although with promised amendments, led to minimalistic, inefficient, poor-quality provision for the homeless (GOJ, 2020; S. Gray, personal communication, June 7, 2016; Patterson, 2017). The GOJ had been harangued for its failure to grapple with the increasingly complex, multidimensional nature of homelessness (Muir, 2017); unsatisfactory record of policy implementation (BTI, 2020); and failure to embrace a progressive rights-based, justice-oriented, empowerment approach (Human Rights Watch, 2014). Despite Jamaica's enduring homeless population, the problem remained grossly under-researched with the BOS, the primary source of data on homelessness, which was highly problematic given its narrow definitional focus on visible homelessness (BOS, 2006; PIOJ, 2009). The BOS, had experienced significant challenges (e.g., lack of finances and other resources) which prevented it from outsourcing island-wide surveys on homelessness (BOS, 2006; BOS et al., 2012).

S. Gray (personal communication, June 7, 2016) maintained that the GOJ's failure to prioritise and accept homelessness as a structural problem flowed from its misguided ideology that homelessness resulted from individual weaknesses rather than structural deficits or a combination of these. The GOJ had yet to accept homelessness as a multifaceted social problem that required a national commitment to ending homelessness, a maximisation of existing resources to prevent wastage, and procurement of stakeholder support in service provision (GOJ, 2000; Robertson-Hickling & Hickling, 2002).

The homelessness sector, though it kept its national response afloat, had been under-resourced in critical areas, including the provision of land, finances, specialised support services, and housing alternatives (e.g., transitional and permanent low-cost housing) and implementation challenges with the Information Identification Homelessness System, a software program to collect information on homeless individuals. Moreover, the sector lacked meaningful cross-sectoral arrangements to improve access to critical social support (BOS, 2006; W. De La Haye, personal communication, April 19, 2016; Gordon, 2012; S. Gray, personal communication, June 7, 2016).

In the absence of regulation and accountability, the BOS experienced significant challenges in coordinating and standardising the homelessness sector's operations as unauthorised personnel unknown to the BOS administered homeless services (BOS, 2006). While some homeless individuals benefited from sector support services, the majority did not have access to government benefits and lived on the streets, despite improvements in social protection (BOS et al., 2012; PIOJ, 2014b). M. Irons-Morgan (personal communication, June 7, 2016) believed that a lack of awareness partly explained why some homeless individuals did not access or use support services, despite homeless education campaigns and outreach activities (BOS, 2006). External issues pertaining to territoriality and scarcity of human and material resources in the broader care system necessitated the need to pool and maximise scarce resources (Robertson-Hickling & Hickling, 2002).

Absence of Social Work's Influence in the Homelessness Sector

The extent to which the BOS drew on specialist disciplines like social work was unknown. Given social work's focus on oppressive ideologies and commitment to human rights, justice, and representing the interests of vulnerable groups (National Association of Social Work, 2013), noticeable was the profession's absence in the sector, albeit an emerging area for the profession (Zufferey, 2011). While social workers were involved in casework, areas such as policy development and community practice were neglected (Heidemann et al., 2011). Social workers did not have power to affect the decisions that impacted on the homeless given their silent voices on issues like the criminalisation of homelessness and their minor roles in policy and service development (Aykanian & Lee, 2016; Marston & McDonald, 2012). Notwithstanding, Nettleford (2005) believed that social workers possessed the competence to "unlock the creative potential of a people who have been severed, have suffered but most importantly have survived" (p. 11). S. Gray (personal communication, June 7, 2016) contended that there was a need for more advocacy for homeless individuals than what currently occurred in Jamaica.

Method

This qualitative study sought to amplify the service-provider voice on homelessness policy and service provision in Jamaica. The study received ethical approval from The University of Newcastle's Human Research Ethics Committee, Australia for the commencement of data collection on October 19, 2015: Approval No. H-2015-0294. In Jamaica, the BOS requested and reviewed all the documents for compliance and advised that the study met the required ethical standards. The researcher received an approval letter for data collection from the BOS on February 02, 2016.

Upon entry in the field, the researcher met with the BOS, shared her research aims, received guidance about ethical requirements, and gained access to the BOS' network of homeless service providers (i.e., professionals or entities that represented government and non-government organisations in providing services to homeless individuals in Jamaica).

Participants

Recruitment and data collection took place in Kingston, Jamaica, between January and June 2016. This geographic area contained the largest percentage of homeless people and a wider cross section of homeless support services than other parishes (BOS, 2006).

Snowball sampling facilitated the recruitment of potential participants—initially identified from the BOS's network—through a referral system developed within the homeless service provider network. The researcher informed potential participants about the study's aims, purpose, and eligibility criteria for participation. Recruited participants used this information to recruit and refer other participants from their individual professional network to the researcher (Biernacki & Waldorf, 1981). The absence of a sampling frame of all homeless service providers, the limited timeframe for conducting the research and availability of resources (e.g., human and financial) necessitated the use of snowball or availability sampling.

The researcher recruited service organisations using the eligibility criteria of safety, convenience, access, referrals (e.g., from the BOS), and service to homeless individuals. She contacted and made appointments with service managers whom she briefed fully about the research. Participating organisations signed and distributed the required consent forms to all service providers. Of the nine organisations² recruited, seven participated in the study.

For inclusion in the study, service providers had to possess knowledge on homelessness in Jamaica, have a minimum of one year's experience in homeless service provision, agree to participate voluntarily and receive organisational consent from their managers. Of the 13 service providers recruited, only 11 participated. The researcher also interviewed three independent consultants with credible knowledge and experience of homelessness and mental health policy, Consultant Psychiatrists, Dr. Winston De La Haye and Dr. Maureen Ions Morgan, and Policy Consultant, Ms Sherrian Gray. She used the data collected from these experts to understand the context of homelessness policy development in Jamaica and not for analytic purposes. The service providers came from government and non-government organisations; most were female, possessed at minimum a bachelor's degree, and had no formal training in working with homeless individuals. A little over half were social workers holding management and supervisory positions, while the others were frontline staff who had worked with homeless individuals for between one and over twenty years. See Figure 1 for a description of each participant.

Figure 1

Brief description of service provider participants

Gem was a trained social worker and had been working in the nongovernment sector for a few years. She performed frontline duties in the provision of homelessness services to homeless individuals. She had received formal yet limited training and education in working with the homeless population. She believed a lack of resources crippled the provision of effective services.

Matt was a trained social worker with more than four years' experience in providing services to homeless individuals. He functioned at the supervisory and management level in the homelessness sector. Although he had worked with homeless individuals for several years, he had never had formal training or education to work with homeless individuals. He believed homelessness was not a national priority.

Syd was a trained social worker in the government sector. He functioned at the supervisory level and carried out duties as a frontline line worker, providing services to vulnerable persons, including homeless individuals. While passionate about his work, he believed government bureaucracy blocked effective administration and management of homeless services.

² For the purposes of confidentiality and anonymity, the list of the names of the participants were not included in this manuscript.

<p><i>Una</i> was a trained social worker in the government sector. She was a frontline service worker who had provided services to mentally ill and homeless individuals for more than two decades. She believed the homelessness sector was highly political and bureaucratic, which created tensions in providing quality services to homeless individuals.</p>
<p><i>Lea</i> was a trained social worker in the government sector with a few years' experience in working with homeless and mentally ill individuals. She had not received any formal training or education in working with homeless individuals. She believed the homelessness sector suffered from significant resource constraints.</p>
<p><i>Fay</i> was a trained social worker in the government sector with a few years' experience in providing services to vulnerable groups, including the homeless. She had no formal training or education in working with homeless individuals. She believed that government was more reactive than proactive in responding to the problem, while social workers were silent.</p>
<p><i>John</i> worked at the level of management and administration in the provision of services to homeless individuals and other vulnerable groups in the government sector. With more than two decades experience in working with vulnerable groups, John believed one of the greatest challenges facing the homeless sector was a lack of stakeholder support.</p>
<p><i>Aby</i> worked at the level of management and administration in a government organisation that provided services to vulnerable individuals, including homeless individuals. Her areas of expertise spanned management, communication, and policy development. She believed poor leadership and accountability were major challenges facing the homelessness sector.</p>
<p><i>Val</i> worked at the level of management and administration in a faith-based organisation. Through outreach and evangelistic programs, she provided care and meal services to a wide cross-section of vulnerable groups, including the homeless. With more than two decades work experience, she believed that the government only talked about homelessness rather than putting effective measures in place.</p>
<p><i>Liz</i> was a frontline worker in a faith-based organisation that provided several services to vulnerable groups, including homeless individuals. These included housing, education, and health and financial support. Although she had been in this position for almost 10 years, she had no formal training or education in working with homeless individuals. She believed a lack of resources and stakeholder support were the most significant challenges facing the homelessness sector.</p>
<p><i>Pam</i> worked at the level of management and supervision in the provision of services to homeless individuals in the non-government sector. With a wealth of experience spanning more than three decades, she believed that a lack of resources, bureaucracy, and stakeholder partnerships were undermining the efforts to address the homelessness problem in Jamaica.</p>

Data Collection and Analysis

The researcher used semi-structured, face-to-face interviews and an interview guide to collect consistent data from participants. She transcribed the interviews and returned the transcripts to participants for checking. She then anonymized the returned transcripts for analysis using manual paper-based analysis before entering them in NVivo for thematic coding and analysis following three broad steps: (a) data reduction; (b) reorganisation, classification, and categorisation; and (c) interpreting, writing, presenting, and reporting on the findings (Bazeley, 2013).

Results

In keeping with the interpretive theoretical framework used to examine the factors that shaped understanding of, and responses to, homelessness in Jamaica, the researcher was interested in the way in which the service providers who participated in this study collectively constructed knowledge of this complex social problem from their direct experience in the homelessness sector. Five themes emerged:

1. Policy challenges and their impact on services
2. Factors contributing to homelessness
3. Homeless service-users' needs
4. Organisational approaches
5. Suggestions for improvement

Policy Challenges and Impact on Services

The service providers discussed the multiple challenges they experienced noting the GOJ had “a long way to go” (Liz). Most were unaware of the BOS’ national homeless mandate: “I don’t know anything about them” (Val), while Gem noted “even the homeless themselves need to feel that there is a national organisation ... there for them.” Most believed the government response was ineffective, exclusive, and narrow in scope:

We have seen shelters ... small ... street programs But it doesn’t deter from the fact that these persons are still homeless at the end of the day without the necessary help needed. Some of these programs that are implemented by the government ... is just to keep them in the slum they are in (Lea)

Most were dissatisfied and frustrated with the low prioritisation of homelessness with homeless people always “at the bottom of the pile” (Pam) of vulnerable groups. They questioned the government’s understanding of the homelessness problem: “It is almost as if they don’t know [what the issues are] ... They are ... absolutely not doing enough” (Val). Matt noted some of the issues had to be “addressed at the ministerial level ... and with the policy makers too.” Some questioned the “ameliorative short-term thrust” (Fay) of the national response centred mainly on “providing shelters versus ensuring sound rehabilitation programs” (Lea); “we really don’t see the government ... doing much unless you have a natural disaster ... having dignitaries coming into visit” (Fay); or when things happen like the 1999 incident in Montego Bay but the intervention “is not sustained. That is the problem” (Val).

Most felt uncomfortable talking about homelessness policy issues; however, the social workers were better able to relate to and understand the inefficiencies of the policy environment. Despite the BOS' education thrust on homelessness, Aby said "I am not aware that there is a policy for homeless individuals ... there is [not] enough public education among target groups, including ... the homeless about what services, forms of assistance, and programs are there to support them." Several commented on the archaic 1886 Poor Relief Act. Syd and John were "comfortable" with the Act and defended its relevance while Matt did not see "homeless persons benefiting much ... [from] an archaic Act ... cover[ing] ... basic needs." Aby said the Act was useless in solving the homelessness problem:

The language ... does not meet the international human rights standards ... the amendment of the Act is [not] being given priority by the government. [This was] ... tantamount to a violation ... of ... rights, the ... Act takes ... freedom of choice away ... undermines the philosophy governing ... the holistic care and development of the [users].

Most felt there were no meaningful opportunities to debate and discuss homelessness matters at the sector and ministerial levels. Pam could not remember when "the national committee for the homeless ... last ... sat ... where everybody ... came together ... [to] talk about ... our needs ... so ... we know what each person is doing ... There are a lot of little meetings all over the place." Fay said, "we do not have persons doing research [on] ... the nature and extent of the issue" and thought social workers had not formed "a collective body to do something about it." Matt blamed ministerial politics for keeping the homelessness policy "on the backburner for some time ... but, if it is not important, it is not important." Aby believed the key challenge rested "with the appointment of individuals who are not suitable to hold [a] certain position in the systems of care."

Though most had limited knowledge about sectoral policy issues, they understood the importance of homelessness policy: "The ... absence of policy retards ... growth and development of the organisation. We see the impact ... Without contextualised and informed policies, internal policies ... [organisations] lack the teeth they should have in addressing the issues, ... challenges keep recurring" (Aby). Its absence not only affected their jobs, but also increased sector vulnerabilities: "We are left at the mercy of Food for the Poor whose priority will change ... we might not benefit from ... housing or any other benefit ... depending on how their funds are allocated." There was no "compensation" for injury on the job (Matt). John had become so accustomed to the state of affairs, he was uncertain that policy would make a difference beyond being "a reference point", though Una thought policy would protect service users' "dignity and self-worth even as homeless persons." Notwithstanding their reservations, providers maintained a review of the current standards and system of accountability and homelessness policy was essential for progressive reform of the service sector.

Factors Contributing to Homelessness in Jamaica

The service providers talked about the *complex interaction* between individual and structural factors. Individual factors included mental illness, poor self-management, drug addiction, poor parenting and family conflict as causative factors. Most believed "the most common reason for homelessness ... is family rejection" (Syd). The majority lacked family support. Almost half believed that homeless individuals *chose* to live on the streets: It was a "mentality" (Val). At the structural level, providers mentioned policy decisions, lack of tailored support services, unemployment, cultural

attitudes, deinstitutionalisation, poverty, and community violence. They observed a cultural bias towards supporting homeless women and children: “More persons are ... willing to ... support ... females ... rather than ... a man [and] ... there are not a lot of programs ... geared towards helping marginalised men” (Matt).

Homeless Service-Users’ Needs and Support Services

The service providers described a diverse homeless population with an over-representation of men in “insecure living arrangements” (Pam). Young adults leaving children’s homes, deportees mostly from the USA (Pam), and young gay men were increasingly becoming homeless (Lea). Homeless men found it difficult to ask for help, were less resourceful, and exhibited poorer coping skills than women. They “live on handouts” (Gem); the men slept and lazed around (Syd). The homeless flaunted rules and guidelines in homeless facilities and were “very disruptive” (John) and abusive towards providers (Val). Such “undesirable traits” made it difficult to work with homeless men. The homeless suffered abuse: “People [youngsters] beat them ... are not willing to give them a chance” (Pam), while some providers said “disrespectful and hurtful things” to them (Val). The homeless “had no idea ... where to go ... to ask for help” (Fay). Finding gainful employment was a challenge: “The hardest thing to do is to tell a person to employ a mentally ill [homeless individual]” (Lea) “so, moving on can be a bit difficult for them” (Pam). However, not all homeless individuals were “bad apples”; some had “potential” (Syd), were “respectful” (Val), and “want to ... go out to work and achieve the most out of life” (Gem) and were willing to assert themselves in matters that affected their wellbeing (Aby). Thus, society “would benefit greatly from more ... public education towards the ... intricacies of homelessness in Jamaica” (Matt).

Providers were overwhelmed by the “vast” (John) needs of homeless individuals. Besides housing and accommodation, many lacked valid identification documents to access formal support services (e.g., social security) that were critical to making them feel “human” (Pam). Most services attended to their basic needs for food and temporary shelter, using a “one-size-fits-all” ideology to guide services (Gem) to the neglect of critical medical, gender, sexuality, and ability issues in the homeless population (Pam). This response fostered dependency with reliance on what they could get from the system and “not what they can do to help themselves to exit homelessness” (Matt).

Organisational Approaches and Issues

Most providers were unaware of the BOS’ 5-Year Strategic Plan and followed the national definition, as well as their own (Gem), understanding homelessness as “someone who is living on the street ... no resources basically” (Syd). Professional training or persuasion determined their ethical and service philosophy; for example, faith-based providers drew on biblical teachings to guide their practice, while others used the 1886 Poor Relief Act. Some providers talked about inclusive practice with homeless individuals: “We speak to them about ... rights ... We have the handbook ... they can ... read ... know what the processes are ... They can ... write their own report, if they have a complaint” (Fay), even though their voices were not heard as there were few formal channels for their participation (Una).

The system lacked accountability and management did not prioritise homelessness (Matt). Some felt on occasions that their managers were insensitive and unsupportive:

They are not on the ground ... they don't know exactly what is happening ... Social workers are to send ... the clients ... [out] but ... where are they going to go? ... There is nowhere ... no resources (Lea)

Management was seen as “archaic ... They think in a box ... whatever their jobs dictates ... [thus] sound recommendations might ... not be entertained because of their narrow way of thinking” (Aby). Some reproached their colleagues’ unprofessional attitudes and behaviours towards the “business of the job” (Syd) and punitive “welfarist” mentality that stemmed “from the old system of welfare: I provide you with meals ... clothes ... but not much emphasis ... placed ... on getting somebody a home” (Matt). All but one saw themselves as advocates, though “in some of the institutions, the social workers are so bogged down ... so caught up” and “the needs of the persons are so much that sometimes the advocacy role don't really get what it should get” (Una); “we don't have ... [a] strong lobby for homeless persons” (Pam); “we need to do more advocacy ... to speak out more” (Fay).

The absence of adequate shelters, transition facilities, and other housing options created a vicious cycle of homelessness: “There is backlog in the system. You have persons blocking the entry gate and you have persons blocking the exit” (Pam); “we basically have no resources” (Pam); “we are stretched to the limit ... it so overwhelming ... It is hard” (Liz). Providers lacked opportunities for specialist training in “case management” and “mental health” (Matt), “crisis management” and “mediation” (Aby), “substance abuse” and “addiction training” (Una). Syd called for “a coordinated effort” that included a multidisciplinary team of professionals and representatives from all ministries. Many were aware of the risks of working in such a resource-strained environment: “Our jobs are at risk” (Lea). Fay described herself as a “professional beggar”, because “we don't have ... money to develop programs” (Gem); “we need psychological support for ... staff because sometimes it is a bit much ...” (Liz); “we need to have support groups” (Fay).

Suggestions for Improvement

Many called for greater cooperation between providers: “I think there should be a better interaction ... [as] most service providers ... [are] not in sync” (Syd); “not me in my corner doing this and you in your corner doing this. Let us share ideas ... and crack homelessness in ... Jamaica” (Pam). We need to “be proactive and creative in enlisting the support of other NGOs” (Aby). Others called for a thorough review of the existing response (Aby); better communication, publication of policy issues pertaining to homelessness (Gem); the inclusion of seldom-heard voices (John); a contextually based response (Lea); and a homelessness policy (Liz) that addressed human rights and social justice issues faced by homeless individuals (Aby). We need to lobby government and NGOs (Una) for better standards and regulation and salaries for workers (Matt). The sector needed to rid itself of inflexible, non-productive individuals (Aby).

Discussion

Three major themes emerged from the findings. These are discussed below.

Weak Organisational Leadership and Management of the Homelessness Problem

The study findings align with other sources indicating that service providers in Jamaica were frustrated by, and disappointed with, the BOS' poor leadership in, and management of, the national response to homelessness; moreover, the GOJ's response had failed to live up to their expectations (JFJ, 2010). The paucity of empirical contextualised homelessness data (Anderson, 2003; PIOJ, 2009) and the absence of a homelessness policy and contemporary legislation, along with the BOS' low visibility had compromised its governance functions. The service providers had little confidence in the BOS's capacity to lead and anchor an evidence-based, culturally appropriate, and just response. They saw the BOS as out of touch with the issues and needs of key stakeholders and the general homelessness sector. At the organisational level, providers felt abandoned by the BOS and their managers as they were left to tackle a rigid bureaucracy while contending with the sidelining of their concerns and unrealistic demands on them to fulfil targets with limited resources (Zufferey, 2008). These conditions had an adverse effect on provider morale and the spirit of teamwork and collaboration within the sector (Waegemakerschiff, 2015). The providers attributed their lack of bargaining power, invisibility in the policy environment, and low participation in political advocacy to their demanding roles in their organisations, and the resources accessible to them (Manthorpe et al., 2015; S. Gray, personal communication, June 7, 2016). Thus, despite their daily work and actions to promote their clients' interests, they were not as assertive as they would like to be. Though they believed a radical transformation of, and paradigm shift in, homeless provision was needed (S. Gray, personal communication, June 7, 2016; M. Irons-Morgan, personal communication, June 7, 2016), most saw homelessness as the GOJ's responsibility rather than a community-wide problem. Without strong support from the BOS and organisational management, the providers felt disempowered and failed to advocate for managerial support, additional resources, system regulation, and accountability to service users (Guerrero et al., 2014).

Poor Strategic Decisions

Evidence strongly suggested that poor strategic decisions undermined the effectiveness of the national response. The fundamental problem facing the GOJ was as much a lack of resources as a failure to maximize *existing* resources, including labour, local expertise, infrastructure, internal and external partnerships, and public support (GOJ, 2000; Robertson Hickling & Hickling, 2002). Its poor strategic decision-making led to its decision in 2012 not to outsource the largest island-wide survey of homeless individuals (BOS et al., 2012). It also failed to explore and build meaningful research partnerships and learn from international researchers in the UK, Canada, and Australia (Anderson, 2003; Culhane et al., 2013).

Providers thought the GOJ and BOS showed a lack of understanding of the multifaceted nature of homelessness (Anderson, 2003; S. Gray, personal communication, June 7, 2016). This reduced the BOS' power and capacity to represent the interests of the homeless and other stakeholders and hold its ground in a fiercely competitive policy and legislative environment (S. Gray, personal communication, June 7, 2016). Thus, the GOJ's decision in 2000 to expand the portfolio of the Ministry of Local Government and Community Development to include homelessness (BOS, 2006) came as no surprise to stakeholders and providers. However, without a new vision (i.e., abandoning

the poor relief mandate), there was the risk that homelessness would remain defined as a problem of destitution (Osie, 2002). The abolition of the Poor Relief Legislation would necessitate an updated, targeted homelessness policy to guide the homelessness sector and achieve lasting solutions (Crisis, 2015). Without this, it would continue its short-term ameliorative thrust and pre-occupation with building shelters and drop-in centres. An inclusive policy would reach beyond the visibly homeless to the hidden and inadequately housed, and see homelessness as a politically charged, complex, multifaceted problem and policy issue (Lucas, 2017; Muir, 2017; Tipple & Speak, 2005).

An Inadequate Strategic Plan and Fragmented Service Sector

Providers painted a picture of a fragmented homelessness sector bereft of transformational leadership, a comprehensive understanding of homelessness, critical resources (Parsell, 2011) and a collective vision of ending chronic homelessness in Jamaica. Instead, it had been governed by an unpopular *weak* strategic plan unsupported by evidenced-based data and out of sync with stakeholder needs, especially the increasingly complex needs of an enduring homeless population (BOS, 2006; BOS et al., 2012; PIOJ, 2014b). Partnership and service coordination represented vital lifelines for sector survival and sustainability (Robertson-Hickling & Hickling, 2002). However, the BOS' challenges with coordination and managing multiple stakeholder relations, meetings, and consultations obstructed its ability to forge effective working alliances starting internally with its providers and extending externally to private-sector providers and interest groups in civil society (BOS, 2006). Thus, rather than operate from the centre outwards, providers worked at the peripheries of the sector's strategic process due to a lack of inclusive measures, ignorance about policy initiatives and absence of sector-wide regulations and service monitoring and evaluations. This increased sector vulnerabilities and ran counter to the ethos and ideology of an integrated care system (Guerrero et al., 2014; Renedo, 2014; Waegemakers Schiff, 2015). The housing crisis was exacerbated by a lack of evidence-based solutions and a sound homelessness policy that would take account of cross-cutting policy issues (Lucas, 2017) and emulate effective models from Finland and Canada. It would aver short-term ameliorative responses for long-term solutions (Guerrero et al., 2014; Pleace et al., 2015).

Conclusion

The study sought to understand service providers' perspectives on the government's national response to homelessness, their perceptions of roles in the homelessness sector, and their views on homelessness policy and legislation and its effects on service provision, access, and use. All were concerned about the government's response to homelessness and the BOS's lack of leadership and governance. All perceived homelessness as a complex, multifaceted problem based on their direct experience with homeless service users. All had experienced resource shortages, a fragmented service system, and lack of policy guidance and leadership (BTI, 2020; S. Gray, personal communication, June 7, 2016). This impacted their role in representing their clients' interests and left them feeling disempowered and unsupported. The social workers, like the rest of the service providers, despite their professional training, felt they lacked a voice and presence and operated on the fringes of the sector and problem, disconnected from the policy centre. The heavy demands placed on them left them unable to engage in community outreach and political and policy advocacy to transform the

sector and respond to the homelessness problem. Social workers are well poised to play an instrumental role in ending chronic homelessness. Given the nature of their jobs, it would be prudent to invest heavily in creating opportunities for the meaningful inclusion of all the service providers, including social workers. In short, the researcher encountered a group of frustrated providers who believed that, with a strong legislative framework and homelessness policy and the right resources and support, they could contribute to an effective response to homelessness.

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