
SIMON COMMUNITIES IN IRELAND

Women, Homelessness and Service Provision



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Introduction

Homelessness has traditionally been viewed as a primarily male phenomenon and there is a paucity of dedicated research on women's homelessness in Ireland and internationally. As a consequence, relatively little is known about the circumstances surrounding women becoming homeless or about the paths that they take subsequent to experiencing homelessness for the first time. Whilst it is recognised that there are important gender dimensions to the homeless experience, understanding of women's particular interactions with homeless and other (domestic violence, drug treatment, mental health, criminal justice) services remains poor.

This report presents a detailed analysis of women's experiences of homelessness in Ireland and pays particular attention to their interactions with, and patterns of movement through, homeless and other service systems. It draws on selected data from a biographical study of homelessness among women in Ireland in order to specifically examine women's perspectives on the services they have accessed as well as their perceived service needs. These data are supplemented by case studies that document the experiences of three women who, at the time of interview, had contact with homeless support services. The research also incorporates the views of service providers who work with homeless women and who have diverse roles within the homeless service sector.

The chapters to follow provide an overview of the research literature on women's homelessness and their interactions with homeless and other support services (Chapter 1). The methodological approach to the research is then outlined (Chapter 2) and the findings to emerge from a secondary analysis of data from a biographical study of homeless women in Ireland are documented (Chapter 3). Following this, the case studies of three women are presented and the views and perspectives of service providers are examined (Chapter 4). The report concludes by discussing the key findings to emerge from the research.

Women, Homelessness and Service Provision

Women make up a sizeable proportion of adult homeless populations across Europe (Edgar and Doherty, 2001). In Ireland, it is estimated that approximately one third of all homeless adults are female (Homeless Agency, 2008; Central Statistics Office, 2011), a figure which corresponds closely with those in the UK and elsewhere where up to and, in some cases, more than one third of all homeless adults are women (Baptista, 2010). There is also evidence in a number of European countries that increasing numbers of young women in particular are entering homeless services (Quilgars *et al.*, 2008). However, despite clear and consistent evidence of the presence of large numbers of women within homeless service systems, homelessness has tended to be treated as a primarily male phenomenon in both the Irish and international research literature (O'Sullivan and Higgins, 2001). As a result, there is a dearth of dedicated research on the lives and experiences of homeless women (Baptista, 2010; Jones, 1999; Edgar and Doherty, 2001). Furthermore, gender-specific dimensions of the homeless experience have been traditionally neglected within homelessness research and policy (Baptista, 2010; Young, 2010). Homeless women therefore remain largely 'invisible' or 'hidden' at political, legal and socio-economic levels and often face high levels of marginalisation, particularly in relation to their access to, and participation in, housing and labour markets. Women's marginalisation also extends to the homeless service system which has traditionally been oriented towards the needs of men (Edgar and Doherty, 2001). This chapter of the report provides an overview of national and international literature on several important gendered dimensions of the homeless experience, paying particular attention to the manner in which gender-specific issues can shape women's experiences of, and interactions with, homeless support services and service providers.

Images and Representations of Homelessness: The Invisibility of Women

Socio-political images and definitions of homelessness have served to shape the development of policies, responses and strategies aimed at assisting women (and men) experiencing homelessness across Europe (Edgar and Doherty, 2001; Baptista, 2010). For example, the term 'homeless' is often narrowly associated with 'rooflessness' (O'Sullivan, 1996), a social problem frequently portrayed as primarily affecting men. This is partly because men tend to be 'visibly' homeless to a far greater extent than their female counterparts, who are more likely to engage in strategies that serve to conceal their homelessness (Cloke *et al.*, 2000; Edgar and Doherty, 2001; Robinson, 2003; Wardhaugh, 1999; Watson, 1999). Indeed, 'hidden' homelessness (i.e. where a person stays in the home of a friend, family member or acquaintance on an informal

and temporary basis) is widely recognised as a dominant feature of women's homelessness (Kelleher *et al.*, 1992; Edgar and Doherty, 2001; Mayock and Sheridan, 2012a,b). Women who experience housing instability or homelessness are therefore likely to spend prolonged periods moving between unstable housing situations with limited or no support from either formal or informal sources.

Explanations for this distinctive response to homelessness among women – which renders them invisible – typically reference women's awareness of male-dominated spaces as well as the perception that women are more vulnerable to violence and victimisation on the streets (May *et al.*, 2007) and in services that tend to be orientated towards men (Enders-Drägasser, 2001). Women generally, and those with children, in particular, may also conceal their unstable living situations and avoid seeking help because of the perceived stigma and shame associated with the 'status' of homelessness (Sahlin and Thörn, 2000; Aldridge, 2001). Wardhaugh (1999: 91-93) argues that the 'home' has been ideologically constructed as "an essential foundation of social order" and so "to be homeless brings with it an awareness of absence, a consciousness of difference, of deviation from the norm". From this perspective, the 'homeless woman' is one who has "rejected, or been rejected by, traditional family and domestic structures" in a largely patriarchal society. Consequently, women may feel that they have not 'met' the expectations and demands of society and experience a sense of guilt and shame because they are labelled as 'victims' or 'fallen women' (Edgar and Doherty, 2001). Similarly, Taylor's (1993) qualitative study of women experiencing housing instability found that the characteristics often associated with homelessness – such as 'un-cleanliness' and 'an un-documented existence' – can affect women's self-esteem and personhood, leading to collective experiences of depersonalisation, devaluation and stigmatisation. Findings such as these clearly advance understanding of the intersection between gender and homelessness but may also serve to perpetuate the characterisation of homeless women as passive and ultimately disempowered victims. Indeed, it is only since the 1980s in Ireland, for example, that homeless women have been "recognised as homeless rather than as victims of domestic violence or inadequate or deviant" (O'Sullivan and Higgins, 2001:77). In the Swedish context, Thörn's (2001: 288) qualitative study of 14 homeless women found that the participants expressed "an ongoing struggle" with negative characterisations of homeless women. The authors argue that "in opposition to the notion that women conceal their homelessness out of shame of their behaviour ... concealment should be seen as a deliberate strategy designed to avoid the stigma of homelessness".

These studies offer critical insights into the gendered nature of homelessness and also highlight the shortcomings of viewing homelessness as simply a housing issue caused only by structural or individual factors (May, 2000; Edgar and Doherty, 2001). As the "political and media agenda concerning homelessness is dominated by those at the most visible end of the homelessness continuum" (Aldridge, 2001: 97), policy responses to the problem of 'hidden' homelessness are not prioritised and frequently neglected in political discourses. As Edgar and Doherty (2001:19) put it:

The ability of women to hide their homelessness within the supportive confines of their social networks not only demonstrates an effective coping strategy, but, importantly, also has the potential of disguising the full extent of the problem from public gaze and hence as a welfare issue.

An understanding of the ways that women attempt to manage, cope with and negotiate homelessness is crucial if protective mechanisms and effective prevention strategies are to be developed in order to tackle homelessness on a broader scale (Baptista, 2010). Indeed, there is increasing recognition across Europe that women's experiences of homelessness may differ significantly from those of men and that there are significant gender dimensions associated with the problem of homelessness (Edgar and Doherty, 2001; O'Sullivan and Higgins, 2001;

Aldridge, 2001; Mayock and Sheridan, 2012a; Mayock *et al.*, 2012). However, relatively little is known about the intersection of gender and homelessness, particularly in relation to women's service utilisation practices and the manner in which they respond to the services designed to meet their needs.

Homeless Women and Service Provision

Services targeting homeless individuals have historically been modelled on provision for the quintessential homeless male and have thus tended to display little gender sensitivity (Edgar and Doherty, 2001). As a result, services for women are typically under-resourced across Europe and the specific needs of women experiencing housing instability have been sidelined, placing them in a vulnerable position within the context of service provision. Edgar and Doherty's (2001) comparative analysis of female homelessness in Europe included an examination of the nature of service provision for homeless women in selected countries. This volume highlighted a lack of co-ordination across homeless services targeting women and a tendency for services to be geared towards homeless men. Female-oriented services were found to prioritise the needs of mothers and women fleeing domestic violence, a focus which has served to reinforce a distinction between homeless services and specialised services such as refuges, forcing 'single' women to access generalist services that are primarily male-dominated. Other gaps in service provision identified included a lack of services targeting older women, services targeting women engaged in sex work, and services targeting female ethnic minority and immigrant groups.

In the Irish context, relatively little is known about the structure and organisation of services targeting homeless women. However, a recent study set out to 'map' the range and type of services available to women experiencing housing instability based on a survey distributed to all services known to provide accommodation to homeless women in the Dublin region (Mayock *et al.*, 2013). The survey, which was administered online, was designed to collect comprehensive data on the types of accommodation offered by homeless and domestic services to women. A majority of the survey questions were 'closed', requiring respondents to provide factual information on the type and nature of the service(s) they provide. For example, the survey included numerous questions aimed at collecting information on the structure and organisation of individual services (e.g. catchment areas, primary funding sources); operational information (e.g. minimum and maximum number of beds available, capacity levels, client turnover rates, rules and regulations in relation to curfews and alcohol consumption); target populations (e.g. age, gender, policies pertaining to clients with children, referral routes, client characteristics, presenting problems); support capacity (e.g. staffing details, service delivery and service procedures); and details of any future plans (e.g. expansion, re-configuration) or concerns. To supplement these quantitative data, several qualitative open-ended questions focused on service providers' views on the adequacy of current service provision as well as their perspectives on how services might be organised to better meet the needs of homeless women. Thirty-eight services completed the survey, yielding a response rate of 98%.

The survey findings revealed that there were far fewer women-only than mixed-gender services. Sixty-six per cent ($n = 25$) of the services surveyed accommodated both men and women. The remaining 34% ($n = 13$) provided either women-only accommodation ($n = 3$) or accommodation for women and their children ($n = 10$) and a majority of these specifically targeted women and children experiencing domestic violence ($n = 8$). Over three-quarters of services reported that their service 'almost always' (79%, $n = 30$) or 'often' (13%, $n = 5$) operates at full capacity and, in the mixed-gender services, it was estimated that women constitute approximately 37% of residents at any given time. The qualitative findings uncovered a perceived lack of women-only accommodation options, which was considered to be a particularly pressing matter for mothers with children in their care. Furthermore, a lack of awareness about the effects of domestic

violence on women who access homeless services was reported, as was the need for improved childcare support and service provision that would permit homeless mothers with children not in their care to have more frequent access to, and visitation with, their children in safe and secure environments. Numerous structural issues were perceived to negatively impact women's ability to successfully exit homelessness and sustain housing, including: a lack of move-on housing options; funding and budget constraints; delayed social welfare payments; and long waiting lists/periods for social housing and specialist services (e.g. mental health, drug and/or alcohol treatment). Overall, the findings of this mapping exercise point to significant gaps in service provision targeting homeless women in the Dublin region, as well as a lack of attention to gender within the overall structure of services targeting the homeless. Service providers also reported a perceived lack of gender-sensitive programmes and services, which in turn appears to "reflect the patriarchal underpinning of current service provision and policy" (Mayock *et al.*, 2013: 31).

The link between domestic violence and homelessness is well recognised internationally, including in Ireland (Edgar *et al.*, 2004; FEANTSA, 2007; Jones, 1999; Jones *et al.*, 2010; Mayock and Sheridan, 2012a, b; Quilgars and Pleace, 2010; Reeves *et al.*, 2006). Historically, however, service responses to domestic violence and to homelessness have been separate in their organisation, structure and aims across many European countries (Baptista, 2010). Some women who have experienced violence, or are at immediate risk of violence, may be unable to access refuge services because of issues related to challenging behaviour, addiction and/or mental ill-health. Indeed, domestic violence services are often unwilling to accept those with mental health problems (Davis, 2005, cited in Netto *et al.*, 2009), those with substance misuse issues and/or individuals who exhibit anti-social behaviour (Quilgars and Pleace, 2010). Consequently, women with complex support needs, including women who have families (Pleace *et al.*, 2008), frequently have no option but to access low-threshold and largely male-dominated emergency settings that are ill-equipped to meet their needs (Quilgars and Pleace, 2010). Very often, the type and level of support offered within homeless services is not adequate for women who have been made homeless due to domestic violence. Indeed, it has been argued that staff members in mainstream homeless services need to be specifically trained to recognise the needs of women fleeing violence and have the knowledge and facilities to provide sufficient support to this particular group of women (FEANTSA, 2007).

The apparent dis-connect between domestic violence support services and homeless support services has been highlighted in Baker *et al.*'s (2010) review of housing policies and programme practices for women with experiences of domestic violence in the United States. This review revealed a lack of collaboration between homeless and domestic violence service providers which, in turn, can inadvertently classify domestic violence and homelessness as distinct and separate processes despite the fact that these experiences are often intertwined and overlapping in some women's lives. The authors concluded that if this dis-connect remains, women fleeing domestic abuse will continue to "not fit perfectly into either system, and therefore, receive insufficient or inappropriate services" (Baker *et al.*, 2010:435).

Gender and Service Provision

The need for gender-sensitive strategies and responses to homelessness has been highlighted by numerous researchers and commentators in more recent years in particular (Baptista, 2010; Edgar and Doherty, 2001; Young, 2010). Although under-researched, a number of studies have examined homeless persons' experiences and perceptions of services. For example, Hoffman and Coffey (2008) drew on a database of 500 interviews with homeless men and women in Portland, Oregon, to examine both positive and negative service experiences. This study found that the participants more frequently described their interactions with homeless service

providers in sharply negative terms, with experiences of 'objectification' and 'infantilisation' commonly reported. These experiences engendered strong feelings of anger and resentment towards support agencies, with many participants choosing to avoid or 'opt out' of services in order to maintain their dignity and self-respect. Disengaging from services afforded homeless individuals a sense of agency and permitted them "to disappear from one grid of visibility and reappear on their own terms" (Hoffman and Coffey, 2008: 216). Positive experiences were more frequently reported in service environments that valued individuality and flexibility, which, in turn, resulted in respondents feeling more 'respected' and 'cared for'. Significant also was that the female participants, in particular, emphasised the importance of service settings that felt "like home" (p.217). According to the authors, the findings suggest that "the perpetuation of homelessness is not internal to the homeless individual as many claim, but rather may be embedded in the service industry itself, which subjects *both* clients and providers to bureaucratic forms of authority and experiences of disrespect" (Hoffman and Coffey, 2008: 207, emphasis in original).

A number of studies have focused specifically on women's encounters and interactions with homeless services. In the US, Jasinski *et al.* (2005) administered a state-wide survey to 800 homeless women (with a comparison sample of 100 men) which focused on homeless individuals' experiences of violence. The authors depicted the women in the study as a "vulnerable population" who had experienced gender-based violence across the life course in many cases, with experiences of sexual abuse during childhood described as "the crux of this vulnerability" (p. 1). The authors also noted that homeless services were generally ill-equipped to address the deeply rooted impact of women's past and more recent experiences of trauma. As a consequence, homeless women were deemed to be at greater risk of becoming trapped within systems of service provision and of "repeating the cycle over and over again" (Jasinski *et al.*, 2005:1). Similarly, in the Irish context, Mayock and Sheridan (2012a) found that homeless women frequently reported multiple and overlapping support needs, including those related to childcare responsibilities, substance use, mental health problems, histories of institutionalisation and experiences of gender-based violence/abuse across the life course. While many women in the sample had been "viewed through a succession of professional lenses" they were simultaneously at risk of "falling through the gaps in policy and service provision". The authors concluded by highlighting the need for "co-ordinated responses to homelessness that are sensitised to gender differences associated with the process of becoming homeless and the experience of homelessness itself" (Mayock and Sheridan, 2012a: 16).

Focusing specifically on the experiences of homeless women, Sznajder-Murray and Slesnick's (2011) qualitative study of 28 homeless and substance using mothers examined the women's perceptions of services in a large Midwestern city in the US. This research found that the women tended to hold negative perceptions of practitioners and that these perceptions arose primarily from the experience of feeling judged by service providers for past mistakes and/or because of their substance use. A perceived lack of understanding on the part of service providers about the women's individual situations and needs was strongly apparent and most mothers reported that they felt support agencies were not providing sufficient assistance and guidance. Feelings of fear and distrust were also commonly reported by the participating women and acted as a barrier to communication between staff and service users. For example, many of the women stated that they had withheld information from service providers because they feared that their children would be removed from their care or that they would be reported to government agencies.

More recently, Biederman and Nichols' (2014) qualitative study focusing on the service encounters of 15 homeless women who were accessing a homeless drop-in centre or emergency shelter in the US, found that the women's experiences fell along a "dehumanising/humanising continuum" (p. 34). At the humanising end of this continuum,

women reported interactions with staff in services that included being cared for, trusted and empowered. However, a large number also reported dehumanising interactions, that led to feelings of powerlessness, alienation and being judged. The level of trust and power that participants experienced in their interactions with service providers emerged as the characteristics that separated humanising and dehumanising experiences. Women's perceptions of unequal power relations within service environments were also found to influence their ability and desire to interact and engage with homeless support services. It was therefore apparent that women's perceptions of how they were viewed and treated within service settings significantly impacted the sense of power and control they felt and retained over their lives. Other issues that homeless women may face, which can have implications for their entry routes to homeless services as well as their experiences and interactions with services and service providers, include: engagement in sex work or 'survival sex' practices (Duff *et al.*, 2011); the challenge and stigma associated with motherhood in the context of homelessness and housing instability (O'Sullivan and Higgins, 2001; Pleace *et al.*, 2008; Mayock *et al.*, 2015); unmet health needs (Lewis *et al.*, 2003); and gendered experiences of rape, sexual assault and domestic violence (Mayock and Sheridan, 2012a, b).

The findings of the available published research point to problems with the manner in which homeless women perceive their interactions with service providers and to ways in which homeless support and accommodation services can become sites of continued stigma and discrimination for women experiencing housing instability (Robinson, 2003). While the existing research demonstrates that homeless women value the help they receive from services, the nature of homeless service provision may also serve to marginalise women. For example, Hutchinson *et al.* (2014) found that women were not likely to seek help or access services designed primarily for men, often due to feelings of fear or shame. This research also highlighted the need for gender-sensitive support which takes into account the "complex set of interrelated problems" that homeless women face, particularly in relation to building confidence and motivation, supporting women with children and addressing past and more recent experiences of trauma and abuse (Hutchinson *et al.*, 2014: 34).

Equally, however, research suggests that when positive experiences are evident, women value and benefit from feeling supported and respected (Hoffman and Coffey, 2008). A recent report in Canada – which examined homeless women's perspectives on the causes and consequences of their homelessness as well as the possible solutions to their housing instability – highlighted the crucial importance of the "principles of dignity, autonomy and self-determination" in terms of women being able to successfully engage with service providers (Paradis *et al.*, 2012:11). The women in this study stressed the need for services to develop frameworks based on empowerment rather than control, supervision and surveillance, which can lead to the marginalisation of women within homeless service systems. Significantly, the women equated safe environments with non-judgemental settings and places where rules and procedures are reasonable, consistent and serve to empower rather than constrain them. Similarly, the homeless mothers in Sznajder-Murray and Slesnick's (2011) study expressed a desire to be understood and for positive support to enable them to achieve personal goals, highlighting the importance of having trust in the service providers they encounter, particularly in relation to confidentiality and the disclosure of personal problems and challenges.

The Current Research

Although homeless men and women may share many experiences, the available research highlights the numerous ways in which gender can shape, define and influence the experience of homelessness and housing instability. Women's experiences of service access and their interactions with services also appear to have distinctive characteristics. Gender-specific issues therefore merit significant and specific attention at policy and service levels if the housing and support needs of women are to be appropriately met. However, in the Irish context, relatively little is known about the interaction of gender and homelessness, particularly in relation to women's experiences of homeless and domestic violence service systems. In order to redress this gap in knowledge, the current research aimed to conduct a detailed examination of women's encounters with homelessness, with particular attention to their experiences of, and interactions with, homeless and other (domestic violence, drug treatment, psychiatric, criminal justice) support services. The specific research aims and methodological approach are outlined in the following chapter.



Research Methodology

As highlighted in the previous chapter, there are significant gaps in knowledge about the experiences of homeless women generally and their experiences of service provision, in particular. The current research aimed to advance a more detailed and nuanced understanding of women's experiences of, and interactions with, support services in the Irish context. The specific objectives of the research were to:

1. Examine women's interactions with, and patterns of movement through, homeless and other (domestic violence, drug treatment, psychiatric, criminal justice) service systems over time;
2. Examine women's perspectives on the services they have accessed and on their perceived service needs; and
3. Examine service providers' experiences of working with homeless women, with particular attention to women's needs as well as perceived gaps in service provision.

The research, which integrates the views and experiences of homeless women and service providers, was designed to yield a detailed analysis of homeless women's encounters and interactions with services, the manner in which they navigate homeless (and other) service systems and participants' views on women's service needs.

Research Design

The research has three interrelated components:

1. A secondary analysis of selected data from a biographical study of sixty homeless women in Ireland;
2. Case studies (based on semi-structured interviews) of three women who were currently homeless or had recently experienced homelessness and;
3. The conduct of focus groups with staff members from the homeless service sector with experience of working with homeless women.

The three components of the research were designed to complement each other and to capture different dimensions of the same phenomenon. This use of more than one approach to the investigation of a research question – frequently referred to as triangulation – has the advantage of enhancing confidence in the ensuing findings (Bryman, 2012).

Secondary Analysis of Existing Qualitative Data

A secondary analysis of data is a process where data collected by one or more researcher is re-analysed to pursue an alternative perspective on the same research topic, or a new research interest entirely (Hinds *et al.*, 1997). Secondary analysis is beneficial since it: 1) allows for the generation of “new knowledge, new hypotheses, or support for existing theories” (Heaton, 1998); 2) aids sensitive research by reducing respondent burden and minimising the recruitment of additional participants (Szabo and Strang, 1997); and 3) gives greater access to rich, detailed data collected from elusive, rare or inaccessible respondents (Fielding *et al.*, 2008; Long-Sutehall *et al.*, 2011).

This research draws on data garnered from a biographical study of homeless women in Ireland (see Mayock and Sheridan, 2012a,b; 2013; Mayock *et al.*, 2012; Mayock *et al.*, 2015 for a more detailed overview of the study’s methodological approach).¹ The study, which was initiated in late 2009, involved the conduct of biographical interviews with 60 homeless women in Ireland. The women were recruited through contact with homeless and domestic violence services in Dublin, Cork and Galway. Ethnographic observation was also undertaken in a number of sites, including homeless hostels and food centres, in Dublin city. The research aims were exploratory and included:

1. The investigation of women’s homeless ‘pathways’, that is, their entry routes to homelessness, the homeless experience itself and, possibly, their exit routes from homelessness;
2. An investigation of the structural and individual factors that impact on women’s housing/homeless trajectories or ‘careers’;
3. An exploration of women’s approaches to help seeking and their interactions and experiences with services; and
4. The development of recommendations to inform community-based prevention and services targeting homeless women.

Drawing on selected data, the secondary analysis aimed to examine women’s service utilisation practices and their interactions with services and service providers. Their experiences of accessing services and negotiating homeless and other service systems received particular attention, as did their perspectives on their perceived service needs. The analysis also focused on the women’s initial entry point to homeless accommodation; their perspectives on the ‘rules’ that govern different service settings; and women’s interactions and relationships with other service users.

¹ This research was funded by the Irish Research Council Research Fellowship Scheme (2009-10) and the Health Service Executive, Social Inclusion. It was granted ethical approval by the Research Ethics Committee (REC), School of Social Work and Social Policy, Trinity College Dublin, in October 2009.

Case Studies

Three case studies were completed, based on semi-structured interviews with homeless or recently homeless women in Dublin, Galway and Cork. Case studies produce a first-hand and nuanced understanding of people's lives and situations (Stake, 2003). As Yin (2006: 111) argues, "compared to other methods, the strength of the case study method is its ability to examine, in-depth, the 'case' within its 'real-life' context". Thus, the use of case studies helped to address the exploratory aims and questions of this research by supplementing the data garnered as part of the larger study (see previous section). The three participating women were recruited through a number of services – including aftercare, emergency accommodation and drug/alcohol treatment support services – targeting homeless, or recently homeless, women.² Access to the recruitment sites was negotiated by the researchers with the support of Simon Communities in Ireland national office contacts. In keeping with the selection criteria of the larger study, the inclusion criteria for participation were that the women had to be over the age of 18 years and have had a recent or current experience(s) of homelessness. Semi-structured interviews were conducted with participants and focused on the following topics:

1. The women's paths to becoming homeless;
2. Their experiences of, and interactions with, services and service providers; and
3. Their perspectives on their service needs.

The semi-structured interviews were flexible in nature and allowed participants to discuss their perceptions, experiences and understandings freely and in their own words and to raise issues that were personally relevant. This focus on personal experience allowed the research to capture important details by inviting the women to articulate their views and to elaborate on 'critical moments', transition and change in their lives. The interview schedule was designed to complement the instrument used in the larger study of homeless women (Mayock and Sheridan, 2012a, b) and to ensure a relationship between the larger data set and the additional data collected (Fielding *et al.*, 2008).

Focus Groups with Service Providers

Two focus groups were undertaken with staff members from a number of Simon Community services nationally. Focus groups are informal discussions or "collective conversations" among a group of selected individuals that are facilitated by a moderator in order to examine a particular topic (Kamberelis and Dimitriadis 2008: 375). These group interviews encourage participants to start a dialogue with each other and allow for the examination of group dynamics as well as the experiences, perspectives and opinions of groups of people with similar or shared experiences (Liamputtong, 2007). The focus groups explored practitioners' experiences of working with homeless women as well as their perspective on the challenges that women face, particularly in terms of exiting homelessness and securing stable housing. Service provider perspectives on the needs of homeless women and current gaps in service provision were also discussed. Efforts were made to achieve diversity among those who participated in the focus groups in terms of staff roles (e.g. managerial, outreach, key worker etc.) and service types (e.g. supported temporary accommodation, long-term supported housing etc.). A total of ten practitioners participated in the focus groups.

² Ethical Approval for the conduct of interviews with homeless women and focus groups with service providers was received from the Research Ethics Committee (REC), School of Social Work and Social Policy, Trinity College Dublin in August 2014.

Data Analysis

Qualitative analysis of the data – comprising 60 life history interviews, three semi-structured interviews and two focus groups – was a complex, progressive and iterative process that involved a number of steps. First, the researchers familiarised themselves with the data and then devised a coding scheme within which the data could be categorised using NVivo, a qualitative data analysis (QDA) computer software package. This programme allowed the researchers to manage and classify the unstructured data effectively through the use of technology that enabled the efficient sorting of the data into relevant groups or codes. The codes were then organised into codebooks that grouped all the relevant data concerning a specific issue into one source. While these software programmes are both useful and beneficial, Babbie (2009: 51) notes that “the qualitative analyst nevertheless needs a strong reserve of insight and reflection to tease important patterns out of a body of observations”. This was achieved by identifying and analysing emergent themes while simultaneously comparing and contrasting the results with existing research.

Homeless Women's Service Use Patterns and Experiences

This chapter of the report documents the findings to emerge from a secondary analysis of data from a biographical study of homeless women in Ireland (Mayock and Sheridan, 2012a,b). As documented in the previous chapter, the sixty participating women were recruited through a range of accommodation and support services targeting homeless women in Dublin, Cork and Galway. All were either currently homeless or had experienced homelessness during the six months prior to interview.

We start by providing a sample profile, including information on the women in terms of their age, ethnicity, living situations at the time of interview, the age of their first homeless experiences and the duration of their homelessness. Selected data from the biographical interviews are then used to build a detailed account of the women's experience of homelessness, their service utilisation patterns and their experiences of accessing homeless and/or domestic violence services. We examine the circumstances surrounding women's initial entry to services and the challenges they faced when presenting to services for the first time. The experiences that influenced women's service use patterns and the ways in which they attempted to manage their homelessness, particularly with the passing of time, are then discussed in some detail. Attention is also directed to the patterns of 'institutionalised cycling' that emerged strongly from the accounts of women who had lengthy homeless histories. We also examine women's interactions with service providers and their perceived service needs.

Sample Profile

Age and Ethnicity

The sixty women interviewed were aged between 18 and 62 years, with the average age of the sample being 34.8 years. Twenty women were aged between 18 and 29; twenty-six between 30 and 39; six between 40 and 49; and the remaining eight women were over the age of 50. Forty-three of the women were of either Irish³ (n = 38) or UK (n = 5) origin while the remaining seventeen participants were migrant women. Eleven of these migrant women were originally from the EU (ten were from Eastern European countries) and six were originally from non-EU countries (including countries in Asia, Africa and South America).

³ Six of these women identified as Irish Travellers.

Living Situations at the Time of Interview

The women were residing in a wide range of living situations at the time of interview. Just under half of the sample (n = 28) were living in emergency hostel accommodation and just under one-quarter (n = 12) were living in transitional accommodation (this figure includes those living in transitional housing units provided by domestic violence services, women-only transitional housing and step-down accommodation for females leaving prison). The remaining women were living in: private rented housing following a period of homelessness (n = 7); long-term supported housing (n = 4); domestic violence refuges (n = 4); 'doubling up' with relatives or friends (n = 3); rough sleeping (n = 1); and a house that was in an extremely bad state of repair (n = 1).

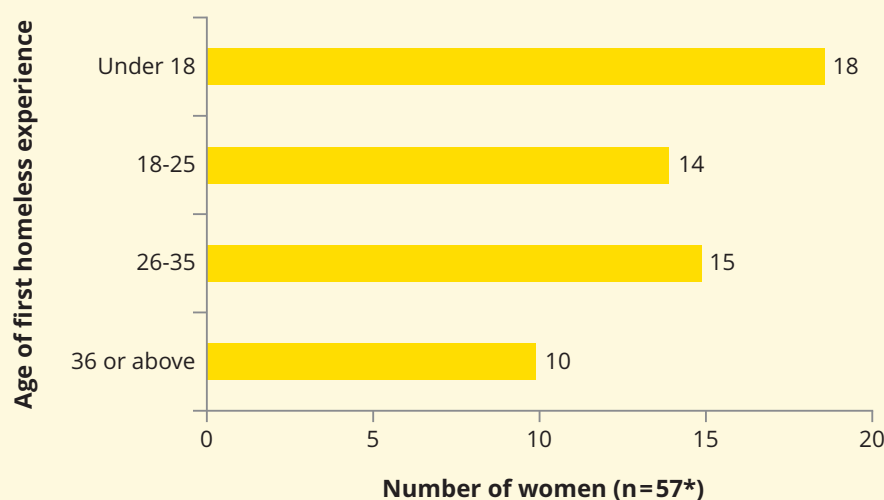
Early Life Experiences

The women's accounts of childhood typically referenced a range of adversities and deprivations, including experiences of poverty, family difficulties and household instability. Forty-three women (72%) had experienced some form of violence or abuse as children. Twelve women (20%), all of Irish or UK origin, reported that they had spent either short or prolonged periods of their childhoods in State care and all who reported histories of State care experienced housing instability in later life. These women also tended to emphasise "their lack of preparedness for independent living, their social isolation and poor access to appropriate services and supports" (Mayock and Sheridan, 2012a: 8).

Age of First Homeless Experience

As illustrated in Table 1, eighteen women (30%) experienced homelessness for the first time as children (i.e. under the age of 18 years). A further twenty-nine (48%) reported that their first homeless experience occurred either between the ages of 18 – 25 years (n = 14) or 26 – 35 years (n = 15). The remaining ten women (17%) became homeless for the first time over the age of 36 years.

TABLE 1: Age of women's first homeless experience



*Three women (all with lengthy histories of State care) self-identified as "always homeless" and it was therefore not possible to ascribe an age to their first homeless experience.

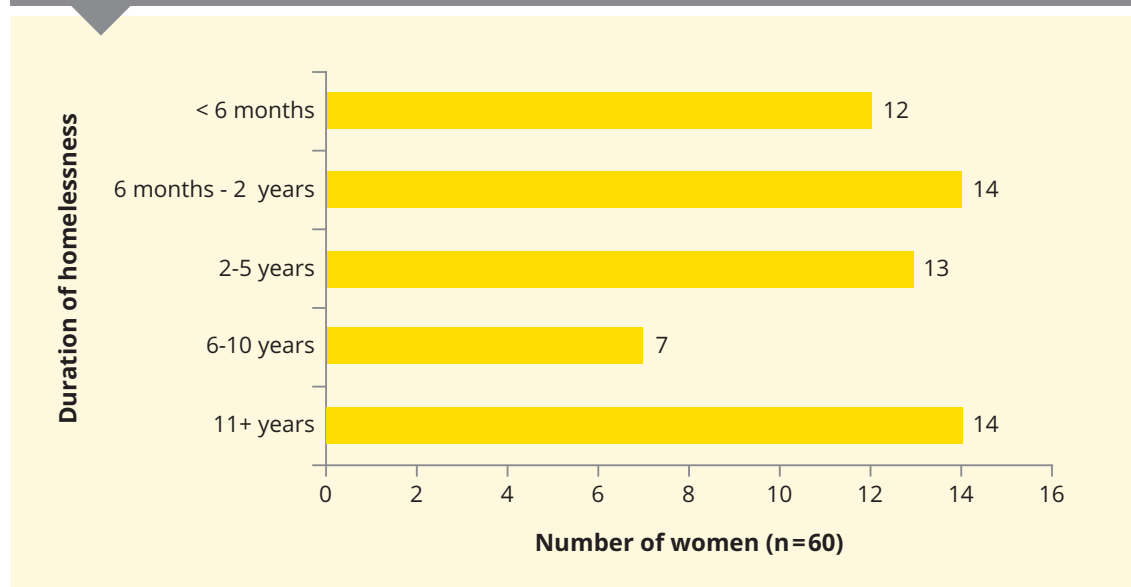
Pathways 'Into' Homelessness

The events and circumstances surrounding the women's first experiences of homelessness were complex and diverse. Common themes to emerge from their narratives of becoming homeless included: experiences of poverty and deprivation during childhood; histories of State care; experiences of domestic violence and/or child sexual abuse; parental and personal substance use; and gender-based violence across the life course.⁴ In general, the women reported two or more challenging or traumatic early life experiences and these overlapping adversities had a negative impact on their lives generally and on their housing situations specifically.

Duration of Homelessness

The duration of the women's homelessness varied. However, as demonstrated in Table 2, a large number (n = 14) reported lengthy homeless histories that spanned 11 years or more. Seven women stated their homeless histories extended over a period of between 6 and 10 years. A further fourteen reported that they had been homeless for between 6 months and 2 years while twelve reported that they had been homeless for less than 6 months.⁵

TABLE 2: The duration of women's homeless histories



Returns to Homelessness

Thirty women (50%) reported multiple entry points to homelessness (i.e. they had experienced homelessness on multiple occasions). In these instances, women had frequently exited homelessness temporarily (to private rented housing, long-term supported housing or the home of a partner, for example) and subsequently returned to a situation of housing instability or homelessness. Many of the women had also exited to institutional settings such as prisons, acute or psychiatric hospitals or residential drug/alcohol treatment facilities for periods, but subsequently returned to homeless services. These patterns of repeat homelessness suggest that "for a large number, homelessness was cyclical and recurring" (Mayock and Sheridan, 2012a: 4).

⁴ For a more detailed discussion about the women's pathways 'into' homelessness, see Mayock and Sheridan (2012a,b).

⁵ The authors note that "the reported number of years spent homeless was not necessarily consecutive; many of the women had moved to more stable housing at some point but subsequently returned to homelessness" (Mayock and Sheridan, 2012a: 4).

Motherhood

Forty-four women (73%) were mothers and four of these women were pregnant at the time of interview. There was a total of 105 children reported across the sample and a majority of these children were under the age of 18 years ($n = 77$). Twenty-one of the mothers reported that one or more of their children had been placed in the care of relatives or the Health Service Executive (HSE) while fourteen were caring for their child(ren) full-time. The children of the remaining six women were adults and living independently. The experience of parenting in the context of homelessness was always depicted as challenging and distressing.

Experiences of Gender-based Violence

Fifty-five women (92%) had experienced some form of violence or abuse (i.e. physical, emotional, economic and/or sexual) during their lives. Forty-three (71%) had either experienced or witnessed violence and/or abuse in their homes as children while twenty-eight (46%) reported experiences of sexual abuse perpetrated by a family member, relative or a family friend. Experiences of violence or abuse often spanned the life course, with thirty-three women reporting that they had experienced violence or abuse during *both* childhood and adulthood. Violence from a male partner was the most common form of victimisation reported during adulthood. Two-thirds of the women (66%, $n = 40$) had experienced intimate partner violence and twelve of these women reported violence from more than one partner. A number of women, particularly those who engaged in sex work, had experienced violence or victimisation in street or hostel-based settings subsequent to becoming homeless.

Conclusion

Based on the data presented, the women in the study can be classified as an extremely marginalised group. A majority reported multiple childhood adversities, including experiences of poverty, household instability, State care and violence and/or abuse. Many first experienced housing instability or homelessness during their teenage years which is itself a marker of extreme disadvantage. Significantly, a large number of the women would be categorised as long-term homeless according to Irish and international definitions and most had been navigating the homeless service systems for many years. In other words, a large number were very familiar with homeless and/or domestic violence services and interventions. The following section examines the women's service use patterns and interactions based on a detailed analysis of selected data from the biographical study of homeless women in Ireland (Mayock and Sheridan, 2012a,b)

Approaches to Help Seeking and Presenting to Services

Women's awareness and perceptions of services appeared to strongly influence their ability, desire and willingness to interact and engage with various systems of intervention. A considerable number of women reported a lack of knowledge about available support services at the time they first experienced housing instability. This was particularly the case for women who were experiencing domestic violence: *"I never heard of a [domestic violence] refuge in my life. They have very bad publicity about refuges and I don't think [pause], women don't know that they are there, that they exist"* (Bernadette, 37). Some of the women explained that they did not consider accessing a domestic violence service because they felt that they did not "fit the criteria", often because they had a substance use and/or mental health problem: *"I wouldn't apply to [domestic violence refuge], I wouldn't fit the criteria to be honest"* (Grainne, 31). Domestic violence services were therefore perceived by these women not to be a realistic or feasible option and, instead,

many opted to access homeless and/or alcohol/drug treatment support services, often at a crisis point in their lives. A number of other women did not access domestic violence services because they felt their lives were not in immediate danger or because they feared that disclosing their abusive home situations to service professionals would exacerbate already volatile home situations.

"I'd rather somebody else that was fearing their life to be there [domestic violence refuge] than me taking up a bed." (Grainne, 31)

"I never reported the violence because I would be killed worse if I reported the violence. If I got him [partner] locked up I would be killed stone dead." (Liz, 38)

In a smaller number of cases, women reported that they were reluctant to access domestic violence services because of the shame associated with the experience of domestic abuse and/or marital breakdown: *"Seeking help in a refuge is like a stigma for our community and people are too ashamed to say these things"* (Bina, 32). These women's accounts highlight the hidden nature of domestic abuse as well as their reluctance to approach domestic violence services because of their fear of stigma, stereotyping and possible rejection by family members and/or local communities.

"I don't want to go and spread the word around that I was abused, I don't want people to look at me and think, 'Oh the poor thing, the victim', you know? Because I am more than that." (Delilah, 30)

The decision to leave an abusive home situation was often prompted by encouragement and assistance from both informal and formal sources, including the police, social workers, parents and staff at their children's schools, GP's, friends, neighbours and/or family members. Immanuela, for example, told of the support she received from a number of individuals in relation to leaving her abusive partner.

"She [neighbour] saw that I was [being abused] and she said, 'You must leave your husband, I try to sort out something for you'. And she sorted me with the social worker, and [social worker] was saying to me that because I was never working here in Ireland, it doesn't matter, 'You have situation you cannot work, you are pregnant, you cannot work because you are depressed, we help you, we give you a home, we give you small money, you can find work, you can have her here, you can start life'." (Immanuela, 29)

Women tended to respond well to the efforts of domestic violence and/or homeless service providers when they did access these services. The Gardaí in particular were identified by a number as helpful at the time they were trying to leave an abusive partner in that they provided information about where to go and escorted them to a homeless or domestic violence service, in some cases. However, several women who had experienced domestic violence reported that they did not seek help from the relevant services because they feared that their children would be removed from their care, that they would not be 'believed', or that nothing would be done even if the violence was reported: *"I went to the police ... because [partner] was forcing himself on me and they said, 'Your husband can't rape you' ... I never went for help again, you know"* (Donna, 35).

Many of the women, particularly those who first left home during their teenage years, had embarked on a pattern of leaving and returning, often in the context of attempting to escape situations of domestic violence or abuse. Stephanie, who was sexually abused by her father

during childhood, started “running” at the age of 16 years: *“I was running from me father like, I was escaping all the time ... I would be sleeping out and I would come home again and it [sexual abuse] would start again and I would be gone again. It was just a vicious circle like”* (Stephanie, 32). Like Stephanie, many other women reported that the early stages of their homelessness were characterised by a lack of service engagement and several actively avoided contact with homeless services, in particular, which they perceived to be unclean, intimidating, frightening and/or unsafe: *“They’re [hostels] horrible, horrible. Most of them are anyway ... it’s all addicts”* (Caoimhe, 35). Many had ‘heard stories’ about the conditions and ‘culture’ within homeless services and the stigma of homelessness also emerged as a strong barrier to service access, as Grainne’s account demonstrates.

“I ended up homeless. But I wouldn’t ring the free phone, I wouldn’t go stay in any hostels because the stories I heard of them were terrifying, do you know what I mean, terrifying ... I saw them [hostels] for really down and out people who had nowhere to go... I didn’t want to kind of let people see that I was weak.” (Grainne, 31)

During the initial weeks and months following their first homeless experiences, many women tried to source alternative accommodation and entered into situations of ‘hidden’ homelessness, staying temporarily – or for prolonged periods, in some cases – in the homes of friends, relatives and/or acquaintances: *“You know, every surface or sofa, you may call it; that’s what I did”* (Laura, 33). A smaller number reported that they had slept rough or remained in volatile or abusive home situations in order to avoid entering the hostel ‘scene’. Krystal explained that she continued to live with an abusive partner in order to avoid homeless support services.

“I suppose the relationship got pretty bad; there were various different kinds of abuse. He [partner] moved into a really small bedsit, like it was about quarter the size of this [referring to current accommodation], it was tiny, it was about that size with a bed and a kitchen and all that and tiny little chair all set up down the hall. And even though we fought all the time I didn’t want to stay in [hostel], so the two of us were staying in that space.” (Krystal, 32)

For a whole host of reasons, these informal and/or unsafe living arrangements invariably became unsustainable, forcing women to present to homeless (or other) support services, typically at a point when they had exhausted all personal and financial resources. Irena, for example, told that she became homeless after she left her abusive husband of two years. She initially slept rough and stayed with a friend before presenting to a domestic violence refuge for the first time.

“I slept under the stairway of the building and I stayed for a couple of nights with an ex-colleague of mine, for two, three nights but I was not very welcome there so I had to leave, I even pay €50 just for the three days and ok the [domestic violence service] told me they have some kind of a room to go to and stay there.” (Irena, 52)

Thus, a large number of the study’s women presented to services at a crisis point in their lives, which frequently coincided with diminished mental health (including suicidal ideation in some cases) and/or reports of elevated alcohol and/or drug use. Grace was first admitted to a psychiatric hospital following an attempted overdose while Dervla explained that she decided to place her children in State care and access treatment services at a point when her alcohol use had spiralled out of control.

“I tried to OD[overdose] on me own tablets that just didn’t, they just put me asleep like and I woke up and was like, ‘Why am I still here?’ but ... I got better after that so ... the two weeks [in psychiatric hospital] was great, I didn’t want to leave [laughs]”. (Grace, 31)

“With the drink and all we [referring to partner] knew then it was the time to get the kids sorted out so I put the kids into voluntary care and went into detox.” (Dervla, 36)

Overall, the challenges and barriers associated with the women’s attempts to seek help were significant. Furthermore, a large number actively resisted presenting to services often because of fear, but also because of the perceived stigma attached to homelessness and/or experiences of domestic violence. Most entered into situations of ‘hidden’ homelessness for prolonged periods where they had little or no access to support in relation to housing, physical and mental health, substance use issues and/or trauma related to the experience of gender-based violence or abuse. A majority therefore remained ‘invisible’ to homeless and domestic violence support systems for lengthy periods of time prior to their first engagement with services. Next, we examine the women’s attempts to manage and negotiate their situations subsequent to their ‘official’ entry to homelessness and homeless support systems.

Negotiating the Service Sector

Women’s initial entry to services was almost always depicted as a difficult and distressing transition. Those who first accessed homeless services as teenagers or young adults invariably talked about their fear of the unknown as well as the difficulties they experienced in adjusting to communal living environments.

“So yeah, there was a lot of help back then [aged 17] as well but I didn’t, I didn’t listen, do you know, because I had a lot of anger as well and this place [hostel] was strange to me because I was never in a homeless shelter. I was never homeless. Do you know, I was never homeless.” (Amy, 22)

“I was pretty scared because I didn’t know what environment I was going into, who was going to be in there, what they were like ... [Hostels] are full of people who are full of drugs and they’re violent and they are this and they are that so I was pretty terrified coming here the first night, especially being pregnant as well ... so I had a lot to take on in the move.” (Emily, 22)

Several told that they had made efforts to ‘keep to themselves’ or adopt a tough outer exterior in order to avoid ‘trouble’ or victimisation within service settings. Isobel explained that she had to “stand her ground” in order to ensure that she was not victimised while Rosie recalled that she had to “grow up fast” after presenting to homeless services for the first time as a teenager.

“You have to be very able to stand your ground when you are inside a hostel because there is a lot of homeless people that are streetwise and will walk all over you.” (Isobel, 21)

[Hostels] were horrible, you know, because there are grown women who have kids and, you know, they were horrible and I was only a kid myself, 15, 16 [years old]. And I kind of, you grow up very fast, you know. I just coped with it, I just got on with it, you know ... just prayed that I wouldn't be hurt and just kept quiet, you know." (Rosie, 38)

There were also reports of positive experiences. For example, while Isobel (quoted above) talked about the need to protect herself in a hostel setting where other residents were "streetwise", she also benefited from learning that others had faced similar challenges.

"I ended up being in there [hostel], it was the best thing that happened to me, being able to sit in a hostel and have women or have people, do you know, look at people and know they are going through the same experience as you and knowing that you are not out on your own." (Isobel, 21)

Additionally, many women often spoke at length about how they were grateful for the shelter, amenities, facilities and protection that hostels provided as well as the positive relationships that they had established with particular staff members or key workers.

"Well here [hostel] I have a roof over my head, it's warm, it's cosy, there's anything you want, the staff will get it, if you want to go anywhere they'll bring you ... 'Oh here', it's just like amazing." (Maeve, 43)

Nonetheless, the pressures associated with living in hostels were significant for the women. Increased exposure to alcohol and drug use was invariably reported and a large number told that their use of substances had escalated following their entry to homeless services. In many accounts, substance use was depicted as a form of self-medication used to counteract feelings of anxiety, trauma and stress: *"Everything had just boiled up inside my head you know, and I felt a drink would help it but it really didn't"* (Amy, 22). The physical conditions and omnipresence of alcohol or drugs in some service settings also appeared to be a significant driver of women's movements through services. Some, for example, wanted to avoid settings that permitted alcohol use while others opted, at particular junctures, to stay in these environments.

"I knew like coming back to [hostel 1] it was full of gear [heroin] and full of drink and sometimes I wouldn't bother coming back because they wouldn't leave me in, so then I ended up in [hostel 2], so then I got two weeks down there." (Roisín, 37)

Many also highlighted concerns related to victimisation, bullying and/or intimidation by other service users. Sofia and her two children had experienced racism and harassment in a food centre while Rosie explained that she wanted to "get out" of her accommodation because of tensions between residents and the pressures and stresses associated with hostel life.

"I don't want to go there [food centre] anymore. It's ugly, there are drug addicts, it's very bad for the children, so bad for them ... It's very intimidating, sometimes fights and I don't want to go there but we are forced to. I wouldn't go there if I didn't have to. We have no other option." (Sofia, 34)

“There was a lot of tension in [hostel] with the other women and stuff like that. And I had been through all that, through my life, you know what I mean, tension with women and stuff. And you know I just wanted to get out of there and I just wanted a bit of peace of mind and a bit of quietness. And there were girls wanting me to get involved in their gangs and stuff like that and, you know, I was like ‘Oh here, I’m a bit too old for this now’.” (Rosie, 38)

In a smaller number of cases, women reported instances of sexual abuse or harassment from male residents within service environments which caused considerable distress and exacerbated their sense of vulnerability within emergency accommodation settings: *“When I was in B&Bs I had men coming onto me during the night and everyone was asleep [they] thought I was asleep, trying to feel me up and down, they were”* (Viv, 35). Where possible, these women tried to avoid service settings that housed both males and females. Indeed, several – particularly those who had experienced domestic violence and/or child sexual abuse – expressed a preference for women-only services because of their concerns about being housed alongside men. Rita, who had experienced sexual abuse during childhood and was raped as an adult, explained that she would be “terrified” to access mixed-gender accommodation.

[In relation to the service here, it’s all women here – is that important to you?]

“Yeah, if you had men in it, I would be absolutely terrified, I wouldn’t want to stay in it if you brought men in because I don’t want to be around with other men, do you know what I mean?” (Rita, 53)

As highlighted earlier, a large number of the women reported lengthy homeless histories, with over half reporting that they had experienced homelessness for a period of more than two years. Consequently, many had been cycling the service system for protracted periods and had extensive knowledge about the structures and regimes governing practically all of the available services. Indeed, the specific rules within individual hostels – in relation to, for example, curfews, substance use, forming friendships with other service users and visitation with partners, children and/or family members – appeared to significantly influence women’s movements between services. This was particularly the case for women whose children were not in their care and whose movements ‘in and out’ of hostels were often motivated by the desire to have more regular access to their children in environments they perceived to be safe and appropriate.

“I can’t bring [children] up to the room [in hostel] or anything if they come and visit I have to walk the streets with them because I have nowhere to go. I have lost out on a lot of time with my kids over it.” (Dervla, 36)

A large number of women had been ‘barred’ from one or more services due to breaking rules in relation to substance use, getting into conflict with other residents, and so on. In these cases, they either slept rough or presented to an alternative service. Perhaps significantly, some women deliberately engaged in rule-breaking in order to escape certain hostel settings: *“I know by drinking you can’t come in [hostel 1] and then you end up in [hostel 2]... I got myself barred twice just to get out of [hostel 1], but I’d be able to get back down to [hostel 2]”* (Róisín, 37). While negative experiences of service settings were frequently reported, particularly in relation to rules, some of the women indicated that they had benefited from the sense of safety and security provided by more rigid service structures. For example, a number recalled that they had been better able to manage, reduce or stabilise their substance use during periods spent in services that enforced strict rules in relation to the use of alcohol and/or drugs on the premises.

“The best thing about it [accommodation] is you are not allowed to have anyone in your door or be in anyone’s room. That way you don’t have anything in your face, nobody is offerin’ you anythin’. You can keep yourself to yourself, you know what I mean. That’s what I like about it anyway. It’s brilliant altogether.” (Dervla, 36)

A number also reported that the structures and rules in certain services, particularly domestic violence refuges and transitional housing, had helped them to re-establish a structured routine to support day-to-day living as well as their ability to source more stable housing.

“I suppose just when I came in here [transitional housing], it changed my life a lot... Yeah, a lot more motivated and stuff now... I suppose I’m finding it easier now to talk to people, I kind of came out of my shell and stuff like. I’ve moved around a lot so I never really feel that settled like ... I find it a lot more homely now here.” (Leah, 22)

Women’s responses to, and interactions with, services were complex and, to some extent, dependent on the unique circumstances and past experiences of each individual. Nonetheless, a majority struggled with the conditions and rules within some service environments, particularly emergency homeless hostels, due in large part to the transience and chaos that characterised everyday life in these settings.

Unresolved Homelessness and the Circuit of Service Use

The women’s histories of homelessness were varied and diverse. Of the sixty women interviewed, twelve (20%) had been homeless for under 6 months and a further fourteen (23%) for between 6 months and 2 years. However, a larger number – thirty-four women or 56% of the sample – had experienced homelessness for a period exceeding 2 years. Twenty-one of these women (35%) reported homeless histories of more than 6 years and thirteen (21%) first experienced homelessness more than 10 years prior to interview. Thus, over half of the study’s women – almost all of Irish or UK origin – can be classified as experiencing more extreme forms of homelessness.⁶ These women typically described a recurring cycle of service use, that is, a pattern of moving back and forth between multiple service settings, including emergency shelters, domestic violence refuges, residential drug treatment settings, psychiatric hospitals and prison in a smaller number of cases. Their movements between these living situations frequently occurred in close succession, although a number of the women had spent longer ‘stints’ in prison or drug treatment settings amidst (often lengthy) spells in homeless hostels. Debbie’s account describes the circuit of service use commonly reported by women with homeless histories that spanned a significant proportion of their lives.

“I could be here [hostel] for five days, in prison for two days, back out for one day, back in prison for two days, back out for three days, back in prison for a week. That is the way my life is at the moment.” (Debbie, 27)

These women’s homeless ‘journeys’ were often punctuated by temporary exits from support services or institutional settings, to accommodation in the private rented sector or the homes of family members, friends or a romantic partner. However, these exits were generally short-lived

⁶ Seventeen migrant women participated in the research. These women came from parts of Europe (Poland, Latvia, Slovakia, Estonia, Romania and Greece), Asia (Bangladesh, The Philippines, India and Pakistan), South Africa and Bolivia. The homeless histories of the seventeen migrant women interviewed were comparatively shorter than the non-migrant women in the sample. Six of the migrant women were homeless for 5 months or less; nine women had been homeless for between 6 months and 2 years; and two women had experienced between 2 and 3 years of homelessness (see Mayock and Sheridan 2012a for a more detailed account of the migrant women in the study).

and temporary in nature, invariably breaking down for multiple, complex reasons including substance use, mental health problems, experiences of domestic violence, a general inability to cope, difficulties with landlords and/or problems keeping up with rental payments. When these living situations could not be sustained the women returned to homeless services. The following accounts illustrate the cyclical patterns of movement in and out of homelessness reported by a large number of participants.

“So I was more times in and out of here [hostel] ‘till I came about 20 [years old]. I was in and out of [hostel] because I really didn’t have my own place ... I would probably go back home, do you know, and sort out things with the family, have another argument, the family would throw me out again and I’d never really found my own place, do you know, in and out of [hostel].” (Amy, 22)

“I was there [transitional housing] for a while, and I was doing me course and then I went back drinking and ended up back in prison again. I was in prison then I was, eh [pause] out and down in me brother’s for a while in [provincial town]. Then I was back in [county name], I was in [hostel] and then I ended up back in prison. I was kind of all over the place like, never stable somewhere.” (Kate, 23)

Women who reported more lengthy homeless histories, and had been cycling the homeless service system for longer periods of time, appeared to have more extensive knowledge of the ‘norms’, expectations and structures of particular service environments. Indeed, several indicated that they had learned about the system over time and that their perceptions and understanding of individual hostel settings steered their movements to a considerable extent. For example, Grace explained that her knowledge and experience of services had allowed her to make an informed decision about which services she felt would be more conducive to addressing her needs at particular times. In the following account, she compares her experience of living in two hostels with very different orientations towards their residents in terms of the rules governing daily life.

“I love them to death [referring to staff in hostel 1] but like they make it so comfortable for you and they kind of leave you to it so, well I just found there is no structure or anything. Like in [hostel 2] they wake you up and they drive you stone mad that you just have to go out and do something... so I prefer [hostel 2].” (Grace, 31)

There was also evidence that women negotiated or ‘worked’ the system based on prior knowledge and experience of interacting with services and service providers. Debbie, who had a long history of criminal justice contact, told that she sometimes engaged in criminal activity in order to access help and support at various junctures.

“Sometimes I commit the crime to go in [to prison] because when I go to a psychiatric hospital for help, if I feel suicidal; they don’t entertain me because I’m on drugs.” (Debbie, 27)

Transition and the constant upheavals in these women’s lives caused significant distress, leading to profound feelings of uncertainty and insecurity: *“I keep getting moved on, moved on ... am I going to be stuck in these places [homeless services] forever? You know, everything. I just get overwhelmed” (Nóirín, 53).* Feeling that their situations were deteriorating rather than improving, many felt ‘trapped’ or feared getting ‘trapped’ in homeless services. The following accounts strongly suggest that these women’s situations were being ‘managed’ via the provision of emergency or short-stay accommodation but not ultimately resolved.

“I just don’t want to go back there [hostel] because you get stuck in there, you just kind of give up on yourself. You end up there too long.” (Grace, 31)

“I’m stressed out and I just don’t see, I just can’t go through with it, everything’s getting worse like, instead of getting better ... I suppose we’re all in the same boat down there [hostel], we all rely on drink or drugs and we don’t see any other future.” (Roisín, 37)

Those women who had embarked on a cycle of service use perhaps had the advantage of ‘knowing’ the system and many were guided by their long-standing experience of accessing homeless services. Equally, however, they were acutely aware that their homelessness was enduring and most could not foresee a resolution to their situations in the near future.

Patterns of ‘Institutional Cycling’

“From the time I was born until now I have been basically, one way or another, a part of the system.” (Fionnula, 58)

Twelve women in the sample reported histories of State care and many had spent prolonged periods in one or more institutional settings, including residential alcohol or drug treatment services, psychiatric hospitals and/or prison. Four of the older women in the sample had spent a significant proportion of their childhoods in an industrial school or orphanage and these women invariably talked about the long-lasting negative impact of this experience. These women typically reported significant trauma as well as mental ill-health and socialisation problems, which they attributed to the legacy of abuse and neglect within institutional settings. Fionnula told that she was “born into homelessness” when she was abandoned by her mother when she was 6 months old. She was raised in a homeless service where she experienced neglect prior to her transfer to an industrial school where she experienced physical and psychological abuse until she left at the age of 16 years. The following account describes the negative impact of growing up in an industrial school.

“Growing up in an industrial school we were starved of parents, we were starved of love ... it has affected my life grossly... I would say a lot of children who grew up in institutions either became alcoholics, they became drug addicts, they became prostitutes, they became homeless, or they committed suicide. They opted out.” (Fionnula, 58)

A large number of these women viewed their ‘position’ or presence within homeless (and other) services as an extension of a pattern of institutionalisation that started during their childhood years: *“I always felt like coming from care and then going back into like [homeless services] it was a bit like going back into care again, you know in a way” (Rosie, 38)*. Many reported poor socialisation and general life skills which hampered their ability to fully engage and interact with others – including service providers – as well as with broader societal structures and systems.

“It was very hard [in care], and you’d learn like not to socialise with some people because I don’t know them and stuff, so that was kind of a bit hard too.” (Ruth, 24)

"[After leaving industrial school] I didn't know what to do, I was put into accommodation with some people and I didn't know how to cope... I didn't know what it was like to sit opposite an adult, I felt terribly intimidated. I didn't want to sit beside an adult and eat, I just couldn't do it. I didn't have the social skills, my behaviour pattern was very odd ..." (Fionnula, 58)

Some women expressed profound distrust in the homeless service sector because of their past negative experiences of institutional and/or other State care settings and this, in turn, impacted their willingness and ability to access and engage with services and service providers. For example, Rosie spoke about how she was reluctant to access support services when she became homeless after running away from a care setting at the age of 14, opting instead to sleep rough in a city-centre location.

"I was constantly running away from everybody, you know what I mean, like the Guards or the social workers or somebody else worrying about me you know ... For the two years I was homeless, I didn't go looking for help off anybody, because I knew I wouldn't get the help, you know, because at that age you don't, I would get put back into the system - the care system or you sleep out in the streets, they were the two options that you have and I figured that out fairly quickly. So I didn't ask for help because of fear of being put back into the system again." (Rosie, 38)

Rosie went on to explain that she remains sceptical about trusting others because of her past experiences: *"Every time I got to know somebody, trusted somebody, something bad always happened, you know ... I'm kind of wary of that, you know what I mean"* (Rosie, 38).

Residential care was just one of a number of institutional settings where women had resided temporarily over the course of their lives; reports of lengthy stays in acute hospitals, psychiatric hospitals and prison were also commonplace. For instance, Liz - who had spent considerable periods of time incarcerated - explained that her experience of prison has served to negatively colour her perception of authority figures.

"It [prison] didn't do me any good, put it that way. It done me bad if anything ... Em, [pause] because now I hate police and I hate [prison] officers and all them authority people as I say, I just don't like authority and that's it." (Liz, 38)

The narratives of women who reported protracted stays in institutional settings almost always emphasised their poor access to appropriate services and supports as well as a lack of preparedness for independent living, which negatively impacted their ability to secure and/or sustain stable housing in later life: *"I was so naïve ... a woman that hasn't got a clue how to live. You know, I couldn't do anything for myself"* (Donna, 35). These women's experiences of housing instability were often linked to a general inability to cope due to deficits in everyday life skills such as cooking, cleaning, paying bills and budgeting, which often resulted in the women losing accommodation and re-entering homelessness. Many also reported periods of extreme loneliness and isolation during times when they struggled to live independently without support.

"Being institutionalised, I had not got the faintest idea to survive, I was afraid of the world. Even to this day, I am still afraid of the world... I felt very lonely, terribly frightened because I would not have been able, even at 25 years of age to live on my own. If you put me into a room or a bedsit, I would have died because I did not know how to live. I wouldn't have lived. I'd have died." (Fionnula, 58)

“I found it very difficult living out on my own after being two and a half years in [residential care] because of all the support I got. The first four weeks I was ok, I was fine and then I just got lonely ... just to have a conversation with somebody like ... It just came all to a head for me, I was sitting in my flat and I was just saying, ‘Is this what my life is supposed to be?’, you know at this age, you know being on my own and I tried to take my own life.” (Rosie, 38)

A distinct absence of family and/or peer networks, as well as lack of follow-on or aftercare support following stays in institutional settings, were very apparent in the women’s narratives: *“I felt like I was left on my own [after leaving care], you’re out there in the big bad world and you have to face everything alone”* (Emma, 18). Several recalled that they had moved directly from institutional settings to homeless accommodation with low or no aftercare support or that, alternatively, that they had ‘nowhere to go’ at the point of discharge: *“To tell you the truth I only half wanted to get out of the prison”* (Caoimhe, 35). With the passing of time, these women became further entrenched in a pattern of housing instability, an experience that exacerbated already significant mental health and/or substance use problems and also propelled a number along a path of ongoing criminal justice contact. In the following account, Debbie, who had been “in the system since the day I went into care at 11”, described the ongoing pattern of ‘institutional cycling’ perpetuated by the absence of a stable home.

“I got out of [one psychiatric hospital] to go to the B&B and I overdosed and ended up in [another psychiatric hospital]. Then I moved to a B&B and I was there for nine months and I started shoplifting and then started goin’ into prison ... I went to a half-way house from prison but I’ve never been given any, this is places that I get, like here [hostel 1] or [hostel 2], that is all they’ll give me.” (Debbie, 27)

Almost all of the women who reported patterns of institutional cycling had homeless histories that spanned a significant period of their lives. Those who embarked upon this pattern of movement between institutional settings, including homeless hostels, almost always reported poor mental health related to (often multiple) traumatic life events and experiences. These women’s stories demonstrate their extreme marginalisation as well as their complex and overlapping needs in relation to housing, health and life skills. They also highlight the far-reaching effects of institutional cycling and its negative impact on women’s ability to exit homelessness and sustain housing.

Women’s Interactions with Service Providers

Women’s perceptions of service providers and their accounts of their service interactions varied. While the conditions and resources available to them within individual services influenced their perspectives, equally important were their perceptions of how they were treated by staff members within these settings. As highlighted earlier, a majority of the women had life histories characterised by economic and social disadvantage and most had experienced multiple adversities throughout their lives. Their marginality, and the economic constraints that characterised their everyday lives, significantly restricted women’s ability to act independently in seeking a resolution to their unstable living situations. That is not to say that the women were passive victims of negative life events; on the contrary, most demonstrated considerable agency in seeking a way out of homelessness (Mayock *et al.*, 2015). Nonetheless, women who experience homelessness face considerable stigma, stereotyping and discrimination in society generally (Shier *et al.*, 2011) and also, in some cases, in the context of their interactions with services (Biederman and Nichols, 2014; Robinson, 2003; Sznajder-Murray and Slesnick, 2011).

Several women described being treated with compassion and respect by service providers and, in this context, trust appeared to be a fundamental building block in terms of women's ability to foster positive connections with staff members.

"They [staff] understand me as well. I suppose at the start they didn't but now they do. Listening to my story about my past and things." (Roisín, 37)

"She [key worker] was the best and she was the one that I actually really opened up to. I went through a lot with her and learned a lot like." (Grace, 31)

Many described caring and encouraging relationships with their key workers, in particular, and these relationships appeared to have a positive impact on the women's lives: *"They [staff] are lovely here, everything that I have needed emotionally, financially, legally, health wise, absolutely everything has been provided ... just support 24 hours a day"* (Krystal, 32). Accounts of positive relationships with staff members were not restricted to reports of practical support and assistance (e.g. help with accessing welfare benefits and other services); the psychological and emotional support provided by staff members was particularly valued by women and cultivated feelings of belonging, safety and self-worth.

"This place [domestic violence refuge] has become my world to me and the staff, I have become so close to the staff, and like so attached to them so I know all them very well and when I am feeling low and down, I go and have a little chat with them so I feel a bit better in me." (Bina, 32)

"They're [staff] really good and they go the extra mile to make you feel like, you know, you're a person. And you know it's something you mightn't have had in your family, so they kind of fill in that bit of extra emotional support that you never had." (Sally, 47)

Some, particularly those with lengthy homeless histories, had grown to know individual staff members within particular services exceptionally well and experienced a sense of care and support from these individuals: *"I was helped so much ... it was like a little family here [domestic violence refuge]"* (Bernadette, 37). Liz, who had been moving between prison, acute hospitals (due to poor health) and emergency hostels for many years, talked about her multiple returns to one particular hostel where she was well acquainted with the manager and staff: *"She [manager] has a soft spot for me – she always took me in [to hostel]"*. She had developed relationships with different staff members and, over time, had grown to trust and confide in some more than others, as the following account demonstrates.

"So, there's things I wouldn't tell them [staff] because they would go back and tell the rest of the staff and they would all know and I wouldn't want them all to know, so... like me saying to [staff member 1] that I feel like slipping [resuming intravenous drug use], she doesn't have to go and say that to [staff member 2], like you know? So I can talk to her about why I feel like slipping and like what would stop me from slipping and what would stop me the next time I feel like slipping. You know like, she would talk me around it and has talked me out of it [relapse] two or three times." (Liz, 38)

Services that accommodated only a small number of women and domestic violence services, in particular, were typically depicted as less chaotic compared to a majority of hostel settings. These service environments were also typically described as more conducive to re-building confidence and fostering a personal sense of empowerment.

“They [staff in domestic violence refuge] are very good, the way they just encourage you, support you, lift you up. Like I am still existing, it’s just because of their support – they just try to hold you tight and just all the time, they are encouraging you to hang on. They are very good.” (Bina, 32)

“They [staff] build your hope and sympathy and courage ... when I am there [domestic violence refuge] I feel that I am not hopeless.” (Maria, 29)

Women who had accessed these kinds of services often reported positive and encouraging interactions with staff members as well as significant practical support that enabled them to reclaim control over their lives and also begin to take steps towards achieving personal goals: *“They’ve [staff in domestic violence refuge] helped me deal with life, the living ... I’m getting better at it, I’m getting better at handling things. I’m learning, I really am”* (Maeve, 43). Indeed, the origins of domestic violence services (both emergency refuges and other forms of accommodation such as transitional housing) have a particular emphasis on empowerment and confidence-building for women who have experienced gender-based violence (Enander, 2010). Most of the women who had contact with domestic violence services responded positively to this ethos.

“[Domestic violence refuge] is the main place where the people were advising me and, you know, helping me which way to go and where to go, you know. They were telling me about my rights, the women’s rights, they were helping me to build my confidence and all the legal things and how to settle in the city – how to come back to myself. They were helping me to find a course and, you know, they organised the meeting with one lady, she is like an education officer in [county name]. So I met with her and I was keeping in touch with her. So, yeah, that’s a very helpful place.” (Tereska, 25)

“When you have no one to listen to you ... the best part is that the organisers in here [domestic violence refuge], they listen to you, they believe you and they try to help you. And that is the most important thing you need when you are just scattered and broken.” (Bina, 32)

Generally speaking, the process of re-housing appeared to be more linear and immediate for women who were engaged with domestic violence services than for those residing in emergency or longer-stay hostel provision. For example, several who had accessed domestic violence services explained that housing options were made available to them quickly and that they subsequently moved from a domestic violence shelter to transitional, supported or longer-term housing. Aisha had presented to domestic violence services intermittently throughout the course of her abusive marital relationship before making the decision to leave her violent husband permanently: *“I knew I had to move on, I had to go”*. She explained that she quickly moved from a domestic violence refuge to transitional housing where she had been residing for one year at the time of interview.

“I went to refuge and then I live in women’s refuge for 1½ months, but after two weeks there I [got] this accommodation [transitional housing] because they knew my story and I was very determined ... so they offer me the place straight away. I got the offer, I didn’t ask them, they offered me the accommodation, everything to keep me safe, to keep me secure ... I am living in heaven now.” (Aisha, 31)

As stated earlier, many of the women who had experienced domestic violence did not access domestic violence services, often because of their problematic use of alcohol and/or drugs. Importantly, accounts such as Aisha’s, Teresksa’s and Bina’s (all quoted above) were restricted to those women who did not report substance use issues and problems.

Negative experiences and interactions with services were also very present in the women’s narratives and these accounts were often characterised by feelings of dissatisfaction, a lack of control or ‘say’ in their everyday lives and feelings of disempowerment. These accounts were not simply limited to expressions of dissatisfaction with certain rules within accommodation settings but also frequently highlighted perceived unequal power dynamics. For example, several women described feeling ignored by service providers and a number felt strongly that staff members’ views or ‘versions of events’ were often privileged over theirs. Donna, who was residing in transitional homeless accommodation at time of interview, described this dynamic.

“When I signed up for here [transitional accommodation] we were all supposed to be treated equal, you know, residents and staff but in some cases it’s not. And that is when a row occurs but of course, you know, no matter what happens, it is always our fault, you know that kind of way.” (Donna, 35)

A considerable number of women described feeling judged and/or treated badly by staff members and these experiences invariably reinforced stigma and women’s sense of marginality.

“I went over there to that place [homeless service]. They [residents] have been looked down upon and treated like as if they were inside the rubbish bin, that is the way they treat them. They are abrupt and rude and it wasn’t just me. I mean that would put you back to square one.” (Imelda, 34)

The theme of powerlessness in the context of service interactions emerged strongly in many of the women’s accounts and, for several, there was an apparent dis-connect between the nature of the support offered and their personal sense of what they needed. Furthermore, women frequently felt that their views and preferences were sometimes overlooked or even disregarded by service providers. Fionnula, for example, spoke at length about how her key worker’s views on her accommodation needs were not congruous with her perspectives. Her account illustrates the consequences of perceived unequal power relations as well as the disabling impact of these dynamics on women who have multiple and complex needs but also hold legitimate views on what *they feel* would most appropriately match their hopes and aspirations.

“It has now come to the point where I am seen [by service providers] as cantankerous or awkward ... But there is nobody coming to me, there is nobody sitting down with me and saying, ‘Well is this the kind of house you want?’ I don’t want to be put into one specific type of housing; into senior citizen housing. And I felt very sad that people who were a generation younger than me were making decisions for me, regarding my housing ... it was basically, I felt, that it was being voiced [forced] upon me. It’s like, ‘You go here or else, you’ve got no other choice’ and that has been an ongoing thing for over two years now.” (Fionnula, 58)

Likewise, Irena’s experience of interacting with staff members on the matter of her housing and other support needs, led to her feeling side-lined and ignored: *“I’m like a number, it’s not like I’m ‘Irena’ to somebody, you know what I mean”* (Irena, 52). Very often women highlighted their need to be consulted, or ‘talked to’, about a range of issues that had a direct bearing on their present situations and their futures.

“I think I was just one of those kids that people [referring to service providers] just gave up on like, ‘What will we do with her? Where can we put her?’ That kind of stuff like you know ... I just needed somebody to sit down with me and talk to me and, you know, listen to what I had to say and my point of view, instead of saying, ‘We know what is best for you’ and ‘We are going to put you here because we think this is the best option’. And it wasn’t the best option, it was the easy option for them.” (Rosie, 38)

A considerable number of women also talked about the routines that governed the day-to-day running of some service settings and the ‘culture of control’ that characterised staff-client interactions in many cases. These practices were frequently depicted as compromising their sense of privacy and autonomy and also resulted in many women feeling institutionalised and entirely dependent on the service system. Karen described the intrusive practices of surveillance that characterised some service settings.

“Just being in the hostel, you know that there’s people watching you, looking over you, knowing you can’t do this and can’t do that. That’s very stressful, just horrible. We’re not teenagers; we’re adults in this place.” (Karen, 26)

Reports of infantilising experiences and interactions within service environments were also commonplace and tended to be linked directly to how women felt treated by staff members. For example, some described being scolded and punished for rule-breaking in a manner that was frequently equated with being treated ‘like a child’. These encounters and experiences were invariably framed as humiliating, alienating and dehumanising.

“I had drink on me once and if you come into [hostel] with drink on you, you have to sit on a bench for a while. Imagine at 36 sittin’ on a bench until they tell you to go over to your quarters ... I know with my Ma, Jesus, at least I could sneak a drink in, but this was madness. Madness.” (Dervla, 36)

“She [referring to staff member in homeless service] treated me like as if I was only a 2 year old child, do you know, the way you just scold a child sometimes? I couldn’t get over it and even now I still can’t over it I am still kind of saying that can’t be right. I was shocked.” (Imelda, 34)

“We feel we are not being treated properly. Well, we go into places [referring to homeless services] and they are just giving us the run around ... I can’t properly read or whatever and I’m not brainy or whatever but like I know what’s going on around me, I’m not stupid, you know what I mean? When we go in, it’s like they’re treating us like kids, like they’re talking to us like kids – kids that have kids. You know what I mean? It’s not nice like. It’s horrible.” (Nicole, 28)

While homeless hostels provide residents with shelter and access to many practical services (laundry and washing facilities, for example), much of the emphasis is on managing ‘crisis’ or basic and immediate needs (Busch-Geetstema and Sahlin, 2007). In this context, it is perhaps unsurprising that women frequently felt side-lined and claimed that their needs were not adequately addressed, particularly with the passing of time. These experiences also cultivated a sense of disempowerment and, perhaps paradoxically, appeared to galvanise women’s sense of dependence on the service system. It is significant that women who perceived that they were cared for and treated with dignity and respect within service settings recounted a stronger sense of autonomy and control over their lives. This was particularly the case for those who faced the multiple stigmas of being a female who is out of home, drug or alcohol dependent, a victim of domestic violence and/or whose children were not in her care.

Perceived Service Needs

Throughout the interviews, efforts were made to ascertain the women’s perceived service needs. Indeed, women frequently talked about their needs spontaneously as they recounted their life experiences and the chronology of their homeless histories, in particular. In general, most conveyed an awareness that they needed help and support to address and resolve what were sometimes long-standing issues and problems. The specific service needs raised by the women were diverse and included supports in relation to physical and mental ill-health, substance use, training, education and employment. A large number articulated a need for support in relation to their children (whether or not they were caring for their children at the time of interview) and also in relation to trauma related to experiences of physical and/or sexual violence and abuse. Thus, there were clear gender-specific dimensions to the women’s perceived needs. There was also strong evidence to suggest that women’s needs changed over time and that those who had lengthy homeless histories had multiple and complex needs. This section documents the dominant issues and themes to emerge from the women’s narratives of their perceived needs.

Above all else, women expressed a need for housing and housing stability. Furthermore, housing - and the perceived barriers to housing - was possibly the greatest source of anxiety and stress for many women. Like a majority of others, Fionnula and Dianne’s expressed need for housing were replete with references to instability, stress and fear about the future.

“My housing situation is my biggest worry ... I suffer from post-traumatic stress disorder so I worry with that. Agitated, I get very agitated easily ... I know that if I lived in a peaceful environment ... it’s to do with the way my life is at the moment – I don’t feel settled, terribly unsettled.” (Fionnula, 58)

“My own house, that’s priority over everything else like ... I am afraid that something will go wrong or like, if I wait ten years for a council house and I am on the streets and my child is in foster care because I don’t have enough money to keep us going and I can’t keep on paying deposit after deposit because it’s €750 a go and some landlords ask for more than €750. It depends.” (Dianne, 22)

Practically all of the women were living with financial pressures and stress. No woman was employed at the time of interview and a majority were therefore dependent on social welfare payments. A number of others were ineligible for welfare support because they did not satisfy Habitual Residency Condition (HRC) and/or had no immigration status. These women were particularly vulnerable and struggled to secure basic needs on a daily basis. Five of the women relied on emergency payments from a Community Welfare Officer and two had no income whatsoever. Those who did not satisfy residency requirements were also unable to access education or training schemes and had no viable route to labour market participation. A small number of these women had received support from a charity to engage in education or training.

“So at least to educate myself, I am getting a great help from [charity]. They are helping me out with all the funds and whatever. They completely pay for it. Not every morning, three days a week and it’s for like I think ten weeks course. So all the time they are encouraging me to do something to educate myself in my free time so I really appreciate them for helping me.” (Bina, 32).

Even those women who were eligible for social welfare payments frequently identified a need for practical help and assistance in accessing these entitlements. A considerable number faced barriers and challenges and while these varied depending on their individual circumstances, payment delays were invariably a source of worry and upset: *“Once I sort out [welfare] payment I am hoping to get jobs to not have this problem with payments because it’s just ... unbelievable sometimes” (Cecylia, 27).*

As documented earlier, women frequently found themselves navigating the homeless service system for prolonged periods and, along this ‘journey’, most had encountered services that targeted both men and women. A large number felt strongly that women should have the option of accessing either a female-only or mixed service and a considerable number of others expressed a preference for women-only services: *“There is not enough [women-only] services that there should be in my opinion” (Isobel, 21).* Younger women (i.e. aged 18-25 years) and pregnant women were particularly vulnerable in the context of living in mixed-gender services, as were those who had experienced gender-based violence or had (re)entered homeless services at the point of discharge from institutional settings (such as State care, residential treatment facilities, hospitals and prison). Georgia – who was raped when she was 15 years old – recalled her fear at the point when she had no option but to stay in accommodation where she had to share living spaces with men.

“I was afraid, like ... Because I’m in here, I didn’t like that, like I won’t tell you a lie, I don’t like sharing places [with men].”

“That wasn’t even an option [to access a female-only service], there was nowhere else to go only here [mixed-gender hostel], this was the only place that they had room. How I asked to get into [women-only hostel] because I knew there was only all girls there, but they put me here ... In that situation, to be housed along with men ...” (Georgia, 23)

Indeed, one of the most crucial requirements articulated by the women was the need for safety. Those who were residing in a domestic violence refuge were generally satisfied that the environment offered them protection from potential perpetrators of violence: *“At least in this place [domestic violence refuge] you can sleep in peace that no one is going to come down at your door and no one is going to be abusive. So at least, the only thing is that I am safe, my kids are safe”* (Bina, 32). However, many felt unsafe in hostel settings because they feared being robbed, bullied, victimised or assaulted. Isobel explained the risks posed to pregnant women, in particular, within mixed-gender service settings. This account also illustrates the dynamics that can serve to sustain environments where there is a risk of victimisation among residents.

“... because there is a lot of domestic violence and you can’t have pregnant women in a hostel with forty different cases of women. It is not safe, it is not ideal and a lot of pregnant women aren’t going to go to staff about someone that is going to attack them upstairs because you are ‘ratting’ them out and you are getting them kicked out on the streets.” (Isobel, 21)

Women were also keen to emphasise the need for improved structures *within* services aimed at providing specialised support to help women address complex and often overlapping issues in their lives. For example, a number called for better understanding, support and training on the part of service providers on issues related to experiences of violence and/or abuse: *“I had an [addiction] sponsor and stuff but they certainly wouldn’t relate to the domestic violence”* (Krystal, 32).

The challenges of mothering in the context of homelessness were raised repeatedly by the women: *“She [daughter] is aware [that they are living in a hostel], she keeps saying ‘Mummy, when are we getting our place?’ You know, sometimes I would cry but then I don’t want to cry in front of her”* (Delilah, 30). Many women, and particularly those who had young children, expressed the need for financial and emotional support in relation to mothering and, in cases where this assistance was not forthcoming, women had endeavoured to resolve their situations independently and with negative consequences. For example, Roisín had left hostel accommodation and returned to an abusive partner because she needed “some support from someone”, at a time when she felt unable to cope with the responsibility of caring for three young children. This living situation subsequently broke down, at which point her children were placed in State care and Roisín returned to emergency hostel accommodation. For women with children in their care, the task of fostering and maintaining any semblance of family life was a constant challenge in the context of living in homeless accommodation. Viv recounted the experience of trying to care for her children during a period when she was accessing homeless and B&B accommodation. All of her children were subsequently placed in State care.

“I started to come into town into B&Bs, carrying three kids around with me ... oh it was horrible, the kids couldn’t get to school at all. The kids would have been in these places and all. The [hostel] was horrible. We had to be up at 11 o’clock in the morning, walk the streets till 5 or 6 in the evening. It wasn’t a nice thing to do with kids.” (Viv, 35)

Many women who were not caring for their child(ren) reported that they had limited parent-child contact and, for a considerable number, this contact was further hampered by their lack of access to a space that would facilitate visitation. This lack of contact was distressing for these women – who almost always became upset when they talked about the experience – and many expressed a desire for more regular contact with their children in a safe and secure environment. In the following account, Maeve explained that although she had better and more regular contact with her daughter in recent months, opportunities to re-build the relationship were limited because family members were not permitted to visit.

“Like going back a month ago, I was getting text messages from my younger daughter. They’re not allowed stay here [hostel]. To have my own place and have them to come up and visit me like? My god, that’s, that’s priceless, you know.” (Maeve, 46)

A large number of women reported that they had a current or past substance use problem and, as documented earlier, there were many reports of increased substance use following their first contact with homeless service settings. At the time of interview, twenty-two of the women were active heroin users who most often used the drug in combination with other substances including benzodiazepines and cocaine. A further twelve stated that alcohol was their current primary substance of misuse. A considerable number of these women expressed a preference for hostels that accommodated the needs of active drug users, as Karen explained in the following excerpt.

“In [hostel 1], if you had a drug habit they’d even give you the bins, they’d even help you, they’d put the bins in your toilet, to put in [used needles] like ... In here [hostel 2] they tell you you’re not allowed put any sharp objects in. You have to sneak them in and if you get caught you have the risk of losing your bed, which is disgraceful for somebody that’s on drugs, what do they expect?” (Karen, 26)

Conversely, non-substance using women, or women who were trying to curb their use of alcohol and/or drugs, often sought a greater degree of structure within accommodation settings and preferred stricter, substance-free environments or spaces that facilitated the goal of abstinence or more restricted substance use. These women felt that drug-free spaces helped them to reduce consumption or remain abstinent, in some cases. Roisín, like a number of others, attributed her relapse to a hostel environment that provided her with easy access to heroin.

“I was doing brilliant [referring to abstinence from heroin use] for a while but ... when I came in here [hostel] they were saying to me was I on drugs. I was just after coming off the heroin. What did they do? They put me straight into a room with a girl who was on heroin ... And then, we were off taking the gear the two of us and that was how I started back on it.” (Roisín, 37)

While many of the women focused on the conditions and ‘rules’ within services, a considerable number also referred to the overall structure of the homeless service system, often commenting that it did not cater adequately for certain ‘groups’ of individuals. Several, for example, talked about their limited access to family homeless accommodation that would permit mothers to reside in with their children *and* their partners simultaneously.

“I think there needs to be more hostels for women and their children and for couples if they have a child. They always seem to separate families and stuff like and I don’t think that’s right. Children need both parents, I think it’s terrible the way the dad gets sent off, there should be more places for couples and children and for mothers and children. There is not much really.” (Grace, 31)

There was also a perceived lack of accommodation targeting couples. Twenty-one of the women were in a stable relationship at the time of interview; ten of these women were co-habiting, primarily in accommodation that supported couples and one woman was sleeping rough with her partner. Vonda, who was in a long-term relationship, had first experienced homelessness along with her partner after they both lost their jobs. She explained that she was living in a hostel for women while her partner was sleeping rough.

“He [partner] has the bigger problem there, because this is a house where he can’t stay every night. He sleeps on a street. If there’s a bed, they’ll give it [to him]. If not they give him a blanket or a sleeping bag and ‘Go wherever you want’. They don’t care where he goes and where he’ll sleep.” (Vonda, 48)

As documented earlier, a large number of the women had resided in private rented accommodation for periods but had returned to homeless services because they had been unable to sustain these living situations. Indeed, many talked openly about their lack of preparedness for independent living and reported a range of challenges to maintaining housing stability, including loneliness, depression, deficits in life skills (such as cooking, cleaning, budgeting), domestic violence, relapse and a general lack of support. These difficulties were particularly apparent in the narratives of women with longer homeless histories who had become more ‘institutionalised’ in service settings: *“The fact is I can’t stay alone ... I hate to live alone”* (Karen, 26). Krystal’s account captures the kinds of challenges that many of the women confronted at the point of exiting services and attempting to live independently. Her narrative also highlights the need for intense follow-on support for at least some women who secure accommodation and leave homeless or domestic violence services.

“I know I can’t drink in [the refuge], it’s such a safe environment, you know you are protected and you are never alone ... if you are upset you can talk to someone. I suppose my problem has always been using all the skills that I know and carrying that forward when I’m on my own and not to run back ... being isolated and be able to sit with [pause] ... being on my own and deal with emotions and not just blank them out and go running back.” (Krystal, 32)

In summary, the women reported a diverse range of service needs and these needs were often subject to change over time. To a considerable extent, women’s perceived needs were contingent on the duration of their homelessness and on the experiences and events that precipitated their homelessness. As their homeless ‘careers’ progressed, their situations in general and their physical and emotional health and well-being, in particular, almost always deteriorated. The trauma of domestic violence was a significant issue in the women’s lives and one that a large number had not had opportunities to address. Likewise, the distress of not having their children in their care – and of not having contact with them, in many cases – emerged as an acute source of distress in the lives of a large number of the women.

Conclusion

This chapter has provided a detailed account of women's approaches to help seeking and the ways in which they negotiated the homeless and domestic violence service sectors. It has also examined women's interactions with service providers and their perceived service needs. Importantly, a large number of the women had been homeless on multiple occasions and had moved in and out of homeless services over prolonged periods. They typically described (often lengthy) spells spent in emergency hostel accommodation punctuated by exits from these settings that lasted for periods of weeks, months or even one or two years, in a smaller number of cases. The cycle of homelessness that a majority experienced can therefore be characterised as a "complex trajectory of paths that led them into, out of, and back to homeless systems and services" (Mayock *et al.*, 2015: 7). A considerable number of the women had accessed a domestic violence service at some stage and several others were unable to do so because they were actively using substances at the time they fled abusive home situations.

Many of the women were very familiar with the homeless service sector and were also knowledgeable about the rules and structures that governed individual service settings. Indeed, their movements were frequently guided by this knowledge and experience. Women were also acutely aware of how they were treated by service providers and, at times, reported negative encounters. These experiences influenced their movements, although many had no choice but to remain in or return to particular service settings over time and at different junctures. Indeed, a large number described a pattern of institutional cycling that invariably had a negative impact on their ability to exit homelessness and secure housing. The vast majority of women had high and complex needs and many of these needs were interrelated, meaning that "it is difficult for women to progress in one area without also addressing the others" (Hutchinson *et al.*, 2014: 5). Above all else, women expressed a need for housing and living without a home emerged as the single greatest source of stress in their lives.

Case Studies and Service Provider Perspectives on Women's Homelessness

This chapter presents the case studies of three women who had experienced homelessness and were accessing homeless support services. The women were living in different accommodation types at the time of interview, including an emergency homeless hostel, supported accommodation and private rented accommodation. The case studies document the women's 'stories', with a particular focus on the women's paths to becoming homeless, their experiences of services since they first accessed homeless service systems and their perspectives on their service needs. Attention then shifts to *service provider* perspectives on women's homelessness. Their experiences of working with homeless women are explored, including the perceived challenge of providing adequate and effective services and interventions to homeless women. Service provider perspectives on the needs of homeless women and current gaps in service provision are also examined.

Case Studies: Women Accessing Homeless Support Services

CASE STUDY 1: Melissa, age 43



Melissa was an aftercare client living in supported temporary accommodation at the time of interview. She had been living in her accommodation for approximately 2-3 months following a lengthy homeless history that spanned 11 years: *"It's good because I haven't had my own key and my own door in nearly eleven years so it's peaceful here"*. Melissa described both of her parents as alcoholics and had grown up in a household where she witnessed and experienced domestic violence: *"I would have liked a normal family life but I never got it"*. She first experienced homelessness as a child when she and her mother presented to a homeless hostel following a violent altercation with her father.

"I was in an argument with my da, hitting and boxing me in the middle of town and she [mother] went to [hostel] and I went with her; he was after hitting me as well. He couldn't find us for a week ... then he found us."

Throughout her teenage years, Melissa's drinking progressed to a pattern of regular use, which she framed as a coping mechanism: *"It helped me block out all my childhood, I didn't have to think about it"*. She remained in the family home until she was 22 years old, at which point she was "kicked out" following an argument with her father after the birth of her second child. It was at this juncture that Melissa first presented to homeless services as an adult. She accessed B&B accommodation for a short time before moving to private rented housing with her then-partner. In the quote below, she sums up the next ten years of her life, outlining the various events and circumstances – including intimate partner violence, difficulties in attempting to manage her alcohol use and having to place her children in State care – which led to her re-entering homelessness at the age of 33.

"I got a B&B and then I got my flat. There for ten years, I waited for ten years for my [council] house and then I gave my kids up because I was no use to them. The [alcohol] addiction I was in and then my [abusive] ex-partner didn't help ... So I ended up in [hostel] and, if I'm being honest, I went in there and I was terrified. My addiction actually got worse because I started drinking on the streets; I was drinking anywhere and everywhere. It was horrible."

After becoming homeless for the third time, Melissa embarked on a circuit of service use, moving between various homeless services and alcohol treatment facilities: *"It was a long, prolonged thing. I was going round B&Bs, detox and homeless units. I was a mess"*. She experienced a period of stability when her alcohol use decreased and she exited homelessness temporarily and lived in a bedsit for three years. However, Melissa relapsed and lost her accommodation because she was unable to manage her drinking and keep up with rental payments: *"I was alright for the first while and then I just fell downhill as you do, feeding that addiction"*. She returned to homeless services but also stayed intermittently in the homes of family members. However, these living situations were unsustainable and ultimately short-lived in nature, forcing Melissa back to emergency services.

"I was grateful to my sister for taking me in, but it didn't work out, I was in the way and ... that's how I was feeling and it just led from one thing to another, and they went off for the weekend and then I ended up all over the shop [referring to alcohol use]. And I was put back in the hostel."

Melissa made the decision to once again seek help, at which point she felt ready to fully engage with services in order to address her ongoing addiction problems. She successfully completed treatment and was moved to post-treatment aftercare where she stayed for approximately 18 months before requesting a move to her current accommodation which she felt was more suited to her needs: *"I have everything I need [in current accommodation]. I do my aftercare and I still do my counselling and I have my key worker... I'd like to stay around here, it's nice and quiet."*

In terms of her perceived service needs, Melissa felt that she required localised services and programmes that would allow her to remain in close proximity to her children: *"I wouldn't go outside of [county name] because of my kids. I need to stay near to my kids"*. Important also was her perceived need for ongoing support in relation to her alcohol use: *"I'm still vulnerable, even though I'm two years sober"*. Indeed, Melissa emphasised the value of the assistance she was receiving in supported accommodation in terms of helping her to manage her addiction issues. In the quote below she talks about the benefits of having an on-site key worker as well as strict rules in the accommodation pertaining to alcohol use on the premises.

"I like the fact that I can't drink in here [current accommodation]. It's good because it keeps me on my toes ... it keeps me from doing anything stupid. I have a key worker in here too, she's brilliant. Like if I'm having one of them days, a bad day, or having trouble or anything, I can just go straight out to her or she'll come out to me and it helps."

Melissa spoke about the challenge of sourcing appropriate accommodation in a highly constrained and competitive rental market: *"There's nothing out there, there's absolutely nothing out there. I've done everything, there's nothing that would suit me or my kids"*. She was also acutely aware that she might require support with the transition to independent housing since she had spent most of the past 11 years of her life living in residential settings, including homeless support services and treatment facilities.

"I'm not thinking about that [independent living] right now. I've another year and a half to go in here [current accommodation] ... Because I wasn't used to living on my own, I was either in the [post-treatment aftercare] or I was with my sister or I was in [residential treatment] or had people around me ... it's just getting me back into society and getting me ready to go back out into the big bad world as I call it."

A key feature of Melissa's story was that her homeless 'career' was characterised by multiple entry points to situations of housing instability. Thus, her narrative highlights a distinct lack of early intervention in relation to her experiences of domestic violence and parental substance misuse during her childhood. Indeed, she identified these experiences as the root cause of her own alcohol dependency, which in turn impacted her ability to sustain housing in later years: *"The biggest part of my drinking issue was because of my past life and my childhood. That's why I was a drinker, it helped me block out all my childhood"*. Her experiences of homeless services during childhood had also acted as a deterrent to her accessing support services throughout the duration of an abusive relationship: *"I wouldn't bring my kids into [domestic violence] services; they're not places for kids"*. Melissa's story also reveals a perceived need for accommodation that provides substance-free environments for recovering substance users. In the following quote she identifies this perceived gap in service provision, describing her experience of being placed in inappropriate accommodation following a stay in a residential treatment facility.

"Homeless services need to change an awful lot ... I was put into a homeless service when I came out of rehab, I walked in and the first thing I thought was, 'I need a drink' ... When you're going through all that [treatment] for three weeks, what's the point? There's no logic to this, they need to make places where there is no alcohol, just a clean, safe environment if you want to stay sober or drug free."

At the time of interview Melissa's priorities were to remain abstinent and find secure housing that would be appropriate for her and her children: *"I'm used to chaos. It's just the peace and quiet I want now"*.

CASE STUDY 2: Caitlyn, age 28



Caitlyn had been recently housed in private rented accommodation following a prolonged stay in high support housing. She told that she was raised in a “small country town” and described a somewhat distant relationship with her family members during childhood and adolescence: *“Our relationship was grand; I think everyone had their own problems and we just went off on our own and did our own kind of stuff like”*. She was introduced to alcohol and illicit substances through peer networks in her local community during her early to mid-teens and soon began to disengage from school and embark on a pattern of ‘staying out’ with friends on a regular basis. Caitlyn explained that as her substance use escalated, she rapidly progressed from recreational to problematic poly-substance use.

“Well I started using [substances] at 14 or 15 [years old]. Weed, hash, drink and stuff and then on to ecstasy and coke and crack and speed and MDMA and drinking and constantly smoking joints. It just got worse and worse and worse until I was kind of just using everything and anything.”

Caitlyn initiated heroin use by smoking in her early 20s and sometime later accessed a methadone maintenance programme with the support of her doctor and addiction counsellor: *“It was like hospitals and methadone clinics and doctor’s surgeries and chemists ... that was my kind of circle for a while”*. She spoke at length about the difficulties she faced in relation to engaging fully with the treatment programme, explaining that she was not “ready” to fully address her addiction issues and reduce her heroin use at that point in her life: *“A lot of help was offered to me, I just wasn’t ready to take it or even approach it like. I wasn’t done with gear [heroin]”*.

At the age of 24, she attempted to reduce her drug intake without medical supervision, which had significant implications for her physical and mental health. She was subsequently placed in a psychiatric hospital for a short period: *“I was in psychiatric care, proper locked ward, shut door ... I kind of just done the two week stint in there because I was gone mad like. I was very sick”*. Caitlyn returned to her family home at the point of discharge but quickly relapsed after reconnecting with an “old circle of friends” in her home neighbourhood. It was at this point that she decided to leave home and move to a different county in an effort to remove herself from an environment that she felt was exacerbating her drug use. In the following quote, she reflects on her experience of leaving home and becoming homeless for the first time when she was 25 years old.

“I moved to get clean, I just thought, ‘If I stay here [home neighbourhood], I am just going to continue using and I’ll end up dead’. I just kind of packed my bags and came to [county name]. There wasn’t much of a plan and not a whole lot of money ... I didn’t know where I was going, I didn’t even know there was a homeless hostel and I was terrified. All I could do was cry.”

With the help of staff members in a student hostel where she stayed for a period, she was referred to homeless support services almost immediately. From this point on, Caitlyn reported greater stability after a brief stay in emergency hostel accommodation followed by a stay in high support housing that lasted for several years: *“It was an adjustment moving in with people you don’t know but I really enjoyed living there. I needed all the support”*. During this time, Caitlyn availed of specialist medical care and also took part in numerous courses including relapse prevention and nutritional support programmes.

She was also assigned a key worker and an occupational therapist, both of whom provided her with significant emotional support, personal encouragement and practical assistance with issues such as budgeting, living skills and preparation for independent living.

“I always had a key worker and they can’t do enough for you, whether it is a budget plan or, do you know, help you with your shopping. You are learning all these skills and you don’t even realise you kind of are. I learned a lot like there and it has given me confidence as well ... I wouldn’t have even filled out a form like; I would have thought that stuff was beyond me.”

When questioned about her perceived needs, Caitlyn emphasised the challenges she faced when trying to source and secure private rented housing. She cited discrimination against individuals in receipt of rent allowance, the challenge of finding suitable properties in line with current rent supplement caps and a competitive rental market as acting as significant barriers to her securing housing: *“finding a place can be a nightmare”*. She also noted the importance of finding affordable housing for individuals exiting homeless services as they may struggle to live independently and maintain rental payments which, in turn, can result in returns to homelessness: *“If there was more appropriate housing and stuff like that, it would be brilliant because if you are always chasing your tail trying to get the rent paid and you are not left with much, you can become very stressed and end up back in services”*. Caitlyn also emphasised the value of the assistance she received from outreach and housing support services in relation to sourcing and maintaining independent housing following her departure from supported accommodation.

“When I left the [high support house], it was a very daunting thing. I think I even held out a few extra months avoiding it, a fear like. It can be very overwhelming for someone who has never done it before, or who has never lived on their own, or maybe who thought they couldn’t manage it. But I was linked in with the outreach department so I still had a key worker and someone to come and help me to find a suitable place like and go and do viewings and stuff like that. Just linking in and seeing where I was at, and what kind of help I needed and were there any areas I was struggling with and just general chats and going for coffee and stuff like that.”

Substance use was also a key feature of Caitlyn’s account. She highlighted the importance of intensive, ongoing support in addressing her substance use problems as well as the need for access to substance-free environments for those who are trying to remain abstinent: *“It’s hard to stay away from drugs when you’re around people that are using ... you need to get away from that like”*. She also emphasised the need for reduced waiting times and prompt responses from services targeting active substance users in order to maximise the aim of providing effective support to clients. In the following excerpt she explains that an early “window of opportunity” for intervention is frequently missed because of delays in individuals accessing treatment services.

“For addicts, there is a window of opportunity where they are open to it [treatment] because I think there was a bit of a lapse where I had to ring them [treatment service] every day for a week or something like that, still they wanted to know if you were serious. I stopped ringing after two days.”

Caitlyn had been abstinent for three years at the time of interview and felt ready to 'sign off' with support services: *They [services] have helped me so much over the last few years but it is time just to go out on my own now. I'm out on my own two feet and I feel ready enough to kind of walk away*". She had recently been accepted to college, had returned to work on a part-time basis and had moved to a council house following a short stay in private rented accommodation. Reflecting on her experiences with services and the progress she had made, Caitlyn felt secure in her housing and was positive about the future.

"Like obviously I am still linked in with [services] and I know they are there if anything ever comes up. But I have secured housing and I am looking to go to college and stuff like that. So it has been a gradual scale like, it is all positive like, to look back on what I have achieved really."

CASE STUDY 3: Jessica, age 25



Jessica was residing in emergency accommodation at the time of interview and had been living there for several months following a stay in a residential drug treatment facility. She was born into a large family and had witnessed high levels of domestic violence in the family home. She was also sexually abused by a relative over a 4-year period between the age of 4 and 8 years: *"I grew up very, very badly, I really did"*. Her father left the family home when she was 9 years old and this had a particularly negative impact on Jessica, who struggled to come to terms with her subsequent feelings of loss and rejection: *"That really destroyed me when my dad left. It really hurt. To this day it really hurts"*. In response to her difficult home situation and past experiences, Jessica began to 'act out' and self-harm.

"The only way I felt that I was releasing things was by hitting somebody or hitting something or breaking something ... I cut myself and things like that as well to release the pain."

At the age of 12 she entered into a relationship with an older man in his 20s who soon became violent and abusive: *"He [sexual partner] beat me to death, kicked me, told me I was useless, told me I wasn't worth anything"*. The relationship continued for 9 years and, during this time, Jessica also experienced a series of traumatic events, including the death of a number of family members, the rape of her friend and being witness to violent assaults: *"All that happened to me in the space of a few years, my head was all messed up over it"*. Jessica described this particularly chaotic period as *"the worst time of [her] life"* and reported that her mental health deteriorated very significantly as she became increasingly isolated and depressed: *"I felt like I didn't want to live anymore, I just wanted to be gone"*.

She returned to the home of her mother at the age of 21 after realising that she was pregnant and gave birth to her first child at the age of 22. She subsequently found it difficult to cope with motherhood and told that she initiated heroin use in order to self-medicate symptoms of depression.

"Things go so bad, I just got more and more depressed. I wanted to kill myself. I just kept taking more and more heroin. It got rid of all my worries but when it wore off then they were all back ten times worse".

In the months that followed, her drug use escalated and her life became increasingly chaotic. It was at this point that she voluntarily placed her daughter in the care of relatives and left the family home. She told that she felt she had “nowhere to go” during this time and was left with no other option than to sleep rough for a seven-week period. She reflected on these weeks, noting that she had little or no support or assistance from either formal or informal sources.

“I was terrified. The nights were getting scarier and scarier, the freezing cold winter nights, lashing rain and I was all on my own. I had no one; no friends, no family, no nothing, no money, no address, no nothing.”

Jessica first presented to emergency services after hearing about them from other women she met while she was living on the street. She initially described a fraught relationship with service providers which resulted in her being “thrown out” of hostels on a regular basis: *“They [staff in hostel] always found a reason to get rid of me”*. Unable to cope with these constant upheavals and feelings of uncertainty, Jessica presented to another emergency hostel where she was able to gain some level of stability: *“They’ve done everything for me in here [hostel], if it wasn’t for them I’d be dead. They saved my life”*. She described a particularly positive relationship with her key worker who subsequently referred her to a residential substance use treatment service. Over the next year or so, Jessica resided in that residential treatment setting and also returned to the family home intermittently, although these stays were generally short-lived: *“There was just fights, fights, fights”*.

At the time of interview, having recently returned to emergency homeless services, she told that she was finding it difficult to cope. Her perceived needs related primarily to her ongoing physical and mental health problems as well as to her addiction issues: *“I need to get myself better and then I could start thinking about everything else”*. Jessica talked at length about her past traumatic experiences and considered that these were the root causes of her substance use and depression in later life. Her narrative highlights a lack of early intervention, particularly in relation to the domestic violence and sexual abuse she experienced during childhood: *“It keeps dragging me down, I re-live those days every single day. When I think back on all that’s happened, it really hurts”*. Jessica expressed extreme anxiety as well as hopelessness about her situation, stating that she was not clear about what the immediate future holds in terms of finding stable accommodation: *“It’s hard to see a way out. I really don’t want this life, I just want to get better. I just want a better life”*.

Service Provider Perspectives

Accommodating Homeless Women: Some Challenges in Service Provision

Irrespective of gender, a lack of affordable and appropriate move-on options was repeatedly highlighted by service providers as a significant barrier to housing homeless individuals. This gap in provision creates significant ‘blockages’ in the system, according to practitioners, resulting in many individuals remaining in short or medium-term accommodation services for prolonged periods of time.

“You get someone to save a deposit, you get their rent allowance; [but] there is no apartment. You have managed to work with this person in order for them to empower themselves, to do something positive, and then at the end of it you go, ‘You’re going to have to wait for a little bit because there is no property.’”

The lack of affordable accommodation was also said to place increased pressure on emergency systems of provision and to also sometimes result in people – particularly those with high support needs – remaining in living situations that are ill-equipped to meet their needs: *“We have a lady with us ten years, she has a learning disability, and there is no appropriate accommodation for her”*. According to some service providers, this matter is a particularly pressing one for older homeless women whose housing options are even more restricted because of their specific situations.

“We have some elderly women who are never going to move on probably and, you know, it’s kind of a bit of a problem ... because there is no place for them to go like bar a nursing home or something.”

Practitioners emphasised that a lack of affordable housing was almost always compounded by other structural issues, including protracted waiting periods for social housing and problems or delays in accessing rent allowance or other social welfare payments (particularly for young people and those who do not satisfy the Habitual Residence Condition): *“These structures, the bureaucratic system, it’s just in no way, shape or form taking into account the implications [for individuals seeking housing] at times ... it’s just hard to understand it”*. Other challenges that were perceived to negatively impact the ability of services to provide adequate and effective support to homeless individuals included funding constraints, difficulties with staffing, restricted operational hours and overall capacity constraints. Several service providers also discussed the challenges they typically encounter in relation to ‘linking’ their clients in with other services because of long waiting lists as well as women’s restricted access to tenancy support and specialised mental health and/or drug or alcohol treatment. This, it was suggested, can result in homeless individuals (male and female) ‘falling through the gaps’ and becoming ‘trapped’ in service provision.

“I think a huge problem is trying to link in all the services together for the person at the same time. There is a waiting period to enter pre-treatment, there is a waiting period to go for counselling, there is a waiting period to have a psychiatric assessment, there is a waiting period to be assessed, you know? It’s not anyone’s fault per se, but we need to bring them [services] all in together and all head in the same direction at the same time.”

While many of the participating service providers acknowledged that significant progress had been made in recent times in terms of improved communication, structures and inter-agency work across the sector, they also highlighted a need for continued investment in the development of appropriate and effective services if women’s (and men’s) homelessness is to be adequately addressed and ultimately resolved.

When asked about the presenting needs of women, specifically, practitioners typically highlighted a wide range of overlapping and complex needs, including those related to mental and/or physical health problems, experiences of gender-based violence and/or abuse, histories of State care, low confidence and self-esteem, substance use problems, learning disabilities and poor coping and general life skills: *“There can be such a huge history of all sorts of, you know, emotional, physical abuse and sexual violence”*. Several stated that these women frequently found it hard to form trusting relationships or develop meaningful connections with staff members.

“Trust is a huge one [challenge]. If we don’t have confidence and trust, if we can’t instill that into them then we lose immediately. Eventually they will but it takes them a long, long time to try and build up that confidence. To be able to trust someone takes a long time.”

While service providers noted that men may share some experiences with women, many emphasised that the presenting problems of female service users tended to be more deeply entrenched due, in large part, to the 'hidden' nature of women's homelessness which results in their accessing services at a much later stage than their male counterparts. In the quote below one service provider explained the high support needs of the women who typically present to services.

"[Women] are so traumatised by the time they do come to us [services], they are now afraid to go out and live alone and to be able to cope, they have no coping skills because, I think at this stage, when they do come to us, they have lost everything. They have lost whatever family life they had, they have been on the streets where they are very vulnerable, as we know, for rape and assaults and everything."

Practitioners also stressed that women tend to need more intensive therapeutic intervention as well as longer-term programmes of support to address these needs and to assist them with the move to independent living situations. It was suggested that this was particularly the case for women with more lengthy homeless histories characterised by repeat entries to homeless services.

"Some of the older ladies that would come through services would have been around services a long time and would have a long history of domestic violence or in and out of care homes and things like that as children. So they have different support needs; it's longer term, and they are inclined to move out and move back in again almost, you know, they have a revolving circle with the door."

"There is just that bit of a difference [between men and women]. For the women who are in services longer and maybe it took them longer to get into services, the emotional needs that they have and the trauma that they have experienced in their lives is very hard. It's not going away overnight and there is never enough resources out there in terms of like really good access to psychologists and psychotherapy and it takes money and the resources aren't there."

The burden and responsibility of care placed upon women was another issue highlighted repeatedly by service providers. Indeed, service providers emphasised the significant financial, practical and emotional difficulties that are commonly reported by women with children in their care. It was pointed out that most struggle with the challenge of meeting the basic needs of their children (i.e. providing food and clothing and access to health care and education) whilst simultaneously seeking to secure housing and address issues related to their personal physical and/or mental health and wellbeing: *"Often when a woman is at risk there are children at risk and there is no childcare. The stress [for women] is huge and I suppose mental health is deteriorating for them as a result"*. Perhaps significantly, a number of practitioners also discussed the potentially 'normalising' and 'institutionalising' effects of prolonged periods of family homelessness and the manner in which these patterns repeat themselves across generations.

"We see the intergenerational [homelessness] stuff now so we are definitely seeing people who we saw as children coming into [adult] homelessness and you have to wonder ... is it acceptable? That institutionalised bit is definitely there, you know, they are so used to coming in and out of homelessness, you know, years and years of families in and out, in and out."

Service providers also noted the obligation of care that can be placed on women in relation to 'looking after' individuals in their wider family networks such as elderly parents, siblings and other relatives. These responsibilities can further increase women's levels of stress and anxiety, particularly in the context of housing instability.

"I think the big difference [between men and women] is women are having to deal with a lot more stress because of motherhood, the family stuff ... And so they carry this huge burden of responsibility around, not just looking after themselves and providing a home for themselves - it's providing for them, their children, sometimes they are still responsible for family networks, their mother, their father, their sister, their brother."

Several structural barriers to housing stability for homeless mothers, in particular, were also identified including, for example, limited accommodation and move-on options for women with children and a lack of affordable childcare facilities which can hamper women's ability to re-enter the work force, engage in education/training programmes and/or reintegrate within community settings. As one practitioner explained, this can result in repeat entries to homelessness and/or women staying in emergency or short-term accommodation with their children for extended periods.

"We would find the referrals are limited because we can't offer family-child support at all. We are limited in the number of referrals we are getting so there is a cohort of women with families and children who are left either in the homeless cycle and waiting maybe for a long-term leasing to come up or private rented. That sometimes fails and the whole cycle begins again because the level of support is still there and the need is there but we can't give it because there is no facility for children, you know."

Service providers also identified specific barriers to housing stability faced by homeless couples, including a lack of couple's accommodation generally and the requirement to register as a couple (resulting in reduced welfare payments) in order to access mainstream homeless services.

"We have two rooms in one of the hostels that we 'unofficially' call our couple's accommodation but that's all we have. We work with fourteen couples and we have two rooms and they [residents] are all fighting over them."

Furthermore, several practitioners noted that, in their experience, when relationships form in the context of homelessness, the individuals involved can become overly dependent on each other. This co-dependence limits women's (and men's) move-on options as well as their motivation to move to independent accommodation (since they would be separated from their partner) in some cases: *"Even getting the women into appropriate accommodation to start that move on process, you just can't even do that because they are so dependent on their partner"*. Differing cultural 'norms' and values in relation to intimate relationships, and relationship breakdown in particular, may also make some women more vulnerable in the context of domestic violence: *"In certain cultures like the woman is absolutely frowned upon to leave the man"*. For example, one service provider talked about the repercussions for one service user of leaving her abusive husband, which left her with minimal support and also severed links with family and community networks that may have been beneficial in relation to her future attempts to exit homelessness.

“I have an example of a lady who is completely ostracised by her own community for walking away from her husband and bringing the children with her, like completely ostracised. That was the culture of the thing ... culture is really significant in some areas.”

Addressing Women’s Needs: Approaches to Service Provision

Greater provision of affordable, long-term housing options, as well as reduced waiting lists for social housing, were identified as key developments that would enable service providers to better assist women in sourcing secure accommodation. In general, service providers stated that they welcomed the introduction and implementation of strategies that aimed to promptly move people out of emergency accommodation.

“Looking at it from the community outreach perspective I think it can work really well getting women out of residential services quicker and putting them into their own homes with support. I think that model works really well in terms of people not going back into emergency services.”

However, practitioners equally emphasised the need to maintain a strong focus on person-centred, holistic strategies aimed at providing support to women *in* housing. In this sense, while housing was considered to be an important first response, many also stressed the need for ongoing support systems to address, for example, mental health problems, substance use and practical issues related to independent living skills subsequent to an individual moving to independent accommodation. Indeed, the transition to independent living situations was consistently identified as a significant point of vulnerability for female service users. For this reason, the role of key workers, as well as more robust aftercare/follow-on support for women and their children and/or partners, were considered to be imperative.

“Women are coming in with very different levels of need. It’s kind of back into preparing them towards independence and putting supports in place to help them manage the issues that put them into homelessness to begin with, you know. So it’s ongoing mental health and addiction [support] and the usual so it’s very varied really.”

“Kids themselves are maybe experiencing trauma too so the whole package just needs to be explored.”

Many service providers also spoke about the value of community-based supports, including day centres, peer support groups, training programmes or schemes and childcare facilities in terms of helping women to socialise and reintegrate into society. These supports were considered to be particularly important for women who may experience loneliness and isolation after the move to independent living situations. Women whose children have been placed in State or relative care were considered to be particularly vulnerable.

“Preferably community ... get them into a nice area and get them [children] to school, get them involved in activities and things like that, you know ‘normal’. Whereas at the moment it’s difficult, that transition from emergency shelters it’s very difficult.”

A dominant and recurring theme to emerge from the service provider narratives centered on the need for flexibility in service provision, particularly in relation to the provision of tailored and malleable support plans that are reviewed and adjusted according to women’s level of need at various junctures.

“It’s very much individual, you know, the women will have high needs and then they will go through a period of very low needs. So it’s about adapting to that all the time and that works really, really well in terms of prevention and preventing people from falling through the cracks and going back into homeless services.”

Important also was a perceived need for housing and service *options* for homeless women that reflect the heterogeneity of this population, particularly in relation to their differing support needs and housing preferences.

“It’s more individual support and care planning. I mean every journey is very different ... everybody’s needs are so very, very different, you know? What’s right for one woman could be completely wrong for the next, you know ...”

Overall, the data suggest that service providers perceived significant deficiencies in the current system of service provision for homeless women. Indeed, several stated that they felt that the specific needs of women have been largely overlooked within policy and by the service sector as a whole: *“It’s very hard to get away from it, from the feeling that it is something we need; gender-specific policy and services. I think we, it seems like the sector and policies have all shied away from it in a big way”*. Deficiencies in the provision of female-only services and services that are sensitised to the specific needs of women – particularly those who have experienced violence and/or are separated from their children – were also repeatedly highlighted.

“We need dedicated services for women, you know, so the staff understand, the trauma. The child [separation] thing is massive for women, the trauma of losing [their child] and the guilt and the pain of all that. And a lot of women we work with would have been assaulted and sexually assaulted. I just think we need really specialist services to deal with that.”

A lack of provision and awareness of specific subgroups with complex needs, such as sex workers, women escaping domestic violence and women with histories of incarceration, was also referred to regularly by participating service providers.

“We [services] are ill-equipped to deal with women who are prostituting ... I know lots of places are struggling to deal with situations when they’ve got clients who are involved in the sex industry it’s like, ‘What do we do? How do we do it?’ You know, it’s very difficult and, again, I think it’s something we need to get more knowledge on and learn from each other about the practical [side].”

Practitioners frequently stressed that deficits within the service system in relation to the provision of gender-sensitive programmes and supports can result in women avoiding services that they feel are ill-equipped to respond to their situations: *“We see less women coming in to homeless services whether that’s because there are less homeless women or whether because the services aren’t right for them, I don’t know”*.

As highlighted earlier in this report, gender-based violence features prominently in the life stories of women who experience homelessness. A large number of service providers demonstrated an awareness that many homeless women may have histories of violence and abuse and several talked at length about the negative and long-lasting impact that these experiences can have on women’s mental health and wellbeing. Thus, when considering how to improve services, many practitioners considered it vital to bear in mind that women with traumatic experiences often present in a highly vulnerable state. However, the question of how

to respond to experiences of gender-based violence in the context of service provision appeared to divide opinion among the practitioners. While some called for more female-only services and staff members who are equipped to provide women – particularly those with experiences of sexual abuse and/or violence – with a “safe space” away from men to assess and come to terms with their situations, others highlighted the importance of also providing women (and their children) with positive male role models and relationships that can potentially help to prepare them for ‘real world’ situations. For example, in the first quote, one participant felt that women prefer to engage with female staff members because of their past experiences of violence perpetuated by men while, in the second quote, another practitioner emphasised the importance of placing a “time limit” on women staying in female-only spaces since it may exacerbate their “fear” of men and hamper their ability to successfully exit homelessness.

“We need dedicated services for women with women staff, with women-only safe spaces ... I mean, if you take a look at the homeless women, they prefer to talk with women workers; they are not very open to male workers because of what’s already happened on the streets or whatever trauma happened throughout their life. It’s obviously a male that has done the damage.”

“If you have male staff, you know, working within that environment, you give her [referring to female service users] that support to show that not every man is potentially [bad]... And there has to be a time limit, otherwise we ourselves as staff have provided a blockage because it nearly builds up that fear to say, ‘I’ll just stay here.’”

The negative consequences of prolonged stays in emergency or short-term accommodation have been documented elsewhere (Mayock and Sheridan, 2012a; Mayock *et al.*, 2015). The following account from one service provider is perhaps significant in light of the previous discussion of ‘institutionalised cycling’.

“The more security the [women] have in residential, they don’t want to leave. They have all the security that they actually require, they don’t have to think for themselves and they don’t want to think for themselves.”

A number of service providers highlighted the implications of women becoming “too comfortable” in residential service settings which, in turn, can increase the risk of women becoming over-reliant and dependent upon service providers and staff to provide structure and routine in their lives as well as practical and emotional support: *“The women [in residential services] have become very reliant on staff and having things done for them and handing over a lot of that [responsibility] and there’s probably, they expect a bit more handholding”*. In the excerpt below, one practitioner explained that, in her experience, some service users can become ‘institutionalised’ in service environments and that this can result in many female service users becoming reluctant or afraid to ‘move on’ from supported accommodation.

“[Women] are becoming more and more comfortable [in services]; they stall ... and I feel they were used to institutionalisation, that’s what we [services] are doing. I think we now have to push a little harder to help people because we know they have some skills and they are not utilising those skills within residential [services]. They [skills] are actually being taken away from [the women], you know? They have been cocooned and then we are asking them to open that cocoon and go out and that is the most frightening thing we can actually ask them ... that ‘move on’ word actually causes panic”.

Current systems of intervention and care were therefore considered by some to disempower women who may subsequently lack the confidence and life skills to live independently without support. Thus, service providers frequently noted the importance of preparing women for speedy exits from residential settings in order to maximise their chances of securing and maintaining stable housing following their departure from homeless services.

“The longer people stay in residential care it becomes more ‘normal’ so the sooner they are out of it the better.”

“It’s very much standing on your own two feet kind of thing. So we work hard at giving them [women] back their independence and giving them the skills and the confidence in themselves to get that move.”

The data presented on service provider perspectives indicate a strong perceived intersection between the housing and other support needs of homeless women, highlighting the importance of co-ordinated, gender-sensitive, multi-agency responses to homelessness (including social care services, specialist physical and mental health care agencies and housing support). It is significant that many service providers talked spontaneously about the ‘trap’ created for women by prolonged stays in homeless services and that a considerable number highlighted the risk of ‘institutionalisation’ produced by a system that, in many cases, fosters dependence among women, thereby jeopardising their chances of accessing and maintaining independent housing.

Conclusion

The issues and themes arising from the case studies presented correspond closely with the ‘stories’ of the women documented in the previous chapter. For example, gender-based violence featured prominently in their narratives, as did the tendency for women to initially avoid service contact and to subsequently embark upon a ‘journey’ characterised by prolonged stays in emergency, medium- or long-term homeless accommodation. The multiple, complex needs of women who experience housing instability and homelessness are also strongly apparent. Significantly, all three of the women were acutely aware of the range of problems and challenges they faced but, equally, they were motivated to resolve these difficulties. Melissa’s story highlights the negative impact of gender-based violence across the life course while Caitlyn’s account demonstrates the crucial importance of housing *with* support. Jessica’s story, and her concerns about the future, highlight the risks posed to women who reside in emergency hostel accommodation, particularly if these settings become a long-term housing solution.

Service provider accounts demonstrate a strong understanding of the issues that women who experience homelessness typically confront at the point of presenting to support services and accessing stable housing. Their perspectives on the challenges associated with addressing women’s needs suggest a strong awareness of the risk of ‘institutionalisation’ created by prolonged stays in homeless service settings.

Conclusion

In this concluding chapter we discuss the key findings of the research under the following headings: women's homeless histories; women's service experiences; and women's service needs.

Women's Homeless Histories

This research reveals considerable diversity in the age at which women first experienced housing instability as well as their circumstances at the point of becoming homeless. While each woman told a unique story, several shared strands of experience are nonetheless apparent. For example, practically all grew up with adversity and in family environments characterised by tension and/or conflict and where economic hardship was an everyday reality. The home-based challenges reported by a large number included experiences of domestic violence and/or child sexual abuse. Those women who reported experiences of gender-based violence were often severely traumatised and most talked at length about the negative impact of violence and abuse on their lives. It is significant that a number also reflected on the lack of intervention in their lives as children, which may have served to protect them and prevent further trauma and harm.

At the point of becoming homeless, many of the women avoided service contact – often for periods of months or longer – because of the stigma of homelessness and their fear of hostels, which they invariably perceived as unsafe and unclean (Edgar and Doherty, 2001; Robinson, 2003; Wardhaugh, 1999). These periods of invisibility or 'hidden' homelessness served, in many cases, to exacerbate existing problems and also placed women in situations that very often diminished their physical and psychological health. Thus, at the point of first accessing a homeless or domestic violence service, women had frequently reached a crisis point in their lives and the vast majority had multiple, complex needs.

The pressures associated with living in hostels, in particular, were significant for women due in large part to the transience and chaos that frequently characterises these environments. Most became more exposed to, and entrenched in, alcohol and/or drug consumption, sometimes quite quickly, and many also experienced harassment or further victimisation in these settings. A large number had homeless histories that spanned many years and a majority of the women had commuted in and out of homeless services over prolonged periods. Over time, these women embarked on an 'institutional circuit' characterised by protracted stays in hostel accommodation, interrupted by temporary exits to prison, acute and/or psychiatric hospitals and drug/alcohol treatment centres (Mayock *et al.*, 2015). Many had secured private rented accommodation at some point, sometimes on more than one occasion, but ultimately did not maintain these living situations for a range of reasons including relapse, experiences of domestic violence, a general

inability to cope or difficulties in sustaining rental payments. Following the breakdown of their accommodation, women invariably returned to the homeless service system.

There are a number of noteworthy features related to the patterns of 'institutional cycling' reported by many of the women. On the one hand, women disliked communal living situations and frequently struggled to adapt to settings where they had no privacy and experienced very little autonomy; they also frequently experienced a profound sense of aloneness despite living in close proximity to others. Perhaps paradoxically, the transition out of these environments was often markedly challenging for women, often because they experienced loneliness and also because they found themselves unable to navigate the everyday demands of independent living. Several women openly admitted to having lost the ability to live independently and most stressed the need for ongoing support to enable them to successfully maintain housing. Likewise, service providers frequently spoke at length about the risks posed to women who remain in service settings for prolonged periods, often framing the consequences in terms of women's growing *dependence* on services; the upshot is that many find that they are unable to cope with independence while others, according to practitioners, are reluctant and even afraid to move to alternative (independent) accommodation. These findings suggest that homeless emergency shelters, in particular, can serve to maintain women in homelessness rather than work to resolve their housing needs (Busch-Geertsema and Sahlin, 2007).

Numerous barriers to housing stability clearly emerge from this research, the most significant being the lack of affordable housing options. This absence of affordable housing has been highlighted as a barrier to progressing and implementing housing-led approaches in the Irish context (Kennedy *et al.*, 2013). However, other issues, particularly the lack of support available to women *following* an exit from homeless services, are also apparent. Indeed, women frequently referred to their need for ongoing support with daily life and living, maintaining access to their children and dealing with mental health and/or substance use problems, in many cases. At a point when homelessness policy has shifted towards a housing-led approach (O'Sullivan, 2012), the structure and organisation of homeless services appears not to be adequately oriented towards the development of policies aimed at supporting women *in* housing. While an insufficient supply of affordable accommodation remains a key challenge in adopting a housing-led approach (Bevan and Pleace, 2014), there is a need for homeless services to develop strategies that enable individuals to maintain housing from the point – and well after – housing is secured.

Women's Service Experiences

In general, women's service experiences were mixed and complex. On the one hand, positive experiences were reported, particularly in relation to the value women placed on the development of supportive relationships with service providers. A considerable number clearly felt cared for, respected and encouraged, and the narratives of these women correspond closely with what Bierdman and Nichols (2014) describe as 'humanising' experiences. Irrespective of the types of services that women accessed over time, almost all valued the practical advice they received, particularly in relation to assistance with better access to social welfare entitlements and health care. Importantly, a large number of the women were very familiar with the service sector because they had spent years moving in and out of homeless and/or domestic violence services. They were therefore knowledgeable about the ethos, rules and regimes that characterised a range of service settings and were frequently guided by personal experience in relation to choosing a service in instances where more than one option was available to them. This finding highlights women's active role in seeking out services that they feel are better suited to their situations and needs at various junctures. It also points to a need for services to recognise and focus to a greater extent on women's autonomy and agency in ensuring the provision of flexible services tailored to meet women's needs.

Consistent with a number of studies that have examined homeless women's service experiences and perceptions of services, a considerable number of the women in this research also reported negative encounters (Hutchinson *et al.*, 2014; Sznajder-Murray and Slesnick, 2011). Women's vulnerability within emergency hostels and their growing disillusionment with the predicament of living with transience and chaos emerged strongly from their accounts. Many also struggled with the control exerted over their lives by the rules and regulations dictating their movements, daily routines and their interactions with their children, in many cases. These kinds of experiences led to women feeling subservient within what they perceived to be authoritarian service environments. The themes of infantilisation and powerlessness (Hoffman and Coffey, 2008) emerged strongly from the women's narratives and these experiences led women to feel a personal lack of control or 'say' in their lives and futures.

A number of women, particularly those who had accessed domestic violence services, frequently talked about feeling empowered to take control of their lives and supported to address long-standing issues. These women also appeared to experience a more linear route to stable housing as well as more immediate access to medium- and long-term housing options. It is important to note, however, that those women who accessed domestic violence services did not have substance use problems; indeed, women who had experienced domestic violence and were also struggling with a drug and/or alcohol addiction generally considered themselves to be ineligible for domestic violence service support. Research in Europe and North America has similarly noted that many women who experience homelessness because of domestic violence may be unable to access domestic violence services because of issues related to substance misuse, challenging behaviour and/or poor mental health (Baker *et al.*, 2010; Pleace, 2008; Quilgars and Pleace, 2010).

Service provider perspectives on the situations of women who experience homelessness suggest a strong awareness on their part of the extent and impact of gender-based violence on the lives of women who access homeless support services. Perhaps significantly, however, a considerable number of women suggested that homeless services were not adequately equipped to respond to the trauma resulting from gender-based violence. This perspective was in fact mirrored in much of the commentary on this topic from services providers who, in many cases, suggested that intense, targeted training was required if homeless (and other) services are to respond more appropriately and effectively to women who have experienced violence, often over prolonged periods. In keeping with the findings of Baker *et al.* (2010), the apparent dis-connect between homeless and domestic violence services runs the risk of classifying domestic violence and homelessness as distinct processes when, in fact, they are frequently inseparable in women's lives. There is a need for greater collaboration and communication between homeless and domestic violence services in order to mitigate the negative social, economic and health consequences brought about by experiences of domestic violence and housing instability.

Women's Services Needs

Various 'layers' of unmet need emerged from the women's accounts. In terms of their first point of access to services, women were frequently traumatised and also reluctant to enter into the hostel system and this, in turn, tended to delay their contact with support services. As their homelessness progressed and patterns of housing instability were not resolved, a large number of women embarked on a cycle of moving between emergency service settings. This transience was disruptive and women sometimes found themselves with no option but to access services where they felt vulnerable and unsafe. A considerable number of the women were critical of the lack of women-only services, explaining that mixed-gender settings were not suited to individuals who have experienced domestic or other forms of gender-based violence. This issue was also raised by service providers who, in many cases, expressed concern about women who have no option but to

reside alongside men in service settings. Opinion was divided, however, on the role of women-only services, with some practitioners arguing that more women-only services are needed and that these services must be staffed by female workers. Others, on the other hand, emphasised the importance of male role models within services targeting homeless women. It is perhaps important to note that international commentary on service provision for homeless women who have experienced gender-based violence is also divided on the question of what safe spaces for women should 'look like' and how they ought to be staffed (FEANTSA, 2007). This lack of consensus points to a need for further research on this issue. However, it is clearly important that women who do not feel comfortable to share living spaces with men have the option of accessing a women-only service. Women need to be consulted on this matter at the point(s) when they seek service support.

Other unmet needs included a lack of couples accommodation which, in some cases, resulted in women (and men) opting for precarious alternatives – such as sleeping rough – that further jeopardised their health and well-being and served to entrench them further in homelessness. This research also highlights the distress experienced by 'single' women who have children in State or relative care and who were acutely aware of the stigma of 'spoilt' motherhood. These women's movements were in fact frequently driven by their efforts to find ways to rebuild relationships with their children (Mayock *et al.*, 2015), although most did not feel supported by services to maintain contact with their families.

More than anything, the women in this study articulated a need for stable housing. They were also aware that their access to secure and sustainable housing was highly restricted, particularly as their 'careers' in homelessness progressed. The lack of appropriate housing options for women leads to the gridlocking of emergency accommodation services and also promotes their use as long-term housing rather than as temporary arrangements. As stated earlier, the capacity of emergency hostels to interrupt the dynamics of ongoing homelessness appears to be limited (Busch-Geertsema and Sahlin, 2007; May, 2000), thus raising questions about their role in perpetuating trajectories of long-term homelessness.

Concluding Comments

The intersection of gender and homelessness is strongly apparent from the findings presented in this report. Homeless women clearly share experiences with their male counterparts but, equally and critically, women have specific needs related to their past experiences and to the mechanisms and processes that will ultimately support them to access and maintain stable housing. Services that are modelled on the male experience will, in a majority of cases, not serve women well and may inadvertently lead to further marginalisation, trauma and distress. The research base on homeless women, both internationally and in Ireland, is relatively weak but increasingly points to the need for gender-sensitive strategies and approaches to ensuring that women move to stable housing at the earliest possible juncture.

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