

Women and Homelessness in Ireland: A Biographical, Longitudinal Perspective

A Thesis Submitted for the Degree of Ph.D

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SUMMARY

This doctoral thesis explores women's experiences of homelessness and housing stability using a longitudinal qualitative approach. Based in the Republic of Ireland, the study was initiated in the context of a recognised dearth of empirical research on the topic of homelessness among women. Internationally, as well as in Ireland, the knowledge base on women's homelessness is relatively weak, owing in large part to an historical tendency among research communities to concentrate on the experiences of men, who typically represent a larger proportion of the 'visible' homeless population. Many studies have ignored or side-lined the experiences of women, while others have adopted a largely gender-neutral approach.

While in more recent years the research base on women's homelessness has gradually expanded in some Northern European countries, as well as in North America and Australia, women's homelessness is almost always researched cross-sectionally, yielding a rather static picture of women's experiences of homelessness and housing instability, as well as a weak understanding of the processes and negotiations associated with their 'journeys' or routes through and possibly out of homelessness. This doctoral study aims to redress several gaps in the literature by researching women's homelessness *longitudinally*. A core aim is to examine women's homelessness *over time*, meaning that their lives and experiences would be viewed through the lens of change through a close examination of their homeless and housing transitions. This study also seeks to explore women's relationships and interactions with services, their identities and identity transitions, and the meanings women attach to homelessness and home.

The study, which is qualitative and longitudinal, integrates biographical interviews with ethnographic observation. At baseline (Phase I of the research), sixty women were recruited to the study between January 2010 and July 2011. All were recruited from homelessness or domestic violence services in the cities of Dublin, Cork and Galway. During this period, ethnographic observation was carried out at four service sites in Dublin city (which has recorded highest numbers of homeless persons in the country). Between November 2012 and September 2013 - approximately three years later - forty of these women were successfully tracked and re-interviewed Phase II of the research. Reliable information on the living situations of an additional nine women was attained at the time of follow-up, though it was not possible to re-interview these women. At Phase II of the study, ethnographic observation was again carried out in four service settings in Dublin city. The study's retention rate is satisfactory given the recognised challenges associated with retaining transient populations in research of this kind.

Methodologically, the study was guided by an interpretivist epistemology, which emphasises individuals' personal understandings of their social worlds. The research therefore sought to give 'voice' to homeless women's experiences and their perspectives on their lives and situations over time. Grounded in the rich qualitative data garnered

over a significant period of contact and interaction with the study's women, the research adopts an integrated theoretical lens in order to reveal both the distinctiveness of women's homelessness, and also the heterogeneity and diversity of their experiences. Feminist, poststructuralist and cultural perspectives are mobilised with the aim of carving out a theoretical platform that can enhance the 'visibility' of women's experiences of homelessness.

The biographical narratives of the women point strongly to the negative ramifications of socioeconomic disadvantage and the structural barriers to housing security experienced across the life course. Structural disadvantage permeated the women's accounts of becoming homeless; these same experiences remained stubbornly present in the lives of the vast majority by Phase II – which almost always affected their ability to access and sustain stable housing. While other experiences – including gender-based violence, histories of care, and problems associated with substance misuse – were present in the accounts of a significant number, women's ability to address these life circumstances was strongly constrained by their economic marginality, gender and ethnicity/race, in many cases. Crucially, a large number of the study's women either remained homeless or were precariously housed at the time of follow-up, highlighting the extent to which systems of intervention had failed to find a resolution to their homelessness. Many of the women had been navigating institutional or quasi-institutional settings for a large proportion of their lives.

Women's interactions with – and their responses to – service settings forms a major plank of the analysis presented in this work and, to a large extent, demonstrates the range of gendered expectations that women confronted as they navigated and moved through service systems over time. Women's agency in the context of negotiating the power dynamics and relationships they routinely encountered reveals their efforts to oppose and resist, on the one hand, and the extent to which some (strategically) conformed and adapted, on the other. These responses – and the outcomes of these responses – cannot be detached from the identity work that women engaged in as they navigated homeless spaces, including homelessness (and other) services over time. Women were acutely aware of what surrounded them in the spaces they occupied and it is here that we begin to understand the relevance of categories of 'deserving' and 'undeserving' women, which appeared to have a strong bearing on the housing outcomes of a number, and on the perceived or imagined housing futures of many others. In this context, the notions of 'homelessness' and 'home' emerged as somewhat blurred concepts for a large number, particularly for women who had experienced trauma in their 'home' environments across the life course. These accounts also reveal the interconnectedness of numerous dimensions of the women's social worlds – their children, family members, intimate partners, communities (homeless or housed) and wider society – as determinants of both their housing outcomes and how they constructed their past, present and futures.

This thesis concludes by forwarding an integrated theoretical framework incorporating feminist, poststructuralist and cultural perspectives as a way of critically analysing how and why women become, remain, or exit homelessness over time. These theoretical

insights also seek to expose how gender ideologies, norms and assumptions permeates policy and service delivery and these considerations not only impact on women's trajectories through homelessness, but also bears influence on their sense of self and personal identity. The thesis concludes with a call for greater recognition of women's homelessness in policy and service practice but also recommends that multiple responses are needed to prevent and resolve women's homelessness, given the diversity of their experiences.

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This PhD is dedicated to the memory of Fionnuala (pseudonym) who offered so much of
herself to this study before her death in 2014.

Canal Bank Walk

*Leafy-with-love banks and the green waters of the canal
Pouring redemption for me, that I do
The will of God, wallow in the habitual, the banal,
Grow with nature again as before I grew.
The bright stick trapped, the breeze adding a third
Party to the couple kissing on an old seat,
And a bird gathering materials for the nest for the Word
Eloquently new and abandoned to its delirious beat.
O unworn world enrapture me, encapture me in a web
Of fabulous grass and eternal voices by a beech,
Feed the gaping need of my senses, give me ad lib
To pray unselfconsciously with overflowing speech
For this soul needs to be honoured with a new dress woven
From green and blue things and arguments that cannot be proven.*

By Patrick Kavanagh

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CHAPTER ONE

INTRODUCTION: SETTING THE SCENE FOR THE STUDY

In Ireland and internationally, there is a recognised dearth of research on women's homelessness. While the research base on homelessness in general has expanded significantly over the past decades, only a relatively small number of studies have focused specifically on women's experiences of homelessness and housing instability. Indeed, historically, homelessness research has tended to adopt either a gender-neutral (Edgar and Doherty, 2001) or 'add-on' approach to women (Watson and Austerberry, 1986), thus failing to challenge the gender blind assumptions underpinning housing systems in general or incorporating women's experiences of homelessness and housing instability. In the Irish context, commentary on women's homelessness at the turn of the millennium noted that homelessness was "generally viewed as a phenomenon that has principally affected men ... [t]his is not to say that there are no homeless women, rather they were conceptualised as other than homeless" (O'Sullivan and Higgins, 2001: 77). Indeed, women's homelessness in Ireland, as in other jurisdictions, has largely remained hidden and invisible, removed from the consciousness of policy makers and service providers, and from society at large.

Internationally, there are some indications of a shift towards a recognition of some distinct features of women's homelessness, at least to the extent that need for gender-sensitive approaches to homelessness is increasingly recognised (Baptista, 2010). A number of studies have demonstrated that women frequently report distinct routes into homelessness (Watson and Austerberry, 1986; Jones, 1999; Robinson *et al.*, 2003; Reeve *et al.*, 2006) and research has also documented specific gendered experiences both prior and subsequent to women becoming homeless (Reeve *et al.*, 2007; Huey and Berndt, 2008; Jasinski *et al.*, 2010). Nonetheless, research focusing on the mechanisms and experiences that facilitate or, alternatively, obstruct women's ability to exit homelessness and sustain housing, is extremely limited. Due largely to the fact that most existing studies of women's homelessness are cross-sectional, an understanding of how women negotiate the experience of homelessness *over time*, and within the homeless and home

spaces they may occupy, remains rather rudimentary (May *et al.*, 2007; Huey and Berndt, 2008).

This doctoral thesis set out to address several gaps in the research literature by examining the lived experience of homelessness among women in Ireland using a qualitative longitudinal approach. Guided by an interpretivist epistemology, the research sought to give ‘voice’ to women experiencing homelessness by prioritising their perspectives on their lives and situations. A primary aim was to examine those processes, mechanisms and experiences that influence women’s homeless and housing transitions over time. Other key objectives included an exploration of women’s interactions and relationships with services, their identities and identity transitions, and the meanings that women attach to homelessness and home (see Chapter Four for a more detailed account of the study’s aims and objectives).

This introductory chapter provides a broad contextual backdrop to the study, focusing primarily on the Irish context¹. It opens by providing an overview of existing research on women’s homelessness in Ireland. The prevalence of women’s homelessness is then discussed and this is followed by an overview of policy and service responses to homelessness in Ireland. The chapter concludes by outlining the background to the research and by ‘mapping’ the structure of the dissertation.

The Context: Women’s Homelessness in Ireland

Homelessness among Women in Ireland: What We Know

In Ireland, as in other jurisdictions, only a limited number of empirical studies have focused specifically on the experiences of homeless women. The first dedicated study of women’s homelessness in Ireland was undertaken by Sister Stanislaus Kennedy in 1985². Kennedy integrated a number of data collection methods in order to examine women’s homelessness in Dublin, including: a measurement and estimation of the number of women utilising homelessness services; the conduct of semi-structured interviews with homeless women; participant observation in homeless hostels; and the administration of postal-questionnaires to front-line services. Case studies were also used to analyse the complexities of women’s stories. The findings of this study indicated that, during this

¹ Chapter Two will examine the international research literature on women’s homelessness.

² Sr Kennedy’s research led to the formation of Focus Point, later re-named Focus Ireland, a non-governmental organisation that works with homelessness populations in Ireland.

period of time, there was a sizeable visible female population accessing homeless hostel accommodation in Dublin city (n=384) as well as a significant number of women living in hidden homeless situations (i.e., homelessness which exist out of sight of services and homelessness statistics, such as residing on floors or sofas of friends or families). Women in the study with shorter homeless histories were found to be more likely to report family breakdown and/or unstable housing, while those with prolonged homeless histories tended to report psychiatric illnesses, severe family problems, and/or experiences of domestic violence. The service-level data suggested that unplanned pregnancies impacted negatively on women's housing stability, reflecting the stigmatisation of women who had children outside of marriage at that time³.

Perhaps the most distinctive feature of Kennedy's (1985) study was the emphasis it placed on hidden homelessness, with those residing in hostels claimed to be just "the tip of the iceberg" (Kennedy, 1985: 173). Kennedy advocated for a broader definition of homelessness in order to capture the true nature and full extent of women's homelessness, arguing that, for those women living in hidden homeless situations, including 'doubling up' with friends or family, living in overcrowded conditions, and those who Kennedy categorised in housing need, the "misery and insecurity which it causes may be as great as that of the women who are homeless and living in hostels" (Kennedy, 1985: 170). Kennedy estimated that the total number of women in housing need in Dublin at that time was in excess of 9,000, stressing that this was "not an accurate figure, but merely an initial indication of the possible extent of hidden homelessness" (Kennedy, 1985: 169). Thus, Kennedy's study, the first to explicitly address the problem of female homelessness in Ireland, highlighted the hidden nature of homelessness among women, a phenomenon not previously documented and a feature that made women's homelessness distinct from that experienced by their male counterparts.

The hidden nature of women's homelessness also emerged in a number of subsequent studies conducted in Ireland (Kelleher *et al.*, 1992; Holohan, 1997). Kelleher *et al.*'s (1992) study of hostel use in Dublin found that women constituted 20 per cent of the homeless population. The authors attributed this relatively low representation of women living in

³ Women who became pregnant outside of marriage were highly stigmatised in Ireland for much of the twentieth century. Many women in these situations were forced to place their children up for adoption and women themselves frequently lived in institutions, such as Magdalen Laundries, designed to house "fallen women", who were perceived as a threat to the moral fibre of Irish society (Smith, 2007).

emergency homeless accommodation to the lack of appropriate and adequate emergency provision for women which, the authors claimed, led to women avoiding male-dominated hostel settings (Kelleher *et al.* 1992). A number of years later, Holohan (1997) conducted a census of homeless people in Dublin and found that 15 per cent of the homeless population were women⁴. Both Kelleher *et al.* (1992) and Holohan (1997) attributed women's homelessness to a combination of factors including poverty, lone parenthood, domestic violence, experiences of trauma, sexual abuse, and mental health problems. These studies also revealed additional characteristics of low income individuals and households when faced with a personal crisis, such as marital separation, family conflict, pregnancy or bereavement, as placing them at risk of housing instability and homelessness.

Smith *et al.* (2001) examined the health problems of homeless women in Dublin based on a mixed-methods study of one hundred homeless women living in emergency Bed and Breakfast (B&B) and homeless hostels. This research revealed numerous health problems among the women they studied (some of which were severe) and also highlighted the challenges faced by homeless women as they tried to negotiate the demands of motherhood. Eighty of the one hundred participating women were mothers; fifty per cent of these women were the full-time carers of all their children while the remaining fifty per cent reported that one or more of their children were living in State or relative care. Inadequate cooking facilities, poor nutrition and overcrowding emerged as having a negative impact on the health of both the mothers and children living in emergency accommodation. These precarious living situations also placed considerable emotional strain on family relationships (Smith *et al.*, 2001). The findings of this study also revealed that homeless women reported high levels of physical violence and sexual abuse during childhood and/or as adults.

Other research in the Irish context has documented high levels of homelessness among specific groups of marginalised women, including drug users and sex workers (Cox and Lawless, 1999; Lawless, 2002; Lawless and Corr, 2005; Cox and Whitaker, 2009). While an exploration of homelessness was not a primary aim of these studies, the extent to which participating women reported experiences of homelessness and housing instability emerged strongly from the findings. For example, Cox and Whitaker's (2009) qualitative study of predominantly female drug-using sex workers in Dublin found that a majority

⁴ Holohan's (1997) study was based on data collected over a five-day period in hostels, B&Bs, and food centres and received 510 returned surveys, representing a response rate of 64 per cent.

lived in highly unstable living situations at the time of interview. Of the 31 participants interviewed (including 27 females and 4 males), all reported adverse early life experiences as well as low levels of educational attainment, intergenerational unemployment and persistent economic marginalisation. Participants' experiences of homelessness exacerbated their support needs, as Cox and Whitaker (2009: 92) explained:

The precarious and impoverished existence brought on by homelessness placed them [study participants] at further risk of poverty, social isolation, and inadequate access to healthcare and other services.

Similarly, research on drug users in Ireland has consistently documented high rates of homelessness and housing instability among populations of heroin and other 'problem' drug users (Lawless, 2002). In a relatively large-scale study of drug use among homeless individuals, Lawless and Corr (2005) administered a survey to 355 homeless people (111 of whom were women; constituting 31 per cent of sample) and conducted 14 focus groups with homeless service providers. This study found that drug-using women were comparatively younger than their male counterparts and that they entered into homelessness at a younger age, findings which were broadly consistent with research and statistical information on homeless women in other European countries around that time (Edgar and Doherty, 2001). Furthermore, women reported more episodes of homelessness than their male counterparts, highlighting that "specific triggers for homelessness exist for women which have implications for their security of tenure" (Lawless and Corr, 2005: 153).

In summary, prior to the initiation of the current study, only a limited number of studies had examined the experiences of homeless women in the Irish context. The findings of these studies suggest that women – particularly marginalised women – face specific challenges and adversities that place them at heightened risk of housing instability and homelessness. In combination with the precarious economic position that many low income women occupy, the findings of these studies highlighted additional gender-specific risks – including lone parenthood, relationship breakdown, experiences of trauma, domestic violence and abuse, unaffordable childcare costs and welfare dependency – as propelling women towards housing instability and homelessness. These studies also identified gaps in the social welfare safety net as contributing to the homelessness of a significant number of women. Finally, and significantly, this body of research also highlighted the extent to which women may not necessarily access

services, particularly during the early stages of their homelessness and, instead, live in situations of hidden homelessness, where they are not ‘counted’ as homeless.

The Prevalence of Women’s Homelessness in Ireland

Measuring homelessness is notoriously fraught (see Chapter Two for a more detailed discussion). Prior to 2001, periodic counts of the homeless population in Ireland attempted to capture service use patterns as well as the number of individuals sleeping rough in various locations. The first of these studies was conducted in Dublin, Kildare and Wicklow in 1999, representing the first robust effort to estimate the number experiencing homelessness in these areas (Williams and O’Connor, 1999). Subsequently, three surveys – entitled *Counted In* – were repeated in 2002, 2005, and 2008, respectively, in Dublin⁵. In 2011, the national Census of the population counted all individuals living in accommodation providing support for homeless persons as well as those sleeping rough, marking the first concerted effort to record a national count of homelessness. This count, conducted on Census Night in 2011, culminated in a Special Report on Homeless Persons in Ireland (CSO, 2012), providing significant insight into the profile of the homeless population in the State⁶.

The 2011 Census count found that there were 3,808 people residing in homeless accommodation services and that one-third of those counted were women (1,263 people) (CSO, 2012). This proportion of females recorded as homeless (approximately one-third) broadly reflects recent gendered statistics on homelessness across Europe (Edgar and Doherty, 2001; Wilcox *et al.*, 2015) and is also consistent with the gender breakdown reported in *Counted In* 2008, which found women to constitute 32 per cent of the homeless population (Homeless Agency, 2008). Of the women recorded as homeless in Census 2011 (CSO, 2012), 531 (42 per cent of the homeless female population) were residing in emergency accommodation while 414 (33 per cent of the homeless female population) were living in long-term supported accommodation⁷.

⁵ The *Counted In* surveys (Homeless Agency 2002; 2005; 2008) were statistical counts of homelessness in the Dublin region conducted by the Homeless Initiative, a statutory body with responsibility for responding to homelessness in Dublin. It was subsequently re-named the Homeless Agency and is now the Dublin Region Homeless Executive.

⁶ National Census data collected in April 2016 adopted a similar approach to Census 2011. A second special Census report on homeless populations will be published in late 2016 or early 2017.

⁷ There were 10 per cent more women than men living in long-term supported housing, despite there being fewer women in the homeless population overall. The reason for this discrepancy is

In the 2011 Census count, a majority of homeless women (785 women, or 62 per cent) were residing in homelessness services in the Dublin region (a similar proportion to that of men, at 63 per cent). A further 187 women (15 per cent) were recorded in the South East of the country, mainly in Cork city. Consistent with available statistical counts in Ireland and throughout Europe (Holohan, 1997; Busch-Geertsema *et al.*, 2014), women who were recorded as homeless were found to be relatively younger than their male counterparts: over 70 per cent of the 1,269 women were under the age of forty years compared to 50 per cent of men who were of the same age (CSO, 2012). Similarly, fewer women than men were over the age of fifty years. Migrant homelessness also featured prominently in the 2011 Census Homeless Persons Count. A slightly higher proportion of migrants were represented in the homeless population (15 per cent) compared to the number of migrants in the general population during that same year (12 per cent)⁸.

Since April 2014, the Department of Housing, Planning, Community and Local Government has published monthly statistical data on the number of adults and families living in emergency homeless accommodation nationwide. These figures provide a regular statistical profile of homeless persons (including both single adults and adults with dependent children) who are included in the homeless persons administrative data system – Pathways Accommodation & Support System (PASS) – which was established nationally in 2013 and provides details on the gender, age, and location of all homeless persons residing in emergency accommodation⁹.

At the time of writing, the most recently data published on those individuals residing in emergency accommodation across Ireland reveal a continued increase in the number of women residing in emergency accommodation since mid-2014 (Department of Housing,

unclear but it could indicate a cohort of ageing women who lived in institutional or quasi-institutional settings across Ireland in the past, reflecting Kennedy's (1985) research which reported a significant number of women living long-term in various institutions such as convents and psychiatric hospitals. Kennedy (1985: 150) found there was a tendency among social workers and hospital staff not to discharge women from institutions or hospitals because they had "nowhere to go."

⁸ Census 2011 also revealed gender variations according to nationality. For example, Polish and Lithuanian homeless people were disproportionately male (for example, there were 82 Polish and Lithuanian males compared to 19 females). Further, a high number of African women in the context of the overall female migrant homeless population relative to other migrant women was recorded (77 women or 38 per cent of the 206 migrant women were African). Indeed, the number of African homeless women was greater than the number of women who identified as EU in origin.

⁹ The PASS administrative data system includes all individuals living in homelessness services that are funded under Section 10 of the Housing Act, 1988. These numbers do not include adults and children residing in domestic violence accommodation, which is funded by Tusla – The Child and Family Agency.

Planning, Community and Local Government, 2016). Of the 6,170 persons residing in emergency accommodation during one week at the end of May 2016, 3,993 adults and 2,177 children were counted as homeless. The gender breakdown of the 3,993 adults indicates that 58 per cent (n=2,303) were men and 42 per cent (n=1,690) were women. These figures signal a significant increase in the proportion of females in the homeless population compared the figures published by Census 2011 (CSO, 2012), when 32 per cent of all homeless individuals were recorded as women.

This increase can be largely explained by an unprecedented rise in the number of families becoming homeless since 2014, a large proportion of them single mothers with dependent children. In May 2016, there were 1,054 families residing in emergency accommodation, with a majority residing in commercial hotels due to capacity constraints within emergency homeless accommodation targeting families. Compared to the May 2014 figures, when 344 families were recorded as homeless, this represents a 206 per cent increase in family homelessness over a period of just two years. A limited body of research on what is frequently referred to as the ‘new homeless’ (referring primarily to family homelessness) suggests that the reasons for families becoming homeless centre primarily on conditions within the private rented market (Walsh and Harvey, 2015; Focus Ireland, 2016a; Focus Ireland, 2016b). In a recent study, Walsh and Harvey (2015, p. 38) concluded that “[t]he primary cause of family homelessness appears to be the freezing out from private rental accommodation sector of low-income households. This freezing out has happened because the stock of private rented accommodation has seen rents increase and the number of properties available to rent, reduce in number”.

There are specific limitations associated with existing surveys and counts of homeless persons in Ireland that merit comment. First, Census 2011 incorporated just five of the ten categories of homelessness outlined by ETHOS, the European Typology of Homelessness and Housing Exclusion¹⁰ (see Chapter Two for a more detailed overview of

¹⁰ Developed by FEANTSA (European Federation of National Organisations Working with the Homeless) and the European Observatory on Homelessness in 2005, ETHOS is both a definition and a typology (or classification) of homelessness; that is, it proposes how the homeless population should be identified and divides the population into discrete subgroups. FEANTSA developed ETHOS as a means of improving the measurement of homelessness, using a ‘common language’ to aid transnational exchanges on homelessness. It has been advocated as providing an appropriate basis for measuring homelessness in Europe (Edgar *et al.*, 2007; FEANTSA, 2008) and is “widely accepted and frequently quoted in almost all European countries” (Busch-Geertsema, 2010: 21).

ETHOS). In other words, the count did not include those individuals residing in insecure accommodation, those living with an imminent threat of eviction, or those living in situations of violence or abuse, nor did it include people who were due to be released from institutions (penal, medical or care institutions or homes, for example). The figures, therefore, *only* include individuals residing in homelessness services or sleeping rough on Census Night. Given the recognised tendency for women to live, sometimes for prolonged periods, in hidden homeless situations (Kennedy, 1985; Edgar and Doherty, 2001; Baptista, 2010), the number of women recorded by Census 2011 is therefore likely to be an underestimate (Busch-Geertsema *et al.*, 2014).

Second, the PASS data – which is claimed and/or assumed to be a ‘reliable’ measure of homelessness in the Dublin region – does not include women and children residing in domestic violence refuges or services, which fall under a different funding remit than Section 10 of the Housing Act, 1988 (see Footnote 9), which means that they are not officially recorded as ‘homeless’. Safe Ireland – a State-funded umbrella agency for domestic violence services – recorded that on a one-day census of domestic violence accommodation in 2014, 475 women and 301 children were accommodated in domestic violence refuges or services (Safe Ireland, 2014). Yet, these women and their children, similar to other groups of ‘out of home’ women in the past (O’Sullivan and Higgins, 2001), are categorised as *something other than homeless*.

Thus, while data management and data collection techniques designed to measure homelessness in Ireland have undoubtedly improved over the past decade in particular, the extent to which the figures represent a true picture of homelessness and housing instability among women is open to debate. Perhaps the best case scenario is that more recent ‘counts’ and the available figures are more reliable than in the past; equally, however, they in all likelihood under-estimate the number of women living in insecure housing and those at risk of homelessness. Importantly, the available figures do not count those women who are homeless and living in situations of hidden homelessness.

Despite these limitations, the available statistical data point to some noteworthy patterns and trends. Within homeless service settings, women represent an increasing proportion of service users, a trend that is consistent with research conducted in other European countries (Edgar and Doherty, 2001; Wilcox *et al.*, 2015). There is also evidence of a change in the composition of the female homeless population, reflected in increases in younger women and in women from ethnic minority groups or immigrant

backgrounds. Finally, and importantly – albeit not recorded or documented by ‘official’ statistics – women appear to be more likely than their male counterparts to occupy spaces of hidden homelessness, particularly during the early stages of their homelessness but also (potentially) as they experience repeat episodes of homelessness or housing insecurity.

Women’s Homelessness: The Policy Context in Ireland

Since the turn of the millennium, homelessness policy in Ireland has been relatively progressive in terms of the emphasis on prevention across successive homelessness strategies and policies, in particular, in its more recent ambition to move towards a Housing-Led¹¹ approach (O’Sullivan, 2012a). Emerging from a cross-departmental team on homelessness, established in 1998, a national policy document entitled *Homelessness – An Integrated Strategy* (Department of Environment and Local Government, 2000) was launched in 2000, with the key aim of enhancing service provision for individuals who experience homelessness. This document emphasised the importance of providing long-term alternative housing for those living in emergency accommodation and recognised the importance of preventative strategies in tackling the problem of homelessness. This emphasis on prevention was bolstered by the *Homeless Preventative Strategy*, published in 2002 (Department of Environment and Local Government, 2002). A series of reviews and implementation plans followed and, in 2008, *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* (Department of the Environment, Heritage and Local Government, 2008), was launched. *The Way Home* outlined a reconfiguration plan for homelessness services with the distinct aim of moving away from the provision of emergency accommodation services towards the provision of long-term housing solutions. The elimination of rough sleeping and long-term homelessness was a key aim outlined in this policy document. A policy shift towards a Housing-Led approach to resolving homelessness was implicit in this document and was subsequently explicitly articulated by Government with the publication of the *Homelessness Policy Statement* in 2013 (Department of Environment, Community and Local Government, 2013). Together, *A Way Home* and the *Homelessness Policy Statement* are regarded as broadly progressive

¹¹ The term Housing Led can be described as adopting the broad principles of Housing First (i.e. the provision of housing with supports). However, Housing Led approaches may not necessarily provide support services of sufficient intensity, range or duration. In this sense, Housing Led does not conform to the Pathways to Housing First model (first developed in the US – see Tsemberis, 2010) in terms of its fidelity to some of the core principles of Housing First (Pleace and Bretherton, 2013).

(if not overly-ambitious) plans of action (O’Sullivan, 2012a). Furthermore, the Housing (Miscellaneous Provisions) Act (2009) offered legislative effect to the recommendations of the updated and revised strategies in which each local authority is obliged to address homelessness in their area¹².

Significantly, exchequer expenditure on homelessness services remained relatively stable over a period of almost ten years of economic austerity and, perhaps extraordinarily, homelessness policy in Ireland continued to evolve and develop during that period (O’Sullivan, 2012a). However, while continued economic resources have been allocated to the problem, the impact of homelessness policy is less clear. With the exception of the broad stabilisation of the number of individuals sleeping rough¹³, most of the ambitious targets set out in more recent strategies have not in fact been realised and implementation plans appear to have yielded only limited improvements in terms of meaningfully tackling the problem of homelessness.

Since 2008, where Ireland suffered a rapid and sustained economic decline, construction and development almost ceased, while poverty rates increased across the country, particularly among already vulnerable or marginalised communities (Whelan and Maitre, 2010; Healy *et al.*, 2012). The problem of homelessness has increased appreciably in recent years alongside what has been termed a ‘crisis’ of family homelessness, which has apparently changed the profile of the homeless population quite dramatically (Department of Housing, Planning, Community and Local Government, 2016). Emerging from this crisis, the *Social Housing Strategy 2020* was published in 2014 (Department of Housing, Planning, Community and Local Government, 2014) and this was followed by the more recent launch of *Rebuilding Ireland: Action Plan for Housing and Homelessness* (Government of Ireland, 2016: 8) in July 2016, which set out the following overarching aim:

The overarching aim of this Action Plan is to ramp up delivery of housing from its current undersupply across all tenures to help individuals and families meet their housing needs, and to help those who are currently housed to remain in their homes or be provided with appropriate options

¹² The Housing (Miscellaneous Provisions) Act (2009) signified a new administrative process for housing authorities whereby key stakeholders (including voluntary homeless service providers) work on a homeless action plan for each area. The Act also broadened the formal provision of social housing through other channels such as rented social housing by means of leasing or contract arrangements with private or not-for-profit housing providers (O’Sullivan, 2012a).

¹³ While rough sleeper counts remain relatively stable, the number of individuals residing in emergency accommodation has increased since 2014 (Department of Housing, Community and Local Government, 2016).

of alternative accommodation, especially those families in emergency accommodation.

While contemporary homelessness policy in Ireland may be regarded as relatively progressive, it should be noted that, prior to the turn of the millennium, homelessness policy was underdeveloped and also lacked a co-ordinated national response. This can be observed most clearly in the largely conservative and paternalistic responses to women's homelessness and poverty over a period of many decades. Kennedy's (1985) research on homeless women highlighted an overall lack of appropriate service provision for women experiencing homelessness (which resulted in many women resorting to hidden homeless situations) as well as inadequate policy responses to women's housing needs. More than fifteen years later, women's homelessness in Ireland was argued to be rendered largely invisible due in large part to the "familialistic nature" of the Irish welfare state, which led to women being housed in "punitive outposts" (O'Sullivan and Higgins, 2001: 88):

It can be argued that the familialistic nature of the Irish welfare state rendered homelessness among women a hidden phenomenon, with those who needed to escape the family home, due to violence and abuse, offered few options. The options that did exist, certainly up until the late 1970s, were the punitive outposts of a retreating morality, in the form of Magdalen homes and other stigmatising institutions.

Even with the dismantling of the institutions referred to above – and a decline in the "familialistic tenor of Irish public policy", women who experience homelessness continue to remain largely invisible or hidden because they being labelled or categorised as something other than homeless:

Rather than labelled as homeless, they are re-categorised as victims of domestic violence, or as parents who require more support than those labelled as homeless would necessarily achieve (O'Sullivan and Higgins, 2001: 88).

Watson and Austerberry's (1986) work also highlighted the concealed nature of women's homelessness and housing needs in the British context some years earlier:

... statutory definitions of homelessness were shown to largely have excluded single homeless people entirely. We also argued that the lack of provision for single women and women's economic and social status meant that concealed homelessness was a significant issue for women, and that a study of single homeless women must include those whose housing need is hidden.

Despite relatively consistent and ongoing government investment in the development of policies to tackle the problem of homelessness in Ireland, these policies have been

gender-neutral and no specific reference is made to the situations or support needs of women who experience homelessness. To a large extent, this mirrors the situation throughout Europe, where homelessness policies typically do not reference or address the matter of gender (Edgar and Doherty, 2001; FEANTSA, 2016). More broadly, homelessness services remain primarily oriented towards men, they lack gender sensitivity and are very often ill-equipped to respond to the diverse situations and needs of women (Edgar and Doherty, 2001). Interestingly, in more recent years in Ireland, there is evidence of a recognition of the distinct needs of homeless women on the part of at least some statutory and voluntary agencies. For example, the Dublin Region Homeless Executive commissioned a mapping of homelessness services to identify the full range of accommodation options available to women in the Dublin region (Mayock *et al.*, 2013). Similarly, Non-governmental Organisations (NGOs), such as Simon Communities, have commissioned research on service provision for homeless women (Walsh, 2014; Mayock *et al.*, 2015). These initiatives signal a growing acknowledgement of a need to design distinct service responses for women (and their children), including the adoption of a trauma-informed care approaches when working with homeless women and the need for appropriate affordable housing, with supports if necessary (Walsh, 2014). Thus, although not formally articulated within homelessness policy, women's homelessness does seem to have made its way on to the agenda of at least a number of statutory and voluntary agencies with responsibility for providing services and supports to individuals experiencing homelessness.

Background to the Study

As stated earlier, this doctoral dissertation is qualitative and longitudinal and aimed to 'track' the experiences of homeless women over time. The study was initiated in 2009, when Dr. Paula Mayock, School of Social Work and Social Policy, Trinity College Dublin was awarded an Irish Research Council Fellowship (2009-2010) to undertake an in-depth qualitative study of the lives and experiences of homeless women in Ireland. In November 2009, I was employed as a Researcher on the project for a twelve-month period. My employment was subsequently extended for a further twelve months after funding was granted by the Health Service Executive to support additional data collection. As the project's Researcher, my responsibilities included the following: assisting with the design of the study's research instruments; negotiating access to numerous recruitment sites; data collection (the conduct of biographical interviews and

ethnographic observation with homeless women in Dublin, Cork and Galway); project record keeping; transcription; data analysis and; contributing to the dissemination of study's findings through publications and the presentation of conference papers (Mayock and Sheridan, 2012a,b; Mayock *et al.*, 2012; Mayock and Sheridan, 2013; Mayock *et al.*, 2015). While Phase I was a commissioned piece of work which was led by the supervisor of this doctoral study, the initial baseline of the research – as highlighted above – which was a product of close collaboration across all stages of Phase I.

The overarching aim of Phase I of the study was to examine women's journeys into, through, and possibly out of homelessness through a biographical framework that integrated ethnographic fieldwork. The study's aims were necessarily open-ended, owing in large part to the dearth of research on women's homelessness in Ireland at that time. The study therefore primarily aimed to understand the lives and experiences of homeless women from the perspectives of women themselves. Between January 2010 and July 2011, sixty women were interviewed in-depth and ethnographic observation was conducted in four strategically selected sites.

In September 2011, the current doctoral research was initiated which built a second phase of data collection to the initial baseline data¹⁴. As stated above, a large volume of biographical and ethnographic data had been collected but only partially analysed. At this juncture, I had accrued considerable research experience and was also heavily invested in a research endeavour that aimed to give homeless women a 'voice' and to garner data that would yield a fuller understanding of their lives and experiences. In consultation with my academic supervisor, Dr. Paula Mayock, I therefore decided to embark on a follow-up phase that aimed to 'track' and re-interview a maximum number of the study's women. Following a preparatory period – involving the design of new research instruments (including interview schedules, information sheets, consent forms and so on) and some further analysis of the baseline data (Phase I) – the follow-up study (Phase II) was initiated. A 'tracking' process was embarked upon between November 2012 and September 2013, approximately three years subsequent to the initiation of the initial recruitment of research participants. The principal rationale for the conduct of this follow-up phase was to extend the scope and explanatory power of the research

¹⁴ While I had transitioned from researcher to PhD student between data collection phases, there was sense of seamless continuity over this time given that the methodological approach and personnel involved remained the same across both phases. As will be discussed in greater depth in Chapter Four (Methodology), the positive relationship already built up with service staff at Phase I greatly assisted Phase II data collection.

through the integration of a longitudinal perspective. The aim of the Phase II study was not to refute, contradict or invalidate the already rich findings arising from the baseline data collection phase but rather to strengthen understanding of the women's lives *over time* (Davies, 2000). A primary objective was to permit the study's women to continue their 'stories' of homelessness and housing in order to produce a more nuanced understanding of their unfolding lives and experiences.

'Mapping' the Thesis

This introductory chapter has provided an overview of the research context, the prevalence of and responses to women's homelessness in Ireland, highlighting significant gaps in knowledge whilst also providing a background and rationale to the current study.

Chapter Two reviews the international research evidence on homelessness among women. It opens by presenting an overview of the challenges associated with defining and measuring homelessness. Attention then turns to the causes of homelessness and this section is structured according to several themes that emerge consistently in the research literature on women's homelessness including, among others, structural factors and the feminisation of poverty and the link between domestic violence and homelessness. A broader sociocultural analysis of women's homelessness is then presented in order to capture the complexity of the meaning of home and homelessness for women and the ways in which these discourses may impact women's sense of self. This chapter concludes with a short discussion of welfare, housing and policy responses to women's homelessness.

Chapter Three reviews the dominant explanations of homelessness to emerge from the research literature over recent decades as a way to preface the theorisation of women's homelessness. The pathways metaphor is also appraised, particularly in terms of its contribution to understanding women's homelessness. The chapter then presents the study's integrated theoretical framework, which proposes the mobilisation of feminist, poststructuralist and cultural perspectives in order to reveal and account for the distinctiveness of women's homelessness but also the heterogeneity and diversity of their experiences.

In Chapter Four, the study's methodological approach is outlined in considerable detail. It begins by presenting the aims and objectives of the research and by outlining the epistemological underpinnings of the study. The merits of qualitative longitudinal research and biographical interviewing are then discussed ahead of a detailed account of the study's methodological approach. The research process is described in detail, including the recruitment, sampling and tracking procedures over the course of the research (including Phases I and II of the study). The approach to the conduct of interviews and ethnographic observation during both phases of the research is also set out in some detail. The account presented this chapter includes my reflections on the research process as well as a discussion of the issues of validity and reliability. The data analysis procedures are outlined and the chapter concludes with a discussion of the ethical considerations that guided the conduct of the study.

Chapter Five, the first chapter to report on the study's findings, examines the processes and 'triggers' that led to homelessness and housing instability among the study's women based on a detailed analysis of their biographical accounts. It starts by presenting a detailed profile of the Phase I sample and then goes on to examine the range of complex and overlapping experiences that surrounded the women's first homeless experiences. As the analysis reveals, women's homelessness was rarely the result of a single or once-off event; rather, their homelessness was related to culmination of life events and experiences that, in most cases, could be traced to childhood.

In Chapter Six attention turns to the women's housing and homeless histories and is primarily concerned with documenting the women's journeys through homelessness and housing over the course of the study. The reported duration of their homelessness is first documented and this is followed by a thematic exploration of the dominant patterns of residential instability to emerge from their biographical narratives. Attention then turns to an examination of the housing status of the women at Phase II of the study and the remainder of the chapter examines women's movements through homelessness through a close examination of the study's longitudinal data.

Chapter Seven present a detailed analysis of the manner in which service settings impacted the women's lives and the diverse ways in which they negotiated a range of service systems over time. Prioritising women's perceptions and their social worlds, the chapter explore the women's relationships and interactions with services and systems of intervention and the manner in which they negotiated the rules and regimes at work in

different service settings. The chapter also explores women's agency and, in particular, the role of their individual actions as they sought to negotiate a 'way out' of homelessness.

In Chapter Eight, the final findings chapter, attention turns to the women's constructions of identity and 'self' *over time*. It starts by examining women's interpretations of home, homelessness and the spaces 'in-between' and considers the ways in which women internalised and negotiated wider discourses relating to gender and stigma as they attempted to forge their identities and narratives of the self. Attention then turns to the intersection between homelessness, identity and gender. Drawing on the study's biographical data, and presenting excerpts from ethnographic field notes over two phases of data collection, a number of 'identity' themes are presented. These include: the 'diminished self', 'restoring and re-inventing the self' and the 'imagined self'. The manner in which changes to housing status impacted the women's identities is also considered and explored through two case studies that seek to illuminate how women attempted to manage stigma.

The thesis then concludes by drawing together the empirical and theoretical contributions which were forwarded in the preceding chapters. Key themes will be discussed to highlight the implication of the findings, how this echoes or compares to previous research, and provides an overview of the insights which emerged in this study. Here, the women's routes into homelessness and their housing and homeless transitions over time will be explored and the patterns emerging from this analysis are interrogated. Following from this, the impact of gendered images and discourses will be explored, together with an analysis of how these ideologies may permeate homelessness policy and service provision. The discussion then turns to the role of agency in understanding women's homelessness and their ability to manage the stigma of being both a woman and 'out of home'. The possible implications and opportunities for learning for policy, services and future research – both in Ireland and internationally – will be then outlined. Finally, the limitations of the study will conclude the chapter.

CHAPTER TWO

UNDERSTANDING WOMEN'S HOMELESSNESS: A REVIEW OF THE LITERATURE

Introduction

In the global 'north'¹⁵, homelessness research has focused primarily on the experiences of men. Women, by contrast, are usually subsumed in studies of homelessness, or alternatively, are overlooked altogether (Anderson and Christian, 2003). Gender as a theme is "a lesser-explored area of homelessness research" (Young, 2010: 2), which has undoubtedly contributed to the lack of gender-sensitive programmes and services specifically tailored for the needs of women experiencing homelessness (Watson, 2000; Baptista, 2010). There are several possible explanations for the dearth of research on women's homelessness. Men have consistently constituted a majority within homeless counts and service utilisation trends and are therefore more 'visible' (Fitzpatrick, 2005). Related to this, women are more likely to reside in situations of hidden homelessness, including in the homes of friends, family members, or acquaintances (Novac *et al.*, 1996; Jones, 1999; Enders-Dragasser, 2010). When women do sleep rough, they are often accompanied by one or more males (often for safety reasons) or, if alone, they tend to sleep in concealed locations such as public toilets, bin bays, storage units, garages, office buildings, car parks and stairwells in order to remain out of view (Reeve *et al.*, 2006). Consequently, the image of homelessness in the public imagination and among policy makers frequently equates to the rough sleeping homeless male (Pleace, 2010), serving to marginalise or overlook women's homelessness altogether.

¹⁵ This chapter reviews relevant research literature on homelessness emerging from the 'global north', including Europe, North America and Australia. Novac *et al.* (1996) identify the divergences and similarities between homelessness in the context of the 'global north' and 'global south'. In developing countries (the 'global south'), homelessness is typically related to rural-urban migration (typically in pursuit of employment) or displacement due to war or famine. In developed economies (the 'global north'), homelessness is more likely to be associated with a lack of affordable housing, poverty and economic inequality, family conflict, or de-institutionalisation and high levels of the homeless population report drug or alcohol problems. Similarities across both developed and developing economic contexts include family breakdown, loss of children (as a result of the State care system or death in the context of developing countries), and victimisation. While Novac *et al.*'s discussion dates from 20 years ago, these distinctions remain broadly similar, perhaps with the exception of the rise of migrant homelessness in the 'global north' countries which will be explored later in this chapter (Weber Sikich, 2008; Pleace, 2010).

The number of homeless women across the 'global north' is increasing, particularly among younger populations (Pleace, 1998; Jones, 1999; Edgar and Doherty, 2001). Alongside this documented rise in the number of women experiencing homelessness, a gradual recognition of gender has become more prominent in discussions and debates within housing studies and related areas of inquiry (Watson and Austerberry, 1986; Edgar and Doherty, 2001; Baptista, 2010). During the 1980s and early 1990s, for example, the gendered nature of the homeless experience was highlighted in a number of feminist-leaning studies (Kennedy, 1985; Watson and Austerberry, 1986; Watson, 1988; Munro and Smith, 1989; Russell, 1991; Golden, 1992; Gilroy and Woods, 1994; Tomas and Dittmar, 1995). After the turn of the millennium, research attention to women's homelessness re-emerged with the publications of a number of books, research reports and articles exploring women's experiences of housing instability (Christie, 2000; Marpsat, 2000; Edgar and Doherty, 2001; Cramer, 2005; May *et al.*, 2007; Casey *et al.*, 2008; Jasinski *et al.*, 2010). A considerable amount of research on homeless women has been published in the form of research reports or 'grey literature', usually commissioned by government or voluntary organisations (Bell, 1989; Dibblin, 1991; Webb, 1994; Allen and Knight, 1995; Shelter, 1997; Jones, 1999; Davis, 2004; Levin *et al.*, 2004; Robinson and Searby, 2006; Reeve *et al.*, 2006; Reeve *et al.*, 2007). Furthermore, FEANTSA's European Observatory on Homelessness has, in the last decade and a half, demonstrated a commitment to women's homelessness as a phenomenon worthy of dedicated attention (Edgar and Doherty, 2001; FEANTSA, 2007; FEANTSA, 2010b; Baptista, 2010; Williamson *et al.* 2014; FEANTSA, 2016) and, in more recent years, the Observatory has included violence and its impact on women's homelessness within its policy remit¹⁶ (FEANTSA, 2007).

The topic of gender and homelessness has also emerged in satellite areas of inquiry; for example, in studies of female homelessness and the criminal justice system (Weseley and Wright, 2009), as well as in research on drug and/or alcohol use (Burlingham *et al.*, 2010; Gavani, 2006), health or mental health (Smith *et al.*, 2001; Buckner *et al.*, 1993; Finfgeld-Connett, 2010; Whitzman, 2006; Whitzman, 2010), social work or other service intervention explorations (Cramer, 2005), and in studies of intimate partner relationships and/or domestic violence (Browne and Bassuk, 1997; Williams, 1998;

¹⁶ Importantly, in the ETHOS Typology of Homelessness and Housing Exclusion, FEANTSA sought to include a specific category of 'insecure' housing which specified 'people living under threat of violence' (FEANTSA, 2005). This signals FEANTSA's recognition of women living in what Tomas and Dittmar (1995) refers to as 'homeless at home', that is, violent living situations.

Jasinski *et al.*, 2005; Chung *et al.*, 2000; Warrington, 2001; Jasinski *et al.*, 2010). Sub-groups of the female homeless populations, including older women (Davis-Berman, 2011; Kilger *et al.*, 2010) and homeless mothers (Lindsey, 1998, Brown and Bloom, 2009; Tischler and Vostanis, 2007; Barrow and Laborde, 2008) have also been the subject of research, albeit only in a relatively small number of studies. Research literature on family homelessness has grown substantially in recent years, particularly in North America, Australia and the UK, reflecting the growing numbers of families in emergency accommodation (Shinn, 1997). Ireland has a limited body of research on family homelessness, perhaps related to the fact that the presence of high numbers of families within the homeless population is a recent phenomenon in Ireland (Walsh and Harvey, 2015; Focus Ireland, 2016b).

This chapter's review of the existing literature is structured around the primary research objective of this study: to explore women's experiences of homelessness over time. The first section opens with an overview of the challenges associated with defining and measuring homelessness, thus situating women's homelessness within the wider difficulties in accurately capturing the scale and scope of homelessness. The second section focuses on a number of themes that have consistently arisen in the existing literature on women's homelessness, including the feminisation of poverty, domestic violence and victimisation, motherhood and homelessness, and migrant women and homelessness. Following from this, a broader sociocultural analysis of being a woman and 'out-of-home' will be included to capture the complexity of the meaning of home and homelessness for women and the ways in which these discourses may impact women's identity and sense of self. Finally, a short discussion on welfare, housing and policy responses to homelessness among women are considered.

Defining and Measuring Women's Homelessness

Defining and measuring homelessness are intimately related: the broader the definition of what constitutes homelessness, the larger the problem appears to be (Watson, 1984). Defining and measuring homelessness is also highly political as governments or official statistics can shape, disregard or accentuate the prevalence of homelessness (Fitzpatrick and Christian, 2006). For example, governments may seek to present a lower number of homeless persons in order to mitigate a housing need or to deflect from government failures (McNaughton, 2008). Likewise, charities, non-governmental organisations or

lobby groups may seek to overestimate the number of homeless people “in order to increase their political relevance and the resources made available to them” (Busch-Geertsema, 2010: 28).

Furthermore, approaches to the definition and measurement of homelessness rates may change over time. Jacobs *et al.* (1999) outlines how, in previous decades, homelessness as a social problem was more likely to be viewed through a positivistic lens as a bounded and static concept – one that was both “objective and objectifiable” (Jacobs *et al.*, 1999: 11). In more recent years, however, discussions around the variations in the manner in which homelessness is defined and measured have gained far greater prominence in research and policy debates (Pleace and Quilgars, 2003; Schiff, 2003; Toro, 2007; McNaughton, 2008). Approaches to defining and measuring homelessness are often influenced by the type of welfare state, legal systems and/or wider discourses around welfare provision¹⁷. Certain jurisdictions including the US, Canada, France, Spain and the Netherlands define homelessness in terms of ‘literal homelessness’, that is, they count only individuals sleeping rough or those residing in emergency accommodations (Fitzpatrick and Stephens, 2007). By contrast, Ireland, the UK, Australia, Germany and Sweden employ broader definitions of homelessness which include, for example, those residing in transitional homeless accommodation (Fitzpatrick and Stephens, 2007).

In response to these varying definitions of what constituted homelessness, together with a recognised need for clarity to enable comparative discussions on homelessness across Europe, FEANTSA (European Federation of National Organisations Working with the Homeless) and the European Observatory on Homelessness developed a standardised benchmark. ETHOS offers a typology of homelessness and housing exclusion which is based on a broad range of homeless living situations. It has become an increasingly-cited tool across research and policy publications across Europe, and has improved the capacity for cross-comparisons of homelessness across different jurisdictions (Busch-Geertsema, 2010). This research study acknowledges all four broad categories and thirteen subcategories of homelessness and housing exclusion as identified by ETHOS. The principle categories of homelessness are defined as follows:

European Typology of Homelessness and Housing Exclusion

¹⁷ Fitzpatrick and Stephens (2007) identify the varying definitions of homelessness across twelve developed economies, including UK, US, Canada, Australia and several large European nation-states. These definitions within nation states are not necessarily static, but can change; for example, ‘legal’ definitions can differ to the prevailing ‘research’ definitions (Fitzpatrick and Stephens, 2007).

1. Roofless (i.e. sleeping rough or in night shelter)
2. Houseless (i.e. residing in temporary accommodation)
3. Insecure (i.e. people living under threat of eviction, violence, no tenancy, or with family or friends).
4. Inadequate (i.e. those living in substandard, not-for-purpose, or overcrowded housing).

(Adapted from ETHOS Typology, FEANTSA, 2005¹⁸)

The ETHOS definition of homelessness and housing exclusion is sufficiently broad whilst also including accommodations and spaces in which women commonly reside, such as hidden homeless situations, living in a violent household, or accommodation which is inadequate, overcrowded, or insecure. These hidden living situations feature prominently in existing literature on homelessness among women and therefore are important to incorporate into this study (Watson and Austerberry, 1986; Tomas and Dittmar, 1995; Jones, 1999).

Determining the Scale of Women's Homelessness

In addition to the challenges associated with defining and measuring homelessness, there is also a recognised “paucity of gendered housing statistics” (Edgar, 2001: 29). As already noted above, research has consistently demonstrated that women experiencing homelessness often reside in living situations which are hidden from homelessness services or official homeless counts; for example, they may stay temporarily with friends or family members, live in situations of domestic violence, or sleep rough in concealed locations (Tomas and Dittmar, 1995; Jones, 1999). Furthermore, women's housing needs may be obscured since women may choose not to present to homelessness services (Watson and Austerberry, 1986; Tomas and Dittmar, 1995). Researchers of women's homelessness have also highlighted the varying ways in which homeless women view their situations; with some understanding their unstable living situations as being something *other* than homelessness, for example, as being a victim of domestic violence (Watson and Austerberry, 1986). These particular experiences, situations and understandings are important and impact on wider conceptualisations of the occurrence and experience of homelessness and housing instability among women. These factors all contribute to a broader misrepresentation and misunderstanding of women's homelessness.

¹⁸ See Appendix A for expanded overview of ETHOS typology and homeless categories.

Notwithstanding these limitations – both methodological and conceptual – women represent between approximately 20-30 per cent of the total *counted* homeless population in European countries (Edgar and Doherty, 2001). Latest counts from Germany, for example, count 28 per cent of the homeless population as women in 2014 (BAG W, 2015) and 36 per cent in Sweden’s national census in 2011 (National Board of Health and Welfare Sweden, 2011). In England, women accounted for 26 per cent of all individuals who accessed homelessness services during 2013 (Crisis, 2014), but women constituted 78 per cent of those who were defined as statutory homeless across the UK (i.e. those deemed priority need and ‘unintentionally homeless’) (Department for Communities and Local Government, 2016). As outlined in Chapter One, recent figures in Ireland indicate an increasing proportion of the homeless population (42 per cent) are women due to the worsening family homelessness crisis and the prevalence of mothers within this crisis (Department of Housing, Planning, Community and Local Government, 2016). In the US, estimates suggest that 27 per cent of the single homeless population are female, but women make up a far larger proportion of homeless families (US Department of Housing and Urban Development, 2011¹⁹). In Australia, a higher proportion of women are recorded as homeless, with women constituting 44 per cent of the homeless population on Census night in 2011 (Homelessness Australia, 2012). In Ireland, women have been found to be less likely to sleep rough and comprise 14 per cent of those individuals sleeping rough in the latest rough sleeper count (Dublin Region Homeless Executive Spring Rough Sleeper Count, 2016a).

Thus, despite the stated limitations in measuring homelessness – and in particular among women – it is clear that women represent a significant proportion of the total proportion of homeless population in countries throughout Europe, as well as in US and Australia.

Broadening the Term ‘Homeless’

Radley *et al.* (2006) notes that the term ‘homeless’ is a label more commonly used by the housed population and, perhaps due its stigmatising connotations and broader societal assumptions of personal failure, many individuals who are experiencing housing instability do not associate with the label (Radley *et al.*, 2006; May *et al.*, 2007). Thus,

¹⁹ It is worth noting that statistics on homeless counts do not offer a clear breakdown of gender, for example in the case of the UK and USA. Ireland’s special census report published in 2012, which offered a very clear summary of those accessing homelessness services according to sex and gender, is particularly helpful in this regard.

given the “value-laden imagery” associated with the term ‘homeless’, researchers could legitimately question its appropriateness more broadly (Stephen, 2000: 458). Watson goes so far as to propose that the term ‘homeless’ should be “rethought or abandoned” altogether because “the range of meanings attributed to the home and to homelessness is both too vast and too complicated to have any explanatory or prescriptive use” (Watson, 1984: 70). Indeed, given the growing acknowledgment of episodic or repeat experiences of homelessness, perhaps ‘housing precariousness’ might be a more appropriate term rather than ‘homelessness’.

Schiff’s (2003) analysis on the *explicit* and *implicit* nature of defining homelessness may offer guidance in this regard. In conceptualising the meaning of homelessness, Schiff (2003) highlights that there are both formal definitions (consisting of restricted and well-defined criteria) and informal and fluid definitions of homelessness that are subtly interwoven into information practices (e.g. the nature of service criteria, monitoring of services, internal organisational policies who work with homeless populations, etc.)²⁰. Through these respective explicit and implicit definitions, Schiff (2003) argues, a broader understanding of homelessness and what homelessness means, is constructed and reinforced over time. Therefore, when understanding homelessness among women, this study incorporates both the hard data on women’s homelessness but also recognises the limitations of the term which may be restrictive (Watson, 1984).

Therefore, by way of conforming to the existing literature base, the term ‘homeless’ will be used throughout this thesis; but this definition will not solely work from formal and explicit definitions of what constitutes homelessness, but will also take into account implicit understandings of women’s homelessness in order to incorporate all types of housing precariousness of the women who were researched. Furthermore, women’s own understandings of their housing status will be incorporated into the analysis. This will be expanded upon further in Chapter Six when discussing the women’s housing outcomes in this study at Phase II.

²⁰ The *implicit* practices could be considered, Schiff argues, more powerful than the formal or official definitions of homelessness; the fluid and informal understandings of homelessness “are embedded in forms and procedures used on a daily basis” (Schiff, 2003: 505).

The Causes of Women's Homelessness

There is growing consensus that homelessness is caused by a combination of both structural and individual processes and factors²¹ (Fitzpatrick, 2005; Fitzpatrick and Christian, 2006; Reeve *et al.*, 2006; McNaughton, 2008). Homelessness is commonly considered by researchers to be rooted in a “culmination of a complex range of experiences and events” (Reeve *et al.*, 2006: 39). Indeed, recent studies have increasingly highlighted the multiple ways in which homelessness can manifest itself. For example, in the US, longitudinal research and large-scale administrative data analysis have been critical in uncovering the variety of ways in which homelessness is not necessarily a persistent and long-term state (Kuhn and Culhane, 1998; Culhane *et al.*, 2007). Homelessness can be characterised as either transitional, episodic or chronic/long-term (Kuhn and Culhane, 1998). These typologies of homelessness have been drawn on widely in recent years as they can reveal the ‘shape’ of homelessness in different socioeconomic contexts in a way which can reflect the overall effectiveness of welfare and housing provision. These patterns of homelessness can reflect macro-level characteristics of the housing market and social policy provision²². What is clear from research is that the causes of homelessness can be overlapping and reoccurring across the life course and are intimately linked to socioeconomic contexts and policy provision (Anderson and Tulloch, 2000; McNaughton, 2008). The following section discusses key processes and factors that are seen to contribute to women's experiences of homelessness, whether that is temporary, repeated or prolonged in nature.

Structural Factors and the Feminisation of Poverty

Irrespective of gender, a range of structural factors can adversely impact the housing security of individuals and households on low incomes (Forrest, 1999). In a context of globalisation and economic restructuring, lower paid service sector employment is expanding, unemployment is rising, and social housing stock has diminished significantly; many countries have undergone a prolonged process of de-

²¹ A brief historical overview of structural versus individual explanations of homelessness will be expanded upon Chapter Three as a way of leading into theorising women's homelessness.

²² For example, Benjaminsen (2015) analysed shelter use over a nine-year period in Denmark and found a high prevalence of those with complex needs such as substance misuse and dual-diagnosis. This, Benjaminsen argued, reflected the relatively robust Danish welfare system assisting individuals and households with low financial resources, but it also reflected the apparent failures in meeting the needs of the most “socially vulnerable” in society (Benjaminsen, 2015: 2059).

institutionalisation, all of which have an impact on homeless rates across the 'global north' (Novac *et al.* 1996). Forrest (1999: 161) characterises the current era of globalisation as one of 'precariousness', wherein "marginality and subsistence living is the common experience in the everyday life of millions of people when viewed on a global scale". High unemployment, lower rates of economic activity, lower incomes, as well as flexible labour markets all influence this state of 'precariousness'. This "progressive exposure to risk and an accumulation of problems eventually deplete a household's or individual's resources and precipitates them into homelessness" (Watson, 2000: 163). Inter-generational poverty is an additional issue since children who are raised in unstable settings such as homeless hostels, refuges, B&B's, or families in disadvantaged areas face a higher likelihood of becoming homeless in the future (Flateau *et al.*, 2013; Mayock *et al.*, 2014).

In a context of globalisation and the supremacy of capitalist market economies across developed nations, Edgar (2001) highlights the retrenchment of state involvement in housing as the most prominent changes to housing markets, whereby the construction of social housing almost ceased while significant local authority housing stock was sold off. In tandem with this, governments "actively promoted the conflation of house, home and family as part of a broader ideological agenda" to encourage private home ownership and ultimately increase economic growth (Mallett, 2004: 66). Since the recent global economic downturn, home ownership rates declined significantly and, in combination with the lack of social housing stock, the private rented sector had become both overcrowded and highly competitive across Europe (Lalor, 2014). This results in a dysfunctional housing system where a growing number of people are priced out of the market, culminating in, for example, the current housing and homelessness 'crisis' in Ireland in which large swathes of individuals and families are entering homelessness due to affordability issues in the private rented market (O'Connor and Staunton, 2015). The lack of affordable housing provision also results in individuals and families who experience homelessness having to remain for prolonged periods in emergency or temporary accommodation (Walsh and Harvey, 2015). Therefore, while these housing market imbalances have consequences for all individuals, it particularly impacts on those on low incomes and, increasingly, the quality and security of housing is directly impacted by a household's economic circumstances (i.e. people's position in the labour market) (Edgar, 2001).

Social policy and welfare provision also have a dramatic impact on homelessness. In a cross-country analysis, Shinn (2007) makes a direct link between the incidence of homelessness and housing supply (plus housing prices and rental subsidies), rates of lower incomes and economic inequality, and social welfare spending. Shinn emphasises that “interventions to reduce homelessness at one level (e.g. social policy) can counteract vulnerabilities at a different level (e.g. individual risk factors)” (Shinn, 2007: 657). Indeed, Shinn (2007) argues that policy measures directly influence both the numbers and composition of the homeless population in any given context, suggesting that when “social and economic conditions are relatively benign, few people will become homeless” (Shinn, 2007: 672). Examples of the impact social policy has on the *composition* of homeless people include the over-representation of homeless families in the US due to low social policy expenditure on families (Toro, 2007) and the negative impact that under-funded policies have on the homeless rates of black and ethnic minorities in Canada and the US (Novac *et al.*, 1996) or migrant groups in the EU (Pleace, 2010). Shinn (2007: 672) helpfully employs the metaphor of the children’s game ‘*Musical Chairs*’ to depict a typical competitive housing market that has clear ‘winners’ and ‘losers’:

In the game children walk around a set of chairs, with fewer chairs than the number of children, while music plays. When the music stops, the children scramble for chairs, but because there are too few chairs, some are left standing, and are “out” of the game. In the analogy, the players are poor households, and the chairs are the housing units they can afford; if there are fewer affordable units than poor households, some will be left homeless when the music stops (Shinn, 2007: 672).

While these broader structural and systemic conditions of economic change negatively impact both men and women, researchers have identified a number of ways in which structural factors disproportionately affect women (Tessler *et al.*, 2001; Casey, 2002). Edgar and Doherty (2001: 25) highlight three key structural dimensions which act as barriers to women’s access to stable and affordable housing: the economic status of women, their family status and the wider housing and social protection policies. The authors propose the ‘feminisation of poverty’ as a *key process* that perpetuates homelessness among women. Thus, while there has been a documented increase in female participation in the labour market in recent decades – which has benefited the socioeconomic position of many women – there is extensive evidence that women’s participation in the labour market is frequently characterised by part-time, low-paid,

low-skilled employment in sectors which are vulnerable to economic change²³ (Edgar and Doherty, 2001; Chityil, 2010).

Marital status is also a relevant area of analysis on women's housing instability, since whether a woman is single, cohabiting, or married, is likely to impact on a household income (Nolan and Watson, 1999; Edgar and Doherty, 2001). There is a noted decline in numbers of the nuclear family and a rise of female-headed households internationally which may contribute to the rising number of women presenting to homeless services (Watson, 2000; Edgar and Doherty, 2001). In recent statistics, approximately one third of all households are headed by a single parent across Europe²⁴ (Eurostat, 2015). Single women consistently demonstrate as having reduced financial resources and if they are mothers may be more likely to rely on social welfare and child support for survival due to childcare demands (Jones, 1999). Single women also report that increased risk of poverty and housing instability, and a breakdown in a relationship can dramatically change a woman's economic situation, particularly those without employment or without property rights (Edgar, 2001). Perhaps related to these diminished resources, Novac *et al.* (1996) notes that women-led households are predominantly renters. Therefore, low income mothers may be at significant risk of homelessness particularly in social and political contexts when child care or welfare provisions are regarded as inadequate (Watson, 2000).

Thus, it is clear that there are major structural and economic processes and factors which significantly contribute to the occurrence of women's homelessness. As Watson (2000: 163) suggests, "at the bottom line, the inability to gain access to housing is fundamentally related to income, although issues of discrimination and prejudice also play a part". While macro-level change within housing markets, labour markets and social welfare provision have had adverse consequences for all low-income groups irrespective of gender, there are specific disadvantages faced by women on low incomes. Relationship breakdown, labour market discrimination, lone parenthood, the erosion of income all disproportionately affects women, particular single women and single mothers. These processes form the underlying context for women's homelessness, which may or may not coincide with crises or 'triggers' which serve to propel women into

²³ Edgar and Doherty (2001: 26) note that across much of the EU member states, female unemployment and part-time employment rates are high compared to men; however, they cite Ireland, Sweden and the UK as being "more favourable for women" in this regard.

²⁴ This Eurostat data was published in 2015 but draws on data collected in 2013.

homelessness (Reeve *et al.*, 2006). Yet these ‘triggers’ to homelessness, as will now be expanded upon through a discussion of domestic violence and abuse, are profoundly interconnected with structural dimensions.

Domestic Violence and Homelessness

The association between domestic violence²⁵ and homelessness among women is well documented in the international literature (Novac, 1996; Johnson and Ferraro, 2000; Sev’er, 2002; Baker *et al.*, 2003; 2010; Wesely and Wright, 2009; Jasinski *et al.*, 2005; Novac, 2006; Robinson and Searby, 2006; Jasinski *et al.*, 2010). Women experiencing homelessness commonly report being victims of violence and victimisation, often at several different junctures across the life course, including child sexual abuse, violence in the family home during childhood, intimate partner violence in adulthood, and sexual violence in street-based settings (Jasinski *et al.*, 2005; Reeve *et al.*, 2006; Quilgars and Pleace, 2010; Hutchinson, 2014; Moss and Singh, 2015). Large-scale quantitative studies on homeless families living in the US have found that homeless mothers are more likely to have experienced abuse or violence during childhood or from an intimate partner than low income housed mothers (Browne and Bassuk, 1997; Bassuk and Rosenberg, 1988). Smaller-scale European-based research also reveals similar patterns. Pleace *et al.*’s (2008) analysis of families accepted as homeless by English local authorities found that two in five (41 per cent) of all adult respondents – the vast majority of these women – reported that they had experienced domestic violence at some stage in their lives. Similarly, Malos and Hague (1997) conducted in-depth interviews with 80 homeless women in England and Wales and found that 71 of the women had experienced physical violence in their lives, typically from a male partner. Female rough sleepers also report high levels of victimisation (Jasinski *et al.*, 2010). Moss and Singh’s (2015) comparative research on women rough sleepers in four European countries documented extremely high rates of partner abuse, with 100 per cent of Spanish, 92.8 per cent of Swedish, 70 per cent of UK and 50 per cent of Hungarian women reported that they had been abused by an intimate partner.

²⁵ Throughout this dissertation, ‘domestic violence’ serves as an all-encompassing term which refers not only to intimate partner violence but to *all types* of victimisation including physical, sexual and emotional abuse and refers to experiences of abuse across the life course, i.e. during both childhood and adulthood. Street-based violence is distinct to this as it takes place outside of the home and outside of the intimate circle of partners or family members. While the term ‘domestic violence’ will be used throughout the analysis chapters, the nature and extent of abuse is clarified.

Much of the relevant research literature frames domestic violence as being a key causal factor or 'trigger' of women's homelessness. In Portugal, a qualitative study of the use of supported accommodation by homeless people in the cities of Lisbon and Porto found that almost half of the women interviewed had left home to escape violence from an intimate partner (Baptista *et al.*, 2005). Jones' (1999) qualitative study of homeless women in the UK revealed that many women engaged in patterns of 'running away' from the family home (or care setting) during adolescence due to violence or abuse and that these early experiences of instability and trauma frequently culminated in lengthy 'homeless 'careers'²⁶. Reeve *et al.*'s (2006) mixed-method study of homeless women in England presented 'domestic violence' as the second most commonly reported cause of homelessness among their respondents, and over 20 per cent of the survey's 134 respondents stated that they left their last stable home to escape violence²⁷.

Experiences of violence and abuse during childhood and/or adulthood can trigger or exacerbate a host of other problems for women. Childhood experiences of violence or abuse, in particular, can result in mental health problems such as depression, post-traumatic stress disorder (PTSD), and self-harm (Goodman *et al.*, 1997). Early experiences of violence or abuse have also been found to result in re-victimisation in later life. For example, Tomas and Dittmar (1995) found that women who suffered abuse in their family homes as children frequently initiated relationships at a young age with men who also became violent²⁸. Similarly, Robinson's (2010) study demonstrates the 'iterative' patterns of violence that frequently accompany experiences of repeat homelessness. Robinson also argued that a limited access to stable accommodation make homeless people particularly vulnerable to physical sexual abuse and violence. Other studies have also documented women's increase risk of violence and victimisation subsequent to becoming homeless (Jansinski *et al.*, 2010). Domestic violence or experiences or trauma can contribute to women's problematic drug or alcohol use. As Reeve *et al.* (2006: 41) point out, very few of their female respondents "just got into" drug

²⁶ In the case of two of Jones' (1999) participants, they reported over three decades of homelessness subsequent to leaving a violent family home during adolescence, highlighting the impact early trauma or victimisation can have on lengthy homeless 'careers'.

²⁷ The most commonly cited trigger of homelessness was "a breakdown in women's relationship with their family" (Reeve *et al.*, 2006: 40). Though, it is not clear how many reported abuse or violence in these settings, although the authors cite sexual abuse, neglect, abandonment, and "other family problems" as being typical traumatic experiences during childhood (Reeve *et al.*, 2006: 41).

²⁸ These early relationships were often 'live-in' relationships with men who were usually older in age (Tomas and Dittmar, 1995).

or alcohol use; rather, “many started using drugs or drinking excessively at a particular point in their lives when the anaesthetic these substances provided offered welcome relief from emotional and psychological distress.”

Notwithstanding the strong link identified between domestic violence and homelessness, the precise nature of the relationship is less developed in the literature (Baker *et al.*, 2003). Indeed, much of the existing research on domestic violence and homelessness is small-scale and methodologically-varied, resulting in a weakness of cross-country comparable evidence. Furthermore, by focusing solely on violence as a causal factors of women’s homelessness, other factors such as poverty, affordable housing, and other structural factors may be overlooked. Shinn (2011) for example, directly critiques Jasinski *et al.*’s (2010) publication *Hard Live, Mean Streets* which examines the relationship between violence and women’s homelessness in Florida State²⁹. While Shinn (2011) acknowledges the prevalence of violence in the lives of women who have experienced homelessness or housing instability, she argues that by prioritising violence as a primary cause of women’s homelessness “may blind researchers and policy makers to other causes of homelessness and other solutions.” (Shinn, 2011: 588). Citing her previous work (Shinn, 2011), Shinn convincingly argues that homelessness rates are closely linked to structural factors such as income inequality and lack of affordable housing and that by viewing violence as a primary causal factor of homelessness is both overly simplistic and misleading.

Violence should be combatted because it violates human rights and has other harmful consequences, which can include homelessness. And homelessness should be combatted because it violates human rights and has other harmful consequences, which can include violence. The causal connections are too weak to assume that solving either problem will resolve the other (Shinn, 2011: 588).

For example, Robinson (2010) situates violence within a wider pattern of socioeconomic disadvantage³⁰ which is characterised by trauma during childhood (including early school leaving, childhood adversity, neglect, poverty and family fragmentation) which, Robinson argues, heightens the risk to subsequent experiences of victimisation during adulthood.

²⁹ Jasinski *et al.* (2010) conducted surveys with 737 women experiencing homelessness and 20 in-depth qualitative interviews

³⁰ Robinson (2010) drew on empirical data she collected from in-depth, biographical interviews with twelve homeless people in Australia (six men and six women) to explore violence and its relationship with homelessness across the life course.

Without adequate support systems and financial resources in place for women experiencing domestic violence, the process of 'leaving' is a protracted process (Tomas and Dittmar, 1995; Ponc et al., 2011). Women must negotiate situations of manipulation, fear and control (emotional and financial) and their decisions to leave can also be complicated by the presence of children. Bostock et al.'s (2009) qualitative study of twelve women who experienced domestic abuse in Northern England found that, due to the lack of tailored support services and systems of protection available in their communities, women were uneasy about leaving their abusive partner and remained living in violent situations. Malos and Hague (1997) interviewed 80 women in four local authority areas in England and Wales and found that women who left abusive partners felt a profound sense of loss in relation to losing their home (Malos and Hague, 1997). A fear for personal safety may continue well after separating from a violent or abusive partner. Women may need to continually move between living situations in order to avoid being 'found' by violent ex-partners who pose an ongoing threat to their safety (Reeve et al., 2006). Furthermore, the negative impact and persistence of trauma for children and young people who were exposed to domestic violence can persist for many years after securing stable housing (Holt et al., 2008; Stanley et al., 2012; Bowstead, 2015).

Despite the well documented association between domestic violence and women's homelessness – across many European nations, service responses to domestic violence are separate from service responses to homelessness in terms of their organisation, structure and aims (Baptista, 2010; FEANTSA; 2010a; Quilgars and Pleace, 2010). For example, in a UK domestic violence service mapping exercise carried out by Quilgars and Pleace (2010), the authors highlight that refuge accommodation remain the predominant form of specialist accommodation-based provision for households at risk of domestic violence. With the justification of child protection concerns, domestic violence services are typically unable or unwilling to work with women who have active substance misuse issues or individuals who exhibit anti-social behaviour (Quilgars and Pleace, 2010). These specialist services tend to accommodate women and children who are in crisis and who have fled their abusive partners. Their primary objective is to ensure women and children are safe as opposed to primarily satisfying a homeless or housing need, and their physical structures and confidential locations reflect these objectives. However, tailored services for domestic violence are often exclusionary for certain groups of women (Ponc et al., 2011). For example, women with complex support needs, drug or alcohol issues, or women with adolescent male children, are frequently

unable to access specialist domestic violence accommodation services such as domestic violence refuges (Pleace *et al.*, 2008; Ponir *et al.*, 2011).

This may be linked to considerations of ‘deserving’ and ‘undeserving’ in the domestic violence sector. In an analysis of local homelessness policies in two Swedish municipalities, traditional gender ideologies were found to influence operational restrictions on domestic violence services. Women who were homeless were assumed to report substance misuse problems and were less likely to be recognised as ‘victims’. On the other hand, those who had experienced domestic violence and did not engage in any form of substance misuse were considered more ‘deserving victims’ and were therefore more likely to be assisted (Löfstrand, 2005: 349). This demarcation between homelessness and domestic violence services has been found to influence women’s own conceptualisation of their situations (Williams, 1998). For example, the findings of Williams’ (1998) qualitative study of service users’ experience of both domestic violence and homelessness services in the US clearly demonstrate the impact of service discourses on women’s sense of self. While women residing in domestic violence shelters and in mainstream hostel settings reported similar journeys into homelessness (e.g. self-reported reason of ‘domestic violence’), they were routed into different services in accordance with the entry criteria of domestic violence services and homeless shelters, with women’s status as substance users or non-users being a core distinction. Significantly, domestic violence and homelessness services were found to operate according to either a ‘battered women’ or ‘battered women’ or ‘homeless women’ narrative (Williams, 1998). These distinctions of narrative suggest that women “self-consciously manipulate their histories in order to fit into these socially constructed categories of need” (Williams, 1998: 163).

Yet despite these critiques around the provision for victims of domestic violence, increasingly, the housing needs of women who have experienced domestic violence are being recognised through policy, legislation and strategic documents. In 2005, the US government made a concerted effort to incorporate domestic violence and housing into legislation with the modification of the Violence against Women Act (VAWA), which focused on the provision of safe and independent housing for women experiencing intimate partner abuse³¹ (Baker *et al.*, 2003). In the European context, FEANTSA

³¹ In 2012, the US government also included in the legislation that the law would also apply to same-sex couples and that temporary visas would be issued to illegal immigrants who were

published a domestic violence policy statement in 2007, which recognised that women who experience domestic violence have particular housing and accommodation needs that must be appropriately addressed by homelessness services (FEANTSA, 2007). In recent years there have also been considerable statutory and non-statutory efforts at a national level, particularly in the UK, to address the housing and support needs of victims of domestic violence (c.f. Quilgars and Pleace, 2010). For example, Sanctuary Schemes³² - which have been implemented by many local authorities across England and Wales during the last decade - permits women experiencing domestic violence the option of remaining in their homes while the perpetrator is removed (Jones *et al.*, 2010; Quilgars and Pleace, 2010). Additional security systems and supports are subsequently provided for women in order to secure the home and ensure their safety and the safety of their children (Netto *et al.*, 2009; Jones *et al.*, 2010). While this initiative keeps victims of domestic violence in housing, it has also been deemed to be a more cost-effective measure of dealing with the problem (Netto *et al.*, 2009). While no such initiatives exist in Ireland, a National Task Force on Violence against Women was established in 1997 and, subsequently, a National Steering Committee attempted to measure, understand and coordinate an integrated response to the problem including safe exit routes for victims (O'Connor, 2006). However, advocates for women experiencing domestic violence argue that service responses to domestic violence are under-resourced and, despite the introduction of the Domestic Violence Act (1996), Ireland is still regarded as falling short in offering adequate protection for women experiencing domestic violence (O'Connor, 2006; Amnesty International, 2005; Edgar, 2009; O'Connor and Pillinger, 2011).

In conclusion, as Shinn (2011) argues, to resolve domestic violence would not end women's homelessness and to end homelessness would not resolve the incidence of domestic violence. Therefore, while the relationship between the two phenomenon are closely linked, the way in which the two *interact* with one another is highly complex and significantly dependent on macro-level processes which enable or block women's access to affordable housing. Furthermore, domestic violence can also result in a blurred

fleeing domestic violence - modifications which were fiercely opposed by conservative Republican Party members of congress.

³² There are several perceived benefits of Sanctuary Schemes: it provides is an adequate housing solution for women who may have no other means to access alternative housing; it produces minimal disruption to the women (and their children); and women can avoid the ordeal of entering into domestic violence or homelessness services for temporary or prolonged periods of time

distinction between the meaning of 'home' and 'homelessness'. For example, drawing on Dupuis and Thorns' (1998) work on the meaning of home, Padgett (2007) identified four key characteristics of ontological security among recently housed homeless persons. Padgett defines home as a place of constancy, privacy, control and identity construction, and as a place where daily routines can be established. Women's capacity to achieve and maintain these conditions of ontological security is seriously compromised by the experience of domestic violence: home becomes a place of trauma, not safety, and a place where women are monitored and subjugated. This experience of abuse in the home space can result in a feeling of 'homeless-at-home' (Wardhaugh, 1999), while homelessness can be a 'liberation' – at least initially – from abuse and violence (Tomas and Dittmar, 1995). In other words, domestic violence together with structural factors can propel women into homelessness – and sometimes back to perpetrators – in highly complex ways.

The Diversity and Complexity of Women's Homelessness

As highlighted earlier, policy, welfare and service structures can directly influence the number and profile of the homeless populations (Shinn, 2007). While there is an apparent increase in rates of homelessness among women in recent years in the 'global north', there is also mounting evidence of the heterogeneity of homeless women as well as evidence of particular subgroups of the women population who have distinct experiences and needs. Watson (2000) identifies a number of groups of women who may be particularly at risk of homelessness, including women on welfare or low income women, young or lone-parent families, migrant women, and women escaping domestic violence. The following discussion will address three subgroups of women who can be considered high-risk categories of women: 1) female-headed households; 2) migrant and ethnic minority women; and 3) older women.

Female-Headed Households³³

The number of families presenting as homeless has increased across Europe in recent years, including in the UK, Sweden and France (Nordfeldt, 2012; Department for Communities and Local Government, 2015; Vandentorren *et al.*, 2016). Across the 'global north', homelessness among women and their children has been attributed to a combination of both individual and structural factors, including family violence,

³³ 'Family homeless' usually referring to mothers (and/or fathers) with their children still in their care.

relationship breakdown, poverty, and a shortage of affordable housing (Anderson and Christian, 2003; Bassuk *et al.*, 1997; Halpenny *et al.*, 2002; Pleace *et al.*, 2008; Smith *et al.*, 2001; Vandentorren *et al.*, 2016; Walsh and Harvey, 2015). US studies of family homelessness tend to involve a large-scale quantitative methodological design, frequently including comparative control samples (Wood *et al.*, 1990; Bassuk and Rossenburt, 1998; Shinn, 1997; Wong *et al.*, 1997; Paquette and Passuk, 2009). These large scale studies, such as those conducted by Shinn (1997, 1998; Shinn *et al.*, 2005) prioritises structural factors as the primary cause of family homelessness, including: a lack of affordable housing, family poverty and weak system of welfare provision which, Shinn argues, is driving family homelessness in the US. Similarly, recent data from Europe, including Ireland, the UK and Sweden, suggest that family homelessness is strongly related to structural factors (Fitzpatrick and Pleace, 2012; Nordfeldt, 2012; Walsh and Harvey, 2015). In the Irish context, the reasons for families becoming homeless centre primarily on conditions within the private rented market and a lack of affordable housing stock (Walsh and Harvey, 2015; Focus Ireland, 2016b). In England, an analysis of geographical patterns homeless pathways found that areas of acute housing distress were characterised by higher levels of unresolved family homelessness (Fitzpatrick and Pleace, 2012, p. 242). Family homelessness in Sweden is similarly associated with structural changes in the housing market, including a growing shortage of housing, particularly in larger cities, and the lack of availability of affordable rental accommodation (Nordfeldt, 2012).

A large proportion of homeless families are headed by a single woman, and in this way, family homelessness is closely related to the study of women's homelessness. While the proportion varies across countries – and is not necessarily comparable due to inconsistencies in the measurement of homelessness – the number of households headed by women with dependent children is significant and appears to be rising. Recent figures from the UK indicate that 52 per cent of homeless family households were lone parent households with dependent children (Department for Communities and Local Government, 2015). Similarly, in France, a 2013 survey of homeless sheltered families found that half were female-headed single parent families (Vandentorren *et al.*, 2016). According to the July homelessness count, 655 of the 993 families (or 66 per cent) residing in emergency accommodation in the Dublin region were categorised as single parent households (Department of Housing, Planning, Community and Local Government, 2016). A point-in-time survey of family homelessness conducted by Focus

Ireland (2016b) reveals that all but 2 of the 47 single parent households that participated in that survey were headed by women.

These statistics strongly suggest that gender intersects with motherhood to produce particular vulnerabilities to housing instability and highlights how single parenthood is a specific risk for homelessness. Across the international literature, research has long since established that single parent households are more likely to be poor than two-parent households in that single mothers face particular risks to socioeconomic disadvantage, unemployment or precarious employment, and a childcare burden (Edgar and Doherty, 2001; Shinn *et al.*, 2007). Moreover, the socio-economic transformations that have led to women's greater participation in labour markets have simultaneously brought about "increased risks of vulnerability, which are particularly challenging to women and female-headed households" (Baptista, 2010: 168).

Since 2014, family homelessness has become an acute social problem in Ireland, particularly in Dublin. A recent Dublin-based study conducted by Walsh and Harvey (2015) highlighted that the number of homeless families presenting to homelessness services in the city between June 2014 and June 2015 had doubled from 264 to 531 families. This number has continued to increase and, in July 2016, there were 993 families with 2,020 children living in homeless accommodation in the Dublin region alone (Dublin Region Homeless Executive, 2016b). The vast majority of these families are becoming homeless due to affordability problems in the private rented market (Walsh and Harvey, 2015). While the problem of family homelessness has recently garnered intense political and public attention in Ireland due to the dramatic increase in the number of families entering into situations of homelessness, the problem has in fact existed for many years, albeit on a far smaller scale. Emerging from this has been a small number of research studies which have emphasised the stressful reality of homeless households residing in emergency accommodation (Houghton & Hickey, 2000; Smith *et al.*, 2001; Halpenny *et al.*, 2002). These studies also point to the inappropriate and inadequate nature of B&B accommodation for families, upon which the State has become increasingly reliant upon to over recent years by way of addressing the 'surplus' homeless population³⁴ (Houghton and Hickey, 2000). In a study of the health status of 100 homeless women and their children in Dublin, Smith *et al.* (2001) deemed the

³⁴ In the context of the current family homelessness crisis, commercial hotels have also been used in response to the significant scale of the problem.

emergency accommodation in which the families were residing were both inappropriate and substandard and that there were weak support systems in place for the parents and children affected.

The experiences of homeless families and single homeless women have traditionally been treated separately within the research literature and prevailing definitions relating to both groups remain somewhat problematic. The current 'operational' definition of single homeless women within policy, service provision and research in most European countries typically refers to those who are not accompanied³⁵ by children (but who may, nonetheless, be mothers). There are plausible reasons for this separation given that the phenomena of single homelessness and family homelessness demonstrate different characteristics. For example, Shinn *et al.* (2005: 4) found that "homeless families share more characteristics of families who are poor than they share with homeless single individuals". Similarly, Wong *et al.* (1997) note that upon exiting homelessness with assistance of housing subsidies, homeless families (or 'accompanied mothers') are less likely to re-enter homelessness than single homeless groups. Yet feminist insights on women's homelessness, as presented by authors such as Watson and Austerberry (1986) for example, have highlighted how the category 'homeless mother' is restrictive due to its failure to capture the experiences of women who have children but who are living in State care or with relatives (or women who have adult children living independently). Typically in homeless service practice and provision, women who are unaccompanied by children are categorised as 'single', even in cases when they have children living elsewhere. This signals the importance of avoiding reductive labelling of women's homelessness, which women may not relate to (Watson and Austerberry, 1986).

³⁵ In a US comparative study of homeless mothers with and without their children in their care, Glick's (2015) employed the terms 'unaccompanied' and 'accompanied' mothers by way of clarifying the more arbitrary use of the term 'homeless mothers'. Glick (2015: 92) argues that studies that studies of family homelessness tend to overlook the experiences of unaccompanied mothers and their "absent children". In an attempt to cast a light on the needs of unaccompanied mothers, Glick highlights how this group is more likely to be older and have more complex needs such as substance misuse issues and/or mental health problems.

Migrant and Ethnic Minority Women

Across the European Union there is strong evidence of an increase in the numbers of migrants presenting to homelessness services³⁶ (FEANTSA, 2002; Edgar *et al.*, 2004; McNaughton Nicholls and Quilgars, 2009; Pleace, 2010). Existing research – which remains limited in scope and scale – strongly suggests that migrants may report distinct experiences of housing insecurity and homelessness compared to their non-migrant counterparts (Broadway, 2007; Edgar *et al.*, 2004; Fitzpatrick *et al.*, 2012b; Homeless Link, 2006; Nordfeldt, 2012). For example, due to language issues, unrecognised qualifications, or labour market discrimination, migrants may face relatively high rates of underemployment, seasonal or precarious employment, and in many cases, unemployment³⁷ (Daly, 1996; Robinson *et al.*, 2007; Fitzpatrick *et al.*, 2012). Additionally, migrants may have to negotiate immigration or residency restrictions³⁸, which present legal barriers to them accessing the labour market, essential services, and welfare entitlements (McNaughton Nicholls and Quilgars, 2009). Unemployment has been found to be a key route into homelessness identified in studies of homeless men. A study of homeless men in London – which combined in-depth interviews with homeless men, observation and interviews with staff of alcohol treatment meetings – found that migrants faced issues related to accessing welfare, lack of financial resources, low English proficiency, and poor awareness of the rights and services available to them (Garapich, 2005; 2011).

³⁶ The available statistics in some European countries indicate that there are significant numbers of migrants in both the rough sleeping population³⁶ (Department for Communities and Local Government, 2014) and among families becoming homeless (Nordfeldt, 2012; Focus Ireland, 2016b). In Ireland, the 2011 census homeless count confirmed that 15 per cent of the total homeless population were ‘non-nationals’ (CSO, 2012: 5). Migrant women constitute 35 per cent of the total homeless migrant population in Ireland, a gender breakdown that is broadly similar to the percentage of women enumerated on census night in the total homeless population (CSO, 2012). The census figures recorded high numbers of homeless men from Eastern Europe, while African women were strongly represented in the female homeless population³⁶.

³⁷ While there are many highly skilled migrants who do not fit this category, a large proportion of those migrating work in the service sector or manufacturing which is more unstable, lower paid and flexible. Robinson *et al.*’s (2007) research on newly arrived migrants in Sheffield reported poor living conditions, particularly during their initial period in the UK. Some ‘new migrants’ in their study also reported problems of insecurity and poor living conditions in housing. It is important to note, however, that there are different types or categories of migrants, whose residency status determines access to rights, opportunities and resources.

³⁸ Residency restrictions are commonplace in Western Europe whereby history of employment, continued residency or a ‘local connection’ must be proven in order to access welfare entitlements (FEANTSA, 2012). For example, the Habitual Residency Condition in Ireland, without which non-residents are not entitled to social welfare protection (Crosscare *et al.*, 2012).

In terms of access to housing (and capacity to sustain housing), migrants may also face additional difficulties. Firstly, migrants tend to be overly reliant on the private rented sector for housing provision and they frequently must meet rental rates that are disproportionately high relative to their income. As such, migrant populations often occupy substandard accommodation (Edgar *et al.*, 2004; Finn, 2015). In order to access housing, particularly in the private rented sector, it is often necessary to fulfil requirements that may be challenging for migrants to satisfy. In order to access private rented sector housing, prospective tenants are typically required to produce work and housing references, and in some cases, proof of stable employment and/or a positive credit history. Similar requirements are also found in accessing local authority housing in Sweden (Nordfelt, 2012). Furthermore, research has also identified incidents of discrimination, racism and xenophobia on the part of landlords or housing officers as negatively impacting migrants' ability to secure housing, particularly among those of a different ethnicity (Edgar *et al.*, 2004; Pillinger, 2009; Pleace 2010). Therefore, these multiple and overlapping structural issues frequently place migrants in a disadvantaged position in the housing market and, consequently, migrants tend "to occupy poorer housing and pay a disproportionate share of their incomes to acquire it" (Edgar *et al.*, 2004, p. 2). A number of small-scale studies in Ireland indicate that structural factors such as restricted rights and entitlements, coupled with socioeconomic disadvantage, are key causes of housing precariousness and homelessness amongst migrant populations (Crosscare *et al.*, 2012; Focus Ireland and Immigrant Council of Ireland, 2012).

Migrant women also feature in the homeless population. In a national census carried out in Ireland in 2012, women constituted 35 per cent (203 women) of the homeless migrant population (581 persons) (CSO, 2012, p. 5), while a recent UK study reported that 23 per cent of the migrant cohort was female³⁹ (Fitzpatrick *et al.*, 2012b). In addition to the structural and systemic barriers to housing for all migrants – both men and women – as highlighted in the preceding paragraph, there are additional factors which may impact on migrant women becoming homeless. There are perceived gender inequalities in the family and the labour market, in both countries of origin and of destination, which may

³⁹ Similar to homeless counts more generally, methodological approaches to enumerating migrant homelessness are not consistent across nation states and must, therefore, be approached with caution (Busch-Geertsema, 2010). These numbers are likely to be an underestimation in light of the prevalence of hidden homelessness among women as well as the legal restrictions faced by some migrants without residency status.

impact on the housing security of migrant women (Pillinger, 2009). In many studies of gender inequality more broadly, women have been found to experience significant adversity such as lower labour market participation, higher rates of unemployment, and ‘motherhood penalty’⁴⁰ resulting in increased risk of poverty and less favourable housing conditions than their male counterparts (Eurostat, 2011, p. 21; Paradis *et al.*, 2008). Migrant participation in labour markets is highly gendered (Ehrenreich and Hochschild, 2002) and large numbers of migrant women work in the reproductive sphere – that is, domestic work, looking after children, or other forms of care work, nursing, or low paid or temporary jobs in the service sector (Parreñas, 2001). Migrant women, particularly those with no immigration status, have been found to be at an increased risk of victimization, such as trafficking for the purposes of exploitation (Allamby *et al.*, 2011; Paradis *et al.*, 2008), and some migrant women are coerced into prostitution (Kelleher *et al.*, 2009). Since many of the jobs women are undertaking are in more hidden spheres or taking place in informal settings, the term ‘working migrant’ has greater association with the experience of that of migrant men (Lutz, 2010). This, in turn, may result in migrant women becoming less visible in the labour market and exacerbate their already limited access to employment opportunities. Further, immigration policies of host countries often focus on quotas or work permits in sectors such as construction, heavy industry, or agriculture (Ehrenreich and Hochschild, 2002). If a migrant worker is not engaging in official employment recognized by the state, but in more informal settings such as domestic roles as many migrant women, they may not be entitled to benefits should their employment cease (Ackers, 2004).

Additionally, relationship breakdown in the context of possessing a marital residency status can disproportionately affect migrant women (Pleace, 2010). The European directive on the right to family reunification states that family members ‘should be granted a status independent of that of the sponsor’ (European Council, 2003, p. L251/17). However, there is an essential clause in Article 16, 1b, that gives member states an opportunity to withdraw or refuse to renew a permit ‘where the sponsor and his/her family member(s) do not or no longer live in a real marital or family relationship’ (European Council, 2003, p. L251/17). This issue can serve as a major barrier for women in accessing housing, a situation which is even more concerning in cases of domestic

⁴⁰ Due to structural factors that can result in lower educational attainment, poor employment history and discrimination, ‘motherhood penalty’ refers to the wage and employability gap between women and men due to the childcare burden, which disproportionately affects women with children. Men are less likely to experience a ‘fatherhood’ penalty.

violence or abuse (Fagan, 2008). Additionally, low income migrant women – particularly those with no immigration status – have been found to be vulnerable to domestic violence with few options to exit, or in more extreme cases, prostitution and/or trafficking (Paradis *et al.*, 2008; Kelleher *et al.*, 2009; Allamby *et al.*, 2011). Furthermore, women may be financially and socially dependent on male partners which may result in them having to remain in abusive home situations for prolonged periods of time (Fagan, 2008). Therefore, women who are of a migrant or ethnic minority community are likely to be at a heightened risk of poverty and housing insecurity.

Therefore, given the evidence highlighting the multiple barriers which may impede access to and sustainment of adequate housing, migrant women could be regarded as “triply disadvantaged” by virtue of their gender, ethnicity and socioeconomic disadvantage (Pillinger, 2009: 2). Similar arguments could be said for other ethnic minority women, including those from the Traveller community. Casey (2014: 9) identifies what she terms as a “triple burden” among Gypsy-Traveller women living in the UK, in which their disadvantage of women, status as ethnic minority women, and socioeconomic disadvantage “inform every aspect of these women’s daily experiences and practices.” In an Irish context, Traveller women have found to be at increased risk of domestic violence and / or unstable housing due to the interaction between psychosocial, economic, and cultural factors (Allen and Forster, 2010). Furthermore, countries such as the UK which has a longer history of migration has also found that ethnic minorities born in the country where they are currently resident (or, so called, ‘second generation migrants’) also face structural disadvantage, discrimination and in many cases housing instability⁴¹ (Davies *et al.*, 1996; McNaughton Nicholls and Quilgars, 2009). Yet both in Ireland and elsewhere, there is a deficit of empirical research on the experience of homelessness among migrant and ethnic minority women. Indeed, migrant homelessness is frequently depicted as primarily a male phenomenon (see, for example, Homeless Link, 2006; Crellen, 2010; Focus Ireland and Immigrant Council of Ireland, 2012). Casey (2014: 807) refers to the “challenge of ‘gender-blindness’” in much of the contemporary research literature on Traveller women, in which “there remains the tendency to underplay the effects of gender in the reproduction of racial inequality”. Therefore, there is a need for a stronger intersectional approach in understanding how housing instability and homelessness interacts with gender, class, and ethnicity/race.

⁴¹ Given the distinct migration history in Ireland, this issue of second generation disadvantage of ethnic minority groups is less prevalent.

Older Women

Relating in part to wider social demographic changes, a growing 'at-risk' group to housing instability are women who are older in age. Watson (2000) highlights how women over a pensionable age – who are often less protected than men in terms of being in possession of an adequate retirement income – constitute a large proportion of social housing tenants and that many older women face continual risk of homelessness due to poverty or as a result of bereavement or family breakdown. An Australian report focusing on the lives of female, single and older homeless women identifies an “accumulation of poverty” due the women’s economic marginality, which worsens over the life course (McFerran, 2010: 37). Similarly, Kliger *et al.* (2010: 1) conducted a review of Australian research on older women and homelessness and found that “the plight of older women confronting homelessness is not well documented in research, or data collected on, homelessness in Australia or internationally.” It has been argued that these women’s needs have also been overlooked in the context of social welfare policies and programmes (Butler and Weatherley, 1992). Even when older homeless women are placed in long-term supported housing, many continue to report high levels of physical and mental health problems. For example, Waldbrook’s (2013) study of formerly homeless, older women in Canada found that even after exiting homelessness, health problems and persistent poverty were ongoing issues for the women and that more targeted interventions – including both economic and practical support – were required to enable them to maintain housing and prevent a return to homelessness. In July 2016, just under a quarter (23 per cent) of all homeless persons residing in emergency accommodation in Ireland was recorded as 45 years or older. Therefore, this phenomenon of ageing homeless population is likely to worsen in the future.

Stigma of Homelessness and Identity

Stereotypical images and representations of women are commonplace and can be attributed to the dearth of research on women’s homelessness, on the one hand, and prevailing gender norms that situate women in the home, on the other (Watson and Austerberry, 1986). There is evidence that homeless women have historically received far harsher judgement than their male counterparts simply because they are female and out of home. Writing in the US context, Stoner (1983: 570), for example, highlighted the “persistent denial of women’s existence on skid row”, which “served to consolidate long-held beliefs that homeless women are even more derelict and eccentric than homeless

men, and thus the most socially undesirable of all marginal people”. Many women who are homeless are judged by wider society due to their perceived failure in fulfilling the socially-accepted gender roles of domestic homemaker, mother or daughter (Watson and Austerberry, 1986). In the first detailed published study of homelessness among women in Ireland, Kennedy (1985) claimed that homeless women are widely viewed as ‘oddities’ and ‘eccentrics’. More recent studies also discuss the stigma experiences by women who are ‘out-of-home’ or homelessness (McNaughton and Sanders, 2007; Casey *et al.*, 2008).

The theme of identity has been subjected to considerable analysis and scrutiny within the homelessness literature, albeit with far greater attention to homeless males. (Snow and Anderson, 1987; O’Sullivan, 1993; Farrington and Robinson, 1999; Harter *et al.*, 2005; McCarthy, 2013). The concept of stigma, in particular, is a particularly salient point and it is central to any analysis of homelessness and identity among women (Stephen, 2000; Casey *et al.*, 2008; May *et al.*, 2007). Casey *et al.* (2008) examined homeless women’s use of public space in their UK-based research and through this, drew analysis on women’s identity and strategies to manage stigma (see Reeve *et al.*, 2006). Whilst public space is often regarded as “quintessentially male” (Wardhaugh, 1999: 104), Casey *et al.* (2008) argue that homeless women are in fact adept at negotiating public space for their own purposes and needs. The authors include all sites which are accessible to the public – including shopping centres and commercial space for example – and the ways in which women negotiated these spaces and why. The reasons and dynamics of how women negotiated these spaces provide interesting insights in the way in which women ‘manage’ a homeless identity in the context of the public arena. Whilst Casey *et al.*’s (2008) analysis of women’s use of public space presents a compelling argument that public space is not simply a male-only arena, their depiction of homeless women resisting an imposed ‘homeless identity’ also demonstrates how homelessness among women can remain hidden-from-view. The authors reported that many of the homeless women in their sample maintained a high standard of self-hygiene; they attempted to avoid engaging in humiliating or degrading acts such as eating from a bin or begging; and some choose not to engage in criminal activity or sex work. In other words, they sought to resist the ‘spoiled identity’ imposed on them for being women and homeless and, when negotiating public spaces, attempted to assimilate into wider society. In this sense, homeless women become invisible in visible space.

Of course the construction of identity is also fluid and diverse. May *et al.*'s (2007) work on 'alternative cartographies of homelessness' identified four typologies of homeless women on the basis of how they identify and/or distance themselves from a 'homeless identity', as well as exploring the ways in which homeless women choose to portray themselves to wider society. Drawing on the narrative of nineteen homeless women (selected from a larger study of homeless men and women) they explored the different ways in which gendered homeless identities were articulated. The categories May *et al.* (2007) identified included women who choose to distance themselves from 'spaces' of homelessness; those who operated in the 'shadows' of the homeless scene; those who choose to be visibly homeless and associate with others who are homeless and, finally; women who shared spaces with the homeless but were not recognised as homeless by service providers and are considered to be part of another distinct group (namely, women engaged in prostitution). The findings of this analysis provide important insights into the lived experience of homelessness among women and successfully demonstrate the heterogeneity of the group. In particular May *et al.*'s (2007) discussion of resistance and agency challenges prevailing assumptions about homeless women as helpless and dependent, which may serve to further entrench women in cycles of homelessness and poverty (Bruto de Costa and Baptista, 2001).

The concept of home is central to the notion of identity, particularly in the case of homeless women (Watson and Austerberry, 1986; Wardhaugh, 1999; Mallett, 2004; Walsh *et al.*, 2009). As Wardhaugh (1999) argues, home is a central site of identity work and the perceived foundation of social order within which women are traditionally expected to perform and reproduce gendered domestic and caregiver roles. In other words, the social construction of home is a deeply symbolic concept which is rooted in a patriarchal structure of society (Watson, 1999). Home is also a space in which an individual can come to understand the self over time (Tomas and Dittmar, 1995). Yet, as previous research on homeless women has demonstrated, home can also be a place which is unsafe and homelessness, by contrast, can be the solution for those who suffer at home (Tomas and Dittmar, 1995). In this way, the home is a subjective concept which can be 'felt' differently according to individuals with diverse biographies (Watson, 1984, McNaughton, 2008). Robinson (2008) calls for a greater recognition on the 'felt homelessness' in terms of the varying ways individuals relate to the spiritual, cultural and symbolic essence of home. In this way, there are deeply sociocultural assumptions associated with the home and homelessness, and the various ways in which these are

'felt' by individuals are important areas of analysis in understanding identity and homelessness.

Being a woman who is out-of-home can be highly stigmatising. There are studies that suggest that the ways in which homeless women make sense of and negotiate stigma reveal their own constructions of identity in the face of stigma. In a longitudinal study of homeless people, McNaughton (2006) used the concept of 'emplotment' to analyse longitudinal biographical data of 28 homeless individuals. McNaughton (2006) argues that individuals frequently reconstruct the 'plot' of their past, present and future lives in order to maintain a coherent story and identity. Homelessness signals a rupture or 'something gone wrong' in that life course and individuals seek to "maintain this cohesion in a 'crisis'" by conceptualising this rupture in a particular way (McNaughton, 2006: 142). McNaughton found that many people who had exited homelessness conceptualised this exit as primarily due to their individual actions and not due to service or systems of provision. This has implications for understanding identity among those who have experienced homelessness, in a process of reconstructing their past and present life to maintain a coherent story and identity.

The need to maintain positive sense of identity and 'ontological security' as they made transitions through homelessness may also explain why participants individualised their experiences of homelessness further by 'blaming' others in the same situation for their homelessness whilst highlighting they were 'different' due to family background and choosing to resolve their homelessness. (McNaughton, 2006: 148)

Similarly, Farrugia's (2011) in-depth study of twenty homeless young people in Melbourne found that young people internalised dominant discourses around homelessness which emphasised "moralised personal responsibility" (Farrugia, 2011: 7). Hence, young people had to "come to terms with the meaning of homelessness as a stigmatised difference" (Farrugia, 2011: 7). They associated feelings of disempowerment, belief of personal failure and shame with their becoming homeless. However, those young people who had exited homelessness demonstrated a different narrative as they sought to establish a 'homed' identity. The young people in Farrugia's study who moved out of homelessness sought to distance themselves from other homeless people, who they assumed, by default, were less capable of exiting. Therefore, in conceptualising their homelessness, they make sense of their situations and experiences in relation to dominant discourses of homelessness and, in doing so, either reinforced or challenged wider conceptualisations of homelessness (McNaughton, 2006).

By understanding women's identity and the way in which women may construct their past, present and future selves, reveals rich analysis on the women's social worlds (Snow and Anderson, 1993) and also the way in which changes to housing status can impact on identity (Farrugia, 2011). The analysis of identity reveals women's meaning-making process both in relation to the self but also offers insight into how women internalise and negotiate the pervasive stigma of homelessness. It also reveals the heterogeneity and diversity of women who experience homelessness. For example, there is a perceived gap of knowledge in how women of colour interpret their homes and home spaces (Mallett, 2004). In acknowledging this diversity, May *et al.* (2007) argues that services and policy-makers should work with, rather than deny, different identities articulated by homeless women. If there is a greater recognition of women's identities, it is likely that women would be routed to services which operate a particular ethos and culture that best suits their personal understanding of their situation. Finally, by incorporating identity into the analysis of women's homelessness, a greater sense of women's agency and their personal capacities are revealed.

Welfare, Housing and Policy Responses to Women's Homelessness

The manner in which governments address homelessness as a social problem influences both the extent and nature of homelessness. Forms of monetary welfare support for those below the poverty line, childcare supports, employment policy, and importantly, housing policy, all impact on the occurrence and nature of homelessness (Shinn, 1997; Pleace, 1998). Notwithstanding the significant variations that exist in welfare state responses to social problems such as homelessness (O'Connell, 2003), women who are on low income are at greater risk of homelessness as their capacity to negotiate an economic or personal crisis is severely constrained, particularly if they have children. Doherty (2001: 17) argues, the "provision of social protection for women exposed to the risk of homelessness, even in those countries with well-established welfare states, is at best patchy". Furthermore, broader shifts in housing policy across Western Europe – namely, the deregulation of the private housing market and the decline of social housing supply – have been argued to disproportionately impact on women (Watson, 1999; Edgar and Doherty, 2001; Robinson and Searby, 2006).

Policy responses to homelessness shape, and are shaped by, ideological constructions of wider society (Pascall, 1997; Anderson and Christian, 2003; Pleace and Quilgars, 2003). For example, there is evidence of a reduced commitment to welfare supports in many countries, particularly among those governments pursuing conservative agendas that ‘reward’ nuclear households and adversely impact one-parent households (Shinn, 1997; Smith, 1999). O’Sullivan and Higgins (2001) provide a comprehensive historical overview of the welfare state and its treatment of female homelessness in Ireland, arguing that the Irish state broadly adopted an interventionist approach to accommodating women and children during the twentieth century. This interventionist approach – rooted in a Catholic and conservative sociocultural context – prioritised the traditional nuclear family, a model in which the authors argue is no longer applicable for a growing number of non-traditional households in contemporary Ireland (Yeates, 1999; O’Sullivan and Higgins, 2001). Furthermore, changes to the welfare state have served to “increase income inequality and create problems of access to low-cost housing which cumulatively may result in increasing homelessness” (O’Sullivan and Higgins, 2001: 88).

A number of commentators argue the opposite, pointing out that women are prioritised over men in terms of access to welfare supports and that they have better access to affordable housing. Fitzpatrick (2005), for example, found that women are more likely to be re-housed through local authority housing in the UK than men, and through citing exiting research studies, also claims that women are more likely to approach services. Fitzpatrick’s arguments directly challenge the claim that women are hidden or invisible from services. The fact that men consistently outnumber women in homeless counts, Fitzpatrick points out, is evidence that women are advantaged in the housing market and welfare system and cites the disproportionate number of males in homelessness counts as an “awkward statistic” for feminist theorists of homelessness (2005: 8). She concludes that “gendered (including patriarchal) social relationships can disadvantage men as well as women in relation to homelessness” (Fitzpatrick, 2005: 9).

In a similar vein, Cramer (2005: 749) – who conducted in-depth participate observation of the interactions between housing officers and homeless women, homeless women with children, and homeless men, respectively – found that “[h]ousing staff openly favoured female homeless applicants and routinely made more of an effort to support and progress their case”. In Cramer’s study, women were observed to be considered more worthy of support and were treated in a more sympathetic way by housing officers;

men, on the other hand, were typically treated with suspicion and distrust. Cramer reasons that since traditional gender roles associate women within the home or private sphere, housing officers were more likely to allocate housing to them and by prioritising women, policy and practice simultaneously reinforces dominant gender roles. Indeed, women's slightly higher success rate in exiting homelessness by comparison to men has been documented in longitudinal studies that have tracked homeless populations over time (Wong, 1997; Mayock *et al.*, 2008; 2011; 2013a).

Historical accounts of early forms of welfare and social policy offers guidance in interpreting the categorisation of poor citizens who are either 'deserving' or 'undeserving' of public assistance. These binary categorisation can be first identified during the sixteenth century Elizabethan era in the UK with the introduction of poor laws, which ultimately led to more systematic and bureaucratically defined categories during the New Poor Law in 1834⁴² (Alcock *et al.*, 2000). During early poor laws, individuals who were considered as 'deserving' typically included the elderly, widows, sick and physically or mentally unfit individuals who were deemed incapable of work; whereas individuals living in poverty but who were deemed fit and healthy were considered not worthy of public assistance as they were considered to be able to work (Alcock *et al.*, 2000). These ideological categorisations arguably persist in modern-day society's treatment of those experiencing poverty and homelessness (Neale, 1997). Referring to research that documents the decision-making process of medical professions in choosing applicants for an organ transplant, Marpsat (2000) identifies three 'logics' which can also be applied to the service treatment of homeless women: perfectionism (i.e. the most 'healthy' chosen as they are more likely to report positive outcomes); maximum effectiveness (i.e. those who will recover quickest, for example perhaps victims of domestic violence); compassion (i.e. to give priority to those who evoke the most sympathy, for example, single mothers). In this way, welfare regimes, social policy and housing policies are intimately linked and are also rooted in and continually shaped and re-shaped by sociocultural constructions of 'deserving' and 'underserving' women. These concepts may have an impact on service outcomes among

⁴² Considine and Dukelow (2009) draw on similar process of categorisation of the poor in Ireland during the 18th century. In 1772, an Act was passed which identified two groups of beggars: those who were recognised as being unable to support themselves and were granted "a badge to beg" versus those who were "able-bodied", deemed fit to work, and were therefore subjected to work in the workhouses under immensely poor conditions (Considine and Dukelow, 2009: 4). Therefore, the sick poor attracted sympathy while the poverty of others were conceptualised as being poor due to their own idleness and personal failure.

homeless women in terms of which women exit homelessness, while the housing issues of other women remain unresolved indefinitely (Mayock *et al.*, 2015c).

Passaro's (1996) fascinating field research in New York City – in which she interviewed 380 homeless persons (202 men; 178 women) explores the manner in which gender, race, and family status of homeless persons can influence and determine their housing outcomes. Passaro identifies paternalistic undertones of homelessness policy and practice which ultimately results in preferential treatment to homeless women who are seen to 'belong' in the home space. Yet crucially, Passaro (1996) argues, it is only when women embody traditional gender roles that they are 'rewarded'. This marries with the idea of 'giving sympathy' (on the part of policy makers, service staff workers, and indeed, wider society) which also has paternalistic undertones; preferable treatment elicits an assumption of superiority of one person over another or in other words, the 'strong' who helps the 'deserving weak' (Marpsat, 2000: 270).

[H]omeless men are failed *men*, in traditional gender terms, because they are dependent and unable to support themselves. Homeless women, on the other hand, are seen as the apotheosis of Woman – dependent, vulnerable, frightened. They benefit from traditional gender ideologies because their individual failures are not compounded by gender failure – a dependent, needy woman, after all, is no challenge to dominant beliefs (Passaro, 1996: 2)

Cultural perspectives on homelessness and policy, such as those presented by Passaro (1996) and Marpsat (2000), offer insight into how (and why) some homeless women may fare better than others over time. Echoing Passaro's (1996) arguments, Marpsat (2000) identifies that women who conform to a greater extent to a 'feminine' ideal – that is, women with children, younger women, and women who have less complex needs – are more likely to be prioritised in accessing subsidised housing and are more likely to report more positive relationships with homelessness and housing support staff. In other words, women who represent the 'good mother' and are afforded additional welfare supports such as child benefit payments, local authority or subsidised housing, and welfare protection (Passaro, 1996; Marpsat, 2000). 'Failed' women, by contrast – including single women or women with children living in state or relative care, women engaging in substance use and women who have more serious mental health issues – are more likely to be unsuccessful in navigating service and policy structures that are rooted in conventional understandings of 'good' service users who comply with certain conditions.

The status of homelessness merges with gender and racial stereotypes to produce a pattern of discrimination perpetuated by social welfare legislation, the evaluative practices of social service personnel, and the evaluative practices of the rest of us, who daily decide which homeless people deserve our money or our sympathy (Passaro, 1996: 29).

Therefore, these studies which seek to interrogate the ideological assumptions which shape policy and practice give a more sophisticated understanding of why men and women report distinct trajectories into and through homelessness, occupy different locations along a continuum of living situations, and interact in varying ways with services and systems of support. Yet these paternalistic assumptions also result in differential treatment to various 'types' of women experiencing homelessness which is based on their compliance with traditional gender roles. To make matters more complex, women themselves engage with these processes in varying ways and their meaning-making processes of these interactions is also relevant to understanding women's journeys through homelessness.

Discussion and Conclusion

In conclusion, homelessness among women is an under-researched area and much of what we know about homelessness is based on a framework which was structured around the experiences of men. Women's homelessness is often hidden, misunderstood, or based on assumptions relating to their place in the home. Despite the hidden nature of much of women's homelessness, together with the existing methodological challenges in enumerating the homeless population, rates of homelessness among women appears to be on the rise. While the issue of domestic violence, migrant status, ethnic minority status and female-headed households, and age can result in a higher risk to homelessness, this chapter has sought to highlight how structural disadvantage permeates all these additional risk factors. Existing studies highlight how socioeconomic disadvantage is pervasive across the lives of women experiencing homelessness. Many women in homeless situations report low educational attainment; adversity and family conflict in early life; childhood experiences of abuse and violence; parental substance misuse; poor employment prospects during adulthood; early parenthood; and prolonged unemployment or underemployment. These factors not only place women at high risk of housing instability, but crucially, it impacts on their capacity to *resolve* their homelessness.

Being a woman who is 'out-of-home' bears significant stigma as they are seen to have failed in fulfilling their gender role as domestic home-maker and have failed their role as mother, wife, daughter, etc. Many commentators found that women experiencing homelessness, both now and in the past, are viewed as either deviants or victims. May *et al.* (2007) and Casey *et al.* (2008) reveal the diverse ways in which women negotiate homeless identity and spaces which are argued as being quintessentially male. Women associate with a 'homeless identity', other homeless people and homeless or street spaces to varying degrees. Central to this, is the sociocultural constructions of home and homelessness – both of which are deeply symbolic spaces in which women also internalise and negotiate as these spaces impact on women's identity and sense of self. Thus, women negotiate, and in many cases resist, these imposed identities of homelessness. Similarly, other women seek to distance themselves from other homeless women in a way which disassociates themselves with the stigmatised label of being both a woman and homeless. Thus, it is important to acknowledge not only the heterogeneity of the homeless female population, but also the varying ways in which women interpret their own situation and negotiate their identities.

Permeating through systems of intervention are deep-rooted paternalistic assumptions on categories of need. These assumptions are not random or coincidental, but rather they are rooted in historical sociocultural assumptions on gender which are seen to continually shift and change over time and space. Women who conform to traditional gender roles as homemaker and mother are found by some researchers as being more likely to be categorised under the 'deserving' category of homeless women. Women who are considered as 'failed' women, by contrast, deviate from the feminine norm by virtue of their children being in care, substance misused or psychiatric issues which may be more likely to be deemed as being 'unfit' or 'undeserving' of subsidised housing.

As this chapter attempted to review the research literature of homelessness and housing instability among women, the following chapter seeks to build theoretical depth to our understanding of the phenomenon. Following from this, the methodological approach adopted in the study is outlined.

CHAPTER THREE

CONCEPTUALISING WOMEN'S HOMELESSNESS: TOWARD AN INTEGRATED THEORETICAL APPROACH

Introduction

In the international literature, there are competing explanations of homelessness, which vary according to wider political ideologies, economic contexts, social policy and welfare provision, and public opinion (Jacobs *et al.*, 1999; Pleace and Quilgars, 2003; O'Connell, 2003; Cronley, 2010). These 'ideologies of homelessness' and debates on resolving homelessness are also subject to change over time and across jurisdictions. Homelessness research is similarly rooted in varying assumptions and theoretical and methodological traditions, which influence how the phenomenon is conceptualised and understood. Research in North America, for example, has traditionally adopted a positivist approach to researching homelessness, emphasising individual factors and personal inadequacies as the primary causes of homelessness (Fitzpatrick and Christian, 2006). By contrast, European research, particularly research from the UK, is more likely to adopt qualitative methodologies and interpretivist approaches that foreground structures and systems in explaining homelessness (though individual factors are seen to play a role also) (Pleace and Quilgars, 2003). More broadly, research on homelessness has been criticised for its lack of theoretical depth (Neale, 1997; Somerville, 2013). Such competing interests and ideologies, as well as diverging and fluctuating understandings of homelessness as a social problem, signal the need for a theoretically-sound analysis of homelessness (Anderson and Christian, 2003).

As highlighted in Chapter One, homelessness research has been critiqued for its gender-neutral approach, which has resulted in the marginalisation or oversight of the distinct realities and needs of women who experience homelessness (Watson, 2000; Edgar and Doherty, 2001). This lack of attention to gender within homelessness research has served to marginalise the experiences of women within dominant discourses on homelessness (Baptista, 2010) and has also arguably led to misinformed policy formation and a weak system of gender-sensitive services (Edgar and Doherty, 2001; Young, 2010). This neglect of gender and the particular situations of women within homelessness research further

underscores the need for this sound theoretical base in the investigation of women's lives and experiences.

The chapter is divided into two main sections. The first provides an overview of the dominant explanations of homelessness to emerge over recent decades in order to demonstrate the changeable ways in how homelessness is conceptualised and understood (Jacobs *et al.*, 1999). The discussion then shifts to an appraisal of the pathways metaphor, a concept that has been deployed by a large number of researchers, particularly in recent years, and examines its utility in understanding women's homelessness. Following this, the theoretical perspectives chosen for the purpose of this longitudinal study are reviewed. It is through the development of an integrated theoretical framework – which draws on a number of theoretical perspectives – that the heterogeneity as well as the commonalities of women's experiences of homelessness can be recognised (Neale, 1997). The discussion presents feminist theory, poststructuralist theory (drawing on the work of Michel Foucault), and cultural approaches (drawing on the work Erving Goffman) as perspectives that have the potential to generate a robust understanding of women's homelessness.

Theorising Homelessness

Before outlining the theoretical underpinnings of this study, it is important to first examine two broad explanatory frameworks, specifically, perspectives that have emphasised either structural or individual factors in explaining homelessness as a social problem.

Structural versus Individual Explanations of Homelessness

The “rise and fall of homelessness as a social problem” and prevailing assumptions about why people become homeless are continually shaped, reinforced or sometimes challenged (Jacobs *et al.*, 1999). Discourses on, and responses to, homelessness also change over time and space, and are rooted in particular socioeconomic, political and cultural contexts (Jacobs *et al.*, 1999). For example, during the 1960s and 1970s, with the growing emphasis placed on the free market across developed nation-states, homelessness was widely constructed as “a process of disaffiliation from society” in which perceived ‘inadequacies’ within individuals – such as drug or alcohol misuse, criminality, and a perceived unwillingness to participate in the labour market – were

emphasised (O'Sullivan, 2008b: 72). Other characteristics such as mental health problems, experiences of violence, abuse or trauma also featured in the literature during this time (Pleace, 1998). Consequently, individuals experiencing homelessness were frequently depicted as either culpable for the loss of housing, or victims of circumstances beyond their control; both insinuating deficiencies of character (Neale, 1997). Indeed, there was an assumption – which persists to a large extent today – that homeless people choose to be homeless, “refusing both responsibility and work” (Pleace *et al.*, 1997: 159).

Due in large part to the substantial rise in the number of individuals affected by homelessness during the 1970s and 1980s, individualistic explanations emphasising personal inadequacies and health issues became increasingly unconvincing (Pleace and Quilgars, 2003; O'Sullivan, 2008b). These decades saw substantial socioeconomic change across Europe, characterised by a widening gap between rich and poor, rising unemployment, labour market instability, the gradual erosion of social welfare supports and a notable decline in social housing stock – all of which were increasingly recognised as having a detrimental effect on housing security (Jacobs *et al.*, 1999). With this, media imagery and discourses began to portray more sympathetic images of homelessness and homeless people⁴³, which also exerted pressure on governments to address the issue through policy and adequate welfare and service supports (Jacobs *et al.*, 1999). It was also during this time that NGOs, lobby groups and advocacy groups working to support homeless people began to grow. For example, in the UK context, the organisation *Shelter* was seen as a key force in driving debate and advocating for change in housing and social policy during the 1960s and 1970s (Lowe, 2007). These macro-level changes and improved advocacy for those experiencing homelessness contributed to a more pronounced recognition of the range of structural and systemic failures that were directly impacting on rates of homelessness (O'Sullivan, 2008b).

Policy change in the British context during the late 1970s and early 1980s also signalled an overall shift in State responses to homelessness. Pleace *et al.* (1997) identify the Housing (Homeless Persons) Act (1977) as a key policy change in Britain since Local Authority housing departments were charged with a statutory duty to rehouse homeless

⁴³ In the British context, several UK researchers identify the broadcasting of television drama “*Cathy Come Home*” in 1966 as a key contributor in conceptualising homelessness as a consequence of poverty and socioeconomic inequality (Neale, 1997; Pleace, 1998; Fitzpatrick, 2005). Interestingly, Jacobs *et al.* (1999) asserts that the impact of film and other media have on both public opinion and policy is largely neglected by housing researchers.

individuals and families permanently (that is, those who satisfied certain criteria and were deemed ‘unintentionally homeless’⁴⁴). This signalled a departure from more minimalist policy responses to poverty and homelessness⁴⁵. Similarly, in Ireland, changes within policy and legislation occurred, albeit several years after the UK Housing Act was passed. Ireland’s first Housing Bill was proposed in 1983 (Homeless Persons Bill) and – like the Housing (Homeless Persons) Act in the UK – placed an onus on Local Authorities to rehouse homeless people (Harvey, 2008). However, this Bill was never enacted into law. Harvey (2008) attributes the rejection of this Housing Bill to the apathetic political climate surrounding homelessness at that time.

Making a connection between homelessness and the actions or inactions of governments was, in the 1970s, a challenging proposition. It is often said that the most difficult aspect of any political campaign to get the issue on the political agenda in the first place. This was no less true of the homeless issue (Harvey, 2008: 10).

The Housing (Miscellaneous Provisions) Act was finally passed in Ireland in 1988 and, while it remains the “cornerstone legislation on homelessness in Ireland” (Harvey, 2008: 12), it is in fact a ‘watered-down’ version of the earlier and more progressive 1983 Bill⁴⁶.

In recent decades, international research on homelessness has focused primarily on more ‘visible’ forms of homelessness. For example, during the 1960s and 1970s, homeless men, rough sleeper populations and those residing in ‘Skid Row’ districts dominated much research on homelessness (c.f. Busch-Geertsema *et al.*, 2010). As a consequence, the experiences of women were overlooked or largely ignored (Baptista, 2010). Watson and Austerberry’s (1983; 1986) seminal research in the UK directly criticised the “almost exclusive focus on homeless families, single men and young people” in the research literature at that time (Watson and Austerberry, 1986: 7). As a result of this oversight within research, policy responses to homelessness were patriarchal and capitalist in

⁴⁴ This legislation – which only applies to England since 1996 upon the devolution of powers to Scotland and Wales – specifies particular criteria of eligibility for access to local authority housing. Individuals must demonstrate ‘eligibility’ (relating to citizenship and residency issues), be ‘unintentionally homeless’ (homelessness not a result of a deliberate act), prove a ‘local connection’ and to be in ‘priority need’ (priority need groups include women with children, pregnant women, or have particular ‘vulnerability’ such as old age, disability, or mental illness) (c.f. Bretheron *et al.*, 2013).

⁴⁵ Pleace *et al.* (1999: 1) claim that, prior to the 1977 Housing Act in Britain, governmental and local social services provision “retained many similarities to Victorian responses to extreme poverty”, citing the separation of families in emergency homeless accommodations as an example (which resonated with gender segregation in Victorian workhouses and poorhouses).

⁴⁶ Notably, the 1988 legislation did not impose an obligation on Local Authorities to house homeless people, and the implementation of the act was irregular and frequently ineffective (Harvey, 2008).

structure and orientation, placing women firmly in the home or domestic domain; thus, the authors argued, single homeless women were the biggest ‘losers’ in terms of their eligibility for, and ability to access, appropriate supports⁴⁷. Subsequent to the publication of this study, a small body of research emerged during the 1980s, focusing on the experiences of women who were homeless and adopting a similar feminist lens (Stoner, 1983; Watson, 1984; Watson and Austerberry, 1986; Hagen, 1987; Roth *et al.*, 1987). However, while these studies successfully extended the research knowledge base on homelessness among women, a male-centred understanding of homelessness nonetheless persisted within mainstream homelessness research, policy and practice.

Contemporary Understandings of Homelessness

In more recent years, homelessness research has adopted an increasingly “dynamic, process-orientated approach”, incorporating *both* structural and individual factors in understanding the complex and changing nature of homelessness and housing across the life course (Anderson and Christian, 2003: 112). Homelessness is therefore increasingly viewed as resulting from a combination of structural (such as housing need, poverty, unemployment, and demographic changes) and individual factors (such as family conflict, drug or alcohol misuse, victimisation or abuse, leaving care or prison, lack of social supports, unemployment or loss of employment) (Anderson and Tulloch, 2000). Explanations that attribute homelessness to a consequence of both structural change and individual characteristics are commonly referred to as the ‘new orthodoxy’ within homelessness research (May, 2000; Pleace, 2000; Fitzpatrick, 2005; Busch-Geertsema *et al.*, 2010). This orthodoxy posits that structural factors *create the conditions* in which homelessness occurs and that *certain groups* are more vulnerable to these adverse socioeconomic changes than others (Burrows *et al.*, 1997; Fitzpatrick, 1999; Kennett and Marsh, 1999; Fitzpatrick *et al.*, 2000; Metraux and Culhane, 1999; Anderson and Christian, 2003; O’Sullivan, 2008a). This explanatory framework has become widely accepted in recent years within both research and policy on homelessness in many European countries.

⁴⁷ Watson and Austerberry (1986: 4) remind the reader that women who are categorised as ‘single’ may be mothers or wives (they may be divorced, separated, with children in care, or their children are grown adults) and define ‘single’ women as women who are ‘alone’.

Nonetheless, the ‘new orthodoxy’ is by no means uncontested and has been subjected to critique in the academic literature⁴⁸, with some commentators arguing that the precise nature and dynamics of the new orthodoxy of homelessness lacks clarity. Busch-Geertsema *et al.* (2010), for example, identify uncertainties as to why *some* people experiencing similar forms of structural disadvantage become homeless, while others do not.

While structural accounts were a necessary corrective to the individual pathology explanations, they in turn failed to explain adequately why only some households who found themselves exposed to unemployment, poverty and a retrenchment in welfare services become homeless (Busch-Geertsema *et al.*, 2010: 12).

Similarly, Fitzpatrick (2005) claims that while the ‘new orthodoxy’ is useful at a descriptive level, it lacks explanatory power, arguing that structural and individual factors are so intertwined and overlapping that delineating between the two is problematic. Citing the example of ‘poor parenting’, which could be considered both a structural and individual phenomenon, Fitzpatrick asserts that the orthodoxy “lacks any clear conceptualisation of causation” (Fitzpatrick, 2005: 5). While homeless individuals and groups are frequently marginalised and disenfranchised on multiple levels, they are nonetheless active agents and their actions and decisions influence how homelessness is negotiated as well as how may be avoided (Busch-Geertsema *et al.*, 2010). Notwithstanding these critiques, there is substantial and growing evidence demonstrating that homelessness is likely to be the outcome of a culmination of processes and factors operating at both macro- and a micro- levels, thus highlighting the need to consider both structural and individual factors in explaining homelessness (Reeve *et al.*, 2006; Fitzpatrick *et al.*, 2012a, 2012b).

Economic inequality, flexible labour markets and job insecurity, unemployment, poverty, competitive housing markets and changes to the welfare state have all significantly and adversely impacted the scale of homelessness (Pleace, 1998; Forrest, 1999). Kennett and Marsh (1999), for example, refer to the ‘new homeless’, arguing that as a result of globalisation and neo-liberal economic systems, the demographic characteristics of the homeless population have shifted from a profile previously comprising older, single, white men to one dominated by young people, women, single mothers, migrants and older homeless people (Kennett and Marsh, 1999). More recently,

⁴⁸ Somerville (2013: 6) argues that the ‘new orthodoxy’ is not in fact new since “it has long been held that homelessness is ‘caused’ by a failure of relationship between ‘individual’ and ‘society’”.

homelessness has been associated with wider processes of social exclusion (Pleace, 1998). Drawing on Jordan's (1996) theoretical propositions on poverty and social exclusion, Pleace (1998: 49) argues that large (and growing) numbers of people are living in deprived and under-resourced locales characterised by high levels of unemployment, underfunded social services, substandard housing, crime, poor access to health care and low political participation and identifies homeless people as a group in society who are "excluded from mainstream social, political and economic life" due to economic inequality. In this sense, homelessness is not as an isolated problem, but rather a *symptom* of extreme socioeconomic marginalisation. While those experiencing homelessness are a small subsection of the socially excluded population, Pleace argues that homelessness should not be viewed in isolation: "there is no such thing as a unique social problem called homelessness" (1998: 57), which is rather the most acute manifestation of economic inequality. Hence, Pleace calls for a "reconceptualisation" of homelessness:

Reconceptualising homelessness as a manifestation of social exclusion may help us to consider what the consequences of unfettered capitalism without a welfare state really are (Pleace, 1998: 57).

Others, however, argue that social exclusion conceptualisations of homelessness are intrinsically vague and also overlook the heterogeneous nature of subordinated groups. Drawing on Foucauldian concepts in discussing the usefulness of situating homelessness within a framework of 'social exclusion', Horsell (2006: 216) argues that the term assumes that "it is a condition people are in" as opposed to "something done to them". Horsell (2006) uses the example of unemployment to illustrate this point: social exclusion debates posit that unemployment is a primary cause of social exclusion yet fails to adequately address the processes and factors that cause unemployment, including early school leaving, poor social services, discrimination, and so on. Horsell concludes, therefore, that there is an indirect element of 'blame' in the language of social exclusion⁴⁹. Furthermore, the term social exclusion may obscure the influence of social categories such as gender, race, and class in causing homelessness (Horsell, 2006).

Debates such as these highlight the multiple perspectives that inform our understanding on the causes of homelessness, both past and present. They also strongly suggest that there is no one single cause of homelessness, nor is homelessness necessarily a once-off

⁴⁹ Horsell (2006) makes the case that the term 'social exclusion' serves a rhetorical purpose also for political parties (e.g. Tony Blair's labour government) which, Horsell argues, yields a misguided interpretation of both the structural causes and subjective experience of homelessness.

event. Globalisation, economic inequality and capitalist, free-market economies impact and interact with individual lives in highly complex ways, all of which can change over time and across different social welfare and economic contexts. Considerations such as these advance a more nuanced understanding not only of material poverty and socioeconomic disadvantage but also of systemic sociocultural exclusion, yielding new concepts such as ‘multiple deprivation’⁵⁰ (Clapham, 2005) and ‘multiple exclusion’ (Fitzpatrick *et al.*, 2012a). In other words, homelessness represents exclusion not only from the housing market, but also from ‘normal citizenship’ or ‘mainstream life’, which can contribute to broader processes of disenfranchisement (Clapham, 2005).

The Pathways Metaphor

In recent years, the pathways metaphor has become increasingly utilised by homelessness and housing researchers as a tool in explaining trajectories or routes into, through, and possibly out of homelessness. The pathways concept is rooted in the notion of a homeless career, which emerged from a growing recognition that homelessness is not a static or once-off occurrence but rather a process that can vary in terms of both its nature and duration (Cloke *et al.*, 2003). By recognising homelessness as a process, studies that adopt a pathways analysis seek to identify not only the causes of homelessness (with a strong emphasis on process) but also those factors that impact subsequent entries into (and exits out of) homelessness (Cloke *et al.*, 2003). David Clapham, a key proponent of the pathways approach to housing and homelessness, defined a pathway as “patterns of interaction (practices) concerning house and home, over time and space” (Clapham, 2002: 63). Clapham describes *pathways* as a metaphor rather than a theory, within which homelessness and housing are viewed as dynamic and fluid entities that interact with changing biographical events and social relationships (Clapham, 2002; 2003; 2004; 2005). In this sense, the pathways approach directs attention to how homelessness can persist, re-occur, or be resolved, thus producing a more nuanced analysis and interpretation of how homelessness is experienced by different individuals over time. Pathways approaches also effectively situate homelessness within broader patterns of unstable or precarious housing, thus demonstrating that individuals can move between homelessness, unstable and stable living situations over time (O’Sullivan, 2008a).

⁵⁰ Clapham (2005) reminds the reader that social exclusion is a highly contested concept with multiple definitions, interpretations and is used across a wider variety of research and political discourses.

There are a number of versions of the pathways metaphor, each adopting distinct theoretical and methodological approaches (O'Sullivan, 2008b). Mayock *et al.* (2008) expand on three of these theoretical strands. First, is the interactionist interpretation of the pathways model, which adopts a largely qualitative or ethnographic methodological approach, rooted in the fields of social policy and housing, and which seeks to build on the concept of the homeless 'career'. This approach is most commonly found in US-based research, particularly ethnographic studies of rough sleepers or those on the 'skid row' (Becker, 1963; Snow and Anderson, 1993). Second, are positivist interpretations of the pathways framework, which are also dominant in the US, but are quantitative in design and appear within large-scale studies emerging from the disciplines of psychology, social work and medicine (Wong *et al.*, 1997; Kuhn and Culhane, 1998; Shinn, 1998). These approaches capture large samples of homeless individuals and households, providing a 'birds-eye' view of the frequency and occurrence of homelessness. Finally, postmodernist interpretations of the pathways model are broadly qualitative in orientation and have more commonly used within social policy or housing research emerging from the UK, Australia and Ireland (Clapham, 2002; Anderson, 2001; Chamberlain and Johnson, 2011; Mayock *et al.*, 2008; Mayock and Corr, 2013). This latter interpretation is typically framed within the context of both globalisation and risk and is closely aligned with 'new orthodoxy' explanations of homelessness.

Adopting a social constructionist approach, Clapham (2002) also places a strong emphasis on how individuals interact with and negotiate their social worlds. In this sense, a pathways approach incorporates language, discourses and the narratives of individuals, generating a more nuanced understanding of how housing (and homelessness) is *experienced* (Clapham, 2002). Subscribing to this social constructionist perspectives, a significant number of researchers have adopted a pathways approach in their research on adult and youth homelessness (see, for example, Hutson and Liddiard, 1994; Fitzpatrick, 2000; Anderson and Tulloch, 2000; Casey, 2002; Mallet *et al.*, 2005; Chamberlain and MacKenzie, 2006; Mayock *et al.*, 2008; 2011; Mayock and Corr, 2013). The ways in which the 'pathways' concept is operationalised in these studies varies, however, to some extent. For example, Huston and Liddiard (1994) identify 'stages' of youth homelessness in terms of *patterns* of accommodation transitions. Fitzpatrick (2000), on the other hand, identifies pathways through the *spaces* occupied by

homeless youth, including the street, homeless accommodation, ‘hidden’ spaces, or stable housing. Finally, Mayock *et al.* (2008, 2011) developed typologies of homeless pathways based on a six-year longitudinal study of homeless youth, focusing in particular on the different paths that young people take out of homelessness (identifying both ‘dependent’ and ‘independent’ exits⁵¹) as well as explaining patterns of continued homelessness. Notwithstanding variations in the manner in which the pathways metaphor has been deployed, studies adopting a pathways approach to homelessness offer considerable insight into the different (and diverse) routes or paths that individuals take into, through, and out of homelessness.

Although the ‘pathways’ conceptualisation has advanced understanding of the dynamics of homelessness (Anderson, 2001), it has not escaped critique. Somerville (2013: 14), for example, is critical of the “general fuzziness” of the pathways concept. More specifically, he contends that pathways approaches over-simplify the causes of homelessness and do not, in fact, substantially transform understanding of how and why people become homeless. Somerville further claims that research adopting this approach merely replicates previous studies, arguing that “[h]omelessness continues to be understood as a one-dimensional dependent variable” (Somerville, 2013: 8). While pathways into homelessness have been identified by researchers, including, for example, paths related to childhood trauma, substance misuse, and so on, the relationship *between* these factors remains poorly understood. According to Somerville (2013: 26), “[s]ome researchers have been too quick to assume that they know what these themes mean and that it is a straightforward matter to establish how they correlate with homelessness”.

The language employed by the ‘new orthodoxy’ and pathways discourse has also been critiqued. Fopp (2009) examines the use of metaphors within research on homelessness in terms of how it is influenced, and contributes to, “the general cultural and social discourse about [the explanation of homelessness], the alleged characteristics of people who are homeless, and how they are expected to change their circumstances” (Fopp, 2009: 273). Fopp (2009) argues that terms such as ‘homeless careers’, ‘homeless

⁵¹ At Phase 2 of this study (conducted one year subsequent to first interviewing the 40 homeless young people recruited to the study), ‘dependent’ exits were defined as those associated with a move to transitional housing or state care while ‘independent’ exits included young people who moved home or to private rented accommodation (Mayock *et al.*, 2008; 2011). Independent exits therefore denoted respondents’ relative independence from state or NGO-provided temporary housing or other direct professional social service intervention. By Phase 3 of the study (conducted three years later), most of those young people who had exited in a dependent sense at Phase 2 had progressed to independent housing (Mayock and Corr, 2013).

pathways', and a 'safety net' social welfare system, are not neutral and, in fact, may serve to reinforce misunderstandings or stereotypes of homeless people. The notion of 'pathways', according to Fopp (2009), suggests a degree of choice, whereby an individual can choose one path over another, thus supporting prevailing individualist explanations, which maintain that individuals are culpable for their homelessness. Additionally, Fopp (2009: 286-287) argues that 'pathways', as a metaphor, suggests a degree of *inevitability* in homeless people's journeys, "as if people were simply deciding different pathways at certain points in their lives, or taking up different career options from a range of possibilities and one of them happened to be homeless".

Notwithstanding these critiques, pathways approaches do nonetheless draw attention to the dynamic and changeable nature of homelessness and housing, particularly over time. Furthermore, the emphasis placed on *process* is particularly relevant to longitudinal research which, as a research method and approach, has the capacity to capture ongoing change (or continuity) in the lives of individuals who experiences homelessness, particularly over time. By incorporating relationships and interactions, the pathways approach offers an analytic lens that extends beyond the individual to include the individuals' social worlds and the relevance and implications of their interactions with others. Thus, in the context of researching women's homelessness, the potential drawbacks of the pathways approach can be re-balanced through a continuous scrutiny of underlying assumptions about women's homelessness: there is nothing 'inevitable' about women's homeless pathways; rather their homelessness and housing is negotiated differently by different individuals in interaction with wider structures, processes, institutions and relationships.

The Theoretical Underpinnings of this Study

Given the multifaceted nature of homelessness, and the challenges associated with defining and measuring homelessness, one theory alone is arguably not sufficient to capture the inherent complexities of the phenomenon (Neale, 1997; Ravenhill, 2008). This section discusses a number of theoretical perspectives – including feminist theory, post-structural theory, and cultural approaches to homelessness – and explores their potential in furthering understanding of women's homelessness. The discussion appraises and evaluates the strengths and weakness of these theoretical perspectives, exploring how, when combined, they can potentially yield a fuller and more robust understanding of homelessness and housing insecurity among women.

Feminist Theory

In an attempt to transcend the predominance of gender-neutral or male-dominant approaches to studying homelessness, feminist theoretical perspectives seek to “cast old problems in a new light” (Watson and Doyal, 1999: 1). Feminist housing theorists Sophie Watson and Helen Austerberry (Austerberry and Watson, 1983; Watson and Austerberry, 1986) were among the first to observe women’s homelessness and housing exclusion through a feminist lens – specifically, a Marxist-feminist perspective. Their 1986 publication ‘Housing and Homelessness: A Feminist Perspective’ marks the culmination of their collaboration as researchers which details their extensive fieldwork with homeless women in London during the preceding years. Their analysis draws from interviews with 162 ‘single’ women⁵², 60 of whom were women residing in hidden or concealed homelessness situations (marking the first time that women residing outside of the service provision system were studied in such depth). The researchers recruited this cohort of 60 women through a range of advice agencies and women’s aid centres. Through their analysis and discussion, Watson and Austerberry (1986: 7) sought to explain how “patriarchal social relations, the sexual division of labour and the dominant family model in a capitalist society all serve to marginalise women in the housing sphere”. Moreover, their research contributed to homelessness research more broadly: their feminist analysis of homelessness successfully expanded the conceptualisation of homelessness and, through sensitive data collection and analysis processes, they demonstrated that homelessness is far more diverse and complex than the prevailing image of the Skid Row male ‘tramp’ or rough sleepers.

In an effort to capture the particular dynamics and attributes of women’s homelessness, Watson and Austerberry’s (1986) methodological and analytical approach prioritised women’s own interpretations and viewpoints throughout their work. For example, the authors dedicate an entire chapter to women’s experiences of home. They posit a ‘home-to-homelessness continuum’ – which locates home ownership at one end and rough sleeping at the other and, in between these points, are situations of hidden and insecure living, hostel accommodation and refuge accommodation. Similarly, women were demonstrated to hold varying interpretations of home and homelessness. For example, women’s descriptions of their ideal home strongly emphasised good material conditions

⁵² Many of these women were mothers but their children were living in State care or with relatives. Watson and Austerberry (1986) note the inappropriate and reductive nature of the label ‘single homeless’ in these cases.

and standards, emotional and physical wellbeing, loving and nurturing social relations, and control and privacy. Women's definitions of homelessness, conversely, were characterised by accounts of poor material conditions, lack of emotional and physical well-being, poor social relations, lack of control and privacy, and rooflessness (Watson and Austerberry, 1986). The importance of the emotional self in these descriptions of home go some way in offering alternative insights into the complexities of homelessness and how it impacts the lived experience of women. While 30 per cent of the women in Watson and Austerberry's (1986) study did not consider their current accommodation to be home, they did not perceive themselves to be homeless; simultaneously, while 32 per cent of women considered their current accommodation to be 'home', they also self-identified as homeless. In this way, Watson and Austerberry (1986) advocated strongly for a gender-sensitive understanding of homelessness that captures the complexities of women's lived experiences and the distinctiveness of their homelessness compared to the homeless experiences of men.

A relatively small number of feminist-leaning studies emerged subsequent to Watson and Austerberry's (1986) publication (Stoner, 1983; Hagen, 1987; Hagen, 1988; Munro and Smith, 1989; Tomas and Dittmar, 1995; Wardhaugh, 1999). These studies identified a range of factors that impact on women's homelessness, in particular, early experiences of trauma, abuse, and neglect; relationship breakdown; domestic violence; the responsibility of childcare; gender discrimination in the labour market; and poverty⁵³. Tomas and Dittmar's (1995) qualitative study, compared twelve homeless and twelve housed women in Brighton and, like Watson and Austerberry (1986), sought to capture a gender-sensitive understanding of home and homelessness. They found that home, and the manner in which many women talked about their experiences therein, indicated that home was not necessarily a place of safety or ontological security for women. For many, home and housing were associated with disruption, abuse and dislocation and, in some cases, homelessness or housing instability was regarded as a 'solution' to their suffering in violent or abusive homes.

⁵³ Much of the literature that focuses on levels of poverty among homeless women situate this within a wider 'feminisation of poverty' in the context of globalisation, which argues that women are disproportionately affected by economic inequality and are, thus, more susceptible to housing instability (Edgar and Doherty, 2001).

Yes, the aforementioned studies, whilst offering many critical insights into women's homelessness, were generally small-scale in nature and it could be argued that feminist theoretical perspectives on homelessness have not advanced significantly since the publication of Watson and Austerberry's seminal research in 1986. It was not until 2001, with the publication of Edgar and Doherty's (2001) edited collection on women's homelessness (published by FEANTSA), that the phenomenon was revisited and interrogated, certainly at a pan-European level. Recognising the gaps in knowledge and understanding of women's homelessness, Edgar and Doherty (2001: 3) sought to "take up and develop" earlier feminist critiques of housing policy and provision. The authors highlighted an increased risk of homelessness among women throughout Europe and, in particular, identified the feminisation of poverty as a key driving force in women's housing instability and marginality.

If there is a single message to be identified in this book it is, we suggest (notwithstanding variations between countries), that increases in the exposure of women to homelessness are at base related to the 'feminisation of poverty'; a condition which erodes the capacity of many female-headed households to establish and maintain independent homes.

Since Edgar and Doherty's (2001) publication, there had been only moderate interest in the distinct causes of homelessness among women (c.f. Baptista, 2010). A majority of the studies conducted over the past fifteen years have not been explicitly informed by feminist theory, even if their methodological and conceptual approaches have been guided or even underpinned by feminist principles (see, for example, Jones, 1999, Casey, 2002; Parker and Fopp, 2004; Reeve *et al.*, 2006; Huey and Berndt, 2008). For example, many of these studies have privileged the 'voice' and narratives of homeless women and most have adopted feminist-aligned methodologies, particularly the use of qualitative approaches in the form of in-depth or biographical interviewing.

To a large extent, critiques of feminist approaches to homelessness mirror many of the criticisms of feminist theory more broadly. First, it has been suggested that while patriarchy and gender inequality have their place within debates on homelessness, to single out patriarchy as a single oppressive force is limiting and over-simplifies the causes of homelessness among women (Neale, 1997). Gender, social class, age, race or ethnicity, citizenship, sexuality and biography are also critical categories that require analytical attention (Crinall, 1995). Second, and related to the above critique, while

capitalism and neo-liberal influences on social policy in most European countries may have discriminated against, overlooked, or excluded women in a number of ways (Woodward, 1997), there have in fact been considerable improvements in women's overall living and working conditions in recent decades. A third criticism of feminist approaches to homelessness relates to the apparent advantages offered to women within housing policy, particularly to those with dependent children, who are often afforded enhanced access to crucial services and subsidised housing (Fitzpatrick, 2005). Finally, homeless women are not a homogenous group, nor are they necessarily passive victims of circumstance; a homeless woman is a "thinking, feeling, social agent, who is capable of resistance and reflection" (Neale, 1997: 54). Overly-simplistic binary oppositions within feminist theory (for example, male/female, home/work and subject/object) may therefore overlook or conceal the complexity and diversity of women's situations. Arguably then, feminist theory alone cannot adequately capture the nuances and diversity of women's experiences of homelessness (and home).

Many of these critiques have been addressed by feminist scholars, who have revised their analyses of women's homelessness (Weedon, 1987; Watson, 2000). Watson (2000), for example, acknowledged the limitations of her earlier research by highlighting the diversity and complexity of women's experiences whilst also arguing the merits of post-structural theory in bolstering understanding of women's homelessness (Watson, 2000). A poststructuralist feminist approach can capture the multidimensional ways in which homelessness is experienced according to class, age, citizenship and ethnicity; furthermore, poststructuralism can capture women's agency and, in this way, allow for an understanding of how homelessness and housing instability is negotiated (differently) by women.

Poststructural Theory

Poststructuralist theory prioritises concepts such as diversity, subjectivity and relativity in analysing phenomena. It transcends binary oppositions such as male/female, public/private, home/homelessness, which can be over-simplistic and limiting, and instead, highlights heterogeneity and allows for change and resistance. Poststructuralist theory also stresses the importance of understanding the multi-faceted nature of reality since people constantly negotiate multiple social categories such as age, class, culture, race and ethnicity, religion, sexuality and family background. A poststructuralist

perspective considers reality to be inherently complex, fluid and, at times, contradictory. For example, theorists such as Michel Foucault considers the “self” as possessing conflicting tensions and knowledge claims (in relation, for example, to gender, class, profession, and so on), which culminate in multi-faceted identities and fluid views of reality. Foucault (1970) used poststructuralist theory to explore the nature and dynamics of power, arguing that there is no single oppressive force of power; rather, power is ubiquitous and diffuse with the existence of ‘micro-powers’. Within this perspective, there is also opportunity for resistance to power. Similarly, poststructuralists argue that there is no single solution to any defined problem.

In *Discipline and Punish*, Foucault (1975) posits that power and control have been exerted on citizens throughout history. He exemplifies public displays of torture as assertions of power and dominance that persisted for centuries, albeit now largely redundant. Modern-day forms of control, Foucault (1975) argues, are more associated with a re-education of the mind as opposed to asserting physical punishment. In contemporary societies, expert discourses – including the discourses of science, medicine, and law – hold ultimate power and authority. Professionals or ‘experts’ assess, diagnose and provide a prognosis for, or judgement on, individuals who are deemed unfit for full participation in society. Discourses – which are legitimated by “experts” such as psychiatrists, social workers, parole boards and others – set the bar for what is considered ‘normal’ in society and “the threat of being judged abnormal constrains us moderns at every turn” (Gutting, 2005: 84). Individuals are judged according to what is considered ‘normal’ and what is ‘abnormal’ and those who are perceived to fall outside the remit of ‘normality’ are more likely to be marginalised from mainstream society. However, there is a process involved in this judgement, categorisation and examination, in which an individual is a “case” or a scientific example, whereby “a normalising gaze ... differentiates and judges” the individual as a method of social control (Foucault, 1991: 184). Power and knowledge in relation to this process of examination are therefore key concerns in Foucault’s work. In this way, Foucault “detects the presence of socially approved power exerted over ‘subjects which pathologise and divide, then ‘problematise’, and subsequently become the basis for policies and programmes designed to ‘normalise’” (Parker and Fopp, 2004: 148).

These multiple discourses shift and change as power relations are continuously negotiated, produced and reproduced over time. Foucault’s work can therefore

illuminate how the situations of homeless people are framed and reproduced through institutional discourses, the ways in which these discourses influence how homeless people are defined, and the manner in which they may be internalised by those affected by homelessness. Indeed, several feminists researchers have incorporated a poststructuralist lens into their analyses (Weedon, 1987; Watson, 2000), exposing the multiple oppressions beyond patriarchy (as critiqued in previous feminist theorising of homelessness), to include capitalism, racism, institutional and social practices and how they may impact – to varying degrees – on the housing stability and homelessness of women (Weedon, 1987; Neale, 1997). Crucially, poststructural feminist perspectives reveal how women's experiences of homelessness may vary according to age, class, culture, race and ethnicity, religion, sexuality, and family background (Crinall, 1995).

Foucault's work can also inform an analysis of the female homeless body and what it represents to mainstream society (Watson, 2000). The 'homeless body' is frequently regarded as a symbol of deviancy, non-conformity, and marginality and to be a homeless woman is often perceived as particularly 'deviant' or 'non -conforming' (Wardhaugh, 1999). Homeless women can therefore become "the feared 'other'", as Watson explains:

[H]omeless women's bodies can be seen to represent a challenge to the feminine body, the mother or wife located in the home, cooking in the kitchen, going about her daily domestic tasks. In a sense she comes to be the feared 'other', held up as a counterpoint to happy 'normal' life. As such, the homeless woman serves to keep housed women in their place; by her presence she becomes a reminder to all women of what they might become if they step out of line. (Watson, 2000: 168)

Yet, bodies are not fixed but are rather inscribed, constructed and reconstituted (Watson, 2000). A small number of studies have explored the ways in which women seek to *manage* their bodies as either strategies of survival or acts of resistance in order to reduce their risk of victimisation (Huey and Berndt, 2008), increase or decrease their 'visibility' to others (May *et al.*, 2007), or negotiate public space (Casey *et al.*, 2008). Significantly, these studies have demonstrated the complex realities surrounding women's experiences of homelessness as well as the multiple ways in which they negotiate their disenfranchised and marginal positions.

Poststructuralist theory has also been deployed to illuminate power dynamics, discourses and the multiple realities of homelessness across a heterogeneous populations (Watson, 2000; Parker and Fopp, 2004; Horsell, 2006). Drawing on the work

of Foucault, for example, Horsell (2006) argues that homeless people are regarded by services and policy makers as ‘objects’ to be disciplined and controlled. Horsell describes the management and treatment of homeless individuals by interrogating the institutional social work practices of assessing and recording the needs of individuals presenting to homelessness services in Australia⁵⁴. Specifically, Horsell (2006: 220) identifies the power exerted on homeless individuals and populations through a “politics of needs interpretation” in which professionals assess and record the personal background and needs and service engagement of homeless persons into a centralised system. It is this full-time surveillance, both physically (in terms of CCTV, 24 hours staff, shared bedrooms, and so on) and the manner in which professionals engage in such assessments of need, that serves to continuously control and monitor individuals.

‘Technologies of domination’ and ‘technologies of the self’ (Foucault, 1988) are useful tools to apply when analysing how *both* impact on the ways in which individuals negotiate and conceptualise their social worlds. Technologies of domination refer to socially-approved discourses that normalise and standardise the self (Foucault, 1988, 1991). Technologies of the self permit individuals to act “by their own means ... so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality” (Foucault, 1988: 18). These technologies often emerge through dividing practices, in which technologies of domination define what is ‘normal’ and what is ‘not normal’ by demarcation and reinforcement through institutional discourses or sciences.

In relation to homelessness, dividing practices as discussed above, may serve to simplify the homeless experience and label homeless individuals as either blameworthy for their homelessness or victims of circumstance (Neale, 1997). Parker and Fopp (2004) employed Foucault’s technologies of domination and of the self in a secondary analysis of data from a qualitative study of twenty women residing in a homelessness service in Australia. Their findings revealed that some women internalised dominant discourses of homelessness and reproduced discourses of self-blame, victimhood, and feelings of

⁵⁴ Most developed countries engage in administrative recording of homeless individuals in a central information system, with varying needs assessments. In Ireland, there is a Holistic Needs Assessment (HNA) form for every individual registered as ‘homeless’. This involves an interview with a qualified ‘keyworker’ or professional who conducts the very lengthy, in-depth questionnaire which is then logged on to the Pathways Accommodation & Support System PASS system. This is then accessible to all staff that have access to PASS (i.e. staff from all statutory and voluntary homeless services) (Dublin Region Homeless Executive, 2003).

shame. Others, however, rejected these conceptualisations, challenged wider discourses of blame and, instead, drew on discourses that prioritised structural factors in explaining their homelessness. The authors proposed that several women from this latter group negotiated their perceived lack of power to enhance or improve their situations, thus demonstrating their role as active agents. Parker and Fopp (2004) also found that those women who rejected discourses of personal blame demonstrated a desire to exit homelessness and return to mainstream 'housed' society. This group were more likely to draw on formal support structures in order to mitigate their disenfranchised position and, perhaps in so doing, conformed to normative expectations. This research demonstrates the utility of Foucault's theoretical insights, particularly in relation to the diverse ways in which individuals may internalise and interpret power and technologies of domination and the implications of these contrasting interpretations for women's responses to their situations of homelessness.

As highlighted earlier, power and resistance are key interrelated concepts discussed by Foucault: where there is power, there is resistance. Deploying Foucault's perspectives on how individuals demonstrate resistance to oppressions means that women are no longer framed as necessarily powerless (as was insinuated in earlier feminist analyses of homelessness); instead, women are seen to negotiate their reality as *active social agents* (Watson, 2000). As Neale (1997: 54) argues, "the subjective experiences of individual women will inevitably be diverse and open to the plurality of meaning and the possibility of change". Watson (2000) draws on Foucault in her essay on the act of researching women's homelessness in order to expose local and organised acts of resistance among women. Resistance, she argues, can also take the form of small and subtle negotiations of power. Indeed, these more elusive forms of resistance may be equally as influential in inducing change, given their imperceptible nature (Watson, 2000).

While poststructuralist theory has been critiqued for being overly-deconstructive and relativist and for its over-attention to subjectivity, which may lose sight of the wider agenda (Neale, 1997), it offers a useful framework for exploring the inherent complexity of women's homelessness. In particular, poststructuralist theory has the capacity to demonstrate the multiple forces that perpetuate housing instability for some groups whilst also taking account of diverse social categories. It also usefully interrogates the solutions to homelessness that are typically deployed by social policy, interventions and practices which make seek to 'normalise' or reform those experiencing homeless.

Furthermore, poststructuralist thought facilitates an analysis of women's lives that does not reduce or misinterpret their experiences, whilst simultaneously affording women a 'voice'.

Cultural Approaches to Homelessness

With its roots in social constructionism, cultural approaches situate individuals within a wider social world and locate lived experiences in the context of broader cultures and subcultures that can be constructed and re-constructed over time. Cultural approaches therefore capture the ways in which those experiencing homelessness may internalise, negotiate or reject the identities that are imposed on them: homeless people are frequently defined through an array of negative labelling or stereotyping, which depicts them as either blameworthy or passive victims; 'deserving' or 'underserving' (Neale, 1997; Seal, 2007). Indeed, homeless people can evoke feelings of pity, disgust or fear among the housed population, resulting in their confinement to marginal spaces of society through processes of social exclusion (Pleace, 1998; Seal, 2007; Belcher and DeForge, 2012). They may be viewed as "dispossessed and disaffiliated individuals who are rootless and isolated with no sense of responsibility, no ties to work, family, and community" (Belcher and DeForge, 2012: 931). Indeed, Seal (2007) believes there is a tendency to 'mythologise' homelessness as a phenomenon, in an effort to ease inherent feelings of discomfort or sense of complicity in the problem.

Cultural perspectives on homelessness are evident within studies of homelessness subcultures and identity, which have frequently adopted ethnographic and in-depth qualitative methodological approaches (Snow and Anderson, 1987; Boydell *et al.*, 2000; Casey *et al.*, 2008; McNaughton, 2008; Belcher and DeForge, 2012). These studies have explored the strategies adopted by homeless people *in response to* the negative social identities imposed upon them and, specifically, have examined how people experiencing homelessness negotiate social stigma (Farrington and Robinson, 1999; Boydell *et al.*, 2000; Ravenhill, 2008). Studies that focus on culture and identity in relation to homelessness highlight that individuals experiencing homelessness may "battle to make sense of their lives" as they construct identities through which to "adopt, adapt and reject" wider discourses that portray them in a negative light (Seal, 2007: 2). Several other studies have revealed the ways in which individuals experiencing homelessness internalise social stigma and negative stereotyping (Farrington and Robinson, 1999; Boydell *et al.*, 2000; Radley *et al.*, 2006; Farrugia, 2007; May *et al.*, 2007; Huey and

Berndt, 2008 Casey *et al.*, 2008). In adopting a constructionist approach, Boydell *et al.* (2000) remind us that action is rooted in, and connected to, a wider social world – and that such considerations are integral to capturing a fuller understanding of homeless people's lives, identity and meaning-making.

[P]eople act toward objects as they define those objects, the meanings that people attribute to objects, including oneself and others, [which] have a significant bearing on the ways in which people act toward one another. As reflective entities or objects of their own awareness, individuals can attempt to project particular images of themselves to others and thus encourage others to define and act towards themselves in more desired manners. (Boydell *et al.*, 2000: 27)

In a similar vein, May *et al.* (2007) explored the ways in which women articulated “gendered homeless identities” (May *et al.*, 2007: 121) and identified four typologies of gendered homeless identities, including: women who distanced themselves from recognised spaces of homelessness and from homeless identity; women who existed in the ‘shadows’; women who were visibly homeless and engaged with homeless subcultures; and women who were not defined as ‘homeless’ by the wider public or services, but were rather marked with a different identity (for example, street prostitutes). A major conclusion arising from studies such as May *et al.*’s (2007) – which drew heavily on Wardhaugh’s (1999) analysis of homeless women’s construction of the self – is that social policy and service planning needs to take account of the diverse experiences of homeless women, as well as the range of identities they may embrace, since these dimensions can influence how women engage with services and systems of intervention.

Homeless people may also be integrated into, or form relationships with, micro-level social worlds. For example, Snow and Anderson’s 1980’s research on Skid Row populations and homelessness subcultures in the U.S (Snow and Anderson, 1987, 1993) used multiple research methods (including observation, in-depth interviewing, and institutional records) to examine the experiences of men living in street-based settings. Their research sought to capture the social worlds of homeless persons and the nature and manner in which they interacted with others in these street-based environments. While many of the connections and relationships uncovered by the study were associated with daily survival – a theme that is recurrent throughout their work – opportunities to converse and interact also enabled a process of ‘identity talk’, since “talk

is perhaps the primary avenue through which they can attempt to construct, assert, and maintain desired personal identities, especially when these personal identities are at variance with the general social identity of a street person” (Snow and Anderson, 1987: 1348). This analysis revealed three patterns of identity talk: 1) distancing (actively remaining separate from other homeless individuals or homeless/street spaces); 2) embracement (to openly engage with be associated with a homelessness subculture); and 3) fictive story-telling (embellishment of the past and present and fantasising about the future). The authors concluded that each of these identities “yield a measure of self-respect and dignity” (Snow and Anderson, 1987: 1363). Their findings challenge the myth that individuals experiencing homelessness live in social isolation; instead, the authors demonstrated that street-based homeless people were part of an extensive network of interaction and friendships and spent much of their daily lives socialising.

While a number of studies have adopted or incorporated a cultural approach to women’s experiences of homelessness (Huey and Berndt, 2008; May et al., 2007; King *et al.*, 2009; Stephen, 2010), there remains a lack of understanding of how women negotiate the stigma of being both a woman and ‘out of home’, ‘identities’ which challenge traditional gender roles. As McNaughton and Sanders (2007: 886) suggest in relation to women who are both homeless and engaging in sex work, “both lifestyles exemplify a failure to fulfil the gendered expectation of femininity and do not conform to expectations of the ‘good’ citizen because they exist amongst ‘deviant’ networks and subcultures that are beyond the bounds of acceptability”. Most research that has adopted a cultural perspective on homelessness have focused on individuals residing in more ‘visible’ roofless or houseless spaces (Snow and Anderson, 1987, 1993), whilst overlooking women who occupy less visible spaces of homelessness (Jones, 1999; May *et al.* 2007). The work of Erving Goffman offers an analytic lens that can bolster understanding of the interface between homelessness and gender through a distinct focus on homeless women’s construction of identity. Furthermore, Goffman’s work can potentially yield a more nuanced understanding of how individuals, and women specifically, negotiate the social stigma of homelessness.

Employing a dramaturgical model of interaction, Goffman (1963) used the imagery of the theatre to portray the importance human and social action and interaction in an attempt to understand how individuals who are categorised as ‘normal’ interact with, or talk

about, those who are 'stigmatised' in society. These interactions exposed how mainstream societies 'other' marginalised groups in order to maintain the status quo whilst also evading accountability. Focusing on the shortcomings and inadequacies of homeless people serves to avert governmental or societal blame for homelessness as a social problem. For example, these interactions can result in a process that serves to discredit one person or group, while confirming the "usualness of another" (Goffman, 1963: 13). Additionally, 'othering' homeless people in this way serves to "psychologically, socially, economically, and politically control" homeless people (Belcher and Deforge, 2012: 936)⁵⁵.

Goffman (1963) identified three categories of stigma: stigma of character traits (for example, behaviours), physical stigma (for example, deformities), and the stigma of group identity (for example, race, nationality, religion). Stigma symbols, such as skin colour, clothing, behaviour, and so on, can represent signifiers of a stigmatised individual or group. 'Normals', on the other hand, are part of 'mainstream society' and are broadly represented by those who are engaging in capitalist systems as employed consumers (Goffman, 1963). These categories, together with the widespread assumption that homelessness relates to personal failure, are felt or internalised in varying ways by those who are on the margins of society. Goffman also explored the responses or strategies of individuals who must negotiate stigma, which included: criticising the status quo or the actions of 'normals'; concealing oneself or 'hiding' stigma symbols; or turning to other stigmatised individuals for support.

Cultural approaches are claimed to be neglected and overlooked by a number of contemporary researchers of homeless populations (McNaughton, 2008; Ravenhill, 2008; Somerville, 2013). The incorporation of cultural perspectives into analyses of women's homelessness has the advantage of permitting an exploration of women's perspectives of their social worlds and their interactions with others, their constructions of the self, and the meanings they attribute to these interactions and constructions. Goffman's work in understanding the negotiation of stigma – a reality with which women in homelessness situations are constantly faced – provides a useful tool in advancing a more holistic, contextualised, and grounded perspective on women's homelessness.

⁵⁵ In addition, Belcher and Deforge (2012: 932) suggest that "stereotyping and prejudice are often used to enhance the self-esteem of the person doing the stigmatising, particularly when making downward comparison which devalues groups."

Conclusion

The term 'homeless' is clearly complex and, as highlighted throughout this chapter, is one that can shift and change over time and across different contexts. It is therefore important to ensure that empirical research is bolstered theoretically in order to avoid a distorted or inaccurate account of the phenomenon (Neale, 1997; Somerville, 2013). Furthermore, since women have long been subsumed into the broader evidence base on homelessness, it is important to devise a theoretical platform that privileges women's 'voices', experiences and perspectives.

This study proposes an integrated theoretical approach to understanding the lives and experiences of homeless women. A combination of feminist, poststructuralist and cultural approaches can potentially achieve a female-centred, holistic, and contextualised approach to understanding women's homelessness. This integrated theoretical approach recognises the strengths and weaknesses of all three perspectives but, equally and critically, a theoretical synthesis of this kind offers opportunities to explain the complexities of homelessness among women by drawing on both macro- and micro-level factors. Poststructuralist modifications to feminist theory (Weedon, 1987; Watson, 2000) extends explanatory power because of its ability to identify intersections of social categories such as age, class, ethnicity, whilst simultaneously directing attention to the multiple ways in which homelessness is negotiated by women (Watson, 2000). In this way, simplistic binary constructions are transcended to reveal the complexity and fluidity of women's homelessness (Watson, 2000). Furthermore, a cultural understanding of homelessness re-situates homeless women within the context of a wider social world, paying due attention to how this world is interpreted, experienced and (re)produced by homeless women themselves. This is particularly important in the context of understanding the impact of stigma and discrimination on women who are 'out-of-home'.

Importantly, all three of the proposed theoretical perspectives are compatible with the study's methodological approach. Longitudinal biographical interviewing combined with ethnographic observation has the potential to capture a contextualised account of women's homelessness. Qualitative methods are also suitably aligned with feminist, poststructuralist and cultural sensibilities, all of which place a strong emphasis on understanding how individuals view and interact with their social worlds. The following

chapter outlines and justifies the methodological approach adopted in this study, whilst also documenting and reflecting on the conduct of fieldwork and analysis over the course of this longitudinal study.

CHAPTER FOUR

RESEARCH METHODOLOGY

Introduction

This qualitative longitudinal study set out to explore the lives and experiences of homeless women *over time*. The context in which the research was undertaken has been set out in the Introduction. At the time the study was initiated, it had been more than twenty years since the conduct of the first and only study of women's homelessness in Ireland. As noted in previous chapters, globally, women's homelessness has been neglected by researchers and policy makers, thus underscoring the need for dedicated attention on the part of academic and policy communities to understanding women's homelessness.

A number of key considerations guided the study's methodological approach. First, there are no 'universal truths' or single reality about homelessness or about homeless people (Neale, 1997); for this reason, the study required an open and flexible approach in order to "present the varied or diverse perspectives and meanings that participants hold" (Creswell, 2007: 129). Second, homelessness is increasingly understood as a dynamic process and not necessarily a once-off, cause-effect experience; rather, it can occur on multiple occasions, with each homeless episode impacting on subsequent experiences (Anderson and Tulloch, 2000; O'Sullivan, 2008a). Third, homelessness is a *multidimensional* phenomenon that is not simply about a lack of shelter, but rather, homelessness represents "deprivation across a number of different dimensions" and has physiological, emotional, territorial, ontological and spiritual implications (Somerville, 2013: 1). Finally, the lives of individuals who experience homelessness are not 'static'; rather, their experiences and perspectives typically change and evolve over time⁵⁶ (Reeve *et al.*, 2007; McNaughton, 2008). Yet, time is not simply a physical construct but is also cultural and gendered and may be interpreted differently by both individuals and groups over time (Saldaña, 2003).

⁵⁶ One of the most fundamental characteristics of qualitative longitudinal studies is "the deliberate way in which temporality is designed into the research process, making change a central focus of analytical attention" (Holland *et al.*, 2006: 5).

This chapter begins by presenting the aims and objectives of the research and by outlining the epistemological underpinnings of the study. The value of qualitative longitudinal research is then discussed with a view of highlighting its potential in yielding a fuller and more accurate analysis of homelessness as a phenomenon. The methods adopted in this study are then justified, with an expanded discussion on the value of biographical interviews and ethnographic observation in yielding an in-depth and contextualised understanding of these women's lives. The research process across both phases of data collection is then described in detail, including the recruitment, sampling and tracking procedures, and an account of the nature of the fieldwork and data collection. Following this, the analytical approach adopted in this study and the ethical protocols (which were adhered to during all stages of the study) are outlined and expanded upon. Finally, the chapter reflects on both the validity and reliability based on the methodological approach and analysis adopted.

Research Aims and Objectives

The primary aim of this qualitative longitudinal study was to examine women's journeys 'into', 'through', and 'out of' homelessness. In other words, the research sought to understand women's homeless and housing transitions *over time*. The specific research objectives were as follows:

1. To explore the women's routes or journeys into homelessness.
2. To identify salient patterns in the women's homelessness histories and to explore the processes and experiences that influenced their homeless and housing transitions over time.
3. To explore the women's perceptions and experiences of homelessness and housing instability, with particular attention to their interactions with, and responses to, the service sector.
4. To explore the women's constructions of identity over time and how they interpret their social worlds.
5. To explore the women's experiences of homelessness and home as well as any change that may occur in their constructions of homelessness and home over time.

The research prioritised homeless women's own interpretations of their social worlds, the nature of their experiences of homelessness and housing exclusion, and the ways in which interact with wider structures as they transition into, through and possibly out of homelessness.

The Epistemological Underpinnings of the Study

This research is located in an interpretivist epistemology, which emphasises individuals' personal understanding of their social worlds (Snape and Spencer, 2003). Put differently, it "does not seek to uncover an objective reality, but instead sets itself the task of investigating the subjective meanings that human actors use to make sense of their world" (Fitzpatrick and Christian, 2006: 322). In keeping with a social constructionist approach – which acknowledges that definitions, and the meanings attached to homelessness, are unstable and subject to change (Jacobs *et al.*, 1999; Clapham, 2003) – this research was particularly interested in unravelling how homelessness is experienced by women and how they respond to their situations, particularly over time and in relation to the spaces they occupy. Social constructionists emphasise that action and meaning are primarily formed through interaction; thus, lived experience, implicit meanings and personal views are prioritised (Charmaz, 2003). The rich descriptions characteristic of interpretivist and constructionist research approaches reveal the ways in which individuals interpret, negotiate and interact within their social worlds.

A qualitative methodological approach was deemed best suited to this study's aims since it facilitates the production of rich, multi-layered data and 'thick' descriptions of the women's lives and social worlds (Denzin and Lincoln, 2005). It is common for qualitative researchers to employ more than one interpretive practice to understand a subject matter, because "each practice makes the world visible in a different way" (Denzin and Lincoln, 2005: 4). This research integrates biographical interviewing with ethnographic observation, which are both recognised as effective and appropriate methods in uncovering the subjective or 'felt' experiences of homelessness (Robinson, 2008). Integral to the conduct of qualitative research is an acknowledgement of the position of the researcher, whose assumptions, frameworks and epistemological approaches must also be considered in understanding how data are generated and interpreted (Snape and Spencer, 2003). This issue will be discussed in greater detail later in the chapter.

Qualitative Longitudinal Research (QLR)

Cross-sectional studies have been argued to be limited in their ability to capture “dynamic phenomena such as poverty and homelessness” (Wong, 1997: 136). Indeed, cross-sectional studies of homelessness may present a decontextualized account of the homeless experience and may over-emphasise individual factors (particularly individual characteristics and behaviours) in the explanations they produce (Snow *et al.*, 1994). Additionally, the experiences of long-term or chronically homeless people who cycle in and out of homeless services over lengthy periods of time tend to be over-represented in single-point-in-time studies, while those who experience homelessness on a short-term basis are likely to be under-represented, mainly because the absence of longitudinal data means that the resolution to their homelessness is not captured (Wong *et al.*, 1997). Cross-sectional studies therefore run the risk of yielding a limited or even flawed understanding of homelessness because of their tendency to overlook individuals who experience homelessness episodically and/or exit homelessness relatively quickly.

Recent years have seen a growing number of longitudinal studies of homelessness, particularly in the United States (Shinn *et al.*, 1997; Wong *et al.*, 1997; Culhane and Kuhn, 1998; Caton *et al.*, 2005). These studies have, in the main, been based on large quantitative administrative data sets and have provided detailed information on the duration of homelessness as well as patterns of exiting and remaining homeless. While analyses of this kind are clearly invaluable, particularly in terms of tracking large numbers of individuals as they move in and out of homeless service systems, quantitative longitudinal research is limited in its ability to capture the ways in which individuals *negotiate* the homeless experience over time, nor does it easily capture how homelessness impacts on other areas of a person’s life, such as employment, substance use, interactions with services, and so on (Holland *et al.*, 2006). Qualitative longitudinal studies on homelessness – perhaps by virtue of the substantial time and resources they demand (Corden and Millar, 2007) – are fewer in number (for examples, see Fitzpatrick, 2000; Mayock *et al.*, 2008; McNaughton, 2008; Mallet *et al.*, 2010; Mayock and Corr, 2013; Mayock and Parker, 2016), with even fewer focusing specifically on the experiences of women (Williamson *et al.*, 2013, 2014).

There is growing recognition of the value of qualitative longitudinal research (QLR) across a range of disciplines including sociology, education, criminology and psychology. Alongside this growing interest in QLR, methodological discussions of various

dimensions of this research approach – from the process of longitudinal data collection through to the analysis and interpretation of qualitative longitudinal data – has slowly expanded, particularly in the UK (Neale and Flowerdew, 2003; Saldaña, 2003; Thomson and Holland, 2003; Holland *et al.*, 2006; Thomson, 2009; Henderson *et al.*, 2012). QLR can capture the lived experience, or life ‘as it happens’ for individuals, thereby capturing the ‘movie’ rather than a ‘snapshot’ of people’s lives (Neale and Flowerdew, 2003). Through this ‘movie’, it is possible to explore how individuals negotiate social phenomena (Farrall, 2006; Henderson *et al.*, 2012) and to better understand how social change impacts on individuals (Saldaña, 2003). QLR can also capture how mechanisms of intervention impact on different individuals in particular ways, thus permitting the development of more targeted and effective policy-planning and responses (Molloy *et al.*, 2002; Holland *et al.*, 2006; Cordon and Millar, 2007). Furthermore, by providing research participants with an opportunity to reflect on their past and future selves at different points in time, QLR can capture the complexity of identity, which is increasingly regarded as in a state of continual flux and change (Neale, 2013). Finally, it has been argued that in cases where there is consistency in research personnel returning to the field, rapport and trust between the researcher and participant can be nurtured and that this, in turn, enhances that quality of the data generated (Holland *et al.*, 2006).

The Study’s Methodological Approach

As already outlined earlier, the study was guided from the outset by a constructivist epistemology, which emphasises research participants’ perspectives of their social worlds (Bryman, 2001), a world that is interpreted, experienced and produced via the interactions and language through which individuals “build up into zones of meaning” (Clapham, 2003: 122). Qualitative research, which aligns appropriately with this epistemological approach, seeks to explore a rich and complex social world through a multitude of dimensions, including: experiences that influence attitudes and belief systems; the kinds of motivations that lead to decisions or actions; the processes associated with different events and experiences; and the various contextual factors in which phenomena emerge (Ritchie and Lewis, 2003). Furthermore, qualitative research aligns with feminist methodological principles and is considered by many as an appropriate method of capturing women’s lives, since “it validates their [participants’] “expert” knowledge about their own needs and experiences.” (Paradis, 2010: 15). This methodological approach contrasts with positivistic approaches to understanding

phenomena, which are more likely to test a specific hypothesis, emphasise prediction, and use evidence to *support* a conclusion (deduction) as opposed to using evidence as a genesis of a conclusion (induction) (Snape and Spencer, 2003).

Broadly speaking, research on homelessness emerging from Britain, Ireland and Australia in recent decades has traditionally adopted interpretivist approaches and qualitative methodologies, whereas the US research literature has tended to adopt a strong 'positivist' stance supported by quantitative research methods (Klinker and Fitzpatrick, 2000; Fitzpatrick and Christian, 2006). Quantitative methods dominate US-based research on homelessness, with large-scale panel surveys providing a fairly robust overview of their homeless population, albeit under a narrow definition of homelessness⁵⁷ (Anderson, 2003). Qualitative research approaches, by contrast, reveal rich, contextual and detailed data with the potential to understand the complex and multiple 'realities' of homelessness, but on a smaller scale (Neale, 1997). Yet, it is through these rich descriptions that our knowledge of the lived experience of homelessness can be extended and deepened (Burlingham *et al.*, 2010). This is particularly important when examining women experiencing homelessness who are routinely overlooked within research on homeless populations.

As stated earlier, this qualitative longitudinal study combined biographical interviews with ethnographic observation across two phases of data collection. The integration of these methods sought to 'triangulate' data and to capture "a fuller picture" of the phenomenon under study (as opposed to using triangulation in quantitative studies as a process of verification) (Ritchie and Lewis, 2003: 44). Biographical interviewing allows participants a degree of freedom in shaping their responses and interpretations (Roberts, 2002; Paradis, 2010), while ethnographic observation seeks to capture the daily lives of homeless individuals living in naturalistic spaces, and importantly, the interactive practices that unfold within these spaces (Agar, 1996). During Phase I, a photography dimension was also included into the research design⁵⁸, although this component was

⁵⁷ In US research, a 'narrow' definition of homelessness is frequently adopted, with 'homeless' defined as individuals experiencing 'literal' homelessness, such as those who are rough sleeping, living in temporary or emergency shelters, and so on. European studies, by contrast, tend to operate a wider definition of homelessness and include those who are at risk of losing their accommodation and/or those living in 'unreasonable' accommodation (for example, substandard accommodation or living under the threat of violence) (Fitzpatrick and Christian, 2006).

⁵⁸ A small number of women were invited to take part in a photography project during Phase I (See Appendix L for information sheet for this component of the study). These women were

not continued into Phase II due to time constraints and lack of resources. The extensive tracking process involved in the longitudinal data collection, in particular, made the possibility of incorporating an additional photography component to the data collection less achievable within the designated timeframe. The integration of qualitative interviewing and ethnographic methods, captured at two points in time, aimed to ensure an inclusive and extensive analysis of the lives of the study's women.

Biographical Interviewing Over Time

Biographical research is increasingly viewed as a useful and insightful means of understanding homelessness, both as a personal experience and as a social problem (May, 2000; Clapham, 2002, 2005; McNaughton, 2006). Since homeless 'careers' can be lengthy, interrupted and complex (Anderson and Tulloch, 2000), longitudinal biographical research can effectively capture homeless journeys over the life course⁵⁹ whilst relating these (diverse) experiences to biographical events as they unfold (May, 2000). Biographical narratives can also serve as an appropriate lens through which to examine the interaction between structure and agency (Clapham, 2005; Somerville, 2013). For example, life history narratives can reveal how experiences such as long-term unemployment which – despite its significance in perpetuating homelessness – may be overlooked in non-biographical accounts (May, 2000; Pleace and Quilgars, 2003). Thus, accounts of homelessness that do not incorporate a biographical dimension “may over-emphasise the role that individual vulnerabilities play in the homeless dynamic”, leading to de-contextualised and poorly designed policy responses (May, 2000: 615). Furthermore, biographical narratives can reveal “cultural values, mores, and norms” (Roberts, 2002: 5) as well as concepts relevant to the construction of identity, all of

supplied with disposable cameras to take photos of items or places that had meaning for them. The photographs were then developed and I met with the women to ask them about their interpretation of the photographs. This narrative was recorded and transcribed. Auto-photography, sometimes referred to as self-directed photography, is a process whereby “a person interprets the content of photographs (photographs he or she has taken or photographs the person is asked to critically reflect on) of both people and places that are actual or metaphoric examples of his or her life” (Armstrong, 2005: 23). In relation to homeless women specifically, previous research has highlighted the importance of incorporating women's wider social environment to contextualise their actions and patterns of interaction (Bard, 1990; Williams, 2003).

⁵⁹ This study adopts many dimensions of life course theory in its analytical approach, particularly in its attention to the individual according to changing historical and socioeconomic contexts across the course of a person's life (Giele and Elder, 1998). However, as the data and analysis of this study unfolded, it was decided not to explicitly draw on this theory largely due to the complexity of women's lives, and in particular, their precarious realities which are complex and varied, in a way which was not necessarily related to age-differentiated social phenomena.

which are typically in a constant state of flux and change (Chaitin, 2004). Indeed, the act of narrating one's own life serves to validate the self, and reinforces it further, while "telling one's story can be a way of becoming who one really is" (Atkinson, 1998: 12).

Biographical, in-depth interviewing is also aligned to feminist thought (DeVault, 1999), since this method permits women's voices "to be heard, analysed, and theorised" (Atkinson, 1998: 19), thus enabling researchers to draw more meaningful distinctions between male and female experiences of homelessness. As already noted, the nature of biographical interviews facilitates the participant in taking more control of what is discussed in an interview situation (Denzin, 1989; Roberts, 2002; Atkinson, 1998) and, in this way, people can reconstruct the 'plot' of their past and present life, as well as future plans, culminating in the contextualised 'story' (McNaughton, 2006). This type of analysis would be lost through a structured or semi-structured qualitative interview which was bound to particular periods of time in the participants' lives. Biographical methods also facilitate the grounded and inductive development of theory (Atkinson, 1998). In other words, themes emerging through the data are not pre-determined or necessarily predicted, but rather they can reveal unanticipated or unexpected insights into a phenomenon.

Biographical research method is firmly rooted within the qualitative methodological domain which seeks to prioritise the perspective of those being studied (Roberts, 2002). In a detailed account of the evolution of contemporary interpretive approaches within the human sciences, Denzin and Lincon (2005) situate the 'biographical turn' within qualitative research after the 1970s. Within the post-modern or post-traditional world which is characterised by risk, fragmentation, diversity and uncertainty, individual accounts of life experience – or biographical accounts – "has the important merit of aiding the task of understanding major social shifts, by including how new experiences are interpreted by individuals within families, small group and institutions" (Roberts, 2002: 5). While biographical research has become widely used across qualitative studies in recent decades, questions have been raised in relation to its methodological rigour. Bourdieu (1987) for example outlines how individuals make sense of their complex reality by creating a coherent and continuous narrative and this, Bourdieu argues, yields a 'biographical illusion' which does not necessarily correspond to reality (in Denzin, 1987: 62). A constructionist approach to biographical research provides guidance in addressing this critique; the respondents' 'story' as well as the researchers' own

interpretation are *both* of relevance to the analysis of data. In other words, “[t]he point to make is not whether biographical coherence is an illusion or a reality. Rather, what must be established is how individuals give coherence to their lives when they write or talk self-autobiographies. The source of this coherence, the narratives that lie behind them, and the larger ideologies that structure them must be uncovered” (Denzin, 1989: 62).

Ethnographic Observation Over Time

Ethnographic observation was undertaken in order to compliment and further contextualise the study’s biographical data and to offer ‘a fuller picture’ of the women’s daily lives and experiences. This method seeks to understand participants within their own social worlds by virtue of ‘being there’ and interacting with them in their everyday, natural settings (Maher, 2000; Auerswald and Eyre, 2002; Ritchie and Lewis, 2003; Atkinson and Hammersley, 2007). It is through an understanding of daily routines, mundane events and interactions within particular spaces that a deeper appreciation of the homeless experiences for women can be achieved. In particular, the women’s interactions with others may be observed; for example, their interactions with male services users, other female service users, staff members, and so on. Ethnographic field notes can also explore a particular culture or ethos within spaces or institutions (Davies, 1999). Hill (1991), who conducted ethnographic research in a homeless hostel for women, discusses the value of the method in such settings:

I saw first-hand the living quarters of the women, their reactions to the food, clothing, and toiletries provided by the sisters [nuns], and their attempts to navigate the relationships within this temporary home. (Hill, 1991: 299)

Detailed field notes of the ethnographic observation sessions were recorded after each visit to the selected field sites (described in detail later in this chapter). Guidance was taken from Spradley (1980: 78) in recording field notes, which include considerations of: space; actor; activity; object; act; event; time; goal and feeling. These notes were not simply descriptive accounts but also an active process of *interpreting* the women’s daily lives and social worlds through these dimensions. The process of building on a collection of field notes provided me with an opportunity for ongoing reflection and critical analysis of my own meaning-making of actions and interactions that I witnessed. This informed subsequent data collection and analysis. Ethnographic observation also assisted me greatly in building familiarity with service users and staff members in

homelessness services and significantly bolstered my understanding of existing service structures. This level of immersion and engagement also significantly assisted the tracking process (at Phase II of the study), which will be discussed in far greater detail later in this chapter.

It is perhaps important to note some of the key critiques of ethnographic research, specifically in the field of homelessness research. Madden (2003: 289), for example, suggests that ethnographic research on homeless populations, such as that conducted by Glasser and Bridgman (1999) and Snow and Anderson (1993), serves to “exoticise the poor with the authority of empirical science”, arguing that while these authors claim to offer homeless people a ‘voice’ and for anthropologists or social scientists to ‘report’ what happens in homeless situations, the researcher remains as ‘knower’ while the homeless population are ‘othered’. Thus, the power dynamic of the power and powerless remains intact. Similarly, drawing on Foucault’s theory of power/knowledge (Foucault, 1980), social science discourse can be viewed as ‘expert knowledge’ that results in the objectification of those who are studied, which simultaneously reasserts dominance over those individuals or groups. In response to such critiques, I make no claim that my observations of homeless women’s social realities yielded an objective ‘truth’ of homelessness; rather, my observations were situated firmly within my own subjective understanding of their worlds and also rooted in my own biographical experiences (Emerson *et al.*, 1995; Agar, 1996). Rather, the acts of conducting ethnographic observation and writing in-depth field notes helped me to make sense of the multiple realities of homelessness and witness the ‘types’ of routines and daily interactions that occur within homeless service spaces. Importantly, during Phase II, regular observation also assisted with the tracking process. This will be expanded upon in a later section.

Data Collection Process: Phase I

Phase I Sampling, Recruitment and Navigating the Field

A well-designed sampling strategy can serve as “a cornerstone of research integrity” and requires thought and consideration (Abrams, 2010: 537). Homeless people – by virtue of their transience, the instability of their daily lives, (possible) engagement in clandestine activities such as drug use, criminality or sex work, and their often poor physical or mental health – are widely acknowledged to be a ‘hard-to-reach’ and ‘hard-to-track’

(Abrams, 2010). Given the challenges associated with recruiting individuals who are marginalised and (frequently) stigmatised, the primary initial route to locating potential participants was via a broad range of services working with female service users and offering various forms of intervention. Considerable time and effort was invested in making contact with services during the early stages of fieldwork process, with a particular emphasis placed on active engagement with the homeless and domestic violence service sectors.

A Community Assessment Process (CAP)⁶⁰ was embarked upon as a first step in the data collection phase of the study. This process essentially meant that contact was made with services and face-to-face meetings arranged with senior staff members (typically managers). The rationale for initiating this process was four-fold: first, to inform gatekeepers about the study (see Appendix B for information sheet for services); second, to gain the perspectives of service providers on the women who were accessing their services (in terms of age, duration of homelessness, perceptions of what caused their homelessness, and so on); thirdly, it was hoped that this period of engagement with service providers would help to garner support for the research and, thereby, increase the likelihood of gaining access to suitable recruitment sites; finally, and importantly, the knowledge gained from these interactions with service providers (particularly, the information gleaned about the nature of the services available to women and the characteristics and profile of their service users) was used to guide the sampling and recruitment processes.

During this preliminary phase of data collection, CAP interviews⁶¹ were conducted with professionals within twenty-eight different services, including: homeless hostels; domestic violence refuges; food or drop-in centres for homeless people; transitional accommodation (specifically, transitional accommodation targeting women leaving prison and one for victims of domestic violence); long-term accommodation that accommodated individuals with histories of homelessness; and specialised drop-in support services (for migrants, victims of domestic abuse, or drug users). Of the twenty-eight services approached, all but one service agreed to facilitate the research⁶² and, of

⁶⁰ Mayock (2008: 41) has incorporated a CAP, described as “period of immersion in field settings”, into a number of studies of homelessness.

⁶¹ These interviews were not audio recorded and, instead, notes were taken both during and after the interviews.

⁶² The service that declined – which is entirely self-funded – has a local ‘reputation’ for being notably guarded towards ‘outsiders’ and is largely inaccessible to researchers.

these, women were recruited from across a total of twenty-two services (including homelessness and domestic violence services) in Dublin, Cork and Galway. The recruitment of participants from this wide array of services is a particular strength given that homelessness services differ in terms of their ethos, entry criteria, the kinds of supports they offer and, in some cases, the expectations they have of their service users (Cloke *et al.*, 2005).

The recruitment of women to the study was initially guided by a purposive sampling strategy that attempted to capture variation in terms of the types of services accessed and the socio-demographic characteristics of the women, including their age, ethnicity (that is, ethnic minorities, including Travellers), and migrant status. In other words, the sampling and recruitment of participants was guided in large part by the aim of achieving *diversity of experience*. An information sheet on the study (Appendix B) was distributed to all of the services, with the aim of providing women (who may have been interested in participating in the research) with accessible information about the study and what their participation would involve. In some services, staff members facilitated a 'group meeting' with residents which gave me an opportunity to explain the research to the women. In other cases, staff members approached women directly about the study and, if they expressed interest, I subsequently met with them to explain the research in further detail.

As might be expected, field visits to various services led to informal meetings with large number of women who were resident in these settings. Indeed, 'word' about the study often spread relatively quickly among female service users. In general, women were keen to participate and a large number commented positively on the opportunity that the research provided for them to share their stories and be heard. In some instances, snowball sampling was used when women referred others to the study or made suggestions in relation to where others might be recruited for participation.

Sampling and recruitment was above all else an iterative process, informed by emerging insights from field visits and from the data as the interviewing process unfolded. Towards the latter stages of the recruitment process, a theoretical sampling approach was adopted (Mason, 2010), and targeted sampling strategies were used in an effort to enlist the participation of women with particular characteristics deemed to be relevant and important. For example, efforts were made to boost the representation of particular subgroups in the sample, including women originally from Eastern Europe and women

with a history of institutional State care as a way of pursuing pertinent themes and issues further.

The recruitment sites used were located in Dublin, Cork and Galway. While Dublin city has the largest concentration of homeless people in the country, Cork and Galway were included as they too have sizeable homeless populations (CSO, 2011). This multi-site recruitment strategy was important since homelessness research in Ireland has tended to be predominantly Dublin-based⁶³. Each field visit to Cork and Galway (across both phases of data collection), involved spending 3-4 days in those cities, during which time I engaged intensively with service providers. Perhaps due to staff members' awareness of my time restrictions, or possibly due to the fact that the homeless populations are smaller in these locations, service staff members in Cork and Galway actively engaged in the recruitment process. In one emergency hostel in Cork city, for example, the manager was particularly enthusiastic about the research and personally introduced me to all the residents in that hostel. In Dublin, by contrast, staff members were more likely to permit me to 'move around' the service independently and approach residents myself. Both approaches had advantages: while the more active approach adopted by staff enabled fieldwork to be conducted relatively quickly (the voluntary nature of participating in the study was always emphasised prior to interview) and, alternatively, gaining the trust of women in a more naturalistic way also facilitated a rapport to be built up prior to the conduct of the interview. Details pertaining to the living situations in which women were residing at Phase I Interview is supplied in Chapter Five – at which point the Phase I sample profile is expanded upon.

Women were offered a €30 gift voucher for a well-known department store in exchange for their time and the personal effort invested by them in the research process (Masson *et al.*, 2013). While the women responded positively to the gift, at no point did it appear that women engaged in the research in order to receive the gift voucher, nor did it serve as a disproportionate incentive for women in the sense of placing them under 'pressure' to participate.

⁶³ O'Sullivan's (2008b: 17) appraisal of research on homelessness in Ireland concluded that "only very limited primary research has been conducted" outside of Dublin. This situation has not improved significantly since that time, with the majority of studies of homelessness having been conducted in Dublin where the housing crisis is most acute (Walsh and Harvey, 2015).

Phase I Biographical Interviews

A total of sixty life history interviews were conducted with women experiencing homelessness during Phase I. Ahead of each interview, participants were provided with an information sheet, the contents of which were explained verbally to the women in all cases (see Appendix C). The voluntary nature of participation was repeatedly emphasised to the women during all interactions with them. Prior to each interview, participants signed a consent form to confirm that they were willing to participate (see Appendix D). Research participants were invited to choose the location of the interview: a majority were conducted in a private room within the service where they resided (including hostels, longer-term accommodation, drop-in centres or domestic violence services). However, if women expressed a preference to go elsewhere, interviews were conducted either in a public place (such as an appropriately private corner of a café or hotel lobby) or in an office in the Children's Research Centre, Trinity College Dublin where the researcher's office was based. One interview was conducted in a bedroom of a private rented property that the woman was sharing with friends in overcrowded conditions⁶⁴. The baseline interviews ranged between 45 minutes and 3 hours in duration; the majority of the interviews lasted between one and two hours.

All Phase I, interviews opened with an invitation to women to tell their 'life story'. This invitation encouraged participants to 'control' the direction of the interview (DeVault, 1999) and resulted in an initial uninterrupted narrative (Gubrium and Holstein, 2004). Most of the women opened their narrative by talking about their early childhood experiences, while others talked about the context of their homelessness and their perspective on the cause of their homelessness. Some talked about their own children at the outset, particularly if their children were living in State care or with relatives. A number – particularly some younger women – were not comfortable with the initial open-ended question and requested a more targeted or specific question. Following the 'life story' segment of the interview, several key topics and issues were explored (see Appendix E for Phase I Interview Schedule), including: early life history; homeless history; processes and experiences that impacted on the women's movements; children and motherhood; experiences of violence or abuse; family and social supports; mental health; physical health; drug or alcohol misuse; contact with the criminal justice system;

⁶⁴ The necessary precautions (via clearly devised procedures) were taken to ensure researcher safety in cases where interviews took place in private properties. These are elaborated later (as this was a more common occurrence during Phase II of the study).

and service interaction and experiences. The interview was flexible in both structure and content and was conversational in style, allowing the women to feel comfortable to elaborate on their experiences⁶⁵ (Gubrium and Holstein, 2004).

At the end of each Phase I interview, a short survey was administered to record socio-demographic data for each participating woman on the following: age, marital status, income, children, drug/alcohol use, and experiences of victimisation (see Appendix F). Questions on mental health and experiences of victimisation were also incorporated into this survey. Perhaps significantly, these questions frequently captured information that the women had not revealed during the biographical interview, suggesting that targeted questioning may be useful when seeking to collect specific information on topics that are particularly sensitive (Mayock *et al.*, 2008). The data from this questionnaire were later entered into Statistical Package for the Social Sciences (SPSS) for descriptive analysis on all items.

Phase I Ethnographic Observation

During Phase I of the research, ethnographic observation was conducted over an eighteen-month time period within four different homelessness services. These sites included two food centres and two homeless accommodation settings. One food centre is large in scale (feeding several hundred people on a daily basis) and, in addition to serving hot food for breakfast and dinner, also provides a medical and dental service, as well as shower facilities and clothing. The other food centre was smaller in size and provides meals as well as a comprehensive information and referral service to all service users. There was (and continues to be) an exceptionally high demand on both services; queues of service users frequently formed outside the buildings both prior to and during opening hours. Both of the homeless accommodation settings where ethnographic observation was conducted were classified as ‘wet’⁶⁶ services. The first was a female-only emergency hostel that catered specifically for the needs of women with high and complex needs: almost all reported a current or previous opiate dependency and many

⁶⁵ Topics raised spontaneously by the women were also pursued and explored as the interview progressed. The women sometimes began the interview somewhat apprehensively and sometimes asked questions such as, “Is this what you’re interested in?” or “Am I going off point?” However, invariably – and as the interview progressed – the women became more comfortable, more confident in their responses and their narrative became more fluid and unbroken.

⁶⁶ ‘Wet’ service is a term used in Ireland and elsewhere to describe services (usually providing accommodation for homeless people) that permit the consumption of alcohol on the premises as opposed to the more typical requirement of abstinence (Costello, 2000).

of the women were involved in street-based prostitution. The second was a long-term accommodation service that catered for both men and women with alcohol dependency issues and lengthy homeless histories, and who tended to be 'older' in age⁶⁷. The four sites were selected in order to maximise opportunities for contact and interaction with homeless women in a variety of contexts.

During the Phase I data collection, I spent more than ninety hours observing and interacting with women (and men) in the four service settings. Firstly, I attended the large food centre on a regular basis (usually 2-3 times per month) for a period of 1-2 hours over approximately 18 months. Due to the high demand for the service during lunch time hours, I decided to attend the centre at breakfast time as this offered better opportunities for me to interact with service users, whilst not feeling 'in the way' of staff and volunteers during busier periods. While this larger service was dominated by men and in particular, rough sleepers, there were usually several women present. I established a positive relationship with two staff members who often introduced me to the female service users, explaining who I was and what the research was about. This dynamic was effective since both staff members were evidently held in positive regard by service users. Gradually, service users became acquainted with me and these introductions were no longer necessary. I often sat with service users and chatted informally and endeavoured to follow their lead in terms of the topics or issues discussed. In general, both women and men were quite open and usually talked spontaneously about their daily lives and experiences. My visits to the smaller food centre were more sporadic and took place once or twice monthly. Although there were proportionately more women using this service, it offered less by way of interacting with service users mainly because the seating space was very limited. However, I had many lengthy and informative conversations with staff members in this smaller service which yielded interesting insights on their perception of homelessness among women.

I attended both of the homeless accommodation services regularly, usually weekly. In general, I endeavoured to keep my visits relatively short (from thirty minutes to an hour) as I did not want to be overly intrusive, particularly during my initial visits. I also found that short but frequent visits were an effective means of becoming familiar with the service users whilst, simultaneously, ensuring that I did not become a burden to the

⁶⁷ Since the life expectancy of individuals with lengthy homeless histories (combined, in many cases with substance use problems) is often lower than the housed population, 'older' refers to those service users who were over the age of 40 years.

service (or to service users); I also wanted to avoid a feeling of 'outstaying my welcome'⁶⁸. Although there was a degree of turn-over of residents in the emergency hostel, regular but short visits enabled me to maintain a relationship with several women in the service who were residing there for longer periods. In the female-only emergency hostel, I spent most of my time either in the TV room or the kitchen chatting to the women. Our conversations were informal and the topics that arose varied widely between visits, often depending on the dynamics (and who was present) in the room at the time. The women frequently discussed the experience of homelessness and talked openly about their experiences of the services they had accessed; many talked about their childhoods, drug use, and their children. However, very frequently my interactions with the women were casual and we spoke of popular culture, clothing, hair styles or whatever topic they themselves introduced. This informal chat assisted significantly in building rapport and familiarity with the women whilst also enabling me to accumulate 'local' knowledge of individuals as they moved through homeless spaces.

In general, staff members did not spend time in the (communal) areas where I most often interacted with women and, for this reason, I was acutely aware of my presence in spaces that were typically not accessed by non-residents. I always sought to respect these spaces – particularly the privacy of residents – and endeavoured to read body-language and non-verbal cues that led, in some cases, to me politely drawing my visit to an end. I interacted with women and responded to them ways that I hoped would be conducive to creating a comfortable atmosphere. At times there was a great deal of chat while, during other visits, far less was said by the women. In essence, I followed the lead of the women and they were almost always friendly and polite in their exchanges. While some women appeared to be suspicious of me at first, at no stage did I experience hostility or aggression from any person – either male or female – during my ethnographic field visits. During some visits, there were women who were clearly intoxicated but this did not make me feel nervous or ill-at-ease.

Client turnover in the long-term accommodation service where I conducted ethnographic observation was low and, for this reason, both female and male service users became acquainted with me during my weekly visits. Sometimes I spent time with the women alone (on occasion, in their private rooms), or with the women and their

⁶⁸ I used language such as "popping in" or "quick chat", or similar, to reinforce this to the women and to staff members, which I believe also assisted in establishing appropriate research relationships with service users.

partners, although I usually remained in the communal areas where there were typically several residents present. This service was dominated by men, with only 3-5 women living there at any one time (the service accommodated 30 residents in total). During my visits, I observed that the dynamics between the residents continually changed; some days the atmosphere was harmonious while, on other occasions, interactions between residents were more volatile and arguments or verbal altercations were not unusual. As stated earlier, this was a 'wet' service and residents were typically consuming alcohol during my visits (smoking was also permitted in the communal areas). Amidst what was frequently a volatile or chaotic atmosphere, I always received a positive reception from residents and sometimes engaged in organised activities with them such as bingo or 'film night'. Participation in these kinds of activities meant that I could interact in very informal ways and also gain insight into the dynamics at work in residents' interactions with each other and with staff members.

Data Collection Process: Phase II

The experience of returning to the field at Phase II was distinct, both in terms of how the fieldwork was executed and experienced. Meeting (and seeking to meet) the same women for a second time was clearly critical to the research but was a process and experience that required careful management and ethical integrity. This section outlines the tracking process, retention and attrition of Phase II sample, methods and overall reflections on research relationships across the second phase of data collection. In order to ensure methodological continuity, the study's Phase II data collection methods continued from I – biographical (follow-up) interviews and ethnographic observation were repeated.

The Tracking Process

Tracking and locating research participants three years subsequent to the conduct of the Phase I interviews was a considerable challenge due in large part to the 'hard-to-reach' and transient nature of the homeless population (Radley *et al.*, 2006). As already outlined, contact details were sought after the conduct of all Phase I interviews; this included logging a telephone number and other relevant details such the name of a key worker, services the women had accessed, and so on. In more than half of the cases, the telephone number provided was no longer in use and, for this reason, gatekeepers, that is, staff members within a range of services were central to the tracking process (Miller

and Bell, 2002). In a longitudinal qualitative study of young people leaving State care, Ward and Henderson (2003) noted a lack of engagement and interest in the research among their gatekeepers. Fortunately, my experience was vastly different and my return to active engagement with field sites was relatively smooth. This was perhaps facilitated by my regular presence within homelessness services during Phase I, after which I had built strong and positive relationships with both staff members and service users (Hemmerman, 2010). Many of the service staff members had either attended the publication launch of the findings of the baseline study in 2012 (Mayock and Sheridan 2012a, 2012b) and/or had received a copy of the publications in the post at around the same time, which may also have served to create a positive perception of the study and helped to maintain the interest and support of service staff.

All of the services through which research participants had been recruited during Phase I were re-contacted at the outset of the tracking process. As these services were familiar with me and with the study, their re-engagement with the research was relatively speedy. A small number of services were under new management by Phase II of the study, which meant that greater time had to be invested in presenting information about the research and explaining the rationale for tracking the study's women. New services were also approached at Phase II of the study in order to assist the tracking process (see Appendix G for Phase II Agency Information Sheet). Several of these services were large-scale accommodation or drop-in services for homeless people. I approached these services by first sending a letter or email and, a number of days later, followed-up with a phone call. Once telephone contact was established with a relevant staff member, I requested a short face-to-face meeting to explain the research in greater detail. Usually after this meeting, staff members agreed to assist with the tracking process. These new services were given copies of the publications generated from the baseline study (Mayock and Sheridan 2012a, 2012b).

Over the course of the eighteen months of Phase II fieldwork, I abided by two central rules in the hope that these would assist in successfully tracking the study's participants: being flexible (that is, adjusting my actions to meet the needs of others) and 'field-ready' (Hemmerman, 2010). I always endeavoured to accommodate both research participants and staff members, for example, in terms of the time and place of interviews, and I believe that this helped to foster a positive relationship with all concerned. In terms of being 'field-ready', I carried an 'interview pack' with all of the necessary documents

(recording equipment, information sheets, consent forms, and gift voucher, and so on) ready and with me at all times (during field visits) in case the possibility of conducting an interview might arise without or with little warning⁶⁹. In terms of securing the interview following a meeting with any of the women, I found it was better to arrange an appointment for interview as soon as possible after making this initial contact whilst, at the same time, not pressuring women to re-engage with the study (see later discussion of ethical considerations). Similarly, Hemmerman (2010) found in her longitudinal study that the interview was less likely to proceed with the passing of time.

A 'log' of all tracking efforts was maintained during the course of Phase II (Hemmerman, 2010). There were a small number of women who were unresponsive to my efforts to make contact with them to arrange an interview; in line with recommended ethical practice, I did not place women under undue pressure to re-engage with the study. In other cases, the timing was not convenient at the point of first contact but weeks or months later, the interview was secured – demonstrating that patience and understanding are also required when negotiating access to some participants (Ward and Henderson, 2003).

Importantly, the tracking process also produced important analytical insights. For example, women who were 'entrenched' in emergency accommodation services at Phase II were, in some cases, relatively easy to track as they were moving continuously between a number of hostels and were also regular users of other homelessness services. Yet, there were other women who remained homeless at Phase II whose accommodation transitions were rapid and often punctuated with brief 'spells' in institutional spaces such as substance use treatment services, hospitals or prison⁷⁰, which made tracking and locating them more complicated. Women who had exited homelessness with service support (that is, after care or floating supports) were relatively straightforward to track because of their ongoing interactions with services. By contrast, those who had exited homelessness independently, without service supports, were far more difficult to track.

⁶⁹ After four months of intensive searching for one woman involving many phone calls to various services, a drop-in centre made contact with me to let me know one of the women I was trying to track had entered the service following a period of incarceration. She told the service provider that she was happy to be interviewed so I went immediately to the service to interview her.

⁷⁰ During an organised visit to the Dóchas women's prison (located in Dublin), the Governor informed me of recent sentences of three women who I had been trying to locate, but was unable to find.

Retention and Attrition at Phase II

Retention is an important consideration in any longitudinal study – whether qualitative or quantitative – since it affects both the reliability and validity of the data. Phase II interview data collection took place over the course of approximately eleven months, between November 2012 and October 2013. During this time, a total of forty of the sixty women were successfully tracked and re-interviewed. Regrettably, three of the study's women were deceased by Phase II of the study. This equates to a retention rate of 66.6 per cent, which is satisfactory in a study of this kind given the recognised difficulties associated with tracking and retaining 'difficult-to-reach' populations, including those who are homeless ⁷¹(Conover *et al.*, 1997). Further details of the study's retention rate in terms of sample profile will be outlined in Chapter Six.

In addition to the forty women who were re-interviewed at Phase II, reliable information was attained on the whereabouts of nine women during the tracking process. Direct telephone contact was established with three of these women and several phone conversations took place with each. During these conversations, the women shared many details about the events that had taken place in their lives since Phase I and also provided information on their current place of residence. All indicated that they wanted to participate in Phase II of the study but, for various reasons⁷², it was not possible to arrange an interview. For six women, information was deemed 'reliable' when direct contact was made with a Phase I participant or, alternatively, when information on a participant was verified or corroborated by a number of individuals such as homeless services staff members and/or other research participants⁷³. For the remaining eight of the women, information on their whereabouts could not be verified and, for this reason, they are not included in the study's longitudinal analysis⁷⁴.

⁷¹ This retention rate also compares favourably with other qualitative longitudinal studies of homeless populations, particularly since there was a time lapse of two to three years between the baseline and follow-up phase of the research. Williamson *et al.* (2014: 69), for example, described their retention rate of 58 per cent in a Bristol-based longitudinal study of women's homelessness as "successful".

⁷² These women typically stated that various stressors - such as elevated levels of drug use or geographical relocation – which appeared to be central reasons for them not participating in a follow-up interview.

⁷³ In eight instances, some information was attained on the movements and whereabouts of the women. However, this information could not be verified by a second source.

⁷⁴ There was only one research participant from Phase I for whom no information was available.

Phase II Follow-Up Interviews

There are no recommended guidelines on the duration between data collection phases in the conduct of qualitative longitudinal research; time lapses between data collection phases vary significantly across existing qualitative longitudinal studies, ranging from several weeks to several years (Holland *et al.*, 2006; Corden and Millar, 2007). Notwithstanding the lack of guidelines on the time lapse between data sweeps, it is recommended that there should be enough time between interviews for *change to have occurred* (Holland *et al.*, 2006). In the current study, the duration between data sweeps varied between the forty women who were successfully tracked and re-interviewed, ranging from a minimum of 18 months (1 year, 6 months) between each interview to a maximum of 44 months (3 years, 8 months). The average duration between interviews was 34 months (2 years, 10 months). While ‘change’ is a contested concept (Saldaña, 2003), sufficient time had clearly elapsed between the data sweeps to capture transitions and change in the women’s lives.

Smith (2003) recommends that the design of follow-up interviews should be tailored based on data emerging from the previous interview. This process required sensitive interpretation of Phase I data from both a micro (the individual) and the macro (the wider structural forces) perspective (Bryman and Burgess, 1994). Furthermore, Corden and Millar (2007) recommend that the data from each interview for each individual must have the ability to communicate with one another, whilst also contributing to the emerging findings as a whole. The study’s Phase II interviews therefore aimed to provide participants with the space to ‘continue’ their stories, thereby enabling the collection of extended, biographical accounts (Appendix J for Phase II Interview Schedule). The follow-up interviews also aimed to capture retrospective accounts of past experiences which may (or may not) have been discussed during the Phase I interviews (Saldaña, 2003), thereby permitting a deeper exploration of “latent levels of personal meaning” across the two waves of data collection (Chamberlayne *et al.*, 2000: 9).

Once direct contact was made, participants were informed about the research, sometimes initially over the phone with a verbal description and, later, in person both verbally and using the study’s information sheet (see Appendix H). In instances when I visited a service and the women I was seeking to track was a resident but not present, a staff member passed on the information sheet to the participant on my behalf. In keeping with the procedures used at Phase I, I talked women through the Phase II

information and consent form prior to conducting follow-up interviews (see Appendix I). The Phase II interviews ranged in duration from a minimum of forty minutes to a maximum of three hours, with most lasting for approximately 90 minutes (on the whole, interviews were slightly shorter than at Phase I). At the outset of the interview, a timeline or ‘accommodation trajectory’, outlining the woman’s accommodation history and other critical life history events, was presented to each participant⁷⁵. This visual aid was designed to remind the women of the topics covered during the previous interview and, importantly, also provided a useful ‘springboard’ from which to lead into the Phase II interview. I briefly talked each participant through this timeline, ‘flagging’ issues including living situations, movement and transition. Beyond the use of a timeline which recapitulated Phase I discussion, the first question typically posed was: “*What’s life like for you these days?*” This open-ended question paved the way for varying responses which, similar to the Phase I invitation to women to tell their ‘life story’, produced revealing narrative data. Most began by comparing their situation at Phase II to the previous meeting, particularly in terms of housing and homelessness.

Following a detailed discussion of their accommodation trajectories since Phase I, several salient themes or topics were explored with the women. These topics included: the circumstances surrounding their accommodation transitions, their children and family life, intimate relationships, income, daily life, experiences of violence and victimisation, health and mental health, service utilisation and experiences of services, contact with the criminal justice system, social support and family relationships, and the future. These topics, which were also explored in Phase I interview, and sought to capture change and consistencies over time. The interview also sought to capture women’s own perspectives on their lives since Phase I. This yielded a rich retrospective account of events which occurred (Saldaña, 2003). These topics were not introduced in a structured way, but rather, were built around the women’s own narrative to ensure that the interview flowed according to each participant’s own voice.

⁷⁵ This timeline was presented on one page at the outset of Phase II interview and diagrammatically represented a crude overview of key events which included their living situations, some key points of service interaction, and major life events. This timeline had multiple advantages at Phase II interview: it could be used as an ‘icebreaker’ at the beginning of the interview; it reminded the participants a broad overview of what was discussed during the previous interview; and finally, it provided a useful reference point for the participant during the interview to which the participant could ‘point’ and reflect on different junctures of their lives. In cases where I was aware that the participant was illiterate or had particularly low literacy skills, I did not present a timeline. In these cases, I spent a number of minutes verbally outlining what was covered in the previous interview.

Due to personal financial constraints, it was not possible to offer a €30 gift voucher to those women who were successfully tracked and re-interviewed. However, I was aware of the need to encourage re-engagement (Kleschinsky *et al.*, 2009), so I offered each of the women €20 gift voucher in exchange for their time. As in the case of Phase I, I felt that the value of this incentive was sufficient to motivate participation yet, importantly, appropriately low to avoid reluctant participation (Paradis, 2010).

Phase II Ethnographic Observation

Over the course of the process of tracking and re-interviewing participants, I engaged in approximately 80 hours of ethnographic observation across four service settings. Again, for the purpose of continuity and analytical relevance in capturing change over time, regular observation was continued in three of the same service sites as at Phase I, including two of the ‘wet’ homeless accommodation services and the larger food centre. I included one new service in the Phase II ethnographic observation, since this service was described by several women during Phase I as an important and ‘well-liked’ service for women in the Dublin area⁷⁶. This not-for-profit voluntary organisation – which has been in existence for many years in Dublin – provides meals, advice and primary healthcare service for homeless people with substance use problems. Whilst I engaged in regular visits to the three original services over a period of approximately one year (as was the case in Phase I), in the case of the ‘new’ service incorporated into Phase II, the observation sessions were concentrated over a two-week period where I attended the service for a few hours every day. During this time, I was able to ‘move around’ different areas of this drop-in service, spending time in the cafeteria, the needle exchange programme, and attending the ‘women’s club’ (where women had their hair cut or styled or got manicures provided by two specialised volunteers who worked there). These spaces produced different types of interactions, yielding rich field notes. For example, the women’s club was a ‘women-only’ space which created an atmosphere of alliance and sorority. The needle exchange programme, by contrast, has a far greater turnover of clients, including both male and female opiate users.

Based on my reflections on the research process during Phase I, I made some minor changes to how I approached the observational component of the study. For example, I applied to become a regular volunteer at the large food centre as I felt that this would

⁷⁶ There was a more ‘visible’ female presence in this service compared to the other mixed-gender service sites.

enable me to spend longer periods in that setting (3 hours as opposed to 1 hour observational 'slots') and also to feel as though I was more productive in the space in the sense of contributing to the work of the food centre. Being a volunteer also enabled me to interact to a greater extent 'behind the scenes' and to interact more frequently with staff members and volunteers. During these interactions, I was always completely open to others about my role as a researcher and about my primary reasons for volunteering (that is, to interact with and observe service users). Secondly, I spent more time in the two drop-in food centres than in the homeless accommodation settings compared to Phase I of the study, as I felt that an element of 'saturation' in my field notes had emerged from the latter. Additionally and importantly, my presence and interactions within the larger services were far more fruitful in terms of yielding information about the women I was seeking to track. In the larger services during Phase II, I felt I had more of an opportunity to blend into the surroundings (Davies, 1999; Bryman, 2001).

Continued ethnographic engagement during Phase II of the study was invaluable, both in terms of the data garnered and also because of the personal benefits derived from this level of immersion in the selected field site. It yielded ongoing insight into the daily lives of homeless people, involved regular and sometimes lengthy conversations with both staff and volunteers in these services, facilitated the tracking process, and above all, allowed me to engage in a more meaningful level with the homeless population in Dublin. The field notes documented a variety of interactions and perspectives, and the descriptions attempted to capture the ambiance and character of each space. When writing field notes, I was also conscious of the benefit of locating myself within these contexts and the need to reflect on the impact that my presence may or may not have had on the social interactions in each space. These reflections and the research relationships I developed over time will now be expanded upon.

Reflections, Research Relationships, and Exiting the Field⁷⁷

Prior to first engaging in the data collection process associated with the conduct of this study I was largely unfamiliar with homelessness services and had little or no experience of interacting with homeless individuals or groups. Therefore, as a white, middle-class, female researcher, my first experience in these settings was somewhat of a 'culture

⁷⁷ Given the longitudinal dimension of this study, the process of exiting the field was considered more important at Phase II. However, similar steps to ensure a sensitive and appropriate exit from the field were also adhered to at Phase I.

shock' (Billo and Hiemstra, 2012). Likewise, it is possible that, initially at least, participants were suspicious of my presence as an outsider and there may also have been perceived unequal power dynamics given my role as researcher (Doyle, 1999). Acutely aware of my role and presence – and of the potential impact of that presence on the data generated – I strove to rapidly adjust to these new settings and interactions; I sought to immerse myself fully into the field, to hold no reservations about approaching strangers to introduce myself, and always conversed and endeavoured to interact with the women in a respectful, non-judgemental, and non-condescending manner (Williamson *et al.*, 2013). The ethnographic field visits greatly assisted this transition to immersing myself in the data collection process as it facilitated my regular and consistent contact with both homeless individuals and frontline workers. Equally, my regular presence in the four ethnographic field sites and in hostels during my meetings with managers meant that I had many opportunities to become familiar and both the ethos and structure of various services and the women who frequented these settings. This process enabled me to quickly become acquainted with dozens of homeless people and frontline workers and I soon began to feel relatively comfortable in these settings.

Over time, it became apparent also that my lack of prior professional experience with homelessness services ultimately served as an advantage as I was perceived largely as an 'outsider' entirely independent of the homeless service industry⁷⁸. On a few occasions, participants asked me for advice or support on a housing or other issue(s). In such cases, I endeavoured to strike a balance "to ensure that the purpose of the research is not misconstrued by participants and that the line between 'research' and 'intervention' is not breached" (Neale, 2013: 11). I offered all participants a list of available homelessness, housing, drug treatment and mental health services (prepared ahead of embarking on the field work phases of the research) and directed women to the most relevant service(s) according to their needs.

The relationship between researcher and the researched merits discussion in a study of this kind and this relationship is especially important in the context of longitudinal qualitative research (Thomson and Holland, 2003; Holland *et al.*, 2006). Feminist qualitative researchers such as Oakley (1981) highlight the central importance of *rappport*

⁷⁸ In her doctoral study of homeless women, Doyle (1999) – who also had no prior relationship with the relevant services or agencies – noted that this "potentially empowered the women to air their views about their experiences within hostels/refuges without fear or recrimination from those agencies" (Doyle, 1999: 241).

between interviewer and participant, *reciprocity* on the part of the interviewer, and the importance of establishing a *non-hierarchical relationship*. These dynamics – and the close and respectful relationships established between researcher and participants – helps to reduce the likelihood of any exploitation of those individuals being researched, whilst also enhancing the quality of the data generated. The nature of my relationships with the women varied, firstly, in terms of my level of contact with them. Over the course of the study there were fifteen women with whom I met on very many occasions in the context of either the conduct of ethnographic observation and/or through the arrangement of informal ‘meet-ups’ between interviews. In total, over the course of the two phases of data collection, I visited the ‘wet’ long-term accommodation service on more than forty separate occasions and, at Christmas time (for three consecutive years), purchased small gifts for each of the women living there⁷⁹. This regular contact meant that strong rapport was built over time with these women⁸⁰.

I met with four research participants on several occasions between Phases I and II of the study. All of these relationships required an ongoing ‘balancing act’ between friendliness/friendship, yet professional boundaries were maintained (Doyle, 1999; Dickson-Swift *et al.*, 2006). I met with these women – Irena, Delilah, Nala and Fionnuala – for tea or lunch and a chat on a number of separate occasions. During these ‘meet-ups’, the women generally commanded the majority of the conversation while I largely adopted a more passive role of ‘listener’. In all cases, I offered to pay for tea, coffee and whatever the women chose to eat. In an attempt to avoid becoming overly-involved in women’s lives and overstepping the appropriate boundaries as researcher, I tried to ensure that the ‘meet-ups’ were brief and casual and always took place during working hours (Dickson-Swift *et al.*, 2006; Neale, 2013). I also ensured to never appear as though I was ‘faking friendship’ or faking rapport (Mauthner *et al.*, 2005). The tone of our conversations during these ‘meet-ups’ was usually informal, friendly and relaxed and the issues we discussed were generally light-hearted in nature, although some women did also frequently raise more difficult or emotive issues and experiences. My meetings with Fionnuala (age 58, Phase I), in particular, had a profound effect on me. Fionnuala engaged in both a Phase I and Phase II interview, and between these encounters we met

⁷⁹ These gifts were in the forms of small ‘trinkets’, although considerable thought went into the choice of each gift based my knowledge of the women.

⁸⁰ Sadly, over the course of this study, five of the six women who resided in this long-term service (three of whom had participated in the Phase I interviews) passed away from alcohol-related health problems.

approximately six times. She was a very articulate woman and lived a reclusive life. She spoke at length of her memories of growing up in an industrial school⁸¹ and lived quite close to where I lived in Dublin. We often met by chance along the Grand Canal, where she regularly fed the swans. I was deeply saddened to learn of Fionnuala's death during the final year of my PhD⁸². At time of writing, the only participant with whom I remain in contact is Delilah⁸³ as Irena had since returned to her country of origin.

A research diary was maintained throughout the data collection process. In keeping with the recommendations of Saldaña (2003), a cumulative approach was adopted in order to ensure that the descriptions communicated, built upon, refuted or reinforced one another, particularly with the passing of time. The act of maintaining a diary also provided a space for reflection during the research process. The research diary comprised extended descriptions as well as shorter notes in the form of bullet points or diagrams, depending on the context or rationale for the entry. For example, if I met a participant by chance on the street and engaged in an extended conversation, I usually wrote a full description of the encounter; on the other hand, early analytical thoughts or reflections sometimes took the form of rough notes or diagrams as I attempted to develop or make sense of a certain idea, concept or recurring themes. Ongoing note-taking also assisted in the process of tracking participants during Phase II of the study by helping to 'build a picture' of the possible whereabouts of some of the women I was seeking to re-engage.

After sustained engagement in the field, particularly in cases where regular ethnographic observation is carried out within particular services, it is important to negotiate an appropriate and sensitive 'exit' (Bloor and Wood, 2006). To abruptly leave the field may result in offence or hurt among those who regularly inhabit that space and such a transition requires careful management (Atkinson and Hammersley, 2007). Unlike other

⁸¹ Fionnuala talked of her summer holidays in a particular location in Ireland which was near to where to where my parents live. She had been unable to visit the area for several years because of health problems so I travelled to the location and took some photographs for her, including photographs of buildings and locations she had described. Subsequently, we met and I gave her copies of the photographs. She was very moved by these pictures and described her conflicting emotions of nostalgia and sadness in recalling her traumatic childhood. She offered anecdotes around photographs of a particular tree, building, or wall, for example. She kept the photographs and expressed gratitude for my bringing them to her.

⁸² As she had not responded to my emails in almost a year, I inserted her name into an internet search engine and saw her death notice online.

⁸³ Every year shortly before Christmas, I meet with Delilah and her daughter for lunch and we exchanged small gifts. Losing contact with the other women was a gradual process as contact became increasingly sporadic.

ethnographic studies of homelessness (Snow and Anderson, 1993), participant observation was not my primary method of data collection so that my presence in the field was less ‘continuous’ and, indeed, likely to be less remarkable for those who spent time in these services on a daily basis. Furthermore, three of the four services where I spent time had a high turnover of clients and there were significant ‘comings and goings’ in terms of service utilisation. The exception to this, however, were my regular visits to a long-term homeless accommodation setting during both phases of data collection, during which time I became well acquainted with many of the service users. A month or two before I exited the field at the end of Phase II data collection, I regularly inserted reminders into our conversations that my visits would soon be coming to an end. During final ethnographic sessions, I made particular efforts to speak with each of the women individually to express my appreciation and personally wished them well in their future. I believe that these final encounters were very positive. Atkinson and Hammersley (2008) remind researchers that exiting the field can also be upsetting for the researcher. Though the authors were referring primarily to ethnographic observation, it can also be applied to the repeated contact with participants, particularly in the context of qualitative longitudinal dimension research. Indeed, there were several relationships that were particularly positive in terms of rapport, familiarity and trust and these cases were undoubtedly more of an “emotionally demanding experience” (Atkinson and Hammersley, 2007: 95). While some of my field experiences might be appropriately described as emotionally demanding, I would consider myself to have been enriched personally as a result of these relationships and, for this reason, did not feel a sense of loss but rather a sense of appreciation to all those I encountered when the fieldwork came to an end.

Data Analysis

The literature on analysing longitudinal qualitative data remains relatively underdeveloped (Henderson *et al.*, 2012). Broadly speaking, the two main approaches outlined in the literature include *synchronic* analysis (that is, the analysis of data set as a whole across multiple waves of data collection) and *diachronic* analysis (that is, examining individuals on a case-by-case basis) (Henderson *et al.*, 2012). In keeping with these recommended approaches, the principle tools drawn upon in the analysis of this study’s data included: repeat cross-sectional data analysis, case profiling, and thematic matrixes. Each of the strategies was implemented systematically and, in combination

with the other, provided a strong practical and analytic approach to managing, understanding and interpreting large volumes of complex longitudinal data.

Repeat cross-sectional data analysis refers to the conduct of thematic analysis across both waves of the research (Ritchie *et al.*, 2005). In preparation for this synchronic analytical phase, transcripts from Phases I and II of the study were read numerous times in order to identify patterns and concepts *across* the data set and to develop longitudinal categories, codes and sub-codes⁸⁴ (Ritchie *et al.*, 2005). Both phases of interview data were analysed using NVivo qualitative data analysis software (Vallance, 2005). The codes, patterns and themes to emerge from each wave of data collection captured change and continuity over time which, in turn, informed the synchronic analysis (repeat cross-sectional thematic analysis) across the longitudinal data set.

Diachronic analysis (individual case-by-case analysis) was carried out on each of the forty longitudinal interviews. This culminated in forty in-depth case profile documents (Thomson, 2007), which took the form of condensed but detailed summarised accounts of all salient details imparted by the women during both of their interviews, accompanied by corresponding narrative drawn directly from the interviews⁸⁵. These case profiles also contained relevant information or updates from additional meetings with participants, whether arising from ethnographic observation or informal meetings/encounters with research participants. Additional relevant observations were also included such as information gleaned during the tracking process, observations of body language, mannerisms, or other details. In sum, the case profiles helped to raise awareness of all of the voices to be incorporated into the analysis and revealed the changing reflections and interpretations of both participant and researcher over time (Thomson *et al.*, 2003; Henderson *et al.*, 2012).

Finally, 'matrixes' or 'tables' were constructed to 'break down' (distil) and analyse different events and processes that were deemed relevant to the analysis. For example, 'critical moments' to emerge between the two waves of data collection were documented (including, for example, being housed, becoming homeless again, experiences of trauma, bereavement, childbirth, meeting a new partner, and so on) (Thomson *et al.*, 2002;

⁸⁴ Coding categories were not uniform across both phases of data collection. Additional coding categories (devised according to new or emerging themes) were built into the Phase II coding categories. The Phase II coding categories were grounded to a greater extent in conceptual or theoretical constructs while the Phase I categories were focused on emergent biographical themes.

⁸⁵ The case profiles ranged in length from between 15 and 30 typed pages.

Holland and Thomson, 2009). Furthermore, the women's accommodation trajectories were mapped, a process that provided a broad overview of their accommodation transitions since Phase I of the study.

Thus, the analysis of this qualitative longitudinal dataset was complex and involved overlapping stages in order to fully capture all relevant events, experiences and meanings to emerge from both phases of data collection. The analytical approach aimed to consolidate or unify both phases of data collection in order to capture change and consistencies over time. This moved the analysis beyond a static 'snapshot' towards a 'moving picture' of women's experiences of homelessness and housing instability over time (Neale and Flowerdew, 2003).

Ethical Considerations

Those experiencing homelessness are considered marginalised, and in many cases, vulnerable. Additional precautions – as well as ongoing reflection – are therefore required to ensure the protection of all participants during both phases of the research (Paradis, 2010). Longitudinal research design merit additional protocols⁸⁶. Feminist ethical (and methodological) considerations acted as a fundamental guiding compass in this study – in terms of establishing appropriate protocols during both phases of the study (Edwards and Mauthner, 2005). Central to this were the feminist principles of mutual *respect* and *reciprocity* between researcher and participant (Miller and Bell, 2002). By prioritising the voices of the research participants, understanding their perspectives, valuing their “expert knowledge”, and seeking to empower women throughout the research process, not only is the potential ‘power imbalance’ reduced within the research processes, but the nuances and complexity of homeless women's experiences may be better understood (Paradis, 2010: 15). Furthermore, feminist ethical considerations acknowledge the intersubjective relationship between researcher and

⁸⁶ Neale (2013) identifies two types of ethical practice – *proactive* and *reactive* – that need to be incorporated into longitudinal research. The former relates to the ethical protocols built into the research design that identify appropriate safeguards to ensure that consent is informed and voluntary, that privacy is respected and that participants are not harmed during the research process. Re-active ethical strategies, on the other hand, arise when unanticipated scenarios occur during the course of fieldwork that require a sensitive and appropriate response on the part of the researcher. An ability to respond to all unforeseen or unexpected developments in the field is particularly important when conducting longitudinal inquiry since there may be “increased likelihood of unanticipated ethical dilemmas”, particularly with the passing of time (Neale, 2013: 8).

participant, the potential impact of these research roles on the study's findings, and the potential power imbalance between researchers and researched (Paradis, 2010). Key considerations herein were to attain informed consent, assure confidentiality and to implement various safeguards to reduce the potential to cause harm to participants. Both phases of the research were approved by the Research Ethics Committee at the School of Social Work and Social Policy's, Trinity College Dublin, based on applications that highlighted any potential risks to research participants and, also, to the researcher⁸⁷.

Informed Consent and Confidentiality

One of the most important ethical concerns in any qualitative research study is to obtain written participant consent that signifies an informed understanding of the study. The information consent forms pertaining to both Phase I (Appendix D) and Phase II (Appendix I) were similar in style and content; however, during the follow-up phase of the study, the issue of voluntary consent was emphasised to an even greater extent. The implementation of this additional safeguard was informed by the existing methodological literature on the conduct of qualitative longitudinal research, which alerts researchers to the sense of obligation participants may feel given their earlier participation in the research (Holland *et al.*, 2006). In this way, consent was viewed as an ongoing and voluntary process (Miller and Bell, 2002). The voluntary nature of participation in Phase II study was therefore heavily emphasised in the information sheet and, in particular, at the time of interview. Obtaining informed consent from those for whom English was not their first language required additional protocols⁸⁸. During the conduct of both the baseline and follow-up interviews, I spoke slowly, used a plain and comprehensible style of language, and encouraged participants to ask questions before, during and after the interview (Lu and Gatua, 2014). Women were reminded of their right to terminate the interview at any point, without negative repercussions⁸⁹.

Participants were guaranteed anonymity during both data collection phases and, in keeping with this commitment, all identifying information (names of people, places, school, hostels, institutions and so on) were removed from the narrative data and ethnographic field notes (Holland *et al.*, 2006). This process of anonymising data was particularly important since the life stories of individuals may become increasingly

⁸⁷ Ethical approval for Phase I was granted in September 2009; and for Phase II in June 2012.

⁸⁸ Of the seventeen migrant women recruited at Phase I, sixteen were not native English speakers.

⁸⁹ No research participant requested that the interview be terminated prematurely either at Phases I or II of the study.

identifiable across two phases of data collection (Holland *et al.*, 2006; Farrall, 2006). A strict data storage policy was adhered to across both phases of data collection⁹⁰ (Lewis, 2003). Women were also informed of the limits of confidentiality prior to the conduct of both Phase I and II interviews. This was achieved by explaining (verbally and in writing via the information sheet) of the researcher's obligation to inform a third party (such as a service staff member) in the event of the disclosure of information that indicated that the participant⁹¹ or another person was in danger or at risk (Williamson *et al.* 2014).

Attaining informed consent during the conduct of ethnographic observation was more complex. The tensions that can arise when seeking to inform all individuals present of the research objectives of the study in situations of ethnographic observation are in fact acknowledged (Atkinson and Hammersley, 2007; Davies, 1999). It is, of course, long since accepted that it is *deceptive* to operate covertly when conducting ethnographic observation (Atkinson and Hammersley, 2007). During my regular visits to homeless food centres and hostels, careful management was required to ensure that I alerted those individuals present in the setting of my role as researcher; at the same time, I did not want to erode the 'naturalistic' data by constantly ensuring that all actors in the space were constantly informed of my presence and role, particularly at points when somebody new entered the space. Achieving a balance in this regard required conscientious and continued negotiation during my visits to field sites⁹² (Davies, 1999).

⁹⁰ Non-anonymised audiotapes, transcripts, and ethnographic field notes were saved on a password-protected computer (backed up on a password-protected external hard drive) and all hard copies of transcripts and coded data were stored in a locked filing cabinet in the Children's Research Centre, where I was based.

⁹¹ Two women disclosed current feelings of suicidal ideation (there were numerous examples of women discussing *past* experiences of suicidal ideation and this was not reported to staff member). In both cases I completed the interview, turned off the audio recorder, and explained to the participants that I was concerned for their safety in light of what they had disclosed and that I felt that it was in their best interest (with their agreement) that I inform a staff member. Both participants appeared to appreciate that my motives were grounded in concern for their well-being and, together, we agreed on an appropriate staff member to inform. I communicated my concerns to the staff member selected by both of the women and also phoned those individuals after a number of days to ask after the well-being of both of the women.

⁹² For example, in the hostel settings, all participants occupying the space were generally aware (certainly, all were informed) of my researcher role and the purpose of my visits. However, because of the sheer volume of individuals present in the larger field settings (for example, as many as four hundred people availed of breakfast on a 'normal' day in one of the food centres), I usually informed service users of my researcher role only upon engaging in a one-on-one conversation. The remainder of the service users, volunteers and staff assumed that I was a volunteer or a student gaining work experience (it was likely that they did not assume that I was a staff member since I did not have a daily or long-term presence in this field site).

Safeguards to Reduce Potential Harm

As stated earlier, the well-being of the research participants was paramount during the conduct of the study. Great care was taken in managing particularly sensitive and potentially emotive topics – including, for example, experiences of child sexual abuse, domestic violence, sexual violence, suicide, self-harm, or issues related to the women's children – and in ensuring that the women were responded to in a way that did not cause further trauma⁹³ (Mauthner *et al.*, 2005). During a number of interviews, the participating woman declined to answer a particular question initially but subsequently returned to the question without prompt, suggesting a willingness to 'open up' once greater rapport had been established (Dickson-Swift *et al.*, 2008). In any instance where a woman appeared to be in a vulnerable emotional space⁹⁴, I refrained from actively pursuing topics that I felt could cause upset (for example, discussing children with whom they no longer had contact), particularly in cases where women were living independently and did not have immediate service supports to draw upon. In such cases, I accepted that there may be 'missing data' (Wright, 2005)⁹⁵.

A number of additional protocols designed specifically to safeguard the health and welfare of all participating women were strictly adhered to during both phases of data collection. Firstly, a sheet listing a range of services in their area that they might want to access for advice or support was supplied to all participants at the end of each interview (see Appendix K)⁹⁶. Secondly, with the permission of the women, relevant contact details such as a mobile phone number were obtained after the conduct of the interview. This facilitated a 'follow-up' phone call, no more than twenty-four hours after the conduct of the interview, to 'check in' with the participant and ask how she felt having

⁹³ These and other sensitive topics were addressed through clear and direct questions in order to avoid ambiguity or confusion (Lewis, 2003) but, equally, the topics were not introduced abruptly during the interviews, but rather in an incremental and sympathetic manner. Similarly, sensitive topics were never left to the end of the interview so as to avoid leaving the women feeling upset and exposed (Lewis, 2003). I also endeavoured to remain perceptive to emotions communicated both verbally and non-verbally by the women, which may have signalled discomfort or upset (Dickson-Swift *et al.*, 2008).

⁹⁴ Wright's (2005) study of homeless people with dual diagnoses (that is, a psychological issue and substance misuse problem) similarly notes that the interview was adjusted from a life history interview to a more structured interview if deemed necessary. Likewise, certain topics were avoided during the conduct of interviews with some participants in order to ensure that they did not experience unnecessary upset.

⁹⁵ This information on available services was particularly relevant for a number of women who were interviewed in accommodation where there were no staff supports (such as in private rented accommodation).

⁹⁶ Separate lists of available services were designed for the different geographical locations – Dublin, Cork and Galway, respectively – where the research was conducted.

been interviewed. In the main, these phone calls involved the exchange of pleasantries and also allowed me to reiterate my appreciation for the time and effort invested by the women in the research. While a number of the women reported that they felt 'a bit down' after the interview, many described a therapeutic value in 'talking things out' (Miller and Bell, 2002). These emotional responses are illustrated in the field note below taken following my Phase II interview with Nicole (age 31). The interview took place in her Housing Association apartment.

I telephoned Nicole the day after the interview to thank her for taking part in the research and to see how she felt. She said she felt "a bit down" after the interview and that "it took a lot out of me". That evening, she said she went for a long walk to clear her head. She said in the telephone call that the interview was something "I needed to do". She added that "I hadn't cried properly" for a while. (Researcher field notes, 26 September 2013)

Finally, for myself as researcher, there were a number of potential risks associated with the conduct of the study (Dickson-Swift *et al.*, 2008; Fahie, 2014). While I never perceived or felt any risk to my physical safety over the course of the study, I was exposed to numerous harrowing accounts of violence, abuse, women's experiences of separation from their children, experiences of depression, suicide attempts, involvement in sex work, and so on. Aware that 'self-care' strategies are important in the conduct of research of this nature (Rager, 2005), I engaged in debriefing meetings with my supervisor on an ongoing basis over the course of the data collection as a way of 'talking it out'. I also endeavoured to strike a work-life balance during the fieldwork phases of the research in order to ensure that I managed any stress or upset arising from the data collection process.

Reliability, Validity and Limitations

The terms reliability and validity, often associated with the conduct of quantitative research, also "help define the strength of the data" generated through qualitative research methods (Ritchie and Lewis, 2003: 270). Research reliability refers to "the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions" (Hammersley, 1992: 67). In other words, upon using the same instruments under the same conditions, Flick (2002) argues that the most important aspect of establishing reliability in qualitative research is through the deployment of sophisticated sampling strategies. In the case of this study, as already discussed, the vast array of recruitment sites accessed, the use of

purposive, snowball and theoretical sampling strategies, and the relatively large number of participants (certainly for an in-depth qualitative study of this kind) at Phase I, all contributed to the generation of a robust sample. The sample included women with diverse socio-demographic characteristics as well as distinct life and homeless biographies.

The study's longitudinal design significantly bolsters the internal reliability of the study's data. Furthermore, repeated interviews enhance validity since an 'internal conversation' emerges across interviews, where (in)consistencies can emerge and perhaps be explained (Thomson, 2007). In other words, meeting the same individual multiple times can greatly extend our understanding of the gap between 'a life that is lived and a life that is told' (Thomson, 2007). As Thomson (2007) argues, contradictions that may emerge across longitudinal transcripts do not necessarily discredit the original transcript but rather serve to illuminate the complexity of lived experience. For example, in the case of a small number of women, significant information was disclosed during the second interview (or in the context of later informal meetings) which was not recorded during the conduct of baseline interviews.

The use of multiple data sources, combined with the longitudinal dimension of the research, greatly enhanced the credibility of the study's data. As already highlighted, the integration of biographical interviewing and ethnographic observation – which helped to ensure that data were actively generated *and* also naturally-occurring (Ritchie and Lewis, 2003) – produced a rich and nuanced data set. In keeping with the study's interpretivist epistemology, the goal of the research was not to provide a 'mirror reflection' of the social world that many positivist researchers may strive for but rather to provide access to the meanings that women attribute to their experiences and their social worlds (Miller and Glassner, 1997).

Conclusion

One of the most important objectives of this research was to capture change across the women's lives. Specifically, it sought to capture women's homeless and housing transitions, their relationships and interactions with services and other changes in their lives and social worlds. This central analytical lens of capturing change was captured through the understanding of women's 'felt' experience of homelessness (Robinson, 2008). Such 'felt' accounts, Robinson (2008) argues, are lacking in the homelessness

literature due to the predominance of policy-orientated empirical research approaches. Subjective or ‘felt’ narratives offer a more grounded and meaningful account of homelessness since they capture the existential, emotional and corporeal dimensions of the homeless experience (Robinson, 2008). This is particularly important when researching homelessness among women, which is, in any case, less well understood than homelessness among men. Women’s subjective accounts can serve to transcend “objective criteria and categories” and the prevailing stereotypes that may persist (Watson, 1999: 83). Situated within an interpretivist epistemological framework, this research viewed women’s positions and social realities were as shaped and reinforced by social interaction. This epistemological framework provided the cornerstone of the research design, and through the use of two qualitative methods – biographical interviews and ethnographic observation – both the *internal* and *external* dimensions of women’s lives were explored.

This chapter has provided a detailed methodological account of the conduct of fieldwork across both phases of the study. While the research employed the same methods and involved interactions with many of the same individuals during each data collection phase, the two phases were distinctive in terms of recruitment/retention, my experience in the field, emerging data, and my research relationships. Over time, my familiarity with participants and other actors in the field developed in a way that enhanced rapport and my familiarity with numerous actors, settings, contexts and locations. However, the negotiation and maintenance of field relations required sensitive and appropriate handling at all times. Notwithstanding the substantial amount of time and energy involved in the tracking process, diligent record-keeping during this time assisted not only in terms of re-locating participants for follow-up participation, but also provided me with the opportunity to engage in early analytical thoughts and reflections on the emerging themes. Ethical considerations required ongoing negotiation as I strove to ensure the well-being of the research participant during in all stages of the research process from the design phases right through to the analysis and interpretation of the data.

The lack of qualitative longitudinal accounts of women’s homelessness means that the current study has the potential to extend knowledge and understanding of the lives and experiences of homeless women. This chapter has endeavoured to provide an honest and transparent account of the study’s methodological approach, covering all salient

dimensions of the research methodology, from recruitment through to the study's data analysis procedures. The following four chapters will document the study's findings.

CHAPTER FIVE

WOMEN'S JOURNEYS INTO HOMELESSNESS: A BIOGRAPHICAL ANALYSIS

Introduction

As outlined in Chapter Two, homelessness is a dynamic process, caused by complex and interrelated processes and factors (Anderson and Tulloch, 2000; Reeve *et al.*, 2006), and can be experienced multiple times over the life course (May, 2000). Biographical narratives help to locate the experience(s) of homelessness within the 'life stories' of individuals and, in this sense, can capture those structural and individual forces that lead to one or more episode of homelessness (May, 2000). Life story narratives – particularly when collected over time – have the capacity to yield a multidimensional perspective on homelessness by capturing, for example, the complex ways in which deprivation⁹⁷ can impact a person's life (Somerville, 2013). In keeping with feminist scholars' commitment to researching the lives and experiences of marginalised peoples *from their perspective*, biographical research gives 'voice' to women who may otherwise remain hidden or silent (Watson and Austerberry, 1986; Tomas and Dittmar, 1995; Wardhaugh, 1999).

This chapter explores the processes and 'triggers' (Reeve *et al.*, 2006) that led to housing stability and homelessness among the study's women. The discussion opens by presenting a demographic profile of the sample (N=60) based on data collected at Phase I of the study. This profile – which includes information on the women's age and ethnicity, living situations, their relationship status, relevant details about their children, and their education attainments – provides an important contextual backdrop for subsequent detailed analyses of the women's lives and their experiences over the course of the study. Following this, attention turns to the women's initial experiences of homelessness and the events and experiences precipitating the loss of housing. Significantly, it was not possible to identify discrete pathways to homelessness for this sample of women has been done in the research literature of youth homeless pathways,

⁹⁷ Somerville (2013) identifies multiple deprivation in the form of physiological (that is, lack of bodily comfort), emotional (lack of love or joy), territorial (lack of privacy), ontological (lack of rootedness in the world), and spiritual deprivation (lack of hope, purpose) (Somerville, 2013).

for example (Hutson and Liddiard, 1999; Fitzpatrick, 2000; Mayock and Vekic, 2006; Mayock *et al.*, 2014). This was because there was rarely one discernible experience or set of experiences that propelled women along a path of housing instability and homelessness. As the analysis demonstrates, the women in this study experienced multiple adversities related to deprivation and poverty and a majority also experienced significant trauma related to family conflict, violence, and substance use. Indeed, high rates of violence and victimisation were reported by the study's women, including experiences of child sexual abuse, family violence, and intimate partner violence. These experiences among the women will be explored in greater detail later in the chapter.

The Research Participants (N=60) – Phase I

As outline in Chapter Three, women were recruited through a wide range of homelessness and domestic violence services in order to ensure a diverse sample of participating women in terms of their backgrounds, experiences of homelessness, service use utilisation patterns, and so on. All of the research participants were over the age of 18 years and no upper age limit was imposed during the recruitment process (see Appendix N for sample breakdown of age, country of origin and living situations at Phases I and II). The inclusion of women from diverse ethnic backgrounds was prioritised and, from the outset, the aim was that one-quarter of the sample would be migrant women. As the profile presented below demonstrates, the resulting sample of sixty women represents significant diversity in term of age, ethnicity, living situations, and family status of the study's participating women.

While no deliberate attempt was made to include 'single' homeless mothers who were accessing service settings, *either with or without their children in their care*, a variety of experiences in terms of motherhood was also captured. Of the sixty women interviewed, forty-one were mothers. Twenty-one of these mothers were not the full-time carers of their children at the time of their Phase I interviews; in other words, they were separated from their children, who were residing in State or relative care. It is perhaps important to note that this particular feature of the 'profile' of the study's women is significant, particularly since there were no targeted efforts were made to recruit 'single' homeless women who were not caring for their children. Echoing the findings other recent research on homeless women in the UK, Hungary, Portugal, Spain and Sweden, this finding directs attention to the large number of 'single' women accessing homelessness

services who are likely to be mothers and separated from their children (Reeve *et al.*, 2006; Martins, 2010; Moss and Singh, 2015).

Age and Ethnicity

The women in the sample ranged from 18 to 62 years, with the average age for the sample being 34.8 years at Phase I of the study. Twenty women were aged between 18 and 29 years, twenty-six were between 30 and 39 years, six were aged 40 to 49 years, and the remaining eight women were over the age of 50 years.

Forty-three of the sixty women were of Irish or UK origin and seventeen women were migrants. Six were Irish travellers⁹⁸. Thirty-eight of the women were born in Ireland and an additional five women were from the UK, all born in England. Of those who were born in England, a strong Irish connection was evident; for example, the parents of three were Irish and these women had moved to Ireland along with their parents during their teenage years. In addition to the five UK-born women, seven of the Irish-born women had spent significant periods of time (typically, a period of more than three years) living in England. Owing to the range of similarities between the Irish and the UK-born women in terms of their biographies and family backgrounds, they are collectively referred to as 'Irish/UK-born' women in this thesis (in order to distinguish them from migrant women).

As mentioned above, seventeen of the women were born outside of Ireland or the UK (Appendix N). Eleven of these women were originally from EU countries while six were from outside the EU. Ten of the EU-born women were originally from Eastern Europe, including Poland (n=4), Latvia (n=2), Slovakia (n=2), Estonia (n=1), and Romania (n=1). The remaining EU migrant woman was from Greece. The six non-EU migrants were from the countries of Bangladesh, The Philippines, India, Pakistan, South Africa and Bolivia. Eight of the women in the sample were categorised as 'black minority ethnic' women⁹⁹; six of whom were migrant women.

⁹⁸ Irish Travellers are an indigenous minority in Irish society. According to the Irish Census of 2011, the total number of Travellers was just under 30,000, or 0.6 per cent of the population (CSO, 2012). Travellers experience high levels of prejudice and discrimination in Irish society and have higher rates of early school drop-out, disability, and lower life expectancy compared to the general population (CSO, 2012). Substandard and overcrowded living conditions are also commonly reported amongst the travelling community (CSO, 2012).

⁹⁹ In his discussion on race and homelessness in Britain, Harrison (1999) employs the term 'black minority ethnic' to cover the large range of groups who are categorised as ethnically distinct

In terms of women's status in the immigration system, four of the six non-EU migrant women did not have a valid immigration status and, as a consequence, had no right to work or study in Ireland and were unable to access social welfare assistance. Two of these women had their immigration permits revoked following the breakdown of their relationships as their permit was dependent on the immigration status of their partners¹⁰⁰. In addition (to the four non-EU women without a legal immigration status), five of the EU-born women did not satisfy the Habitual Residence Condition (HRC)¹⁰¹ and were therefore not eligible to claim social welfare benefits, rent allowance, or to apply for social housing. These women had all applied for HRC but their applications were rejected. Some were in receipt of an 'emergency payment' of €100 per week; however, these payments were made at the discretion of the local Community Welfare Officer, which meant that they had to make a convincing case that they were 'worthy' and in need of emergency financial aid¹⁰². A total of nine migrant women reported that they no – or extremely limited – income.

All seventeen of the migrant women had migrated to Ireland during adulthood, typically between the ages of 20 and 30 years. Eight had relocated in the company of their partners or spouses and some of these women had migrated shortly after marrying in the hope of achieving a good standard of living and beginning family life in Ireland. Only a small number of the migrant women had lived in another European country prior to locating to Ireland. Two of the women (both non-EU migrants) had left their countries of origin along with their children in order to escape their violent husbands, with both explaining that they considered relocation to have been the only safe and viable option available to them and their children. The remaining migrant women, Tereska (age 25), had migrated independently from Poland in search of work and opportunities when she

from the majority white population. He also utilises the term 'minority ethnic' when he sought to include minority white populations (such as Travellers).

¹⁰⁰ Prior to the breakdown of their marriage, these women held a 'Non-European Economic Area Spouse' permit. Women on spousal permits who experiences relationship breakdown, particularly early in their residency in Ireland, frequently face challenges in their attempts to access their own immigration status. This is particularly concerning for women who may feel they have to remain in violent relationships due to their spousal residency permit, an issue which has been raised by immigrant welfare lobby groups in Ireland (Immigrant Council of Ireland, 2013).

¹⁰¹ Introduced in 2004 in response to EU enlargement, the HRC determines access to social welfare entitlements, which is based on the following considerations of each applicant: the length and continuity of the applicant who has lived in the Irish State, the nature and pattern of the applicant's employment, and the future intentions of the applicant (FLAC, 2010).

¹⁰² This 'case' was invariably made with the support of a keyworker or support worker in a relevant homeless support service or domestic violence refuge.

was 20 years old. She explained her motives for moving to, and initial experiences of life in, Ireland.

Well, I was tired of working all the time in the same place for little money [in Poland]. I just wanted to go somewhere -, somewhere else. So my friend - she came to Ireland in 2005 ... I was a babysitter [living with a family] when I arrived in 2005. I didn't know any words in English at all like, I couldn't even say my name or where I come from. Well at the beginning it was really difficult but it was like always my ambition to learn different languages and mostly the English - so, by the time I was able to communicate with people, I decided to leave this Irish family and just start doing some other job (Tereska, age 25, Phase I).

As indicated in Tereska's account, there were usually several overlapping factors that influenced the study's migrant women's decision to migrate, including personal and/or economic advancement, employment opportunities, joining a spouse/partner, friends or family members, a desire for a 'new experience', learning a new language, and more.

Living Situations at Phase I

At Phase I of the study, the women were residing in a variety of living situations (see also Appendix N). These accommodation types are presented in Table 5.1.

Table 5.1: Living Situations of the Women at Phase I

Type of Accommodation	Number of women
Emergency hostel accommodation	28
Transitional accommodation	12
Private rental accommodation ¹⁰³	7
Domestic violence refuge	4
Long-term supported accommodation	4
With friends or family members	3
Rough sleeping	1
Dilapidated house	1
TOTAL	60

¹⁰³ Those residing in private rental accommodation at Phase I were recruited through homeless after-care support services, day services, or a support service for victims of domestic violence. They had only recently moved to private rented accommodation (that is, a number of weeks previously) following a period of homelessness.

Almost half of the women (n=28) were living in emergency hostel accommodation at time of their Phase I interview. These hostels included women-only (n=20) and mixed-gender (n=5) hostels, and hostel accommodation for couples (n=3). Four women were residing in a domestic violence refuge; four in long-term supported accommodation (all mixed-gender services); and three women were 'doubling up' in the accommodation of family or friends. A further twelve women were residing in transitional homeless accommodation. These included transitional accommodation for victims of domestic violence (n=4), transitional housing catering for single women¹⁰⁴ (n=4) and women leaving prison (n=3), while one woman was residing in a mixed-gender transitional accommodation run by Dublin City Council. Seven women had recently entered private rented accommodation following a period of homelessness. One woman was sleeping rough with her partner at time of interview and one was residing in a dilapidated house which she deemed unfit for habitation (and considered herself to be homeless). Of the sixty women interviewed, nine were living in 'wet' homeless service settings, that is, services that permit residents to consume alcohol on the premises.

Relationship Status

At Phase I of the study, twenty-one of the women stated that they were in a romantic/sexual relationship and two described being in an 'on-again-off-again' relationship. The remaining thirty-seven women were not in a relationship at the time of interview, although past or present intimate relationships featured strongly in their life stories, and only a small number of women stated that they had no romantic partner in the past. Twenty-seven of the sixty women had been married, although all were separated and living apart from their husbands at time of interview. There was little diversity in terms of self-reported sexual orientation, with only two of the sixty women self-identifying as bisexual and the remaining women self-identifying as heterosexual.

A majority of the current partners of the twenty-one women who were in a romantic/sexual relationship were also homeless. Seven were co-habiting with their partners in mixed-gender accommodation; one woman was living in private rented accommodation with her partner; one was residing with a partner in the home of a

¹⁰⁴ This transitional housing for women accommodated women over a period of two years and aimed to enable women to move to permanent housing thereafter. Only 4-6 women were housed in this accommodation at any one time. The project was located in a suburban housing estate and was staffed 24 hours per day.

relative; and one woman was sleeping rough with her partner. In cases where partners lived elsewhere, they typically resided in another homeless hostel (for example, in cases where a woman was residing in women-only accommodation). Finally, the partners of two of the women were incarcerated at the time of their Phase I interviews.

Children and Motherhood

Over two-thirds of the women were either mothers (n=41) or pregnant (n=4)¹⁰⁵ at the time of their Phase I interviews. Seventeen of the sixty women had their first child during their teenage years (that is, aged 19 years or under). A majority of the women had between one and three children, while three women had seven children and one woman had eight children. Roughly three-quarters of the children were under the age of 18 years. In total, these women were mothers to 105 children.

As Table 5.2 illustrates, at Phase I, fourteen mothers were the full-time carers of their children while twenty-one mothers reported that at least one of their children had been placed in State care (living in foster or residential care settings) or that their child(ren) was being cared for by a relative. The remaining mothers (n=6) had adult children who were grown up and living independently.

Table 5.2 Whereabouts of Children at Phase I

	No. of Mothers
No. of mothers with children in their full-time care:	14
No. of mothers <u>with one or more</u> of their children living in the care of others (that is, State foster care, residential care, or in the care of relatives):	21
No. of mothers whose children are over the age of 18:	6
TOTAL	41 mothers

Eleven of the fourteen women who were caring for their children full-time were migrant women and only two of the migrant women reported that their child(ren) were being cared for by a relative or the State. A far higher number of the Irish/UK-born women (n=19) had children who lived in State or relative care.

¹⁰⁵ Three women were pregnant with their first child while one woman was expecting her third child.

Translating these figures into the number of children and their whereabouts, twenty-nine were residing in the care of the State or relatives, while thirty-four children remained in the care of their mothers. A further fourteen children were adults living independently (see Appendix M for a visual breakdown of the whereabouts of the participants' children at Phase II).

Among those mothers who were not caring for their children full-time, reported levels of contact with their children varied. For some mothers, the placement of their children in the care of a relative was initially intended – and viewed by them – as a temporary measure, although these arrangements became more permanent over time. For example, Carol (age 39, Phase I) had voluntarily placed her son in the care of her mother when he was in his early teens on the understanding that it was a temporary arrangement: “...at the time it was right [son going into care of his grandmother] because my head was all over the place...it was temporary; but I got worse then on the drink you see, he ended up staying then with her”.

In other cases, children were taken into State care under a compulsory care order, in some cases shortly after birth. Typically, in these cases, contact between mother and child was intermittent and became less frequent over time. Thus, while initially women often had regular contact with their children, including pre-arranged visits (either formally or informally depending on the context), with the passing of time, the frequency of contact almost always diminished.

Educational Attainment

A majority of the women reported low levels of engagement with the school system, particularly during their teenage years. Twenty-one of the sixty women (over one third) had no formal educational qualifications, while fourteen women had attained a Junior Certificate and twelve women had completed some Leaving Certificate examinations. Incomplete and/or disrupted schooling left a significant proportion of the women with weak literacy skills, as Chloe explained: “I just wasn’t interested [in school], and now my reading and writing, like as you know, is not that well” (Chloe, age 26, Phase I). The women’s accounts indicate that they typically began to disengage from school during their early teenage years. As Stephanie reflected during her Phase I interview, “Sure I may as well not have been there [in school] like – I was there [in body], but me mind

wasn't" (Stephanie, age 32, Phase I). In many of the women's accounts of childhood, experiences of poverty, family conflict, violence and parental substance use were typically depicted as having had a negative impact on their academic performance and ability to engage positively with school.

School was always kind of a struggle, they never really helped me and stuff with homework and, you know, when I'd come back home, normal people they could ask their parents to help them and stuff but I couldn't do that (Ruth, 24, Phase I).

Problems in the family home or community sometimes led to severe behavioural problems and anti-social behaviour which, in some cases, resulted in suspension or exclusion from school.

Because I got expelled from school and all the rest [of her siblings] were ... all real 'goody-goodies' and here was me like, giving it loads of shit like in sixth class, it could have been the second time I was put out of school - and probably a load of complaints before that. (Liz, age 38, Phase I)

Several women also reported learning problems and specific learning difficulties such as dyslexia. Leah believed that she did not receive adequate support from either her teachers or parents, which negatively impacted on her educational attainment.

I was really bored in school and really kind of messing and just not really getting on in school like and I hated school. I was kind of told I had a learning difficulty which was dyslexia like. So I was kind of like pushed in the background because back then it was just like - this child is dumb, you know that kind of way? ... So I left [school] (Leah, age 22, Phase I)

On the whole, migrant women reported higher levels of educational attainment than their Irish/UK-born counterparts. Sixteen of the seventeen migrant women had completed secondary school final exams (that is, the Leaving Certificate equivalent), eight had completed a third level diploma and one migrant woman had a third level degree. The migrant women reported more positively about their school experiences in comparison to the Irish/UK-born women and they were more likely to view adult learning and training opportunities as a route to improved employment and housing prospects. Several of the migrant women were engaging in, or planned to engage in, training of some description (particularly courses provided free of charge through their local Education, Training and Development Board to those on social welfare). However, while migrant women reported relatively higher educational attainment, several reported difficulties in getting their qualifications recognised in Ireland. Sofia was a qualified lawyer in her country of origin and spoke about her intention to take an

additional course to attain the necessary law qualifications to work in Europe. “What I would like most of all is to pay for university through working in whatever job like cleaning houses or whatever - I don’t care” (Sofia, age 34, Phase I).

The Women’s Life Histories and their Journeys into Homelessness

As already highlighted in Chapter Three, homelessness is not attributable to a single cause or event but rather, homelessness occurs due to a “culmination of a complex range of experiences and events” (Reeve *et al.*, 2006: 39). Although the study’s migrant and non-migrant women reported somewhat distinct trajectories into homelessness, as will be described later in this chapter, all women in this study experienced different forms of ‘multiple structural disadvantage’ in their lives (May, 2000). May (2000: 615-616) defines ‘multiple structural disadvantage’ as “the coming together of a legislative framework that restricts poorer single people’s access to more secure forms of housing; a housing market that restricts poorer people’s access to accommodation found almost exclusively at the lower end of the private rented sector; and long term unemployment”. Biographical analysis in particular, May (2000) argues, offers an appropriate lens through which to understand these major structural and systemic dimensions that impact on homelessness and housing instability. Biographical data situates homelessness, therefore, in a ‘fuller’, more contextualised account of an entire life thereby exposing how structural and systemic marginality can result in a host of complex and interrelated adversities over time.

Studies have demonstrated women’s disproportionate risk of poverty, unemployment, housing precariousness and many must negotiate particular challenges such as lone parenthood, childcare issues, disadvantages relating to adequate income and job security, and gender discrimination (Watson, 2000; Edgar and Doherty, 2001; Baptista, 2010). Furthermore, experiences of abuse, violence and trauma – either once of, intermittent or regular experiences of victimisation – may lead either directly or indirectly to housing instability and homelessness (Jones, 1999; Reeve *et al.*, 2006, Jasinski *et al.*, 2010). As the following discussion will demonstrate, all the women in this study – including migrant and non-migrant women –reported poverty, deprivation and structural barriers to accessing, and sustaining, affordable housing. The discussion will also signal the impact of other social categories beyond gender, including age, class,

ethnicity and citizenship, which were seen to have a significant impact on women's routes into homelessness in various and complex ways.

Women's First Experiences of Homelessness

While women's first experiences of homelessness varied, patterns emerged in terms of the factors which preceded their homelessness and the age and their first homeless experience. Permeating across these accounts, however, are economic adversity and structural disadvantage across the life course. This manifests itself in varying ways, and often shaped by their homeless experiences.

Almost one third of the sample of sixty women (n=18) first became homeless as children (that is, under the age of 18 years). Three women first experienced homelessness when they were under the age of 12 years, two of whom had become homeless in the company of one or more parent. The remaining fifteen who first experienced homeless during their teenage years were homeless independent of their families. Three of the six Traveller women interviewed in this study experienced homelessness for the first time under the age of 17 years. Those who reported homelessness early in life typically recounted situations of family poverty and home-based conflict, experiences of abuse and violence, and significant economic hardship and adversity in the context of their families. These women often described their reasons of wanting to escape around the time they left home for the first time.

I just wanted to get away from family, I wanted to get away from everyone to be quite honest and just ... I wanted to stay away from my family ... Yeah I wanted to escape from the hurt I was feeling since I was younger. (Isobel, age 21, Phase I)

Fourteen women became homeless for the first time as young adults, that is, between 18 and 25 years of age. Again, family conflict, a desire to escape family violence or abuse, and lack of job, education or training opportunities were commonly reported reasons for leaving home during this time. Several of these women also reported escalating drug or alcohol use during this period of time. Amy (age 22) related her homelessness to a combination of family conflict, the bad influence of her peer network, and heavy drinking.

I had a fight with my eldest brother and my father and mother suddenly threw me out. And I was 18 ½ at that time when they threw me out so I came back into [hostel] and I was looking for a place but at the time do you know I was very – I was looking for a place but I was in with the wrong

company at the time as well so I kind of lost concentration looking for a place [accommodation]. I was looking for place for the couple of weeks and then I would go out drinking do you know with the wrong company.
(Amy, age 22, Phase I)

Fifteen of the women (25 per cent of the sample) first became homeless between the age of 26 and 35 years. Reports of intimate partner violence featured prominently in the accounts of these women, who typically moved directly from the home (most often in the private rented sector) to domestic violence refuges or homelessness services, though, as will be explored to a greater extent in a dedicated section later in this chapter, the process of leaving a violent partner was rarely straightforward. Significantly, nine of these fifteen women who reported domestic violence immediately before homelessness were migrants. Alexandra (age 30) recounted the moment when she and her children left a situation of domestic violence: “I wake up my daughter and tell her come on dress up and I put everything in my bag ... I give the children some breakfast and then I went outside and I went in the car. The children came out and I locked the door and I left and I never came back.” Reports of domestic violence and homelessness were unanimously characterised also by economic marginality and precariousness: women had no alternatives in accessing housing due to a lack of financial resources, with many women reporting sentiments like “I had no place else to go!” upon leaving a violent partner (Imelda, age 34, Phase I).

Ten women became homeless for the first time after the age of 36 years. These women’s accounts of the experiences that led them to homelessness were more diverse than those who became homeless earlier in life. Several had related their homelessness due to mental health issues, others because of substance use problems, while a number related their homelessness to one or a series of personal ‘crises’ (related to bereavement or relationship breakdown). Yet these events preceding their homelessness were commonly situated in a wider context of economic uncertainty, lack of financial resources, and a lack of opportunities. Indeed, substance misuse or mental health issues – which were typically viewed as ‘individual’ causes of homelessness – most often begun or had roots in earlier experiences of trauma or adversity which was captured in the biographical narrative.

For example, Maeve’s (age 43, Phase I) childhood was characterised by family poverty, family violence, and parental alcohol use. Entering adulthood, Maeve left home, quickly married and had children. During her twenties, she began to abuse alcohol. This placed

pressure on her marriage over the course of almost two decades and ultimately culminated in her separation from her husband and loss of custody of her children. While she viewed her homelessness as being related to her alcoholism, her biographical accounts of childhood reveal deprivation and associated trauma. Furthermore, at Phase I interview she had been sober for several months and was engaging productively with Alcoholics Anonymous, but was unable to secure independent accommodation due to lack of financial resources. This demonstrates how women's structural disadvantage negatively impacts on their ability to *resolve* their homelessness (which will be explored to a greater extent in Chapter Six).

Finally, three women self-identified as having 'always been homeless'. In other words, they felt that they never had a place they could call 'home'. These women all had histories of State care during childhood. Fionnuala (age 58, Phase I) was born in a 'mother and baby home'¹⁰⁶ where she remained there until the age of four, before being transferred to an Industrial School where she remained until the age of 16. At Phase I Interview, she reflected: "I was born into homelessness." These women spent the majority of their lives moving between hostels, sheltered accommodation, and other congregate settings. Crucially, they had never lived independently.

Poverty, Deprivation and Family Conflict in Early Childhood

Accounts of poverty and socioeconomic disadvantage during childhood were pervasive, particularly amongst the Irish/UK-born women. Many of these women described substandard and overcrowded living conditions during childhood and majority had grown up in local authority housing in city or town centres or in disadvantaged suburban housing estates. Others grew up in smaller towns or villages and, in a minority of cases, in more isolated rural locations. Their descriptions of their local communities were replete with accounts of high rates of unemployment, poor amenities, anti-social behaviour and drug and/or alcohol use. Indeed, substance use emerged as a strong feature of everyday life in the women's narratives of childhood, particularly among those

¹⁰⁶ In 1922, the Irish state approved of proposals to establish Mother and Baby Homes in Ireland in which religious orders were to provide antenatal homes for expectant unmarried mothers to deal with 'illegitimate births' (Department of Children and Youth Affairs, 2014). Children of unmarried mothers were usually fostered or adopted by other families or sent to industrial schools. Mortality rates among the children of unmarried mothers were high – the full scale of which is not yet fully known (Duncan, 2015).

who had grown up in deprived urban environments. Caoimhe (age 35¹⁰⁷, Phase I) grew up in a local authority housing complex in Dublin's city centre and recalled the omnipresence of drug use and anti-social behaviour in her home neighbourhood: "I can't even remember much good childhood memories in [name of city centre flats]. All's I can remember growing up was drugs". Chloe similarly described an environment where she was exposed to high levels of drug use and violence and told that she "started hanging around with the wrong kind of people ... growing up with the wrong community, you know what I mean?" (Chloe, 26, Phase I). Many others described 'rebellious' behaviour during their teenage years, which was most often linked to home-based difficulties and/or family conflict. Leah (age 22) explained the contexts where she and her friends began to engage in a regular pattern of drinking in her local area.

I was going out probably around pubs actually at 15. At 17 I kind of started getting barred from pubs and that so I was mostly drinking in cars and drinking on the streets: bush drinking¹⁰⁸. I'd go out [to pubs] as well like but it was a lot of bush drinking (Leah, age 22, Phase I).

Related, in many cases, to parental unemployment, poverty, and parental substance use, many of the women described a 'care burden' from a young age, particularly in relation to their younger siblings. These women described carrying out domestic duties such as cooking and cleaning and, in some cases, were expected to earn money to supplement the family's income. Amidst her father's alcoholism and abusive behaviour, and her mother's mental health problems, Maeve had adopted a 'mothering role' from an early age. Her story demonstrates overlapping experiences of poverty, addiction, violence, and mental ill-health. Similar stories of childhood were recounted by many of the women.

I was more or less the mother; kept the house clean ... we never had much like ... So the bills started queuing up ... He [father] was a great plasterer, or worker; but he drank all the money ... My mother one day, we were in town and with her suffering from her nerves and depression and whatever – at that time I didn't understand it – she was caught taking a lump of bacon and ... it was on the paper [newspaper] and like my mother's name and taking the bacon and that was just to feed us and we'd tried our best to hide the paper but he heard it in the pub and he came back and he nearly killed us altogether [inflicted violence]. (Maeve, Age 43, Phase I)

Patriarchal expectations in terms of conventional gender roles were described across all groups of the women – including Irish women, migrant women, and Traveller women.

¹⁰⁷ The age of the research participants throughout this thesis refers to their age at time of Phase I or Phase II interview.

¹⁰⁸ 'Bush drinking' refers to underage drinking in outdoor locations, usually in the cover of darkness (a phrase typically used in rural Ireland).

This was particularly the case if the woman was the eldest daughter who was expected to carry out more domestic work than their male siblings: “So a lot fell on me, because my Da’ is old fashioned ... the girls had to do everything and the men had to go out and work” (Nicole, age 28, Phase I). A majority of the migrant women described a similar gendered division of labour in their family homes in their countries of origin. Nala (age 31, Phase I) described living in the home of a relative during her teenage years: “Like rather than home and that time I used to just clean, washing at home, giving her massage, cooking, like my place at home just like a servant”.

Twelve of the sixty women (all Irish-born) reported a history of State care during childhood, having spent varying lengths of time either in foster or residential care settings (n=7) or, in the case of some of the older women in the sample, in an industrial school¹⁰⁹ (n=5). Three women had received aftercare residential support at the point of exiting the care system. Care experiences were invariably depicted as disruptive and difficult, with many describing a sense of rejection and insecurity at the point of entering the care system. Emma, who had very recently ‘aged out’ of the care system, reflected on the immediate impact of foster care on her life.

Being taken into foster care made my life way worse. I felt rebellious and wanted to do things like that I never wanted to do when I was living at home with my Mam and Dad. So, being taken off my Mam and Dad made a huge difference. (Emma, age 18, Phase I)

Accounts of disrupted or interrupted childhoods were not limited to those who had been placed in the care system; many others described moving house or living situations frequently during childhood. These moves were often related to a family crisis such as family separation, parental alcohol or drug dependence, domestic violence/abuse, or a crisis related to parental mental ill-health. Six of the forty women had moved along with their families either from England to Ireland (n=3) or from Ireland to England (before returning to Ireland during adulthood) (n=3). These narratives of disruption to family life frequently incorporated accounts of domestic violence. Reflecting on her childhood experiences after her family moved from England to Ireland, Zoe (age 19, Phase I) explained that as her father’s violence and aggression escalated subsequent to the move.

¹⁰⁹ ‘Industrial school’ in Ireland was legislated for in the Industrial Schools (Ireland) Act in 1868 which sought to accommodate children who were neglected, orphaned or abandoned as published in the Ryan Report (Ryan, 2009). The schools usually taught the children a trade and were run by State or religious institutes. The Ryan Report which was published in 2009 documented the endemic physical, sexual and mental abuse which took place in these settings over many decades. The women in this study who grew up in such settings verified these documented experiences of abuse.

We moved to Ireland and he [father] completely changed ... my uncle was trying to stop him doing what he done to my mum [domestic violence] ... we moved to Ireland so no one could tell him what to do; what he wanted to do to us. (Zoe, 19, Phase I)

Five of the seventeen migrant women reported disrupted living situations during childhood related to parental separation, poverty, or the death of a parent. Following the death of her mother when she was four years old, Nala (age 30, Phase I) had moved between the homes of various relatives: "I'm just like in the corner all the time feeling shy to eat something, all the time like controlling my wishes, cannot do what I want, [I did] not like childhood ... why, just I don't have mother, everybody have a mother! Like, feeling very bad that time" (Nala, Age 30, Phase I). This level of instability instilled a sense of insecurity among many of the women; a feeling which persisted for many into adulthood. Fionnuala (age 58) described the effects growing up in an industrial school and her lack of a sense of rootedness or belonging.

... the psychological damage of children, rocking backwards and forwards and banging their heads against the wall ... for children like me, who hadn't an iota of any connection with human beings and to this day, because of that [industrial school], that is why I would say I am sitting here today talking to you. Because it has affected my life – grossly. (Fionnuala , 58, Phase I)

As already stated, eighteen of the women became homeless for the first time at the age of 17 years or younger. Those who experienced homelessness earlier in life were more likely to report substance use problems and to have longer homeless histories (an issue that is examined in greater detail in Chapter Five). For most of these women, leaving the family home was not a once-off event but rather an incremental process of leaving and returning amid periods of nights or weeks spent 'staying out' with friends or a boyfriend or in other hidden homeless situations: "I wanted to be out of the house as much as possible, she [mother] was always drunk, always drunk, so I was out all the time" (Grace, Age 31, Phase I).

In some cases, women reported sleeping rough sporadically during their teenage years. Kate (age 23, Phase I) told that she had slept in the garden shed at her family home on occasions when she needed to get out of the family home because of ongoing conflict. Four women had absconded from a care setting during childhood on one or more occasion and also described a 'back-and-forth' pattern of movement between different care settings and situations of hidden homelessness; these and other women reported a similar pattern of alternating between homeless service settings following their the point

of first contact with homelessness services. Returns to the family home usually became less frequent over time. Laura (age 33, Phase I), for example, explained her need to leave the family home prematurely (at the age of 17) because of the strained relationship she had with her mother: “Me and me mother never got on and I had to leave the home with my [baby] son. We were killing each other and it was affecting me father and the rest of the family”. Several of these women described themselves as the “black sheep” of the family – a ‘status’ that was often connected to their behavioural problems and/or ‘rebelliousness’, both in the family home and at school – and which also appeared to instil a strong sense of rejection and hurt as well as a desire to be ‘free’. Isobel (age 21), for example, reflected on her emotional state at the point of leaving home: “... no one loved me, no one gave a damn about me so I just took off and I ended up in bad places”.

Women usually left the family home (or in some cases, they absconded from a care setting) and spent a period of time in hidden homeless situations such as staying with friends or family members before subsequently entering homelessness services, often at a point when these living situations were no longer tenable. Donna reflected on her sense of naivety around the time she initially left home.

I was so naive like, you know, because I hadn't lived. I was a stupid teenager, you know, going around probably bullying every Tom, Dick and Harry and then into a woman that hasn't got a clue how to live. (Donna, age 35, Phase I)

It was also around this time that many of the women grappled with worsening depression, self-harm or suicidal thoughts and some had been prescribed antidepressants or anti-anxiety medication during their teenage years. Several also became more heavily involved in drug and/or alcohol use around the time they became homeless for the first time. Many had initiated drug use in the company of a friend(s) or a boyfriend and a large number also reported heavy and regular drinking around this time in the company of peers. Laura first tried heroin during her late teens when she was living with her partner and young baby in private rented accommodation.

I caught him doing it [heroin] in the flat one night so I said, if I can't beat him, I'll join him. And that's when it started [drug use] ... I didn't expect to get hooked as quick as I did. (Laura, age 33, Phase I)

Overall, the women's life stories strongly suggest that childhood was difficult, distressing and frequently traumatic, and on many levels. Poverty, unemployment, high levels of parental drug and alcohol use, an excessive care burden, and family conflict in the

context of extreme deprivation in their local neighbourhoods all placed extraordinary pressure on women from a young age. Many of these experiences played a significant role in pushing them into patterns of ‘running away’ – most often to escape home-based difficulties – during a period when they were also starting to engage in risk behaviour, particularly in relation to substance use. These women’s relationships with their family members frequently remained strained for many years after they first left the family home, and emotions of anger and resentment towards (at least some) family members frequently persisted into adulthood.

Victimisation, Violence and Abuse during Childhood

As outlined in Chapter Two, an association between gender-based violence and homelessness is well documented in the literature (Jones, 1999; Reeve *et al.*, 2006; Jasinski *et al.*, 2010; Edgar and Doherty, 2001), even if experiences of violence and abuse can affect housing stability in complex ways (Baker *et al.*, 2010; Shinn, 2011). In keeping with the findings of research conducted in Europe, the US and Australia, reports of early experiences of violence, abuse and neglect among the study’s women were pervasive: “there would have been a lot of violence at home like ... always drinking like and arguing ... I wouldn’t really sleep that much at night like. I remember I used to wet the bed” (Leah, age 22, Phase I). Maeve (age 43, Phase I), who was sexually and physically abused by her father, an alcoholic, described her early memories of family conflict: “I can remember being in the cot and my parents always fighting and arguing”. Similarly, Debbie’s first memories referenced experiences of neglect and abandonment during early childhood.

The first memory I have is being in a cot with a red jump suit on and my bottle was outside the cot and there was nobody in the house; it was empty. And I was trying to get it because I had no ‘doodie’ [pacifier] and that is the memory I have of 3 [years old]. And then from then on, I remember being left in the house on my own all the time (Debbie, age 27, Phase I).

Twenty-eight of the study’s women (including twenty-three Irish/UK-born women and five migrant women) experienced sexual abuse during childhood. The perpetrator of sexual abuse, often a male relative or family friend, was typically known to the women (father, uncle, brother, or neighbour). In a majority of cases, the abuse occurred over a prolonged period of time, often spanning several years from childhood to early adolescence. All of these women described child sexual abuse as having a profound

negative impact on their lives, as they recounted emotional problems, post-traumatic stress, and/or alcohol or drug misuse (twenty-three of the twenty-eight women who had experienced sexual abuse during childhood reported drug or alcohol problem in later life). Dianne (age 22, Phase I), who described recurrent nightmares during childhood, had been sexually and physically abused by her father between the age of 5 and 13 years: “He used to beat the living shit out of me as well, with a wooden spoon if I didn’t wash my teeth”. Gráinne (age 31) was sexually abused by a relative for many years and was first introduced to heroin by a neighbour, which helped her to feel impervious to the abuse.

I mean and she [relative] had heroin and she gave it to me and she told me that it would get rid of the pain. It did but it also made me feel bullet proof, do you know what I mean, I was full of confidence and felt that if he [perpetrator] came near me that I would be able to stand up for myself. (Gráinne, age 31, Phase I)

Those who reported the experience of abuse to a parent or guardian were quite often dismissed or “not believed”, which invariably caused further suffering for the women (and also enabled the abuse to continue). Indeed, many of the women harboured strong feelings of anger towards family members who they felt did nothing to stop the abuse. Dianne described the moment she disclosed abuse by her father to her mother but despite of this, the mother did not intervene allowing the abuse to continue.

My mam saw bruises on my arms and there on my legs. And she turned around and said, ‘Where did they come from?’ and I was like, ‘I don’t know,’ and she says, ‘What do you mean you don’t know?’ and I turned around and said, ‘I don’t know.’ She says, ‘You have to know where your bruises come from; you’ve got bruises on your legs.’ And I said, ‘Dad.’ And said, ‘What do you mean, Dad?’ And I said, ‘Dad’s been coming down here every night’, and she says, ‘What?!’ And I just said, ‘That’s why I’m crying all the time’, and she just walked out of the room. (Dianne, age 22, Phase I)

Forty-three of the sixty women (72 per cent) (including thirty-seven Irish/UK-born women and six migrant women), reported domestic violence in the family home during childhood. This violence was most commonly perpetuated by their fathers, although there were also some reports of violence inflicted by mothers, step-parents and siblings. In addition, six of the women with histories of State care reported violence or abuse in a care setting¹¹⁰. The perpetrators of domestic violence were often heavy or problematic

¹¹⁰ The nature of the abuse in care settings was mostly in the form of physical and emotional abuse, although sexual abuse was also reported. Two of the women who spent their childhood years in an industrial school reported daily emotional and physical abuse as well as practices of humiliation. Two women who grew up in orphanages in Dublin and Cork, respectively, also experienced physical and emotional abuse. Another two women who grew up in a residential

users of alcohol and their aggressive behaviour typically escalated during periods or episodes of heavy intoxication. In some cases, such aggressive behaviour did not always lead to physical violence directed towards a family member but the atmosphere was equally disturbing. Carol's (age 39, Phase I) account depicts a family home dominated by anticipation and fear of her father's return from 'sessions' of heavy drinking.

And most nights he would come back and we wouldn't have any chairs to sit on. He wasn't violent to us but it was more mental torture you know. There would be like holes in the walls, all over him drinking the money and then sure he'd go out and do the same thing the next night anyway, do you know. Sometimes he would disappear for weeks. (Carol, age 39, Phase I)

Six of the seventeen migrant women had experienced violence or abuse during childhood; a lower proportion compared to the Irish/UK-born women, but noteworthy nonetheless. Similar to the Irish women, this abuse was typically perpetrated by a male family member, relative or other person known to the women. However, the abuse experienced by these women was usually in the form of verbal and emotional abuse and not physical violence. Four of the migrant women reported sexual abuse during childhood, with three describing this abuse as a 'once-off' event. However, Sofia (age 34, Phase I) had experienced prolonged sexual abuse perpetrated by two brothers as well as domestic violence from her father. Like other women in the sample, she married early (age 17) in an effort to escape her abusive home but her husband ultimately became violent. Her description also alludes to the poverty her family were experiencing at this time.

My eldest brother in particular was [sexually] abusing all of his little sisters. He was a grown man at that stage, and he abused all the younger girls ... he was abusing us all the time while my mother was out trying to find work ... I got married at 17. I left home – well, I escaped my home – and unfortunately, I married a man who was even worse than my brother and my father. He was a very violent man. (Sofia, age 34, Phase I)

The accounts of many women strongly suggest an intergenerational dimension to experiences of violence. Imelda (age 34, Phase I) recalled the realisation – during an incident of abuse perpetuated by her partner – that she was “living the same way” as her mother: “[My partner said] ‘You fucking tramp, you fucking stupid bitch’, and I was ... saying [to myself], ‘I am living the same way my mother did’”.

care home and a foster care family, respectively, reported physical and sexual abuse in these settings.

This intergenerational pattern was also apparent in many of the women's accounts of their own children's lives since a considerable number of their children had also experienced State care, trauma, sexual or physical abuse, parental addiction and/or mental health problems. Róisín (age 37, Phase I) had grown up in State care along with her two siblings and, at the time of interview, all three of her three children were living in a care setting. She became emotional during her interview as she recounted her fears for her children because of her personal experiences of State care: "I don't know sometimes I have nightmares, but I've nights just thinking, 'what if my kids are being brought up the way I was brought up?'"

Experiences of abuse, violence, neglect and early experiences of trauma commonly resulted in women embarking on a pattern of 'running away'. Stephanie was sexually abused by her father during childhood over a period of several years and ran away for the first time around the age of 16 years. For a time, she alternated between staying with friends and sleeping rough amidst a "vicious circle" of returning home.

I was running from me father like; I was escaping all the time. Like before that I was running away, and I would be sleeping out and I would come home and it [the abuse] would start again and I would be gone again. It was just a vicious circle like. (Stephanie, age 32, Phase I)

Isobel and her sister were sexually abused by their stepfather over the course of four years during early childhood and she attributed her homelessness directly to that abuse. She described the negative impact of sexual abuse on her life, which led her to living "on the streets".

I suppose the age of 8, I was very badly sexually assaulted by my stepfather, I was raped a good few times by him as well ... That affected my life in many ways, as in, I became homeless when I was 13. I ended up on drugs, alcohol; I ended up on the streets. (Isobel, Age 21, Phase I)

The traumatic and lasting impact of early experiences of violence or abuse was very present in the narratives of the study's women. During interview, women frequently discussed these experiences at length and, at times, sometimes became upset as they recalled what were very painful memories. Experiences of violence and abuse negatively impacted women's sense of self and frequently led to a pattern of 'running' to escape. Reports of self-destructive behaviour and strategies – as a response to the trauma of abuse – were also commonplace. For a significant number of the study's women, childhood trauma related to violence and abuse was strongly connected to their 'stories'

of becoming homeless. Furthermore, these incidents of abuse and violence often occurred (and in many cases continued) in the context of chaotic home environments characterised by substance misuse, neglect, poverty and deprivation. For other women, these took place in State care settings; signalling how formal child protection services failed many of these women when they were children.

Poverty and Socioeconomic Marginality

Almost all of the sixty women were dependent on social welfare payments as their primary source of income at the time of their Phase I interviews. A majority reported low levels of employment in the past and, among those who did have employment histories, labour market participation usually took the form of low-skilled, temporary and insecure jobs. Despite reporting stronger employment histories and higher levels of educational attainment, migrant women also experienced strong barriers to labour market participation (despite their efforts to participate in training and upskillingⁱⁱⁱ). Migrant women who had engaged in the labour market typically worked in the 'domestic' or service sectors, again almost always in temporary, insecure and low-paid positions. Their ability to engage in the labour market was also hampered by their childcare responsibilities and lack of affordable child care, particularly among those who had pre-school children. In a small number of cases, weak English language proficiency also negatively affected their job prospects: "I still have learn my English, I still looking for the job (Immanuela, age 29, Phase I).

Being unemployed and dependent on a basic income placed women at risk of housing instability and homelessness, particularly in the context of a personal 'crisis'. Such crises included experiences of violence, bereavement, relationship breakdown, or worsening health or mental health; they also included economic crises related to job loss, accumulating debt, difficulties in accessing social welfare payments, pregnancy and financial difficulties. Emily (age 22, Phase I) reported a combination of factors. She described an extremely strained relationship with her stepfather during her teenage years and left the family home as soon as she finished school upon securing full-time employment, which enabled her to afford shared private-rented accommodation with friends. However, she subsequently lost her job and simultaneously found out she was pregnant. Following the breakdown of her relationship with the father of her unborn

ⁱⁱⁱ Many of the migrant women engaged in training courses in topics they were interested in. A majority also attended English classes at some point since they arrived in Ireland. These courses were mostly accessed through their local employment service.

child, which diminished her ability to sustain rental payments, she accessed a women-only homeless hostel.

A similar culmination or 'cascade' of events preceded the homelessness of several of the migrant women. For example, Vonda (age 48) and Katia (age 25), both migrant women originally from Poland, became homeless after losing their jobs in tandem with other difficulties in their lives. Mother-of-one, Katia (age 28), lost her job around the same time that her housemates decided to leave Ireland and return to their country of origin. She was therefore unable to sustain rental payments in the large shared house where they lived and entered a homeless hostel along with her child. Vonda (age 48) and her long-term partner both lost their jobs (in cleaning and construction, respectively) and were evicted due to rent arrears. At Phase I interview Vonda was residing in a women-only hostel while her partner was sleeping rough.

Being the sole carer of one or more children also placed enormous financial stress on several of the women. In this sense economic and family status interacted to increase some women's risk of homelessness (Edgar and Doherty, 2001). As stated earlier, fourteen of the women were the full-time carers of their children at Phase I and all were single mothers who had separated from their partners. The vast majority of their children were under the age of 12 years, making child care a pressing concern for the women and impacting their ability to find paid work. At the time of her Phase I interview, Katia (age 25) was enrolled in a part-time English language course and was on a waiting list for a subsidised community crèche. Until she secures childcare, Katia reasoned, she was unable to work.

Indeed, financial strain was always articulated by mothers who were caring for their children in contexts of homelessness. Teresa, for example (age 29, Phase I), expressed feelings of guilt about her inability to provide for her child: "I cannot give all what he want, he want laptop, I can't give him laptop, he want the phone, I can't give those things to him". Mother-of-two Bina (age 32), who was living indefinitely in a domestic violence refuge (as she has no immigration status and no social welfare entitlements), similarly talked about the challenge of rearing her children in the absence of any form of financial security: "It's really hard when you have two responsibilities. Like, I have two little children to rear and I have got nothing, I am not established anywhere."

Therefore, most of the study's women experienced persistent poverty, with many reporting significant adversity during childhood. A high proportion of the sample had low levels of educational attainment, many had ongoing childcare demands, and a majority faced long-term unemployment. These factors exposed women to a situation of ongoing and acute precariousness and, should women experience particular 'triggers' or personal crises, they were propelled into homelessness. Their economic marginality also meant that their prospects of exiting homelessness speedily were seriously restricted, and if they did exit, they were likely to face further challenges in being able to sustain their tenancy.

Intimate Partner Violence

Forty of the sixty women interviewed at Phase I (two-thirds of the sample) reported experiences of intimate partner violence at some point during their lives and twelve of these women had experienced violence from more than one partner. Intimate partner violence included at least one but, more typically, two or more of the following experiences: emotional and verbal abuse (verbal insults, emotional bullying, manipulation, isolating them from friends or family members), physical violence (hitting, slapping, punching), sexual violence (non-consensual sex acts, rape) and/or other forms of abuse (withholding documents or passports, financial abuse, social media abuse, stalking). Many of the women reported that they had experienced violence over prolonged periods prior to ending the relationship and/or seeking help. Experiences of violence and abuse invariably resulted in feelings of low self-esteem, depression and severe anxiety.

He said, 'You don't have nothing, you come here only with one bag, you're nothing, you cannot speak English, you never be somebody here'. You know, like and if you heard it every day, you start to believe. And I really started to believe that I am nothing here, I was more quiet and pushed down and I was sitting at home only (Immanuela, Age 29, Phase I)

Emotional abuse was often described as having lasting negative effects on women's wellbeing and sense of self.

Because I feel like I'm ugly and I wouldn't even look in the mirror [starts to cry] because I see him saying I'm ugly, I'm ugly, I'm ugly, I'm ugly – so since then it's been with me. So I have no confidence in me at all (Viv, Age 35, Phase I)

Intimate partner violence impacted in a variety of ways on women's housing stability. Some women reported that they became homeless as a direct result of intimate partner violence after fleeing an abusive home. However, leaving a violent partner or husband was, more often than not, an incremental process and women had typically endured escalating levels of abuse and violence for months (and, in some cases, years) prior to leaving an abusive relationship. Women's reluctance to leave these violent relationships was related to a complex array of issues including, for example, fear of their partners, anxiety about coping alone, lack of financial resources and a desire to maintain a family unit. Róisín (age 37, Phase I) explained that she had endured physical violence from her partner in what was an ultimately futile attempt to keep her family "together".

But I was taking the beating just to keep my family together ... but that's not right either, because it's not a family if you're being beaten from wall to wall. But I knew my partner used to always say just stick it out for a while ... but things went out of hand. (Róisín, age 37, Phase I)

In a small number of cases, women left the family home under the protection of police officers. Carol (age 39, Phase I) told of her relief when the Gardaí were called to her home after her neighbours reported disturbances. She had experienced extreme violence from her partner over a period of months but had not left the relationship because she feared the negative ramifications, including further violence.

Yeah he hit me with broom handles and all, sure my body was black and blue, I had two black eyes ... I was just in pain like you know, I was scared but I was relieved when the guards came in because I knew I could get out then, you know? (Carol, age 39, Phase I)

Substance use and/or mental ill-health also impacted women's ability to leave a violent relationship. Gráinne (age 31, Phase I) explained: "I wanted to stay with me partner because I needed drugs". This was despite the ongoing violence she experience while she and her partner slept rough. Gráinne told that she sometimes retaliated with violence: "He used to slap me and I would probably hit him as well, but I would come out worse obviously. I would be the one with the black eye" (Gráinne, age 31, Phase I). Thus, violence and the experience of violence was complex and impacted the women's lives in multiple ways. However, there was strong evidence of women remaining in abusive relationships because of their economic dependence on their partners (including, in some cases, as a means of ensuring a supply of drugs); women's need for companionship, albeit in the context of a relationship that posed significant risks to their physical and emotional well-being, also emerged as a barrier to them leaving abusive relationships.

Migrant women typically faced specific challenges at the point of leaving an abusive relationship because many had no immigration or residency status, weak family or social support and limited economic resources. A large number also reported a lack of knowledge about available services and frequently drew on informal channels of assistance, such as help from friends or acquaintances prior to accessing a homelessness or domestic violence service for the first time (Mayock *et al.*, 2012).

Several of the women (including both migrant and non-migrant women) had returned to the home of an abusive partner because they were unable to secure affordable accommodation, were struggling financially and/or were finding it difficult to cope alone (Aguirre, 1985). Bernadette (age 37, Phase I), for example, had fled her violent husband along with her seven children on *eight* separate occasions before leaving her family home permanently. On each occasion, she and her children had returned to the same domestic violence refuge where they resided for days, weeks or, on some occasions, months before returning to the family home. With her partner retaining control in an economic sense, she struggled to cope independently, both financially and emotionally.

I couldn't cope because he was so used to controlling all the money; I didn't know how to pay bills or how to do anything. And, I had no control over the kids whatsoever, he had total control, so they were running amuck - walking all over me. So I went back to him, I gave up the house [transitional housing] and went back to him, because I just wasn't able to manage. I was totally dependent on him. Totally, for everything. [So I] Went back to him - and got battered for leaving him. (Bernadette, age 37, Phase I)

Bernadette's narrative reveals the economic difficulties faced by many women when they tried to leave their abusive partners. This would enable the perpetrators to encourage their partners back to the home. Despite promises of better behaviour, however, violence and abuse typically resumed within weeks or even days of returning to the home. Imelda (age 34, Phase I) had returned to her partner after spending several weeks living in homelessness services because she experienced guilt over denying her children contact with their father: "I felt so guilty so I went back and I decided we will give it another go now and see if things go alright. Oh, was I some eejit to go back".

Women who reported violence from multiple partners almost always also reported lengthy homeless histories¹¹². Some had meet their partners whilst homeless and

¹¹² Women's homeless histories and patterns of repeat homelessness are explored in detail in Chapter Six.

subsequently moved to independent accommodation only to experience violence and be propelled back into homelessness. In several other cases, intimate partner violence occurred in the context of homelessness (either whilst couples were sleeping rough or residing in service settings that accommodated couples). Indeed, violence between couples was frequently observed during field visits as the following excerpt from ethnographic field notes demonstrates. To a large extent, this excerpt captures violence as an ongoing feature of some of the women's lives as well as the complex way in which women negotiated the experience of violence.

I noticed Kay had a bruise under her left eye today. She said that Joe [her partner] hit her. She seemed sombre and introverted today, different to her usual gregarious self. The manager told me that the service had been open to Joe moving permanently to this long-term accommodation but, because of his history of domestic violence, they were wary. However, due to Kay's continuous requests, they decided to permit Joe to become a resident on a trial basis. After less than a week, Joe became violent towards Kay and was evicted from the service. When I probed further about the violence, Kay just pointed at her black eye and said that she has broken up with Joe for good. Shortly after, I heard her saying to the manager, "I love Joe". Some weeks later, Kay was back together with Joe.

(Researcher Field Notes, 20 December 2010)

Perhaps significantly, several of the women drew parallels between their memories of early victimisation and their subsequent experiences of violence or abuse during adulthood.

I used to have to lock myself in the bathroom when we'd argue and he [partner] would try and kick the door in, it was pretty much like when I was living with my brother [in family home]. And I used to try and get away from him, I used to try and he used to find me ... I always ended up locking myself in the bathroom to get away from most relationships. (Krystal, 32, Phase I)

A number of the women appeared to 'normalise' violence in the sense that it was a familiar experience due to its recurring presence in their lives. For example, Grainne remarked during her Phase I interview that violence was "just a normal everyday thing". Yet experiences of violence and abuse were, however, always a source of deep trauma and distress for women. Moreover, while experiences of violence were frequently implicated in the loss of housing, this dimension of the women's experience also bore a cyclical hallmark in that violence led a significant number to repeatedly return to homeless service settings, environments that often placed them at further risk of victimisation. Much of this housing instability subsequent to, or preceding violent

experiences, were intimately related to their lack of financial resources, particularly in cases where their partner usually managed the household finances. Women's episodic homelessness and how this interacted with experiences of violence is examined again in Chapter Six.

Women's Own Conceptualisation of their Homelessness

Feminist approaches to homelessness research prioritises women's own views and perspectives (Watson and Austerberry, 1986; Tomas and Dittmar, 1995). While the discussion has so far remained sensitive to women's own interpretations of their homelessness, the ways in which the women 'storied' their homelessness and the processes that, according to their perception and judgement, propelled them into housing instability can reveal important insights into their experiences and identities (Agar, 1980; McNaughton, 2008; Farrugia, 2011). Several women blamed the 'system' for their homelessness and these narratives of blame were particularly apparent among those women who reported a history of state care.

[What do you consider to be the main cause of your homelessness?]
Because the social workers did fuck all for me and that is basically it ... [So do you feel let down by the system?] Let down yeah - they fucked my whole life up, I'll probably not make it to next year, if I keep using drugs and I have bad HIV, even though I look healthy, I could be dead within the next year. (Debbie, age 27, Phase I)

Others drew attention to the role of family conflict, early drug use, and violent partners. Indeed, many of the women – particularly those with more lengthy homeless histories who had typically experienced multiple episodes of homelessness – highlighted a number complex and overlapping experiences as having culminated in a homeless experience. Others differentiated between the 'causes' of different homeless episodes. Donna (age 35, Phase I), for example, who reported a pattern of repeat homelessness, attributed her initial homeless experiences to her drug use. However, she spoke directly about the role of intimate partner violence when explaining a subsequent homeless experience and related her more recent experiences of homelessness and housing instability to conditions within the housing market.

Twenty years ago? [The cause of my homelessness] It was heroin. I was only a kid. I didn't know what it was, it just started from there and I am still affected today ... [speaking about another experience of homelessness] ... And that is how I became homeless through physical and sexual abuse and emotional and stuff like that; he was really evil ... [explaining a later homeless episode] and the landlords are asking too much of somebody on

their own [single person] and I'm just stuck in the middle really. (Donna, age 35, Phase I)

Many women attributed their homelessness directly to the experience of domestic violence, particularly among migrant women. Responses to the question 'What do you feel was the main cause of your homelessness?', included: "I would say the mental condition of my husband" (Aisha, age 31, Phase I); "I would say the root of my problem is the patriarchal culture in [country of origin] ... Women are victimised so much and we are made to believe that this is normal: that our husbands will always treat us badly and hit us and that we must endure this" (Sofia, age 34, Phase I). Indeed, some women sought to actively distance themselves from the stigma of homelessness by strongly identifying violence as the underlying reason for their home-leaving, as Tereska's (age 25, Phase I) narrative demonstrates.

Well I am not homeless ... I don't like the word homeless. I have friends in here [domestic violence refuge] and I can go to anytime, I can live with friends but that's not the point ... Well maybe it's the word homeless, it shows a picture of somebody sleeping on the streets and everything, not really nice picture so ... My problem is that he is very dangerous man and he [ex-partner] was threatening me so many times like, so what will happen if I leave [refuge]?(Tereska, age 25, Phase II).

These various interpretations reveal that the women in the study may 'story' the causes of their homelessness in various ways. While some women draw on systemic failures earlier in life, a majority cited the immediate 'trigger' or personal crisis which preceded their homelessness such as domestic violence, family conflict or substance misuse. They were less likely to cite the complex structural processes which contextualised their lives.

Women's own understandings of the causes of their homelessness was an important component of their sense of self. Therefore, as homelessness represents a 'rupture' in a person's life (McNaughton, 2008), personal narrative can help women to make sense of it. In McNaughton's (2008) longitudinal study of homeless people, she draws on Ricoeur's (1991) term 'emplotment' in analysing how homeless people make sense of their homelessness, whereby "constructing a cohesive internal narrative of the different events that have occurred in their life, they can maintain ontological security and a sense of identity" (2008: 47). For example, women such as Tereska (quoted above) who insinuates the stigmatised nature of homelessness through her narrative - ("the word homeless, it shows a picture of somebody sleeping on the streets and everything, not really nice picture ...") - is perhaps seeking to distance herself from the negative

stereotypes of rough sleeping homeless people. In separating herself from this image, and by drawing on the domestic violence narrative, women such as Tereksa may be (albeit inadvertently) re-producing and reinforcing categories of 'deserving' and 'underserving' homeless people. These themes will be explored in far more detail in Chapters Seven and Eight.

Conclusion

Biographical research has the capacity to reconcile merging and intricate aspects of analysis; it captures the interconnected structural and individual dimensions of homelessness whilst also remaining grounded in the voices of the women themselves (May, 2000; McNaughton, 2008). The thematic analysis presented in this chapter points strongly to a 'culmination' of complex and interrelated processes and 'triggers' (Reeve *et al.*, 2006) in the causation of the homelessness of the research participants. The women in this study did not become homeless as a result of a single or isolated event, nor did their homelessness come about suddenly; rather, it emerged in tandem with a complex range of sometimes interconnected experiences.

Most of the women reported extreme adversity and deprivation during childhood, including poverty, experiences of neglect, family conflict, and parental substance misuse. Women frequently disengaged from the school system at a young age and their low levels of educational attainment placed them at a persistent disadvantage within the labour market during adulthood, with most women reporting low or non-existent employment histories. Experiences of child sexual abuse and/or domestic violence also had a lasting effect on the well-being and mental health of many of the study's women. Intergenerational hardships and misfortunes also featured in a majority of accounts family life, particularly in relation to experiences of poverty, domestic violence and substance use. Such experiences of adversity and trauma endured for many of the women into their adult lives, often contributing to their subsequent housing instability, as well as a host of personal and often deep-rooted difficulties.

Crucial to the findings presented in this chapter are the gender-specific risks of homelessness that emerged from the women's narratives. Applying a feminist lens, the patriarchal structures that negatively impacted women's housing stability across the life course come strongly to the fore. Women reported high levels of poverty and adversity, low educational attainment, early motherhood, experiences of violence and abuse, and

long-term unemployment. Many of the women first experienced homelessness at a young age, while others became homeless as a result of a 'cascade' of event for which there was no safety net. This suggests a variety of systemic failures such as weak welfare provision for women fleeing violence, insufficient support for women's childcare needs, a lack of affordable housing options, or a lack of early intervention for girls escaping violent homes. These adversities all disproportionately impact on low income women who lack financial security, residency rights or alternative accommodation options (Reeve *et al.*, 2007).

Poststructuralist feminist theory, in particular, can also illuminate the diversity and variety of these barriers to stable housing. Variations and similarities in the biographical accounts of migrant women and their Irish/UK counterparts were evident, for example. Both groups reported structural disadvantage, low participation in the labour market, and high degrees of economic precariousness, and both groups also reported high rates of intimate partner violence. While migrant women reported higher educational attainment and some had third- level qualifications, many had to negotiate systemic restrictions relating to their immigration or residency restrictions, getting their qualifications recognised as well issues around proficiency of the English language. Migrant women all became homeless for the first time during adulthood and reported comparatively shorter experiences of homelessness than their Irish/UK-born counterparts. Additionally, half of the Traveller women entered homelessness in their early teens in response to and frequently as an escape route from family conflict (sometimes accompanied by violence), extreme social deprivation and deep-rooted societal discrimination. Thus, while patriarchal oppressions are strongly implicated in the women's homelessness, there were processes – related to nationality, ethnicity and class – that intersected with gender to produce trajectories of housing instability and homelessness.

It is, of course, increasingly recognised that homelessness is not necessarily a singular or once-off event and that, for many individuals – including women – homelessness is experienced episodically, recurrently and/or sometimes for prolonged periods of time. The following chapter looks beyond the women's initial homeless experiences and examines their routes and trajectories thorough homelessness and housing over the course of the study.

CHAPTER SIX

WOMEN'S JOURNEYS THROUGH HOMELESSNESS

Introduction

This chapter is primarily concerned with documenting the women's journeys through homelessness and housing over the course of the study. The duration of their homelessness is first documented and this is followed by a thematic exploration of the dominant patterns of residential instability to emerge from their biographical narratives. As the analysis reveals, a large number of the women had experienced years of homelessness and housing instability even at Phase I of the study, experiences of hidden homelessness were commonly reported and episodic homelessness and residential instability were typical characteristics of their homeless histories.

Attention then turns to an examination of the housing status of the women at Phase II of the study. First, the study's retention rate is outlined again, but with particular attention to the reliability of follow-up sample. Before proceeding to identify the housing situations of the study's women at Phase II, the framework used to categorise their living situations – which combines the ETHOS typology (FEANTSA, 2005) with the notion of a 'home-to-homelessness' continuum (Watson and Austerberry, 1986) – is outlined and justified. The remainder of the chapter examines women's movements through homelessness through a close examination of the study's longitudinal data.

A key aim of the analysis presented in this chapter is to present a 'from-through' rather than a 'from-to' picture (Sandaña, 2003) of the women's homelessness and housing trajectories. In other words, rather than focusing only on their living situations at two points in time (that is at Phases I and II of the study, respectively), the analysis seeks to capture the ebb and flow of the women's movements and transitions through homelessness and housing *over time*. This approach is critical since the women's 'life stories' were ongoing over the course of the study and their homelessness can therefore only be fully understood through an in-depth analysis of the unfolding and interconnected events, experiences and circumstances that impacted on their housing situations. The picture to emerge is undoubtedly complex and also reveals the extent of their housing precariousness and overall marginalisation from the housing market. A

considerable number remained homeless at Phase II of the study, while others continued to live in unstable and insecure living situations.

Women's Homeless and Housing Histories at Phase I (N=60)

A detailed overview of women's housing and homeless trajectories was captured at Phase I interview. A number of the research participants – particularly those with more lengthy homeless histories – were not able to provide an exact chronological account of each and every homeless or housing transition – largely due to the extent to which they had moved between homeless service settings, often interrupted by brief or more prolonged stays in stable living situations. For this reason, an examination of the longitudinal data later in the chapter will offer a more accurate analysis of women's journeys through homelessness.

Duration of Homelessness

As outlined in Table 6.1, the women reported diverse homeless histories in terms of duration of time spent in homeless or highly unstable or inappropriate living situations. Thirty-four women, that is, over half of the sample, reported homeless histories of more than two years; twenty-one of these women reported six or more years of homelessness, fourteen of whom had spent more than ten years living in homeless situations. Thus, a large number of the women had experienced long-term and recurrent homelessness. Twenty-six reported shorter homeless histories of less than two years.

Table 6.1: Duration (Cumulative) of Homelessness at Phase I

Duration of Homelessness¹¹³	Number of Women (N=60)	Percentage of Sample
More than 10 years	14	23%
6-10 years	7	12%

¹¹³ Many of the women, particularly those with lengthy homeless experiences, reported more than one (and typically multiple) homeless episodes. These women also reported exit spells from homelessness but subsequently returned to homeless service settings. The data presented in Table 6.1, therefore, represent the cumulative duration of their homelessness, not including those exit spells.

2-6 years	13	22 ⁰ %
1-2 years	6	10 ⁰ %
Under 1 year	20	33 ⁰ %
TOTAL	60	100⁰%

As the data presented in Table 6.1 suggest, the women reported a mix of long- and shorter-term homelessness at Phase I of the study, although a very significant number would be categorised as having experienced ‘long-term’, ‘recurrent’ or ‘chronic’ homelessness, according to many official definitions, including in Ireland and elsewhere (Culhane and Metraux, 2008). While these data provide an important backdrop to understanding the women’s homeless histories, their journeys through homelessness were patterned in complex ways. As the thematic analysis below reveals, time spent by women in sites of ‘official’ homelessness (that is, living in homelessness or domestic violence accommodation services) was more often than not punctuated by experiences of hidden homelessness, as well as (temporary) exits to independent living situations.

Hidden Homelessness

Mirroring the findings of other research on women’s homelessness (Tomas and Dittmar, 1995; Jones, 1999; Edgar and Doherty, 2001; Reeve *et al.*, 2006; Whitzman, 2006; Baptista, 2010), experiences of hidden homelessness were commonly reported by the research participants. Many had resided with friends or family members, often in overcrowded conditions, or had slept temporarily in concealed locations. Some researchers have attributed the high incidence of hidden homelessness among women to feelings of fear associated with homeless hostels and services (Klowdasky, 2006). Similarly, in this study there was some evidence of women avoiding homelessness services because of their reluctance to enter into what they perceived as dangerous or undesirable environments.

Gráinne (age 32, Phase I) had avoided homeless hostels for several years by alternating between tourist hostels, rough sleeping and staying with family members due in large part to her negative perceptions of homelessness services: “I wouldn't go stay in any hostels because the stories I heard of them were terrifying, do you know what I mean? Terrifying”. Other women depicted homelessness services as stigmatised spaces that they preferred to avoid due to feelings of shame or embarrassment. Bina (age 32, Phase

I), for example, told that she was reluctant to seek help because of the cultural stigma and shame associated with domestic violence and marital breakdown in her ethnic community and continued to live in a violent home before ultimately leaving when the situation became unbearable: "Seeking help in a refuge is like a stigma for our community and people are too ashamed to say all these things". In some cases, women stayed with friends, family members, or acquaintances for periods of time that varied depending on how and under what circumstances they entered into these situations of hidden homelessness (Jones, 1999). Agnessa (age 32, Phase I), a migrant woman, who had relied on the help of friends or acquaintances on many occasions, described the dynamics and demands that sometimes characterised these precarious temporary living situations.

I would be sleeping sometimes in my friends, you know. Yeah, because the girls always have it easier than the boys, of course, because girls always find somebody, some guy who (pause) ... some of them genuinely only want to help but some of them just think they will get something for it, which is not nice. (Agnessa, age 32, Phase I)

A large number of the women had lived in situations of concealed homelessness on numerous separate occasions for periods of days or even months¹¹⁴; in other words, hidden homelessness was a recurring pattern and a strategy that provided women with a short-term solution to an ongoing and unresolved housing crisis. A smaller number had spent a year or more living in these situations of concealed homelessness. Several of the women reported that they had regularly spent one or two nights staying with a friend as a form of respite from hostel environments: "I stay in one of my friend's houses over – like one night during the week, a girlie night kind of a thing" (Emily, age 22, Phase I); "I was in [friend's house] for a few days - went for a bit of peace and quiet, away from all of this here [hostel]" (Frances, age 46, Phase II). Some described the need to stay with a person they trusted at particular points of vulnerability, for example, after a hospital discharge or at a point when their mental or physical health had deteriorated: "If things get too bad for me I would run home to me Da' for a day or two" (Laura, age 33, Phase I). In several cases, women provided 'payment' by way of supplying drugs in exchange for shelter, as Caoimhe explained.

I used to stay in people's houses and give them drugs for staying there and that happened me a lot. I be in this person's house today and that person's

¹¹⁴ A small number of women talked about how they stayed periodically in the homes of family members in exchange for providing babysitting services or care for an elderly relative, for example.

house tomorrow because I would be giving them drugs. (Caoimhe, age 35, Phase I)

These living situations typically became strained, particularly with the passing of time, and at a point when the women's presence became a burden for their host(s). This invariably resulted in women returning to homelessness services or, alternatively, seeking another informal living arrangement. This cycle of movement between what the women considered had a negative impact on their engagement in risk behaviour, particularly substance use: "Like I was back to me mother's for a while if I was doing well and off the stuff [drugs] and then I probably end up back on it and I was back out of me mother's – you know? That was kind of a circle" (Caoimhe, age 35, Phase I). Equally, women became frustrated while staying with friends or relatives, as they struggled with feelings of constrained autonomy: "I didn't feel happy. I wanted my independence ... we all have to do our own thing" (Madeline, age 62, Phase I). Related to this, many found it difficult to 'get motivated' in these living conditions, which they often depicted as overcrowded and stressful: "I am just slopping around all day around the house because I have nothing to get up to like, I am just getting up to a house full of people" (Emma, age 18 Phase I).

Migrant women – despite having fewer social or familial supports in Ireland – also reported living in hidden homelessness situations for varying periods of times. For example, Irena (age 52, Phase I) fled her home following an incident of domestic violence and, with nowhere to go, was forced to sleep in the stairway of her apartment block for three nights before staying with a former colleague for a short time: "I find myself in those three days, 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" (Irena, age 52, Phase I). When she was asked by her colleague to find an alternative living arrangement, she went to a domestic violence service to ask for help. Sofia shared a small two-bedroom flat with three other families at Phase I due to lack of financial resources.

Thus, while hidden homelessness appeared to be a gateway to homelessness services for some women, it also ensured a roof over their heads at various points, particularly during times of need. Most of the women, particularly those with lengthy homeless histories, had entered into hidden homeless situations on multiple occasions over time. Others spent a majority of their homeless histories hidden entirely from service contact

as they resided in overcrowded (and often substandard) living situations. The prevalence of prolonged or episodic hidden homelessness in the sample women highlights the difficulties these women faced in their attempts to resolve their homelessness and signals a broader shortage of affordable housing options for low income women and households.

Short-Term Homelessness

At the time of Phase I, one-third of the women (n=20) interviewed reported that they were homeless for a period of less than one year. In most cases, these women stated at the time of Phase I that this was their first homeless experience. An additional six women had experienced homeless for between one and two years. Women with shorter homeless histories were typically younger than others with longer homeless histories and they also reported fewer physical and mental health problems. Twelve of this subgroup were migrants.

In general, both the migrant and Irish/UK-born women with shorter homeless histories attributed their homelessness to a personal crisis, often related to the experience of domestic violence. Financial crises – related to job loss and/or the loss of income following their departure from abusive home situations – were also commonly reported. Indeed, financial difficulty and stress was invariably experienced by women who fled abusive homes along with their children. Several migrant women cited difficulties in accessing welfare payments, often related to their immigration or residency status, as hindering their ability to access stable housing.

Many of these women had initially postponed or avoided service contact, often because they were not knowledgeable about the service landscape or some described their stigmatised association with homelessness services. Migrant women often stated that they did not know about the services available and several had initially approached friends, acquaintances or even strangers and asked for help or advice. Three of the migrant women described how, due to lack of social supports in Ireland, they had walked around Dublin's city centre in search of meeting someone of their same ethnicity to ask for help. Sofia (age 34, Phase I) explained that she had approached a stranger who had allowed her and her two children to stay in his accommodation for one night.

I met a man [of her nationality] on the street and I went up to him and asked him whether they were [nationality]. 'Yes', he replied. 'Me too', I said, and he asked what I was doing and I said I was just walking around

looking for somewhere to stay and he brought me home and I slept there for one night until I found something else (Sofia, age 34, Phase I).

Generally, migrant women felt they needed temporary shelter until a personal crisis was resolved (for example, domestic violence, loss of employment, loss of housing). Eleven of the seventeen migrant women had accessed homeless hostel accommodation while four had accessed a domestic violence refuge following experiences of intimate partner violence or abuse. Alexandra (age 30, Phase I), for example, fled her abusive partner and accessed a refuge where she had been residing for a number of weeks at the time of her Phase I interview. She was waiting for a safety and protection order to be granted and for the landlord to evict her abusive partner to facilitate her return to that accommodation along with her children. However, as she explained, fear of continued violence from her partner was a grave concern.

I will have the court date, but hopefully after the 5th of May, I should be in my house back with the children, with my own routine, with everything. Hopefully - if I'm not dead by then (Alexandra, age 30, Phase I).

Due to problems associated with their immigration or residency status, a number had no option but to remain in a refuge, emergency hostel or transitional accommodation for prolonged periods of time as they had no, or extremely limited, access to welfare support. For example, Delilah (age 30, Phase I) – who fled domestic violence in her country of origin – was living with her daughter in a homeless hostel for nineteen months at Phase I.

Like, currently I am in the [homeless hostel] and I have no means whatsoever. I don't qualify for habitual residency thing, they [authorities] say [name of child] is Irish of course but she is a child so I am not getting no social benefits whatsoever ... Everything is just like standing still [sighs] (Delilah, age 30, Phase I).

High levels of anxiety and stress related to the experience of living in homelessness or domestic violence services, or in overcrowded conditions, were reported. Several of these women also reported a significant deterioration in their mental health. Nala (age 30, Phase I), who was residing with her two children in transitional accommodation for victims of domestic abuse at the time of Phase I interview, described numerous physical and mental health problems related to fear and stress.

But sometimes I got shock at night time, like panic attack and I just wake up like that. And then my heart beating is very fast and I feel like scared something, something is going to happen, maybe I'm going to die and then I talk with doctor again (Nala, age 30, Phase I).

Thus, although the duration of reported homelessness among this cohort of women at Phase I was comparatively shorter than others in the sample, homelessness and the experience of living in temporary accommodation without any sense of certainty about when they might access stable housing was a source of trauma and distress for women. Additionally, they worried about their future financial and housing security and a majority reported depression and symptoms of stress such as being unable to sleep and health issues. Only two of these women were in a relationship at the time of interview and several of those had dependent children, all of whom expressed anxiety about their ability to provide adequate material and emotional support to their children.

Episodic Homelessness

Particularly in recent years, research both in North America and in Europe has highlighted patterns of episodic homelessness, that is, individuals who return repeatedly to homelessness services and emergency shelter accommodation, in particular (Culhane *et al.*, 2002; Aubry *et al.*, 2013; Benjaminsen and Andrade, 2015). In their seminal work, based on administrative data from shelters in Philadelphia and New York City, Kuhn and Culhane, 1998: 211) define the episodic homeless population as comprising of “those who frequently shuttle in and out of homelessness, or the mediating institutions that house them”.

Approximately half of the sixty women interviewed at Phase I reported patterns of episodic homelessness. Many have exited and returned to homelessness on several separate occasions and a considerable number (at least one fifth) reported at least six or more homeless episodes throughout their lives. Typical accounts suggest that a large number had alternated continuously between hostels, prison, hospitals, situations of hidden homelessness, private rented accommodation, transitional housing and, in some cases, more permanent forms of accommodation such as local authority housing, before ultimately returning to homelessness. In many cases, these women had exited homelessness services to substandard, unstable and unsupported private rented accommodation. Grace (age 31, Phase I), like a considerable number of others, reported a disrupted housing history, having spent approximately half of her adult life living in private rented accommodation and the other half accessing hostel accommodation. Perhaps significantly, she considered herself to be homeless even during the periods she spent living in private rented accommodation.

- I: How many years of your life have you lived under landlords?
 R: Say twelve.
 I: And you mentioned you would consider those years in private rented as still being homeless?
 R: Yeah because you never know are you going to be here [in the hostel] six months later.

(Grace, age 31, Phase I)

The episodic nature of many of the women's homelessness journeys reflects the ebb and flow, chaos and unpredictability, and the precariousness of the housing histories. Exit spells from homelessness services were sometimes lengthy (that is, they extended for a number of years) but, in other cases, women reported rapid transitions between homelessness services and other forms of accommodation. Indeed, frequent movement between homeless hostels or other institutional settings (prison, psychiatric hospitals, for example) and independent accommodation as well as patterns of alternating between a violent home and homelessness services were commonly reported. Several women had lost count of the number of times they had exited and returned to homelessness, as illustrated in Carol's account below.

...I could just think now, well there was two [private rented accommodations], that is going back, then there was another one then with two bedrooms, me and my son, that's when my partner put my windows in, all of them with a hatchet, then I went up to my mum's, then I got another two bedrooms and that got destroyed as well by him [partner]. I think that is when I went into the homeless place. And yeah I went to [town] for a bit, I got another flat, it didn't last me two minutes. Then in [name of city] – that one was like a bedsit ... there were so many [accommodations] ... (Carol, age 39, Phase I).

Women confronted numerous barriers in accessing stable, affordable housing. A majority depended on social welfare payments and, in cases where they did secure private rented accommodation, these properties were almost always at the lowest end of the quality spectrum. Ruth (age 24, Phase I), for example, who had a new-born baby, had lived in multiple accommodations, all of which she perceived as inadequate: "When I went there it was all lovely and stuff but then the winter came and it was all damp. And I had to get out of there then. And the next one [private rented house] was even worse than that" (Ruth, age 24, Phase I). Concerns related to anti-social behaviour, noise or other environmental issues were also frequently said to have led to problems in the poor standard private rented accommodation they had accessed, predominantly in deprived areas of cities.

In a desperate bid to exit the hostel where she had resided in for several months, Krystal (age 32, Phase I) and her partner moved to a small, substandard bedsit. She experienced abuse from her partner but remained in that bedsit for several months because she did not want to return to homelessness services. Yet despite the substandard nature of the bedsit and the violence inflicted on her within this space, she considered it preferable to homeless services, perhaps reflecting the extent of how stressful and difficult life in homeless settings can be.

It was a really small bedsit, like it was about quarter the size of this room, 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 the [hostel], so the two of us were staying in that space (Krystal, age 32, Phase I).

Difficulties in maintaining rental and utility payments were commonly reported and several women identified financial problems as the primary reason for the termination of their tenancies. Dianne, who was just 22 years old at the time of her Phase I interview, reported multiple exits and returns to homelessness. In the following excerpt she described the ongoing sense of anxiety associated with this constant cycle of housing instability.

A home means stability ... not having to worry that 'oh my God, I am going to have to get all this packed up again next month or whatever and get it all out and find another place' and then when I try to find another place. I am like an anti-Christ because I am trying to find it so fast, I have not even a month to find it (Dianne, age 22, Phase I).

Several women described difficult relationships and interactions with landlords; some admitted they had violated their tenancy agreements (due to rent arrears, destruction of property in the context of drug or alcohol use or violent partners) while others felt that their rights as tenants were not recognised or protected. A number, for example, reported eviction without adequate notice, landlord retention of their rental deposit, and landlords not fulfilling maintenance obligations in the property. Grace explained that her landlady had evicted her without notice and disposed of her possessions without prior consultation.

So she didn't even give me proper notice at all like. She ruined all my clothes, everything I own got thrown into a skip. Everything. Ten years' worth of building up stuff, tellies, plasma screens all that in the skip and destroyed like. So I literally just had the clothes on my back and a bag. (Grace, age 31, Phase I)

In conclusion, episodic homelessness arguably reflects the multiple barriers many of these women face in attempting to transition out of homelessness. Housing precariousness – and an inability to access, secure and maintain private rented housing, in particular – was frequently attributed by women to affordability issues, discrimination, and substandard and low quality accommodations. Invariably, these living situations were not sustained in the long-term and, at the point of breaking down, women typically returned to homelessness services or hidden homeless situations. For many women, their housing precariousness placed them at considerable risk to victimisation and/or exploitation which, in turn, exacerbated their housing instability.

Prolonged Homelessness

A large number of women, particularly those who reported long-term and sustained homelessness (see Table 6.1), had spent several years in homeless settings and had little experience of living independently since first becoming homeless. They moved between what Sahlin (2005) refers to as the ‘informal housing sphere’ (that is, staying with friends and family member, spending time in prison, hospitals and sleeping rough), the ‘shelter market’ (hostels and B&Bs) and the ‘secondary housing market’ (for example, transitional housing, step-down accommodation). Indeed, a considerable number of these women had not experienced stable housing during their adult lives. Instead they continued to cycle between a range of temporary, institutional and informal living situations. Kate (age 28, Phase I) was living temporarily with her partner in her father’s home at the time of her Phase I interview and her children were being cared for by relatives due to her and her partner’s drug use. Describing the sense of desperation she felt after years spent residing in temporary or unstable accommodation, she expressed a strong desire for her own home, which she felt would help the process of re-uniting her with her children.

I just want to be in me own place, have me own space, our own space, do what we want to do and not having to listen to anybody else, just get your kids or getting them for weekends and then getting them back [permanently], doing the things that we should be doing, you know what I mean, as parents and just get on with it. But at the moment we just don’t feel like we’re going anywhere and it feels like it’s just going to always be like this, it feels like we’re not going to get the kids back, you know what I mean? Just...I don’t know. It’s just like we’re getting bad luck all the time, and nothing is going right for us at all, you know? (Kate, age 28, Phase I).

Women who struggled with substance use problems frequently described themselves as occupying ‘impossible spaces’, where the omnipresence of drugs and alcohol – together

with the stressful nature of hostel life – made it extremely difficult to abstain from substance use. This, in turn, hampered their ability to secure independent accommodation or housing. In this way, their homelessness was not resolved but, rather, reinforced as they found themselves navigating an ongoing cycle of accessing hostels and emergency housing (Sahlin, 2005; Busch-Geertsema and Sahlin, 2007). For example, Grace (age 31, Phase I) described the difficulties she faced in trying to abstain from heroin and other drugs whilst living in a hostel: “I never would have got off it [heroin] in that hostel. It’s all around you: it’s being talked about, it’s being sold in front of you, you never get off it – it’s too hard for anybody.”

Residing in homelessness settings was seen by many of the women as negatively impacting their relationships with others, particularly their partners and children. For example, women with partners were often excluded from certain facilities due to service eligibility criteria, which could result in women sleeping rough with partners in order to remain with their partner. Furthermore, many of the women with children living in state or relative care were not allowed to arrange meetings with their children in the places they resided because many services lacked the facilities to accommodate such visits. As a consequence, periods spent accessing emergency homelessness services, in particular, negatively impacted on women’s relationships with family members, particularly their children. Jocelyn (age 36, Phase I) had been homeless for approximately three years at Phase I of the study and her main aim was to re-unite with her children who had been placed in State care. As a ‘single’ woman, however, whose status as a mother was not recognised by homelessness and housing services, she was unable to secure affordable housing large enough for her to accommodate her and her children. In the following excerpt, she described the “catch-22 situation” she faced – a dilemma of contradictory circumstances from which there appeared to be no escape – that contributed to her ongoing homelessness.

I’m in a ‘catch-22’ situation, if I had my kids in the morning I would never touch another drug, but I can’t get rent allowance for a house for my kids unless I have them with me and I can’t get my kids unless I have a house for them and I can’t get a corporation house unless I have my kids and I can’t have my kids unless I have a house, so - how do I get out of this one? (Jocelyn, age 36, Phase I).

Many of the women with lengthy homeless histories also reported episodic homelessness and had exited to more independent forms of accommodation (such as private rented sector or other forms of housing tenure) on several separate occasions

since they first experienced homelessness. However, these exits were generally less frequent and shorter in duration than the periods they spent residing in homelessness services, institutional or other unstable settings. Furthermore, their reliance on emergency homelessness services often increased over time. Krystal (age 32, Phase I), for example, had spent eight years alternating between hostels and the private rented sector, where she experienced intimate partner violence and often engaged in higher levels of alcohol and drug use. Indeed, at certain junctures in her life, homelessness offered safety from her violent partner and respite from her drinking and drug use. In this sense, she might be said to have become institutionalised in the relatively 'protected' environments of service settings. Thus, in certain circumstances and in certain points in a life, homeless services and the formal support system and structures that they provide, can offer women a way of managing emotional difficulties and trauma. However, progress in dealing with trauma and substance misuse problems was usually limited in homeless settings.

...like I know I can't drink in here [domestic violence refuge] and it is such a safe environment, you know, you are protected and you are never alone and there are people around and, do you know what I mean, if you are upset you can talk to someone. I suppose my problem has always been ... when I'm on my own and not to run back to you know [abusive partners, drugs and alcohol], being able to sit with being isolated and be able to sit with being on my own and deal with emotions and not just blank them out and go running back. (Krystal, age 32, Phase II)

Rough sleeping was more commonly reported by women with longer homeless histories. Twenty-seven in the sample had slept rough in the past, sixteen of whom reported prolonged periods of rough sleeping that spanned a number of months or, in a small number of cases, several years. Laura (age 36, Phase I) described sleeping rough "on the stairs in the towers ... I have slept on the backs of buses when they were parked. I have done it all". Typically, women employed various strategies – such as sleeping rough in the company of a partner - in order to minimise the risk of victimisation.

I slept rough loads of time. Loads of times. Me place of roughness would have been sleeping in by the [city] theatre, inside that ... I always felt safe because there was cameras down on the doors of the theatre so I always felt safe there and there was shelter too (Liz, 38, Phase I).

I'm afraid of sleeping rough especially on your own, like if there is someone with ya sleeping in a car or wherever it's not too bad, it's OK. But I have slept in cars a few times when I was on me own and I was scared shitless (Caoimhe, 35, Phase I).

Thus, even by Phase I of the study, many of the women's homeless journeys were characterised by ongoing patterns of housing instability, periods of rooflessness, victimisation and multiple structural barriers that undermined their ability to access stable and sustainable housing. While a large number who had experienced long-term and recurrent homelessness reported exits from homelessness services, these exits were typically short-lived, sometimes resulted in further trauma and distress, and invariably led women back to the homeless service sector. This cycle of movement appeared to result in many women becoming heavily dependent on services, particularly with the passing of time and the compounding of trauma and unmet support needs. Indeed, many of the personal challenges they faced – including substance use dependence and poor mental health – became more pronounced at the point when they attempted to live alone; away from the structure and security of a fully-staffed homelessness service. Now, attention turns to the longitudinal narrative data which yields a far more detailed (and accurate) account of transition and change in the lives of the study's women through time.

Beyond Phase I: Moving 'through' Homelessness

Attention now turns to the longitudinal research data which examines in detail women's housing and homelessness transitions between Phase I and II. There are a number of ways in which these data advances our understanding of women's homelessness and housing stability over time. Primarily, it reveals the "differing levels of success" in terms of whether the study's women exited or remained homeless over time (Klodawsky *et al.*, 2009: 15). Examining the longitudinal data can also reveal whether certain interventions 'work' or 'fail', and for whom, over time (Farrall, 2006). Above all, longitudinal data can yield an enhanced understanding of how micro-level experience interacts with macro-level social forces (Neale and Flowerdew, 2003), revealing "the processes and dynamics at work in relation to the housing careers and life trajectories" of this cohort of homeless women (Anderson, 2001: 1).

First, however, it is important to outline the demographic profile of the women who were successfully tracked and re-interviewed in Phase II, together with a short discussion on the retention rate of this Phase II sample. Their housing status at Phase II is then presented, followed by a more detailed analysis of their transitions through homelessness between Phases I and II data collection.

Phase II Sample: Demographic Profile and Retention

As already outlined in Chapter Four, forty of the original sixty women were tracked and re-interviewed during Phase II (between November 2012 and October 2013). At the time of follow up interview, the women ranged from 22 – 65 years of age (Appendix N). Table 6.2 provides a breakdown of age at Phases I and II of the study.

Table 6.2: Age of Women at Phases I and II

Age (years)	Phase I (N=60)	Phase II (n=40)
	2010-11	2012-13
18-19	2	0
20-29	18	9
30-39	26	17
40-49	6	8
50+	8	6
TOTAL	60 women	40 women

Eleven of the seventeen migrant women interviewed at Phase I were re-interviewed at Phase II. This yielded an overall retention rate of 65 per cent of the Phase I migrant subsample. Of these eleven women, six women were originally from EU and five from non-EU countries. Five of the six participating traveller women were re-interviewed at Phase II, representing the highest retention rate in terms of ethnicity.

Of the forty women interviewed at Phase II, thirty-three were mothers. Seven of these women had had a baby since Phase I interview. A further two were pregnant at Phase II. One woman had a baby since Phase I which was taken into State care due to substance misuse of both parents, while another woman had her baby in her care for approximately a year after birth but due to worsening mental health problems, her baby was spending increasing amount of time with relatives. One woman had her son *back* in her care since Phase I, following a period of time in which he was living with relatives.

Table 6.3 below illustrates the relationships status of participants at both Phases I and II interview. Of the 18 women who were in a relationship at Phase II interview, 12 of these reported that this relationship was ‘new’ (that is, since Phase I Interview). Only two of the twenty-one single women had become single since Phase I.

Table 6.3: Relationship Status at Phases I and II

Relationship Status	Phase I 2010-11	Phase II 2012-13
Single	37	21
In a Relationship	21	18
On/Off Relationship	2	1
TOTAL	60 women	40 women

Broadly speaking, the forty women who participated in the study's Phase II interviews represent a varied profile in terms of their age, ethnicity, relationship status, motherhood status, drug or alcohol use, mental and physical health and engagement with the criminal justice system. Furthermore, their homeless histories at Phase II were also varied. For example, women who reported both shorter and longer homeless histories at Phase I of the research (see Table 6.1) were well represented in the Phase II follow-up sample.

As already referenced in Chapter Four, confirmed whereabouts of an additional *nine* women were also captured through direct contact with a research participant or through corroborated information supplied by more than one source. In other words, these nine women were not re-interviewed at Phase II but reliable information on their living situations was available and therefore is included in capturing the women's Phase II housing outcomes. This additional information assists in providing a fuller 'picture' of the housing trajectories of the women.

The practice of including information on participants who were tracked but not re-interviewed has been documented in other qualitative longitudinal studies. For example, Williamson *et al.* (2014) included information on women that they had acquired through their intensive tracking process (but did not re-interview) as they considered these data to be analytically relevant. Similarly, the data available for the nine women who were not re-interviewed are included in this analysis of the living/housing situations of the women at Phase II. The narrative analysis presented later in the chapter is based on the baseline and follow-up biographical interviews with forty of the study's women.

Women's Housing Status at Phase II of the Study

By way of categorising the women's Phase II housing, ETHOS Typology of Homelessness and Housing Exclusion (FEANTSA, 2005) and Watson and Austerberry's (1986) 'home-to-homeless' continuum is utilised.

As discussed in Chapter Two, ETHOS Typology of Homeless and Housing Exclusion is now widely used across Europe to define and categorise different types of homelessness and incorporates an array of categories of different homeless situations, including individuals who are roofless, houseless, living in insecure housing, and living in inadequate housing¹⁵. While not all official European homeless persons count include all of the ETHOS categories (for example, individuals due to be released from institutions or those living in over-crowded conditions), governments are increasingly setting national definitions *in relation to* ETHOS, and therefore, it increasingly used as a benchmark in the defining and measuring homelessness (Busch-Geertsema, 2010; FEANTSA, 2014). Furthermore, ETHOS is recognised as an useful definitional tool for capturing gendered dimensions of women's homelessness (Baptista, 2010) since it includes living situations beyond 'rooflessness' such as those residing in domestic violence refuges, living with family or friends, or living under the threat of violence.

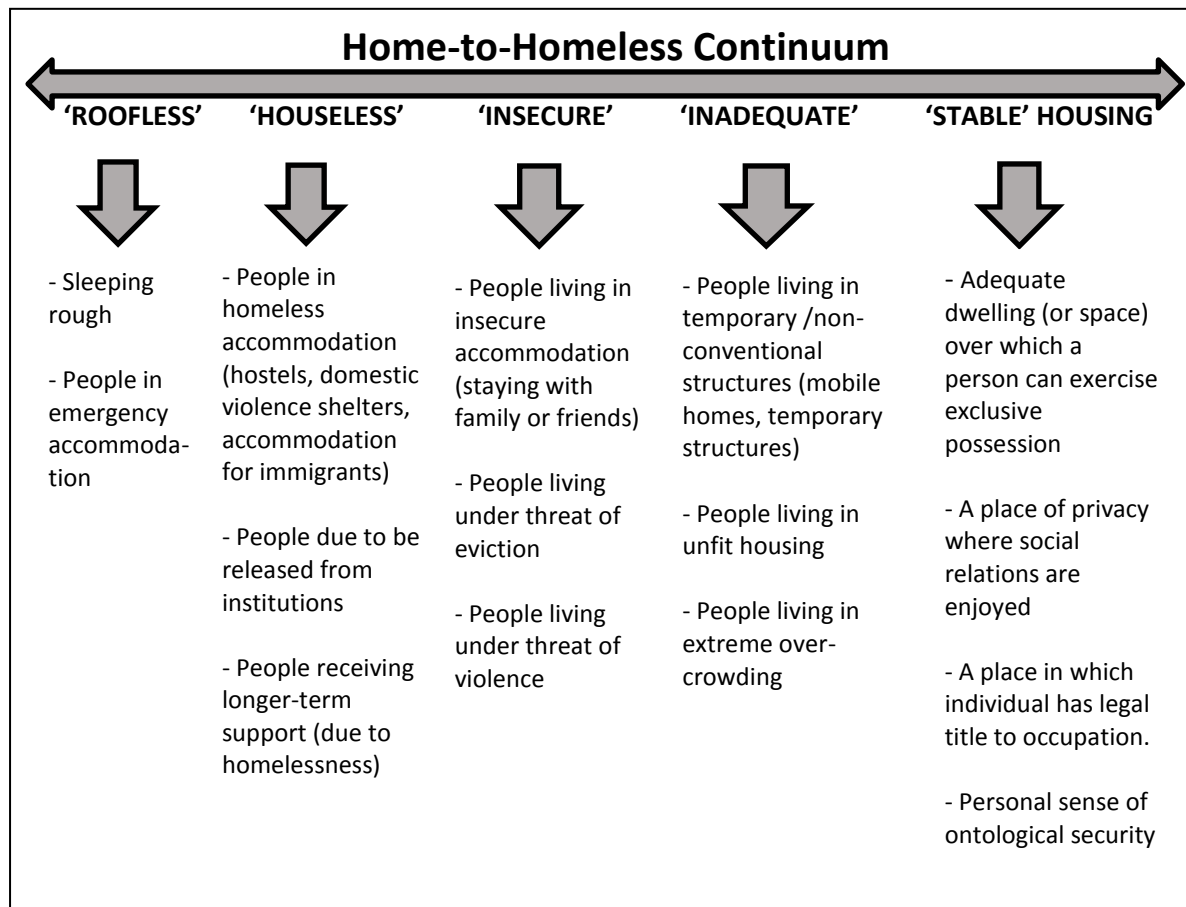
The 'home-to-homeless continuum' was first introduced during the 1980s based on research conducted in Britain (Austerberry and Watson, 1983; Watson, 1984; Watson and Austerberry, 1986). The continuum captures "a coherent ordering" of living situations relevant to women's homelessness (Watson and Austerberry, 1986: 21). Like ETHOS, it includes different forms of accommodation ranging from rough sleeping at one end of the spectrum to stable housing at the other, and various forms of accommodation 'in between', including hidden, insecure and substandard homelessness situations. It is based on the concept that homelessness is socially constructed concept and that in order to understand women's homelessness, one must look beyond an orthodox view of what constitutes homelessness.

As we have illustrated the range of meanings attributed to the home and to homelessness is both too vast and too complicated to have any explanatory or prescriptive use ... Likewise, if homelessness is used vaguely it ceases to have any meaning and any impact. (Watson and Austerberry, 1986: 167).

¹⁵ See Appendix A for expanded overview of ETHOS typology of homelessness as presented by FEANTSA (2005).

Central to this premise is the often complex meanings that women attribute to the concepts of home and homelessness, and to ensure that women's own understanding are therefore prioritised. Therefore, by combining Watson and Austerberry's 'home-to-homeless continuum' together with the practical structure of ETHOS, both the material conditions and standards of housing, together with women's own conceptualisations of less measurable characteristics of 'home' such as "space, privacy, control, safety, self-expression and physical and emotional well-being" are all incorporated into our understanding of homelessness among women (Watson and Austerberry, 1986: 92). Furthermore, the continuum transcends simplistic binary oppositions of 'home' and 'homelessness' and captures the fluidity of women's movement between different living situations and situates women's homelessness within a wider context of housing precariousness. Figure 6.1 illustrates the combined, adapted model of the 'home-to-homelessness continuum' and ETHOS operational categories.

Figure 6.1: Adapted Framework of ETHOS and the 'Home-to-Homeless Continuum'



Living Situation at Phase II

As discussed in Chapter Two, while some scholars argue that women are at a disproportionate risk of homelessness due to the structural disadvantages they face (Watson and Austerberry, 1986; Edgar and Doherty, 2001), others claim that women are afforded more supports and assistance than their male counterparts in exiting homelessness and are, in fact, prioritised by policy and the service sector (Fitzpatrick, 2005). As will be discussed in detail in the following section, the findings of this study demonstrate more favourable housing outcomes among women with children in their care and those with fewer personal problems and less complex support needs. Additionally, as will be explored in Chapter Seven, these women broadly demonstrated a greater 'willingness' to engage with services. Conversely, the analysis emerging from the women's housing outcomes by Phase II reveals that those with substance use and/or mental health problems or chronic physical health issues reported prolonged and persistent homelessness which, over time, remained largely unresolved.

The cycles of ongoing and unresolved homelessness reported by many of the study's women problematise Fitzpatrick's (2005) claims that women are, on the whole, 'advantaged' when it comes to housing provision. On the other hand, the findings concur with those documented by Marpsat (2000) and Mina-Coull and Tartinville (2001), which suggest that women who are accompanied by their children, and who have fewer personal problems, are more likely to exit homelessness. The following section examines the homeless and housing situations of the participating women based on the information available on forty-nine of the sixty women at Phase II, with a more detailed analysis of the forty women who were tracked and re-interviewed during this time.

Accommodation Type at Phase II

Adopting the framework set out in Figure 6.1 above, Table 6.4 provides a breakdown of these categories and sub-categories in order to present the housing status of the women at Phase II (see also Appendix N).

Table 6.4: The Women's Homeless and Housing Situations at Phase II (n=49)

TYPES OF HOMELESSNESS AND HOUSING STATUS AT PHASE II	Number of women whose whereabouts were confirmed through tracking process	Number of women who engaged in Phase II follow-up interview	SUBTOTAL	HOMELESS OR HOUSING CATEGORY
Roofless	1	5	6	'HOMELESS' (n=18)
Houseless	2	10	12	
Insecure Accommodation	2	7	9	'PRECARIOUSLY HOUSED' (n=10)
Inadequate	0	1	1	
'Stable' Housing	4	17	21	'STABLE HOUSING' (n=21)
TOTAL	9	40	49	

Eighteen of the women were categorised as 'homeless' at Phase II, meaning that these women were either 'roofless' or 'houseless'. In other words, they were residing in either emergency hostel accommodation or private emergency B&B accommodation (none of the women were sleeping rough at the time of their Phase II interview). Ten women were deemed to be 'precariously housed', that is, residing in insecure housing (for

example, living under threat of eviction or residing with friends or family members) or in inadequate housing (that is, living in substandard, not-fit-for-purpose housing or in overcrowded conditions). Finally, twenty-one women were living in 'stable' housing. These women were living in accommodation that was typically subsidised and of an adequate standard was secured through a legal tenancy. Women who were categorised as living in 'stable' housing also reported a strong sense of ontological security (Watson and Austerberry, 1986).

Thus, after a time lapse of approximately three years since the baseline phase of the study, twenty-one of the forty-nine women had exited homelessness (43 per cent), eighteen remained homeless (37 per cent) and ten women were living in precarious or unstable housing situations (20 per cent). The number of homeless exits can be considered somewhat low, particularly compared to findings that have emerged from recent quantitative longitudinal analyses, which have recorded that a majority (up to 80 per cent) homeless people experienced 'transitional' homelessness and tended to exit relatively quickly (Culhane *et al.*, 2002; US Department of Housing and Urban Development (HUD), 2010, 2012; Aubry *et al.*, 2013; Benjaminsen and Andrade, 2015;).

The following discussion will attempt to scrutinise the patterns, characteristics and nature of the women and their transitions over time among each of the three groups highlighted above. Analysis of Phases I and II biographical data together with an examination of the women's homelessness trajectories over time, will both be drawn upon.

Women's Movements 'through' Homelessness

A majority of the women reported multiple accommodation transitions between Phases I and II of the study. Only five of the forty-nine women had remained in the same accommodation that they reported at Phase I¹⁶ while the remaining participants had moved to different accommodation, often on several separate occasions. Indeed, the average number of accommodation transitions reported between Phases I and II was

¹⁶ Of these five cases, three were residing in long-term homeless accommodation and two were residing in the same private rented accommodation that they had secured three years previously (private rented accommodation was secured immediately prior to Phase I interview following a period of homelessness).

3.4¹¹⁷. Women who remained homeless at Phase II reported a higher number of accommodation transitions than those who had exited homelessness, highlighting their more precarious homeless and housing trajectories. The following section expands and elaborates on the three analytical groups identified through the ETHOS ‘home-to-homelessness’ continuum framework, including: 1) those who remained homeless (n=18); 2) those who were precariously housed (n=10); and 3) those in ‘stable’ housing (n=21).

Women who Remained Homeless (n=18)

Eighteen women were categorised as ‘homeless’ at Phase II (see Table 6.5). In other words, they were either ‘roofless’ or ‘houseless’. The six women who were ‘roofless’ were residing in either emergency hostel accommodation or in private emergency B&B accommodation. Among those who were categorised as ‘houseless’, seven were living in transitional accommodation, three in long-term supported homeless accommodation and two women were incarcerated.

Table 6.5: Living Situations of the Women who Remained Homeless at Phase II

WOMEN WHO WERE HOMELESS AT PHASE II (n=18)		
Accommodation	Number of Women	SUB-CATEGORIES
Emergency Hostel	4	ROOFLESS (n=6)
Private Emergency B&B	2	
Prison/Homeless Services	2	HOUSELESS (n=12)
Transitional Accommodation	7	
Long-term Homeless Accommodation	3	
TOTAL	18	

Women who remained homeless at Phase II often reported frequent moves between living situations and had transitioned between accommodations an average of 4.5 times between Phases I and II of the study. While several reported a higher number of accommodation transitions (for example, some women reported more than eight transitions during the period between their baseline and follow-up interviews), the

¹¹⁷ ‘Accommodation transitions’ refer to the number of changes in accommodation reported by the women between Phases I and II. The additional nine women are not included in this average (as without the biographical follow-up interview, the number of transitions could not be captured).

average number of transitions is lower since a number of others had remained in the same emergency accommodation for prolonged periods of time. In many cases, women had resided in emergency accommodation for up to or, in a small number of cases, exceeding one year (despite the fact that many emergency facilities seek to move people on within six months). These prolonged periods of time spent in emergency hostel situations are illustrated in Figure 6.2, which ‘maps’ the homeless journey of Laura (age 36, Phase II), who remained homeless at Phase II.

Figure 6.2: Laura’s (age 36) Accommodation Transitions between Phases I and II

LAURA (age 33)	Phase I Living Situation	Intervening period = 3 years			Phase II Living Situation (age 36)
					
Accommod- ation	Emergency accommodation for couples [with partner]	Homeless B&B [alone initially; later with partner]	Emergency hostel [alone]	Emergency hostel [alone]	
Duration between each accommo- dation	1 year	1.2 years	3 months	8 months	

Laura had been continuously homeless since the time of her Phase I interview when she was living with her long-term partner in emergency accommodation. Shortly after this interview, her partner was incarcerated and, because the accommodation catered only for couples, she was asked to vacate. Subsequently, she lived alone for two months in a B&B in the city centre. Following her partner’s release from prison, he joined her in this B&B where they remained for just over one year until her partner was re-incarcerated, having received a longer sentence on that occasion. At this point, she moved to an emergency hostel where she lived alone for three months before transferring to a female-only hostel where she was residing for eight months at the time of her Phase II

interview. Laura described her daily life as “isolated” since her partner’s incarceration. She had reduced her drug intake since Phase I, but struggled with serious (and worsening) depression and reported frequent suicidal feelings. The following account describes her emotional state around the time she was instructed to leave the emergency hostel, where she had exceeded the maximum stay: “Ohhh yes I was just getting me stuff from [hostel] – four big black bags and I was told, ‘be on your way, there you go like’. No help! Half of me stuff was stolen, ahhh how did I feel? Depressed. Just crying, there were days I felt suicidal” (Laura, age 36, Phase II). Laura’s two children remained in care at Phase II (one with the father and the other in State care, as was the case at Phase I).

Her story highlights the ongoing and often entrenched nature of homelessness for some of the study’s women. Laura moved continuously between different emergency accommodation settings and her transitions were often related to service requirements or ‘maximum duration of stay’ regulations. During both interviews she described the negative impact her homelessness on her relationship with her children as the emergency hostel settings were unable to facilitate her children’s visits¹¹⁸. By Phase II, her teenage son was expecting a child and her inability to support him in practical ways was a further source of distress. Her story reveals her limited opportunities to exit a cycle of homelessness and housing exclusion despite her ongoing engagement with key workers and addiction counsellors in the emergency hostel settings where she resided. At Phase II, she was trying to secure private rented accommodation as she viewed this as her only viable housing option. However, Laura’s lengthy homeless history and her ongoing substance use and mental health problems mean that private rented accommodation will be difficult to secure and maintain. Even if she were able to negotiate an exit from homelessness, it would be extremely difficult for her to sustain this exit on a long-term basis, particularly in the absence of formal in-housing support. Her story also highlights the lack of alternative affordable housing for women with lengthy homeless histories and complex needs.

Several women who remained homeless at the time of follow-up reported a number of temporary exits from homelessness between their Phase I and Phase II interviews. Carol (age 42, Phase II), for example, had lived in private rented accommodation on six separate occasions since Phase I – punctuated by multiple stays in emergency hostel settings. She also reported periods of hidden homelessness and had slept rough

¹¹⁸ No children or visitors are permitted in the current homeless hostel in which she resides.

sporadically on nights when she had no alternative accommodation. The private rented accommodation that Carol had secured during this time was almost always substandard: “Cracks in the windows, carpet hadn’t been cleaned in years I would say ... Eh, it was just like dark, gloomy, you wouldn’t put a dog into it basically” (Carol, age 42, Phase II). She had received eviction notices on a number of occasions due to the aggressive behaviour of her partner and noise disturbances related to the heavy drinking on the premises. Carol had experienced violence from multiple partners, both prior and subsequent to her Phase I interview and, since Phase I, she had been incarcerated on three separate occasions. To a considerable extent, her story highlights the intersection of homelessness with other experiences, including substance use, mental ill-health and criminal justice contact and the continuous cycle of movement incurred by this. Like others in the study, as time passed and no resolution was found to her homelessness, her situation deteriorated, making an exit from homelessness even more challenging.

In general, women who remained homeless reported far longer homeless histories than those who had exited homelessness by Phase II. Indeed, the entrenched patterns of homelessness reported by many were often apparent at the time of their Phase I interviews. While a number had exited homelessness services temporarily, these exits were precarious and the women continued to experience financial difficulties and numerous personal problems. Of the eighteen women who remained homeless, twelve reported ongoing substance use problems and an additional three reported problematic substance use in the past. Most also reported serious mental health problems and had experienced high levels of physical ill-health, with some reporting chronic illnesses (including Hepatitis C and/or HIV). A large number also reported multiple hospital admissions for acute emergency care, and typically returned to emergency homelessness settings upon discharge from hospital. Thirteen of these women were mothers and all child(ren) were living in State or relative care. By Phase II of the study, the women who remained homeless had spent years cycling between highly unstable living situations and the spaces they occupied were ambiguous and precarious (Mayock *et al.*, 2015a). While most had tried (unsuccessfully) to exit homelessness and had accessed private rented accommodation, their patterns of movement were deeply structured by the institutional setting (Deverteuil, 2003), including homeless hostels, hospitals and prisons, in some cases. This continuation of homelessness, above all, reflects a failure of current homeless service provision in adequately resolving the housing need and support needs of this cohort of women (Sahlin, 2005).

Precariousness in Housing (n=10)

As stated earlier, ten women were categorised as ‘precariously housed’ at Phase II (see Table 6.6). Five of these women were residing with friends or family members and had been living in these hidden settings for several months. Four women were residing in insecure private rented accommodation while one woman was living in a derelict house that was unfit for habitation¹¹⁹.

Table 6.6 Women who were ‘precariously housed’ at Phase II (n=10)

WOMEN WHO WERE ‘PRECARIOUSLY HOUSED’ AT PHASE II (n=10)		
Accommodation	Number of women	SUB-CATEGORIES
With Friends or Family Members	5	INSECURE ACCOMMODATION (n=9)
Insecure Private Rental Accommodation	4	
Derelict House Unfit for Habitation	1	
		INADEQUATE ACCOMMODATION (n=1)
TOTAL	10	

Five women were staying with friends, family members or with acquaintances at the time of Phase II. All expressed a desire to find alternative accommodation but were unable to do so due to a lack of financial capital and access to affordable housing. These women typically viewed their living situations as a temporary solution or ‘last resort’. Georgia (age 26, Phase II), who was living with her boyfriend’s family, admitted that if she had other accommodation options, she would not only leave the accommodation, but also the relationship.

One room in the house, we stay in that room and I don’t, er, communicate with his family. I stay in the room all day. Er, looking at telly, whatever, cleaning, doing nothing, bored out of my head. It’s really, really getting to me ... I would leave him if I found some place else (Georgia, age 26, Phase II).

A further four women were living in private rented accommodation that was categorised as ‘insecure’, either because they had received an eviction notice or reported significant arrears in their rent or utility payments. In an effort to pay off a mounting utility bill directly related to her substandard accommodation, Gráinne (age 34, Phase II) had

¹¹⁹ This was the same house in which this woman was residing at Phase I. The house did not have a heating or water system and parts of the dwelling were structurally unsafe. She considered herself homeless.

returned to sex work and was selling drugs to generate income at the time of her Phase II interview. She explained the inadequate condition of her apartment.

I am kind of in a battle with me landlord because of the damp in the flat. He owns the property and he had a de-humidifier plugged in and it was like a tractor – it was like a mini-tractor and like I was getting 90 litres of water a week. 90 litres! A week!! I was afraid if there was any more water, the walls were gonna fall in (Gráinne, age 34, Phase II).

The ten women who were categorised as ‘precariously housed’ in fact reported the highest number of accommodation transitions between Phases I and II of the study (compared to other two groups), with an average number of 5.1 transitions; higher than the average reported by those women who were categorised as ‘still homeless’. This highlights the extent of transience and housing insecurity within this subgroup. Exits to private rented accommodation and returns to homelessness (often hidden homeless situations) were commonly reported among this group also. Isobel (age 24), whose housing journey is illustrated in Figure 6.3, reported seven accommodation transitions since the time of her Phase I interview. She also described transience in terms of geographical location, having moved to six different towns/cities between Phases I and II of the study.

Figure 6.3: Isobel’s (age 24) Accommodation Transitions between Phases I and II

Isobel (age 21)	Phase I Living Situation	Intervening period = 3 years & 3 months 						Phase II Living Situation (age 24)
Accommodation	Emergency Hostel [alone, pregnant]	PRS City #1 [reunited with partner]	DV ¹²⁰ refuge #1 [alone, pregnant]	DV refuge #2 [alone, pregnant]	Friend’s house [alone, pregnant]	PRS ¹²¹ Town #1 [with her baby]	PRS Town #2 [with her baby]	PRS Town #3 [with her baby]
Duration in each accom-	1 month	Several weeks	3 weeks	3 months	Several weeks	1 year	1 ½ years approx	6 months (notice of termination)

¹²⁰ DV serves as an abbreviation for domestic violence.

¹²¹ PRS serves as an abbreviation for Private Rented Sector accommodation.

modation							x.	on of tenancy served)

At Phase I, Isobel - a 21 year old Traveller woman - was pregnant and living in a women's hostel for one month She had recently fled an abusive partner; the father of her unborn child. She had experienced homelessness during her teenage years on a number of occasions, at points when she ran away from her abusive stepfather and described high levels of adversity and deprivation in the family home. During this period, she initiated drug use and subsequently progressed to heroin.

As illustrated in Figure 6.2, following her Phase I interview, she left the hostel where she was residing, reunited with her ex-boyfriend and father of her child, and moved to private rented accommodation with him. After a number of weeks, her partner became violent again, upon which she sought shelter from a domestic violence refuge. Following her partner's attempts to find her, she moved to a second refuge. She then moved in with a friend and, soon after, gave birth to a baby girl. After the birth of her child she secured private rented accommodation in a different location; things 'settled' in her life and she remained in this accommodation for one year.

However, violent threats from her partner forced her to move with her child to another town, where she again secured private rented accommodation. She struggled financially during this time, exacerbated by the fact that she was experiencing difficulties in accessing rent supplement payment due to the number of times she relocated. She also experienced violence on numerous occasions from her brothers because they disapproved of a relationship she had struck up with a man who was not a member of the Travelling community. At the time of her Phase II interview, Isobel had recently received a notice of termination of her tenancy from her landlord, which she believed was linked to discrimination due to her being a Traveller.

When I got this place, I thought everything was going to be different, and I got a nice apartment here and, due to the fact that my landlord is after finding out that I am from a travelling background, and my brothers call in here and, basically, he has given me notice to leave because they don't like my kind inside here [apartment complex] (Isobel, age 24, Phase II).

Isobel's story, therefore, highlights multiple barriers to housing including lack of financial resources, lone motherhood, victimisation and intimate partner violence, lack of educational attainment, and her struggles to negotiate cultural barriers to stable

housing as a Traveller woman – in the form of both landlord discrimination and patriarchal oppression from her brothers.

In general, the lives of these women had become more challenging since Phase I, with many describing ongoing substance use problems, deteriorating mental and physical health, and difficulties in their interpersonal relationships. Equally, these issues often negatively impacted their capacity to sustain a tenancy. For example, Edith (age 61, Phase II) had been living in a dilapidated and structurally hazardous house since Phase I. She reported deteriorating mental health as well as recent suicidal thoughts.

I don't want to be here, on my own, in five years' time. I mean, I might as well be dead. What's the point in being here? Just sitting here, with leaks coming in around me ... I am drinking myself to sleep [with alcohol] ... It just helps me to relax ... I am drinking more than ever in my life, because I wasn't drinking at all really [at Phase I]. But if I go down shopping to LIDL or Supervalu and, if I have the money, I would automatically pick up a bottle of wine, whereas before I wouldn't ... Two nights ago, I drank a bottle of vodka. You know? I fell into bed pissed [drunk] (Edith, age 61, Phase II).

Despite their high support needs and extreme difficulties in accessing and sustaining stable housing, the majority of these women are not visible in homelessness statistics. While some report intermittent formal support from services during times of crisis, most of the women in this group go without any support for prolonged periods of time, despite their inadequate and inappropriate living situations. In this way, precariousness of housing is a form of 'invisible' homelessness which is largely overlooked by homelessness policy and homelessness service support. These women moved around the margins of the Irish housing market, typically in accommodation that was of poor quality and often in situations of violence and oppression. They lacked financial resources to exit these marginal spaces and secure a place that they could call 'home'.

Exiting Homelessness and Securing 'Stable Housing' (n=21)

Just as definitions of homelessness vary (Busch-Geertsema *et al.*, 2010; Jacobs *et al.*, 1999), exits from homelessness are also defined differently in the literature (Mayock *et al.*, 2011; Wong and Pilliavin, 1996; Zlotnick *et al.*, 1999). When examining and categorising homeless exits, researchers frequently consider both the *destination* (that is, the kind of accommodation secured) and the *duration* of the exit homelessness (Mayock *et al.*, 2011). Those women who were categorised as having exited homelessness by Phase II of the study were living in their current accommodation for at least 6 months (in fact,

most had been living in that accommodation for between one and two years). They reported that their living situations were secure in that they had formal lease agreement, their accommodation was of adequate standard and they were able to maintain rental and utility bill payments. Critically, they considered themselves to be ‘housed’ (Watson and Austerberry, 1986) and stable housing was equated by them with having a ‘home’, as Donna’s account strongly suggests.

I am not homeless. I know I am not homeless and I just love it. It’s great. It’s my home. You know that way? I love snuggling on the chair by myself, with a cup of tea and just forget ... (Donna, age 35, Phase II).

Women who had exited homelessness to stable housing by Phase II reported an average of 1.7 accommodation transitions between both phases of data collection; that is, far fewer accommodation transitions than those who remained homeless or were living in precarious housing. Most had moved from a homeless or unstable living situation directly to stable accommodation, although a considerable number had waited for lengthy periods of time to source and secure housing. A total of twenty-one women were residing in stable housing at Phase II of the study.

Table 6.7: Living Situations of Women in ‘Stable’ Accommodation at Phase II

TYPES OF ‘STABLE HOUSING’ AT PHASE II (n=21)	
‘Stable’ Accommodations at Phase II	Number of Women
Private Rented Accommodation	8
Rental Accommodation Scheme (RAS)	4
Local Authority Housing	4
Approved Housing Body (AHB)	3
Sheltered Housing for Elderly People	2
TOTAL	21

As illustrated in Table 6.7, women who were living in private rented accommodation constituted the largest group of those in ‘stable housing’ (n=8). Seven of the women living in private rented accommodation were in receipt of rent supplement payments while one had moved to Spain where she had secured full-time employment. Their tenancies were deemed by them to be affordable and financially sustainable in all cases. These women also depicted their housing situations as ‘stable’, typically recounted ways in which housing had enabled them to gain a positive sense of personal wellbeing,

improved health, access to supportive relationships, and a routine for their children: “At least you have safe place to come home to” (Katia, age 28, Phase II).

Four women were accessing the Rental Accommodation Scheme (RAS)¹²² and four others had secured local authority housing since Phase I. Three women were living in Approved Housing Bodies (AHB) (or social housing) units that were on a long-term lease and two were living in sheltered housing for the elderly, run by the local authority. Aisha (age 34, Phase II) became homeless following domestic violence from her husband and lived in transitional housing for approximately two years. She was then allocated RAS housing by her local authority where she was guaranteed a long-term tenancy. She valued the sense of security that accompanied her new home, which had also enabled her to re-engage in education and start to re-build her life.

If you have, I mean, a beautiful house, I mean not beautiful, I should say secure and warm, relaxed house, it's like 50 per cent if you are staying in a good place and in a secure, relaxing environment. It's 50 per cent. I always wanted this kind of house ... It's not about money, it's about peace (Aisha, age 34, Phase II).

The characteristics and profile of those women who had exited homelessness were quite distinctive. The causes or ‘triggers’ of homelessness among this group tended to be linked to intimate partner violence and/or a lack of financial resources, loss of accommodation, or residency restrictions. Women who had exited homelessness were also more likely to have first experienced homelessness during adulthood (as opposed to during their adolescent years) and, in general, they reported shorter homeless histories. Only one woman who had exited was actively engaging in substance use at the time of her Phase II interview (it is perhaps worth noting that she relapsed after she was housed, following a period of sobriety). Second, a majority of these women who had their children in their full-time care (eleven of the seventeen women who were re-interviewed were the full time carers of their children) or, alternatively, were the mothers of adult children (two women).¹²³ Nine of the twenty-one who were residing in stable housing were migrant women. While this highlights the comparatively successful housing

¹²² The RAS scheme was established in 2004 in response to the lack of affordable, long-term housing available across all local authority areas. The scheme is open to those who have been dependent on rent supplement payments for 18 months or more. If approved, local authorities act as a social rental agency and pay landlords directly on behalf of qualifying tenants. These tenancies are typically longer than those in the private rented sector (three years in many cases), thus providing enhanced security of tenure.

¹²³ A further two did not have children and in the case of the remaining two women - their children were living with a relative.

outcomes of this group, it is likely that it is due to their lower support needs (as opposed to their migrant status), that resulted in better housing outcomes among this cohort. This will be discussed to a greater extent in Chapter Seven.

Another key finding was around the nature of the exits from homelessness among these women. A majority of the cohort exited with the assistance of formal support services – either in the form of their local authority housing office, housing association or homelessness support organisation. Furthermore, their exits from homelessness were only viable in cases where their rent was subsidised either through the rent supplement scheme, RAS, or other formal channels of provision. Their dependency on these systemic supports to exit homelessness highlights, once again, their marginality from the housing market and the importance these schemes can offer in lifting women out of homelessness and ongoing housing instability. Furthermore, the fact that the majority of the women who exited were mothers with their children in their care, or women with low complex needs, suggests this lower threshold group are more likely to exit homelessness and sustain their housing over time.

Discussion and Conclusion

As highlighted in Chapter Three, homelessness is increasingly viewed as a dynamic process (Anderson and Tulloch, 2000; Clapham, 2003) and as “a complex, differentiated and multi-causal phenomenon” (O’Sullivan, 2008a: 75) that can be experienced many times over the life course. To a large extent, the findings presented in this chapter reveal the diverse ways in which homelessness is experienced by women; they also demonstrate the risk of both repeat and ongoing patterns of homelessness, certainly for the considerable number who remained ‘homeless’, ‘roofless’ or were living in precarious housing by Phase II of the study. Even at Phase I, a large number of the women reported lengthy homeless histories and, for many, this pattern of continued homelessness had not altered or been resolved by Phase II. While many had exited the homeless service sector, often on several separate occasions, they were unable to maintain these housing situations and ultimately returned to homelessness services.

Episodic homelessness emerged a key feature of the women’s trajectories through homelessness and housing and most had also lived – for either short or more prolonged periods – in situations of hidden homelessness. In other words, they moved between visible and invisible spaces of homelessness and housing insecurity. A very considerable

number had also spent time in acute or psychiatric hospitals and some had been incarcerated. These patterns of ‘institutional cycling’ (DeVerteuil, 2003) served to further entrench a number in ongoing cycles of homelessness. To a large extent, those women who remained homeless, as well as many who were precariously housed by Phase II of the study, were being ‘managed’ but not successfully housed by the homeless service sector. Most were effectively ‘locked out’ of the private rented market and social housing allocations, as they continued to cycle through numerous institutional spaces, including homeless hostels, hospitals and places of detention.

The women who had exited homelessness by Phase II of the study typically reported shorter homeless histories and there was strong evidence that they had fewer support needs in relation to, for example, substance use and mental health. A relatively large number were migrant women whose homelessness had been triggered by experiences of domestic violence and/or financial problems related to job loss and/or their economic dependence on their spouses or partners. A large number of those who had accessed stable housing were mothers with children in their care. These women, it might be argued, were viewed as more ‘worthy’ or ‘deserving’ of service support and housing (Marpsat, 2000) and, perhaps, were also better able to navigate the ‘staircase’ system of provision more successfully (because they had fewer and less complex support needs) (Sahlin, 2005).

As argued by Wong *et al.* (2006: 88), deficits in the availability of affordable housing may have resulted in a process of “‘creaming off’ the best functioning individuals among the homeless, while denying critical services to those most in need of service-rich housing placements”. However, it is only through an integrated feminist-Foucauldian analytical approach to women’s journeys through homelessness in which deep-rooted ideological assumptions related to gender and class are exposed. These are legitimised through paradigms of inclusion and exclusion across housing policy and service practice. This process results in certain women being unable to exit institutional or monitored spaces while others are routed out of service system and into housing. The analysis presented in this chapter suggests that the presence of children is crucial in justifying these practices. The end result for society, as a whole, is the continued containment of women who are deemed unworthy or deviant (thus limiting their exposure to mainstream society) and the more compliant and deserving service users transitioning into the domestic domain. However, within this domain, as will be discussed in Chapter Eight, their opportunity for

socioeconomic inclusion in society are likely to be restricted long after exiting homelessness.

In the next chapter, however, attention turns to women's relationships with formal support systems, in particular, providing a detailed analysis of how they negotiated and 'moved through' the marginal spaces they occupied. Women were not simply passive agents to the unfolding nature of their homeless and housing trajectories; rather, they recognised the dynamics and ideologies that surrounded them as they interacted with a wide array of individuals, institutions and service settings.

CHAPTER SEVEN

WOMEN NEGOTIATING HOMELESSNESS OVER TIME

Introduction

The previous chapters examined the life histories of the study's women, the processes that impacted their initial homeless experiences, and the nature and 'shape' of their homeless journeys over time. The women's life stories were analysed using a feminist lens, which endeavours to generate a gendered understanding of homelessness, focusing on the ways in which women's trajectories and experiences of housing instability are, in many respects, distinct from male-centred or gender-neutral perspectives (Baptista, 2010).

The focus of attention shifts in the current chapter to present a detailed analysis of the manner in which service settings impacted the women's lives and the diverse ways in which they negotiated a range of service systems over time. Wacquant (2009: xxii) argues that there are three methods used to 'manage' marginal populations, which he describes as "undesirable, offensive, or threatening" and which are used to *socialise* (through subsidised accommodation or enabling access to rental market); to *medicalise* (with reference to addiction or health problems – which assumes pathological understanding of marginalisation; or to *penalise* (to criminalise or incarcerate). In a discussion of current debates on the use of criminal justice systems to manage homelessness, O'Sullivan (2012b: 80) draws on the work of Wacquant and others to highlight the neoliberal ideology that exists within many EU nation states and to examine how the "penal state is increasingly displacing the welfare state as the mechanism for governing the poor"¹²⁴.

This chapter is similarly guided by Foucault's work in seeking to generate an understanding of women's interactions with homelessness and other support services (Foucault, 1980; 1981; 1991). In order to assert control in modern society, Foucault argues, those who are deemed 'outside' of the mainstream are closely monitored, scrutinised and compared to normative 'ideals'. In relation to the latter, control is bound up in

¹²⁴ In his article, O'Sullivan (2012b) also highlights the variations across EU states in terms of levels of 'punitiveness' towards homeless people, arguing that local circumstances and socio-political contexts have an equally, if not more, influential impact on dealing with homelessness, than neoliberalism.

discourses, since “[d]iscourses transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart”, particularly discourses with institutional bases such as law, medicine, social welfare, and so on (Foucault, 1981: 100-101). Foucault argues, where there is power; there is also resistance (Foucault, 1991). While discourses and systems of power and control are strong, individuals nevertheless have the capacity to resist, contest and navigate the structures around them.

This chapter primarily aims to explore the women’s relationships and interactions with services and systems of intervention over time. The opening section explores their relationships with services and service providers and the ways in which they negotiated the rules and regimes at work in different service settings. Conceptualisations of ‘deserving’ and ‘undeserving’ emerged as key themes in the women’s narratives and were also strongly apparent in observations made of staff interactions in these services¹²⁵ (among women, with each other and with myself as a researcher). The chapter then explores women’s agency and, in particular, the role of their individual actions as they sought – incrementally and, sometimes over lengthy periods – to negotiate a ‘way out’ of homelessness. This discussion of agency challenges the idea that homeless women are passive or static, rather, they are “active participants” in negotiating their situations and in seeking to affect positive change in their lives (McNaughton, 2006: 150).

In an effort to respond to the recognised absence of homeless women’s ‘voices’ or perspectives in much of the research literature (Kennedy, 1985; Watson and Austerberry, 1986; Parker and Fopp, 2004), a case study of one woman is presented, drawing on the study’s longitudinal biographical and ethnographic data. Fionnuala (age 58, Phase I) had a lengthy history of homelessness and a well-established relationship with several services. Her story reveals the lack of control she felt in relation to her housing choices, while also revealing the well-meaning actions of the service staff members and the ways in which these relationships developed and shifted over time. This case study also offers insight into women’s own conceptualisations of their service needs.

¹²⁵ While observations of staff interactions with women, as well as my interactions with staff members in a number of homeless service settings, are included in the analysis, the women’s voices are central to this chapter’s analysis.

The Monitoring and Surveillance of Homeless Women

In terms of the provision of services for homeless populations, conventional solutions have historically emphasised the idea that individuals need to be normalised or reformed in order to ‘reintegrate’ into mainstream society (Watson and Austerberry, 1986). Furthermore, institutions such as hostels, shelters, prisons, psychiatric hospitals and substance use treatment facilities closely observe and monitor the individuals residing in these settings. Rules, regulations, and crucially, service expectations as to how individuals ought to ‘behave’, arguably serve as powerful techniques that aim to ‘reform’, ‘restore’, and ‘rehabilitate’ individuals who are considered either victims or deviant. Such techniques of management are visible also in the conventional Staircase or ‘treatment first’ approach to the provision of homelessness services, which seeks to make individuals ‘housing-ready’ before progressing them to more stable forms of housing. The staircase model – which some argue is akin to “a system of control and training” – emphasises the perceived deficiencies of homeless people and the success rate of such a model in moving individuals out of homelessness is notably low (Sahlin, 2005: 130). The condition of homelessness and periods spent living in homeless and/or other services setting make it difficult (particularly with the passing of time) for an individual to address his/her needs. It is increasingly recognised in both Europe and North America that this model of service provision may not only fail to address homelessness as a social problem, but may even serve to reinforce it (Sahlin, 2005).

Women’s Experiences of Monitoring and Surveillance in Services Settings

Many of the women in the current study spoke explicitly about an intense sense of surveillance they experienced in the context of homeless service settings. A large number, for example, described feeling watched, monitored and, in some cases, controlled and these narratives were strongly apparent in study’s Phase I and II interviews. This sense of surveillance was described by some women as overt and oppressive. With a restored feeling of independence, several women who had exited homelessness by Phase II notably compared the experience of being independently housed with prior feelings of being observed in homelessness services. Bernadette (age 37) and her children had moved to a local authority house prior to her Phase II interview. She compared the transitional accommodation where she resided at Phase I to “the Big Brother house” due to a feeling of surveillance and monitoring on the part of staff members in that setting. Upon exiting homelessness, Bernadette described an

initial period of adjustment for her and her children as they slowly became accustomed to a living situation that was free from the active observation of staff.

You see they [children] were under an awful lot of pressure as well, like the whole family was, because it was a huge adjustment ... I had lived in [transitional housing] for so long, it was like the 'Big Brother' house and then the [domestic violence] refuge before that. But that's three and a half years [living in homelessness services]. I was constantly thinking, am I going to get into trouble for that, or the kids are going to get into trouble for this? (Bernadette, age 37, Phase II).

Similarly, Fionnuala (age 61, Phase II), who had moved to long-term sheltered housing by Phase II, described relief at no longer having to engage with service providers. Her regular meetings with a particular homelessness organisation in relation to her housing had been "a hassle", she reflected at Phase II: "All that is all over, thank God. I don't have hassle with anybody, like I had in the past - that was horrible. Those people calling you into meetings - that was horrible, horrible. They would be traumatising you."

Others discussed the omnipresence of CCTV cameras both on the exterior and interior of service spaces, routine 'room checks' and bag-searches: "I remember they searched me going in one day for drugs and they said, 'Where is it? Where is it?'" (Róisín, age 37, Phase II). Delilah (age 33, Phase II), who was now residing in subsidised private rented accommodation, described the lack of privacy that characterised the emergency homeless accommodation where she resided at Phase I: "They have keys and they can open your room, even if you are not there, and sometimes they do that and it feels a bit creepy, you know?" On returning to her room in the hostel, Delilah had, on numerous occasions, had a 'sense' that a staff member had entered the room in her absence: "You come in, and you get the feeling that someone else was in there ... It felt like a bit of a prison". Viv (age 38, Phase II) described similar experiences of intrusion in the transitional accommodation service where she had lived, believing that staff members searched her room when she was not present: "I feel like me home is getting looked at and going into your bits and pieces when you are not there. It shouldn't be like that at all. They [staff members] should be able to trust you and that what you're saying is true, but half of them don't care". These accounts of feeling monitored, watched and exposed echoes Foucault's description of the design of the panopticon prison, the layout of which facilitates hierarchical observation and examination, thus enhancing discipline and social control on the prison's inmates (Foucault, 1991).

Balancing the Need for Monitoring with Respect for Privacy

It is perhaps important to note that the rationale for the ‘measurement’ of ‘progress’ of individuals utilising services is, in many ways, a reasonable undertaking on the part of homeless service providers, as a way of documenting the perceived ‘needs’ of a homeless person whilst also monitoring the throughput and outcomes of the service. Furthermore, many charities and organisations are required to monitor service provision as it is a necessary mandate for their funders to ensure transparency of expenditure (Hoffman and Coffey, 2008). Indeed, ‘needs assessments’ databases have become common practice within homeless service delivery across EU states (Edgar, 2009). Moreover, surveillance in the form of CCTV cameras often serves as a security measure to ensure the protection of both staff members and service users.

However, it was the perceived *motive* behind this monitoring and surveillance that was relevant for a large number of the study’s women. For example, Donna (age 38, Phase II) compared the approaches of staff member in two transitional accommodation services where she had resided, describing staff members in one service as “immature”, “bitchy” and “power mad” while the other service setting was “completely different”. Despite many similarities in the range and types of services provided in each accommodation setting, she felt that the ethos and regimes were distinct. In particular, she greatly valued the emphasis placed on privacy and respect in her preferred accommodation. “Yeah there were cameras in the location but cameras just to make sure everybody was safe and, if something happened, that you could verify things like that. There was no surveillance: my house was my house, they didn’t come in without warning. If my keyworker wanted to see me, she would ring and say – can we have a meeting on such and such a date?” (Donna, age 38, Phase II). In the other service, by contrast, Donna felt that the staff acted as “authority figures” and that the women were not listened to: “When I signed up for here we were all supposed to be treated equal, you know, residents and staff but in some cases it’s not like that ... no matter what happens, it is always our fault” (Donna, age 35, Phase I). In instances where women felt they were being closely observed or monitored and/or when staff members were perceived to be authoritarian, women typically expressed resentment and framed the experience as denying them power, respect and dignity.

While we drank tea, Mary listed a number of complaints she had about [drop-in support service for homeless people] and [food centre]. She felt that there is a pressure placed on service users to figuratively ‘bow to the

staff because they are the charitable givers and so in a position of power ... She said she feels she is 'being watched' [while in the food centre] and, as she said this, she scanned the room for cameras, which makes her feel mistrusted by staff.

(Ethnographic field notes, Food Centre, Phase II)

Whereas in cases where women were felt that the monitoring and surveillance was in their interest primarily, they were far more accepting of it.

Infantilisation and Objectification

Hoffman and Coffey's (2008) secondary analysis of a database of 500 transcribed interviews with homeless people accessing emergency shelters, hospitality kitchens, food stamp offices and other providers in Portland, USA, revealed that many of the homeless people felt both "objectified" and "infantilised". Similar reports of infantilisation emerged in the current study in relation to two specific services that was commonly cited across the interviews. In one hostel, for example, several of the women talked about what was referred to as 'the bold bench', a seat where they were directed by staff members to sit for a considerable period of time if they returned to the hostel visibly intoxicated: "They [staff] treat you like, God I dunno. I had drink on me once and if you come in 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?! It's like bein' in prison ... But 36 and being told to sit on a bench ... Madness!" (Dervla, age 36, Phase I). Other women described staff members as assuming that they were 'better positioned' to make decisions for them, without any consideration of their personal perspectives and preferred choices: "They make you feel like you don't know anything, you know?" (Delilah, age 33, Phase II). Viv (age 38, Phase II) described the pressure of constantly being told what to do.

When I was young - I was happy. You always have your ups and downs no matter what, but it was better when I was younger than now. Everything is just too much now for me. Like, people telling me to do this, do that, go for this, go for that - if I want to do it, I'll do it. People don't have to push me to do it. If I don't want to do counselling, I don't have to do it. It's like other people have control over me, since in here [transitional accommodation for women]. And I said it to them...I said, 'I'm not a child!' (Viv, age 38, Phase II).

Women who were separated from their children (and who were residing in State care or with relatives) reported it was extremely difficult to maintain a relationship with their children during periods when they lived in homeless service settings. Very often, their inability to maintain contact with their children was aggravated by the 'rule' that visitors were not permitted in the places where the women resided. This separation and

‘distance’ from their children was a source of significant distress for women, who felt that these kinds of restrictions served to widen the rift between them and their children. When women did meet with their children, they typically did so in public places such as shopping centres, fast food outlets or coffee shops - settings not normally conducive to building often already fractured or strained relationships with their children. For these women, possibly the most significant perceived benefit of securing independent housing was that they would be better positioned to care for their children again. Stephanie (age 35, Phase II) explained that after years of homelessness, interrupted by periods of incarceration, she desperately wanted her own home as it would help her to rebuild her relationship with her three children.

The youngest, she is nearly 13 now and it's like, 'Mammy when are you getting a new house?' Do you know what I mean? It's heart-breaking to hear your child saying that, when are you getting new house? What I put them through, years ago when I was in prison like and they were coming up to see me [in prison] as babies and, now, it's like another prison again like. Do you know what I mean? They can't even come in here [B&B emergency accommodation]. They are not insured to be on the property (Stephanie, age 35, Phase II)

Several women also described feelings of hurt and upset in instances where they were treated disrespectfully by staff members. Imelda (age 34, Phase I) recounted an experience of an encounter with a housing officer in her local authority housing office. She described feeling “degraded” and “worthless” on leaving the office.

I felt like as if I was – you know, like she [housing officer)]degraded me down to like as if I was begging on the street or like as if my life was worth nothing or my children ... I said I have paid my taxes, I have worked and everything, it is not my fault I became homeless ... She thought I was fecking doing drugs or drinking, that is the impression that she gave me. I have put up with an awful lot of crap in my life, but that over there I never in my life wished anybody to go through that ... I was shocked, I am still reeling over it. It is like as if – to me, it was like as if someone gave me a good hiding, that is the way I feel inside (Imelda, age 34, Phase I)

Positive and Productive Relationships with Services

On the other hand, there were women who greatly appreciated the relationships they had built over time with a case management worker or key worker, who had provided crucial assistance and support in helping them to source accommodation, access social welfare payments and/or drug or alcohol treatment and, in some cases, helped them prepare for court appearances (both in relation to offending and protection orders). Key

workers also assisted women with day-to-day living and budgetary matters, in particular, and were also a source of emotional support: “They helped me to manage” (Maria, age 31, Phase II). Some women described the sense of security they experienced when working with staff members who were knowledgeable and available to them, particularly when it came to navigating bureaucratic hurdles. Donna (age 38, Phase I) had exited homelessness following a period of intensive engagement with services, which included prison and probation services, step-down transitional accommodation, domestic violence transitional accommodation and a housing association. The practical support she received before and after her transition into stable housing enabled her to live independently following several years of homelessness.

I had to learn [how to live]. I didn’t know¹²⁶. Independent living, I needed them skills. I had a girl coming out to me from [tenancy support service] ... they were brilliant. They helped me get this place as well. They were brilliant. And, [name of staff member] in [housing association organisation] - he was brilliant as well and they have just all been brilliant (Donna, age 38, Phase II).

Both the biographical and ethnographic data also strongly suggest that hostels and other homelessness services were places where homelessness became ‘normalised’, to some extent, leading some women towards a sense of acceptance of their situations in these spaces. These processes of normalisation were particularly apparent in long-term accommodation settings such as one that houses ‘entrenched’ problem alcohol users (all with lengthy histories of rough sleeping). For example, many residents of this service – as well as individuals who accessed food centres – described feeling ‘comfortable’ and ‘supported’ in these settings. During the course of conducting ethnographic fieldwork, I spoke with many service users – women and men alike – who regularly attended food centres for the purpose of socialising and interacting with other regular service users. The following excerpt from ethnographic field notes taken during Phase I illustrates how, for one male service user, the food centre offered a non-judgemental space that was free of the stigma of homelessness evident in mainstream society.

Kevin [service user] described homeless coffee shops and food centres as the only place in the city where you are not judged. I asked him further about this and he said that outside in “normal” settings, society is concerned with matters such as your profession, how much money you

¹²⁶ Donna’s inability to live independently in her mid-thirties, suggests a degree of institutionalisation following many years in hostels, transitional housing and prison.

have and what car you drive. But in [food centre], he said, people are not concerned with such matters and nobody judges you (neither the staff nor the customers, he clarified). His friend sitting next to him agreed with this sentiment and described it [food centre] as an “easy setting” in which to pass time and socialise.

(Ethnographic Field Notes, Food Centre, Phase I)

Many of the women acknowledged that, within hostels and other short or long-term accommodation types, rules were necessary in order to maintain a sense of safety within service settings. Furthermore, stricter regimes were considered by some to be enabling in the sense of helping them to curb their substance use and maintain better ‘order’ in their daily lives. For example, Stephanie (age 32, Phase I) was first interviewed in a hostel that was commonly described by the women as ‘strict’ in terms of its rules and regime. When interviewed at Phase I, she appeared quite content there: “It is grand, I get on with everyone ... I don’t have a problem. The staff and all I think are nice”. Upon a chance meeting with her in Dublin’s city centre some weeks after this Phase I interview, Stephanie told me that she was “dying to get out” of that same hostel, that the rules were becoming too oppressive for her. When conducting ethnographic observation a number of weeks later in a ‘wet’ hostel setting, I met Stephanie once again; she had apparently been transferred there several weeks previously. She described a sense of relief because of the greater freedom she experienced in the “more relaxed” environment of the ‘wet’ hostel.

Stephanie told me that she hated [previous hostel] and that the staff were very “sneaky” and putting her outside to sit on a bench when she was intoxicated. She said she had no freedom there and she prefers the relaxed atmosphere in [current hostel].

(Ethnographic Field Notes, ‘Wet’ Hostel, Phase I)

Stephanie was present during several of my visits to the ‘wet’ hostel during subsequent months. During this time, her drug use had increased significantly and, as time passed, she explained that she was eager to return to a homeless service with a stricter regime. By Phase II, she was living in a B&B for three years and described the moment that she left the wet’ hostel.

The atmosphere there every night - all the trouble and all, and one Friday I went to my clinic, went home and packed me stuff and just walked out and stayed with friends for the weekend (Stephanie, age 38, Phase II).

Stephanie’s story – and my interactions with her over a considerable period of time - highlights the ebb and flow of women’s needs in relation to their ever-changing

situations and how this impacts their interactions and experiences of homelessness services as time passes. Her story also confirms that a strict regime is not necessarily better or worse than a more liberal regime; rather, women have a sense of their own needs and they negotiate various service regimes in different ways. What was valued above all else, however, was a sense of being treated with respect, humanity and empathy.

Conceptualisations of ‘Deserving’ and ‘Undeserving’

As highlighted in Chapter Three, accounts of homelessness frequently lack theoretical depth and fail to integrate structural or individual explanations (Neale, 1997). Additionally, homelessness is a socially constructed concept which can shift and change over time (Watson and Austerberry, 1986; Jacobs *et al.*, 1999). Indeed, homelessness as a social problem may be shaped and conceptualised as a result of various vested interests. For example, emphasising individual explanations of homelessness can serve as “a smoke screen to hide policy failure” (Jacobs *et al.*, 1999: 22). Furthermore, as Neale (1997: 49) suggests, different conceptualisations of how homelessness comes about can serve to demarcate those individuals who are seen as various levels of ‘deserving’.

Where homelessness has been interpreted as a function of structural factors beyond individual control, homeless people have tended to be seen as deserving of assistance. Where individuals have been deemed somehow responsible for their homelessness, they have frequently been considered less worthy of support (Neale, 1997: 49).

‘Deservingness’ is closely associated with the idea of ‘worthiness’. Who is worthy of support and why? The notions of ‘deserving’ and ‘undeserving’ are not new concepts and have been applied for some time to analyses of statutory approaches to poverty¹²⁷. The current study’s interview and ethnographic data revealed the widespread use of these categories by staff members and volunteers in the homeless service sector and these ‘categorises’ were also keenly ‘felt’ by the study’s women.

¹²⁷ ‘Deserving’ and ‘underserving’ among those experiencing poverty are not new or recent conceptualisations. Early poor laws in England and Ireland distinguished between ‘legitimate’ beggars, which included orphaned children, the sick, and the disabled, as opposed to able-bodied adults who were categorised as less deserving of support (Considine and Dukelow, 2009). Wardhaugh (1999), and others (Watson and Austerberry, 1986) argue that Elizabethan and Victorian constructs of poverty and homelessness persist in the modern-day legislation, policy and practice.

Deserving Service Users and Positive Housing Outcomes

Discourses about what constitutes ‘deserving’ and ‘underserving’ among homeless women show that traditional perceptions of women’s roles prevail (Passaro, 1996; Marpsat, 2000). Policy and service-level supports tend to adopt a paternalistic role in resolving homelessness among women who are deemed to be ‘deserving’ (O’Sullivan and Higgins, 2001). For example, women who are full-time carers of children are often viewed as the most ‘deserving’ homeless service users and are, therefore, more likely to be afforded priority and protection. Mina-Coull and Tartinville’s (2001) exploration into the treatment of homeless women in France argues that women who are accompanied by children are afforded greater access to services, social security, and housing *because* they are conforming to their gender roles as mother or caregiver. Conversely, women with substance use or mental health problems are more likely to be labelled as ‘undeserving’ since they deviate from gender ideals (and are consequently likely to remain homeless for longer).

This prioritisation of women accompanied by children (compared to those who were not mothers or who did not have their children in their care), is typically built into housing or homelessness policy and policies around child protection. Housing policy in the UK (May *et al.*, 2007) and Ireland (O’Sullivan and Higgins, 2001), for example, are structured in a way which prioritises subsidised housing for women with children. Consequently, those without children have fewer options, making them less likely to exit homelessness. Similarly, as documented in Chapter Six, the findings in this study indicate that women who had exited homelessness through the allocation of local authority housing, rental accommodation scheme housing, or with the support of rent supplement payments – were far more likely to be accompanied by children.

Additionally, ethnographic observation revealed everyday procedures within hostels and food centres that signalled distinctions that were routinely made and acted upon in term of the ‘treatment’ of women with children. For example, in these settings, women with children were separated from ‘single’ women in a physical sense (in the food centre, women with children were allocated a separate area and, in the larger hostels, women with children were accommodated in a different side of the building). Many ‘single’ women were also mothers but they were not accompanied by their children, who were living in either State or relative care or, alternatively, were grown adults: “I am just down

[registered] as a single person. Even though, they know that I have three kids. But, I am down as a single person” (Stephanie, age 35, Phase II).

Different Perspectives of Deserving and Undeserving

Conceptualisations of ‘deservingness’ could shift and change, depending on the actor and the particular context. Expressions of prejudice, intolerance or judgement – whether subtle or overt – were evident across the interview data and ethnographic field notes. In the larger food centres or homelessness services, for example, migrants and the Irish service users were unlikely to mix or interact with one another. There also appeared to be more camaraderie between the Irish service users and staff members, though not in all cases (some staff members were particularly engaged with all service users). However, the following excerpt from ethnographic field notes is an example of the very subtle distinctions frequently made between Irish and the non-Irish service users.

A volunteer told me that he preferred to work on Saturdays because there are clients who have been coming there ‘for years’ making it a ‘nicer atmosphere’, whereas during the week there are more non-nationals availing of the service. While the comment was not intended to be offensive, I wondered if migrant service users were aware of perspectives such as these and, if so, whether it impacted their feeling of inclusion in the service.

(Ethnographic Field Notes, Food Centre, Phase II).

Conversely, some Irish-born service users insisted that homeless migrants got preferential treatment within services, which engendered a sense of resentment since they saw themselves as more ‘deserving’ because they are Irish.

Peter [service user] said he has been waiting eleven years now to be housed. Maureen [service user] said that both she and Peter are not happy with ‘the foreigners’ coming to Ireland and getting housed quicker than them. “I’m not a racist or anything but” Maureen said, without finishing her sentence.

(Ethnographic Field Notes, Food Centre, Phase I)

Similarly, some migrants recounted their experiences of accessing homeless service settings, describing feelings of shame at ‘being among’ homeless rough sleepers and drug users, illustrating the various perspectives that can exist among subgroups of the homeless population and, also, the particular judgements or assumptions that homeless individuals may make about one another. Delilah (age 33, Phase II) and Sofia (age 34, Phase I), both migrant women, reflected on their experiences of accessing homeless support services.

... having to stand there [in line at food centre], like I am not undermining the people that are there or anything, but some people haven't washed – they are really on the street and are standing there and waiting for food and they are freezing and some of them would be spitting and doing all sorts of things and I think, 'Oh gosh', I am standing here in the middle of it. 'What am I doing? You [referring to herself] are not supposed to be here...' (Delilah, age 30, Phase II)

I don't want to go there anymore [food centre]. It's ugly, there are drug addicts, and it's very bad for the children, so bad for them. There is a little section for the families, so we can go there, eat very quickly and get out fast. It's very intimidating, a very ugly place. There are sometimes fights and I don't want to go there but we are forced to ... I feel they are different to normal Irish people - they insult us (Sofia, age 34, Phase I)

Delilah's comment that she and her daughter "are not supposed to be here" and Sofia's assertion that the service users "are different to normal Irish people" demonstrate how they seek to distance themselves from the stigma of homelessness and homeless people. In so doing, they were arguably attempting to create a more legitimate or 'deserving' narrative of their own situation.

Deservingness and Entitlement

'Deserving' and 'underserving' are concepts closely related to categories of entitlement. Individuals who did not appear to be sufficiently 'in need' were observed as sometimes viewed by some staff members or volunteers as less worthy clients of the service. For example, during the course of one interaction, a volunteer at a food centre expressed anger as she observed a migrant woman attend the service carrying what appeared to be a 'designer handbag'. The volunteer claimed it was not a counterfeit version of the handbag because, she asserted, "I know my bags", and went on to describe the woman's attendance at the service as "ridiculous". Derek, a male service user, also recounted a story in which a staff member at a food centre approached him after he had purchased a new leather coat. This sparked a debate between Derek and his friend Jim about homeless people, service utilisation and entitlement.

Derek – a long time service user of the food centre – told that one day, shortly after buying a leather coat, he entered the food centre and was approached by a member of staff who remarked, "You have some nerve to come in here in your new gear to avail of cheap food." Derek expressed his hurt when hearing this comment, and believes that the staff member should have been happy that Derek was finally able to afford new clothes and that he has come a long way since the days when he was destitute. Derek's friend Jim, who was sitting beside him at the table, disagreed with Derek. Jim believed the staff member was right, and that you can't "flaunt new money" around in a place where people are impoverished.

Conceptualisations of the 'deserving' service user were also often based on prevailing assumptions about women and gender. In particular, those women who conformed to conventional gender roles and stereotypical attributes (as mothers with children in their care and/or communicating expressions or manifestations of femininity, gratefulness, and passiveness) frequently reported more positive relationships with staff members and services and they also reported more positive housing outcomes. Those, on the other hand, who did not conform to conventional gender roles (that is, women with children in state or relative care, criminal offenders, drug or alcohol users, or outspoken women) were more likely to undergo processes of 'discipline' and a large number had spent years moving between institutional or quasi-institutional settings. Several women alluded to preferential treatment on the part of staff members within services based on the women's own characteristics. Since Phase I, when they were living in a domestic violence transitional accommodation, Aisha (age 34, Phase II) and her young daughter had been housed by her local authority through a social rental scheme (she had a ten-year lease and her rent was subsidised), which had enabled Aisha to return to university full-time. In the following excerpt, Aisha explained that she felt that her personal attributes had earned her favourable treatment by the housing officer in her local authority area. Aisha further alluded to the fact that not all women are necessarily treated as sympathetically.

I have been there [to local council office] and the chief housing officer, she saw me from inside, she was not interviewing me, but she saw me from inside and she saw I am crying and everything, and studying in further education ... So, she saw me and she offered me this place [referring to local authority house] ... If I was going through the council waiting list, it would take ten years to get a place like this ... I think she saw me, she found me as this person who was trying to make a better life, I think. I am not a woman only drinking and no future or all those [people] ... The staff? Oh yeah, they are very good - with me, they are very good. I don't know how she would be or what she would be with other people but with me, she is excellent. Yeah. (Aisha, age 34, Phase II).

Deservingness and Cooperation

Women who cooperated with services and/or adopted a 'passive' position also tended to fare better over time. They were more likely, for example, to form positive relationships with service providers and were, by Phase II, more likely to have exited homelessness. One of the male service users who featured quite prominently in the observational field notes from a food centre during Phase I summed up his advice to individuals who were seeking to be housed (he was housed by his local authority): "I followed two rules in

getting housed: Do what they [services] tell you to do, and turn up to appointments”. This sentiment was echoed by Chloe (age 29, Phase II), who, at Phase II, remained living in a homeless B&B but emphasised the need to “play the game”: “We have to just keep at it. Just keeping what we are supposed to do ... just play the game”. Some individuals appeared, therefore, to seek to improve their prospects of being housed by ‘surrendering’ to service expectations. Others, however, were happy to comply fully with services and these relationships were particularly productive and positive as both service user and staff member collaborated to achieve an exit from homelessness.

They [homelessness after-care team] actually give you that push in - , in the next life, after that [homelessness]. They give it and they help and offer you courses, just to talk like, my after care worker was all the time when I asked something I don’t know, about everything, oh yeah she said, no problem, she would quickly help me, call me, ask just like that – how are you? She was very good and she was perfect after care, all that service was very good (Immanuela, age 32, Phase II).

Several women in the study – most of whom were active substance users – identified a feeling of having been ‘punished’ due to their status as homeless. Katie (age 28, Phase I), for example, who is an active drug user, felt that she and her partner were not treated with respect by frontline staff in services generally. She did, however, highlight that not all members of staff treated them unfavourably.

It’s like they’re [services] punishing you, you know? And then you go down to them then say, if you don’t get paid and you go down to them [service] and they’re like, ‘What do you want? What are you doing down here? What do you want today?’ You know? They don’t welcome you like they’re – like, some of them are nice, some of them ... It was just like, oh I don’t know, not that we were in the way – like, you just felt like they were treating you different to everyone else just because you were homeless. You know? Like if you weren’t homeless, they would be different with you. I have seen the way they treated some people like and it’s not nice - just because you’re homeless, you know? (Katie, Age 28, Phase I).

Delilah (age 33, Phase II) similarly described an encounter when she attended an appointment at her local authority housing office, which made her feel ‘undeserving’ of support. Following the incident, she drew on the support of a homelessness advocacy worker who accompanied her to the next scheduled meeting – upon which she reported better treatment. Her account highlights the importance of intercultural competencies on the part of service staff, whilst also exposing the value of advocacy for migrants and non-migrants alike, who may not fully understand their rights and entitlements.

It’s like they [staff in housing office] were not trained in how to deal with immigrants ... he said things like, ‘Did you think when you came back to Ireland that everything would be laid out there on a silver platter for you?’

... Yeah the only thing we can do for you here is to help you if are short of money to go home, we can help you get a B&B for you and the next day, you buy your ticket and you go home.' ... He just made me feel worse ... The only thing he should have said was, 'I am sorry, we cannot help you', that's all ... I left the place in tears...

... I told him [advocacy worker], 'I am not going to go back there [to housing office] because I had a bad experience' ... I had to go but the guy [support worker] came with me. So I was sitting there, and the [previous] guy came in ... this time, the story was different – he was very nice to me! And he didn't even remember me, and up to this day, he doesn't know that he did what he did. (Delilah, age 33, Phase II)

Several of the women described the responses of service providers in instances when a woman was considered by them to be difficult, “choosy” or ungrateful. Delilah (age 33, Phase I), for example, told that she had been warned by staff members in the hostel accommodation where she resided at Phase I interview not to be “fussy” when she requested new bed linen. Similarly, Róisín (age 41, Phase II) – who is a heroin user, a heavy drinker and the mother of three children who had been placed in State care – described a ‘take-it-or-leave-it’ response the part of a staff member in the hostel to her request not to share a room with a drug user.

I said [to staff member in hostel], don't put me into that room with a drug addict like, or a heroin addict. If you want me to clean up, this is the way I am going to do it. And she [staff member] said 'Well you can't be choosy' and I said, 'Well I am being choosy; this is my life'. She was like, 'Well you can take it or leave it'. They always say this [type of thing] (Róisín, age 41, Phase II).

There were women who did not ‘fit’ neatly into either the categories of ‘deserving’ or ‘underserving’, including, for example, women who did not report significant substance use and/or mental health problems. These women in fact tended to slip through the cracks entirely and many were categorised as precariously housed at Phase II of the study (see Chapter Five). As neither ‘saint’ or ‘sinner’, they tended to engage to a lesser extent with services and, instead, moved between unstable and informal living situations, often for lengthy periods.

In summary, the data strongly suggest that women who were perceived as victims of circumstance tended to be treated in a more paternalistic, but preferential, way by many front-line services (Marpsat, 2000). Those women with children in their care were, as demonstrated in Chapter Six, more likely to be housed by Phase II of the study, arguably reinforcing normative and gendered social constructions of ‘worthiness’. Women who remained in emergency accommodation for prolonged periods of time, by contrast, were

frequently separated from their children, had serious substance use and/or mental health problems and lengthy homeless histories, in most cases. Following Foucault, they had remained in spaces where they could be monitored and their behaviour regulated (Foucault, 1991). Furthermore, those women who fell somewhere ‘in between’ continued to live in precarious circumstances and in marginal spaces, mostly ‘invisible’ from homelessness services, continuously teetering on the edge between housing precariousness and homelessness.

Women ‘Managing’ Services: The Role of Agency

Homeless women are frequently labelled as ‘victims’ of circumstances which, it is argued, denies women agency and, in so doing, also serves to re-victimise them (Crinall, 1995). Women, according to Weedon (1987: 125), are “feeling, thinking subject[s]” who are “capable of resistance and innovations”; women “reflect upon the discursive relations which constitute her and the society in which she lives”, and when making decisions, are “able to choose from the options available” to them in a particular time and space. In response to earlier feminist interpretations of patriarchy, poststructuralist feminists assert that women are not a homogenous group as earlier feminist writings sometimes assumed (Weedon, 1987).

Poststructuralist feminists therefore identify “the need for a multiplicit view of femaleness” (Crinall, 1995: 43). They also draw heavily on the work of Foucault and the emphasis he places on power, which is not necessarily top-down but is rather ubiquitous and capillary-like (Weedon, 1987; Watson, 2000). Integral to this recognition of multiple forces of power is the assertion that where there is power; there is also resistance (Foucault, 1991). Women are capable of challenging, negotiating, defying or rejecting wider structures, systems and discourses and these acts of resistance can gradually evoke change over time. While women experiencing homelessness typically report multiple social, cultural and economic oppressions and exclusions, this does not mean that they are docile, passive and unreceptive (Watson, 2000). Correspondingly, the research participants in this study negotiated their disenfranchised position and demonstrated significant initiative, resilience and resourcefulness, while several women also revealed strategies that they used in order to reduce the risk of victimisation.

Negotiating Limited Power and Impression Management

By examining these narratives, it is possible to see how women negotiated the limited power they had by challenging, resisting or simply managing their situations in strategic ways, thus highlighting their capacity for agency *despite* the considerable constraints they faced. We also begin to see that women's own actions and behaviours played an important role in their housing outcomes. As discussed earlier, women who conformed to service expectations, who responded positively to advice imparted to them, and who expressed gratefulness and appreciation for the support they received, tended to fare better in terms of accessing stable housing. In other words, compliance was also a form of agency. As Novak *et al.* (1996: 7) put it, "As long as women learn to work their way through the system, to appear docile and worthy, they are less likely ... to remain homeless for long". In this way, women may seek to conform to the female ideal of the "dutiful dependent" (Passaro, 1996: 11). This does not mean that those women who did not conform to service expectations did not demonstrate agency, nor does it imply that those who conformed lacked resistance; rather, both were versions of agency, but the particular behaviours of those who complied were more likely to be 'rewarded'.

Faced with the challenge of negotiating a highly competitive housing market and the lack of affordable housing, in particular, several women demonstrated strong personal initiative in their efforts to access accommodation. A critical strategy utilised by women was persistence. Bernadette (age 40, Phase II), like others, believed that her regular telephone calls to the local authority office had contributed to her (eventually) securing local authority housing: "I kept ringing, and ringing, and ringing ... I rang them every single week". Similarly, Ruth (age 24, Phase II), who was also housed by her local authority by Phase II, explained that telephoning her local authority office had helped sustain her optimism about being housed: "I was ringing the council every day to see what was happening ... It gave me hope then that at some point I would get it". However, such persistence did not always yield positive results, as Stephanie's experience (age 35, Phase II) demonstrates. Despite her regular phone calls to her local authority, she remained in B&B accommodation at Phase II, following a three-year waiting period for housing: "I haven't heard nothing [from housing officer], so I am livid at the moment with her. Like, I can't get hold of her, her phone is ringing, ringing - I just leave messages. I don't know what they do be doing, I really don't."

Some women reported strategies aimed at ‘impressing’ estate agents and landlords as a way of boosting their chances of securing tenancies. For example, Alexandra (age 33, Phase II) had been successful in securing private rented accommodation. She explained how she impressed her prospective landlord by making sure he saw that she owned a car in an effort to demonstrate a level of financial competency and security. She had also invited that prospective landlord to visit her current accommodation so that he could see for himself that she maintained her accommodation to a high standard. The landlord did in fact do this, which led to a successful outcome, as she explained in her Phase II interview.

I said to the agency, ‘Please come visit me - this is my address, just, he [landlord] can come at my house any time. You don’t have to tell me, just any time he wants he can call in and see my house.’ So he showed up one evening, knocked on my door, I didn’t know who he was. He’s kind of old. He said, ‘Hi I am [name], I am the property owner’ and I said, ‘Good, come on in’. When he saw the house, it was a big house, clean and I showed him the washing machine and I also showed up all the receipts of the rent I was paying for the first of each month - all of them, because I always keep all of them. ... ‘Look around, this is me, I always keep my house like this’, so he said to me, ‘Yes I am going to give you the house’. (Alexandra, age 33, Phase II)

Imelda (age 37, Phase II) also demonstrated strong personal initiative in her efforts to secure housing. At Phase I she was living in a hostel with her children, having fled a violent relationship on two separate occasions. She and her children had stayed temporarily with relatives and, on one occasion, had slept in her car. Shortly before she secured local authority housing, Imelda had tried to enlist the help of a local politician, describing her desperation to him. Imelda felt that this action had contributed, at least in part, to her securing local authority housing.

I went to my local TD¹²⁸. I went in there, I told him out straight. I said, ‘If you don’t help me, I am the next one committing suicide. I can’t hack this, I am sick of being knocked all my life, and no one has ever given me a proper chance and all I want is a roof over my head for my children and just to have a bit of peace in my life’. (Imelda, age 37, Phase II).

Imelda had also arranged a meeting with the housing officer and, during that meeting, telephoned her abusive partner, knowing that he would be verbally abusive to her. She put the call on loudspeaker so that the housing officer could ‘witness’ the barrage of verbal abuse that ensued, thereby revealing to the housing officer what “normally goes on behind closed doors”.

¹²⁸ TD denotes Teachta Dála, referring to a member of the Irish parliament.

So he kept ringing my phone. The only way I am going to prove what he was doing, is to get him [her partner] so pissed off that when he does come on the phone he will do what he normally does to me behind closed doors. I let the phone ring, left it ring, answered it after a while and I said 'Lads [to the housing officer], listen to this' and I had to prove this ... He was there [shouts] "YOU FUCKING TRAMP! YOU FUCKING WHORE! WAIT TILL YOU GET HOME! I HOPE YOU'RE NOT FUCKING GONE INTO THAT [HOUSING] OFFICE" and he gave me a world of abuse - the best thing he could have ever done in his life. Never knew, he still doesn't know. I hung up then. And I said, "This is what I have been trying to explain to you for the last fourteen years, this is what I have been putting up with" (Imelda, age 37, Phase II)

Other women engaged in 'impression management' in order to boost their chances of approval by housing officers and other individuals with whom they interacted as they tried to source secure housing. Goffman (1959) likens life to a series of performances, identifying how clothing, physical stature, race, body language, gestures, and facial expressions operate and serve as 'sign vehicles' through which judgements and impressions are gathered. First impressions, in particular, can be important and many of the women attempted to make a 'positive' first impression in order to bolster their chances of being heard.

Nala (age 33, Phase II), for example, described her efforts at making a favourable impression in the Family Court to ensure that she received child maintenance payments from her ex-husband: "He [ex-husband] think he is the boss and he didn't let me speak, he always interrupt but I always get really nice dress up and really talk nicely, talk respect[fully] to the court, everything - so I always get more attention from judge so I feel good." A considerable number of other women talked spontaneously about their efforts to make a 'good' impression on landlords and others as they tried to secure private rented accommodation. Grace (age 31, Phase II) was an ex-heroin user and pregnant and felt that her pregnancy could work favourably for her in seeking accommodation. However, her partner, whose history of heroin use was more 'visible' in terms of his physical demeanour, did not attend meetings with prospective landlords: "[My partner] didn't really want to go [to view private rented accommodation] because he has bad teeth and he thought they would look at him and think, 'Aww junkie no, not him, not having him in the house'. So, I went - pregnant, and said he was working". Here, Grace assumes that conventional gender roles - a pregnant woman pregnant with a partner at work - will be viewed positively-regarded. Her narrative also highlights the challenges confronted by women who are aware of any conceivable 'visible' signs of drug

use/dependency as they seek secure housing in a highly competitive private rented housing market. She and her partner were ultimately unsuccessful in securing private rented accommodation and were both homeless at Phase II.

Strategies of Survival

Women demonstrated a number of strategies aimed at reducing their exposure to the risk of victimisation. An association between homelessness and an increased risk of violence is well documented (Baker *et al.*, 2010; Jasinski *et al.*, 2010; Jones *et al.*, 2010). However, far fewer studies have examined the ways in which women employ strategies to reduce their risk of victimisation. An exception is Huey and Berndt's (2008) analysis of interviews with homeless women in cities in USA, Canada and Scotland¹²⁹. A central focus of this study was a concern with how women "perform gender in 'the streets' and about whether they employed gendered survival strategies in attempts at keeping safe from victimisation" (Huey and Berndt, 2008: 179). Drawing on Judith Butler's theory of performativity of gender and Goffman's dramaturgical model, the authors describe how homeless women negotiated the risk of victimisation by performing different 'versions' of gender. They identified four types of behaviour which were enacted by women: femininity simulacrum (passivity, emotionalism, tenderness, maternal, avoiding trouble with the law); masculinity simulacrum (aggressiveness, mental and physical toughness, emotionlessness, fearlessness, aggressive body language); genderlessness (shrinking back from any presentation of the self, hide, isolate oneself, remaining 'invisible'); and passing (heterosexual women passing as lesbians).

Several women in the current study spoke candidly about having modified their behaviour in order to reduce the risk of victimisation. Some, for example, told that they had to "toughen up" in order to protect themselves in hostel settings and that they avoided any demonstration of kindness to others for fear of being exploited. Central to this strategy was a belief that other homeless individuals could not be trusted. Rosie, for example (age 38, Phase I), explained that she had "learned not to trust". Describing herself as naïve when she first became homeless, she had learned over time that people's kind actions were often founded on ulterior motives: "You know at that age you are not street wise, you are very naive, you know, you trust everybody, you know, you have a lot

¹²⁹ The authors carried out two separate studies, the first of which was ethnographic in approach and conducted in San Francisco and Edinburgh. The second study, which sought to focus on women's strategies to specifically minimise risk of victimisation, was conducted with homeless women in Montreal and Ottawa.

of trust in what people will say to you and I suppose when you are at that age as well, you want to hear nice things and people saying nice things but normally there is a different reason for what they are saying". There were countless other examples of expressions of distrust in other homeless people, across both phases of data collection. Laura (age 36, Phase II) explained the tentative dynamic of her relationships with other homeless women: "Yeah, they are nice girls, they care but you wouldn't go as far as saying 'friends', you know? You can make some friends, but you couldn't trust them as far as you could throw them". Alcohol users often distrusted drugs users, and vice versa.

I don't really like the heroin addicts because all they want is a piece of you, to get their hit. But they never actually are there to help you out. She'll help you out if you have money but she won't care – I find that – more than you do with alcoholics. I am not comparing one to the other but I just find them devious, and wanting to judge you up as soon as they can – I can tell a mile off (Carol, age 40, Phase II).

In many ways, this study's findings do not concur with much of the existing literature that have documented a sense of camaraderie between homeless people as well as a strong 'subculture' of homelessness within which people forge a sense of belonging and trust (Snow and Anderson, 1987; Ravenhill, 2008; Oliver and Cheff, 2014). In contrast, for many of the women in this study, learning *not* to trust was a key method of survival which reduced the risk of exploitation and victimisation.

Some of the women avoided services altogether in order to reduce risk of victimisation or bullying due to the perceived threat posed by others residing in these spaces. Several women, for example, stated that they had slept rough for prolonged periods of time because they were fearful of hostel environments that they perceived to be "full of drug dealers" (Ethnographic field notes, Phase I). In the food centres and larger mixed-gender service settings, women who attended alone often sat at the back or corner of the room, perhaps reflecting what Huey and Berndt (2008: 189) refer to as the "cultivation of invisibility". Sometimes, this threat was not founded on hearsay, assumptions or perceptions, but rather a real perceived threat of further trauma or victimisation. Gráinne (age 34, Phase II), for example, had attended a food centre regularly around the time of Phase I ethnographic observation but during her Phase II interview confirmed that she had stopped attending because a man who raped her several years previously had become a regular user of that service.

Others described how displays of aggression and ‘toughness’ were crucial to survival, particularly in the context of mixed-gender settings. Aggressive verbal and, in some cases, physical altercations between women and men were observed during several visits to hostels and food centres, notably in the mixed-gender settings but also between women in single-sex (women-only) services. The following excerpt from ethnographic field notes documents an altercation between Kay (a Traveller woman) and a male resident in a long-term accommodation setting that catered primarily for alcohol-dependent individuals.

Kay told me that another resident called [Kay’s partner] a ‘knacker’, which I could see was deeply distressing for Kay. She began to cry as she spoke and continued to splutter obscenities about this man who was provoking her ... Suddenly Kay’s aggressor came into the space and sat adjacent to us. She sneered at him and he called her a ‘cunt’ back. Their insults back and forth became an increasingly aggressive in tone and they began to shout at each other ... Then, Kay threatened to hit him if he ‘didn’t shut up’. Of course, he continued and she clumsily shifted her chair around and stumbled over to him. She began to swing each fist at him one at a time with strength but her swings were slow and staggered. There was no staff member around so I jumped out of my chair and went to knock on the window of reception ... [Afterwards] Kay seemed highly agitated and continued to splutter angry comments about the man ... She took a long time to settle down. She clenched her fists and stuck out her jaw and growled “I can fight you know, I can fight...” she repeated.

(Ethnographic Field Notes, Long-term Accommodation, Phase I)

A male partner was seen by many women as a source of protection from harm and being in a relationship in the context of homelessness was frequently perceived to provide protection as well as companionship (Watson, 2010). Viv (age 38, Phase II), who had recently split up with her partner who she met in a mixed-gender hostel, described how much she missed him and how lonely her life had been since they separated. At Phase II, Viv’s daily life was spent alone in homelessness services. Laura (age 36, Phase II) similarly told that she was extremely lonely since her partner was incarcerated. In some of the larger homeless hostels (where ethnographic observation was undertaken), women were very often accompanied by a male partner and they also appeared to be more relaxed in the company of a partner. By contrast, single women were often observed to experience harassment or sexual advances by male service users. The following excerpt provides insight into the behaviour that men sometimes demonstrated, particularly in the context of large groups, towards women who were alone in a service setting which predominately housed men.

Later on, I saw a Roma woman stand up and walk towards the door. One of the men who I have noticed on numerous occasions being verbally abusive towards women was sitting on a nearby table. When he saw the woman stand up, he walked towards her and followed very closely behind her, with his body almost touching hers. His compatriots at the table laughed, and the girl looked around and to my surprise, laughed herself, as though she knew the man. He walked outside and returned a moment later, fetching his tea. “Dirty bastard” said his friend as he sat back down, grinning from ear to ear.

(Ethnographic Field Notes, Food Centre, Phase II)

While male partners were seen as a source of protection, several of the women had also experienced domestic violence from their partners but remained in these abusive relationships because they felt that being alone would be even more unsafe. Bríd (age 43, Phase II) told that she experienced violence from her partner several times per week around the time of Phase II interview and had been hospitalised on multiple occasions because of the injuries she had sustained. However, during a period in which her partner had been imprisoned, she was too frightened to leave the homeless hostel. They reunited immediately after his release.

Interviewer: Can you describe what life was like when your partner was in prison?

Respondent: Well, I didn’t go outside the door like.

Interviewer: So you were in fear when he wasn’t here?

Respondent: Yeah. (Bríd, age 43, Phase II).

Women also sought to negotiate their housing options through a process of continuous risk-assessments. For example, between Phases I and II of the study, several women who were living in emergency hostels told that they remained in these environments, which were often chaotic and distressing, in the hope that they would eventually progress to transitional accommodation or housing. Following a period of months – and, in some cases, years – spent moving between emergency hostels, a number had secured private rented accommodation independently. As these housing options were often hastily secured, low in standard and without support structures, these women typically returned to homeless service settings within a short period of time (as discussed in Chapter Six). The manner in which many women assessed the limited options available to them is illustrated in the account of Stephanie (age 35, Phase II), who described her frustration at having lived in the same B&B accommodation for a three-year period. At the time of her Phase II interview, she was considering drug treatment as a ‘solution’ to her homelessness but feared the consequences if drug treatment did not “work”.

I have been in touch with [drug treatment residential service] where you go cold turkey and they're all Christians, and everything is God like – they pray over you and all ... if this apartment doesn't come up soon there, I would strongly think of going into [treatment] because I am sick of all this madness ... but what would happen if it didn't work, where would you go? You couldn't get back in here [B&B], where would you go? ... Like I think of the pros and the cons, I don't just – years ago, I would just jump in, to hell with it, I will do it! But now, no, I think for days, I would say, well, if I went in and I didn't last, like, and I would be thinking of the sickness and I would be thinking would I do it or would I not, and if I didn't last, where would I go, and if I did finish it, and I stayed there and I wanted to come out, to live me own life, they say they help you, but I don't know how true it is, but what if they didn't help me then? What would happen then? You're clean and you're walking the streets of Dublin like. What happens now? (Stephanie, age 35, Phase II).

Thus, women were not passive as they 'journeyed' through homelessness. Rather, they continuously balanced their options and appraised the potential benefits and risks associated with particular actions and decisions, often drawing on personal experience but also on information they garnered from others who had been navigating the system for some time. As Stephanie's narrative demonstrates, women's decision-making also frequently altered over time. As she grew older, Stephanie took considerable time to weigh up her options as though visualising the consequences or outcomes of different decisions.

Case Study: Women Negotiating Control

Fionnuala

The following extended account featuring Fionnuala (age 61, Phase II) – which draws on two waves of interviews, data garnered from informal meetings with Fionnuala over the course of the study¹³⁰, and ongoing ethnographic observation over time – illustrates the nature of many of the women's interactions with homelessness and other service settings and how these dynamics changed over time.

Fionnuala considered herself to have been homeless for her entire life. She spent her childhood in an industrial school and, for decades thereafter, moved between homeless hostels and precarious housing, whilst also spending periods sleeping rough. She reported significant levels of contact with services over a period of at least twenty years. Her story reveals that the well-meaning (and caring) efforts of service staff members to

¹³⁰ I met with Fionnuala several times between Phases I and II, usually for a tea/coffee or on occasion, lunch. We also met several times by chance as we lived near one another. We were in frequent email contact. Therefore, there are substantial data pertaining to Fionnuala's story.

'improve' her housing situation frequently, albeit unintentionally, served to objectify and infantilise Fionnuala. Her account also reveals the ways in which she negotiated the limited options available to her by, for example, 'opting out' of service provision as a way of regaining self-control and restoring self-dignity.

At Phase I, Fionnuala (age 58) was living in transitional accommodation run by the city council and was engaging regularly with a particular homelessness organisation. Ongoing ethnographic observation was also conducted in this support service, which Fionnuala availed of during the year subsequent to her Phase I interview. During this time, her living situation was described to me by her key worker as "grossly inappropriate" (Ethnographic field notes, Phase I), as she was the only woman among approximately a dozen male residents, most of whom reported alcohol problems. Fionnuala agreed that her accommodation was not appropriate and that she found residing there to be troubling, unsettling and also unsafe.

Fionnuala described the difficulties she was having with staff members in the support services, which centred on fundamental differences of opinion relating to her housing options. While service staff felt that Fionnuala ought to be placed in sheltered housing for elderly people, she wanted to be placed in 'mainstream' housing (that is, in a local authority house or flat). In the following excerpt, she describes her sense of exclusion in the decision-making process around her housing options.

I felt very sad, that people who were a generation younger than me were making decisions for me, regarding my housing ... I felt kind of sad because number one - I was dependent on them and number two - I wasn't making my own decisions about what type of housing I wanted. Right? And number three - it was basically, I felt, that it was being 'voicened' 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. (Fionnuala, age 58, Phase I)

Due primarily to the lack of control she felt, Fionnuala started to disengage from this particular service¹³¹. She stopped attending appointments, missed meetings and ignored all telephone calls from her key worker. The narrative below captures the perspective of Fionnuala's key worker who, during an ethnographic field visit, expressed both concern for her wellbeing and disappointment that she was no longer "linked in" with the service.

The staff member who worked closely with Fionnuala later arrived to the service and immediately approached me. She asked had I been speaking to

¹³¹ This 'opting out' of a service as a way of restoring a personal sense of dignity has also been reported by Hoffman and Coffey's (2008).

Fionnuala lately and seemed genuinely concerned for her well-being. I informed her that we had been in email contact since the interview, but did not offer any further details. The staff member confirmed what I was already aware of: that Fionnuala had decided to “boycott” the service because the staff were “in her bad books”. She believed that it was something that she had said that angered Fionnuala, but did not elaborate further. She then sighed and said, “It’s a shame Fionnuala doesn’t come in, I was always very fond of her” and there was a moment of silence, before an incoming telephone call brought our conversation to an end.

(Ethnographic Field Notes, Food Centre, Phase I)

In a subsequent meeting with Fionnuala, which occurred between her Phase I and II interviews, she elaborated further on her reasons for not attending the service. She explained that, despite repeatedly stating that she wanted to live in ‘ordinary’ housing, she was continually pressured to apply for sheltered housing for older people. Her narrative reveals her intensifying anger and frustration at being unable to assert her independence as she grew older.

I don’t know why they put everybody at a certain age into these places. Is this all Ireland has got to offer for its older people? I think ordinary housing should be afforded them if they don’t want to go in there [sheltered housing for older people]. And I am not going in! I would sleep on the street quicker ... I am looking for is ordinary housing ... I don’t want a warden coming along and knocking on my door and checking through my window - I want to be my own person in life (Fionnuala, age 58)

By the time of her Phase II interview, some three years later, Fionnuala had been placed in sheltered housing for older people, although not in the setting that she had initially feared (and strongly objected to). She described feeling ‘out of options’ and had no alternative but to accept this sheltered form of housing because she had experienced violence from another resident in her previous accommodation and her health was also declining. At Phase II, she explained that she had been branded by service providers as “dysfunctional” and “needy” and that, because she had resisted, protested and declined particular supports, she had also been branded as “an awkward customer”.

[The organisation] wanted to kind of take over and I didn’t want that. I didn’t want them telling me what to do. I didn’t want anything out of them. As if I was incapable! ... I didn’t want people dictating to me ...as though I was kind of dysfunctional ... It’s almost like, eh, they work down at the local mental asylum and we need their help and it’s the way they say it....People think, my God, look what we have got here...people like me are considered just awkward, an awkward customer, a crank.... (Fionnuala, age 61, Phase II)

Fionnuala also highlighted the inappropriateness of her previous accommodation when reflecting on the events that had taken place since her Phase I interview.

I felt terrible angst and sadness at my situation, my life situation and with the people I lived there with. Not that they shouldn't be there; they had every right to be there, they were the same as me, but it was not appropriate for me – putting a woman in with a bunch of men that have mental health problems.

In Foucault's terms, Fionnuala's story reveals that power is ubiquitous and not necessarily 'top-down'; rather, individuals can resist or 'opt out', even in situations of severely constrained agency (Foucault, 1991). Fionnuala's story also reveals the significant distress that women can experience when their lives are perceived to be tightly controlled and, therefore, constrained by others. It further exposes the sense of indignity she felt in being advised by professionals, many of whom were younger and perceived by her not to have the requisite life (or professional) experience to fully understand her situation, perspectives and needs. While Fionnuala's housing situation was resolved by Phase II, the resolution arguably came too late in her life. By Phase II, she admitted that she was unable to truly enjoy a 'housed' routine because of ill-health.

I get depressed about life and the way that it has kind of turned out, and then I think - now I don't have a housing problem but I don't have the energy to do the things I would have liked to have done. (Fionnuala, age 61, Phase II).

Sadly, due to her ongoing health problems, Fionnuala passed away less than one year after her Phase II interview. While her story reveals a continuous struggle for recognition and respect, her defiant sense of self-worth also draws attention to the capacities and resilience of women in disenfranchised positions. This underscores the importance of recognising and nurturing women's own autonomy and individuality in supporting their transition out of homelessness.

Conclusion and Discussion

Most women who access homelessness services will spend a significant proportion of their daily lives interacting with service providers and, as the duration of their homelessness lengthens, are likely to interact with a greater number of services, even if some exit homelessness services (temporarily) or 'opt out' for periods. Yet, analyses of homelessness generally and of women's homelessness in particular, have largely overlooked this critical dimension of the homeless experience.

This chapter has examined women's relationships with services and service providers, focusing in particular on their interactions with service systems over time. This focus emerged from a detailed consideration of the study's biographical narratives, which repeatedly drew attention to women's awareness of their 'positions' as they routinely interacted with a range of support systems, including homeless accommodation settings (emergency, short- or medium-stay hostels, in particular), food centres and housing support services. Equally, the study's observational field notes revealed a host of *situated* experiences, as well as the everyday contexts in which experiences were interpreted, internalised, accepted or rejected by women as they navigated multiple service settings, often over extended periods.

As the analysis reveals, women engaged in complex ways with the individuals and 'structures' they encountered as they moved through the service system. Drawing on the work of Foucault (1980; 1981; 1991), the chapter has drawn attention to the loss of control experienced by many of the study's women, particularly over time, and to the manner in which they responded to the 'techniques' of control. The themes of infantilisation and powerlessness (Hoffman and Coffey, 2008) emerged strongly from the women's narratives and these experiences led to many feeling a feeling of powerlessness in determining their future. The analysis has also revealed the power dynamics that often surrounded women as they accessed and moved through homeless service settings. Within hostel environments in particular, women frequently felt that they were subjected to surveillance and monitoring and there was also evidence of 'hierarchical observation' (Foucault, 1991) in the spaces (hostels, food centres, housing support services) where they interacted with individuals within the service system. In particular, women demonstrated a strong awareness of those subtle and more overt actions and procedures which, for many, conveyed clear messages about their value and worth and the extent to which they were 'deserving' of help and support.

While services varied in their rules and regimes, the women in this study were well-informed about the characteristics and ethos of services and sometimes made decisions based on this knowledge. Above all else, women emphasised the importance of 'humanising experiences' (Biederman and Nichols, 2014) and environments where they were treated with dignity and respect. Many women did report positive, constructive and encouraging relationships with service staff members, particularly key workers, who worked consistently with at least some women over time. However, in many cases, even

in situations where staff members were well-meaning, the assumption that *they* knew what was best for women in terms of their housing and other needs met with resentment on the part of a very considerable number, who felt that their personal choices and perspectives were frequently side-lined or ignored.

Above all, women were not passive recipients of services; rather, they actively responded to and, in some cases, resisted the controls or constraints imposed on them (Foucault, 1991). Others adopted a more conformist stance and ‘played the game’, which was frequently rewarded through more positive responses and outcomes. Notably, those women who reported transitions to stable housing by Phase II of the study were more likely to have children in their care and to have conformed to conventional gender roles and stereotypes, suggesting that they were perceived as more ‘deserving’ service users. By contrast, those who were unable, or perceived as unwilling, to conform to service expectations continued to be closely monitored, observed and examined in ways that bolstered their dependency on services and also arguably contributed to a process of institutionalisation. Importantly, both conformity and resistance were versions of agency, even if those women who complied with service expectations were more likely to fare better in terms of housing stability.

Chapter Eight, the final findings chapter, will explore these gendered ideologies in greater depth, paying particular attention to how they intersected with women’s interactions with, and conceptualisations of, ‘home’ and ‘homeless’ spaces. Women’s ‘identity work’ and construction of the self are key area of analysis and also reveal the changing and changeable nature of women’s relationships with ‘home’ and ‘homelessness’.

CHAPTER EIGHT

WOMEN, HOME, HOMELESSNESS AND IDENTITY

Introduction

Following from the previous chapter's analysis of the ways in which women negotiated wider structures and systems of intervention, attention now turns to the women's constructions of identity and 'self' *over time*. Robinson (2008: 91) argues that much of the qualitative literature on homelessness has failed to understand emotional and corporeal dimensions of homelessness; instead focusing on the needs and service utilisation patterns of people who become homeless¹³². These aspects of homelessness are important since acknowledgement of existential dimensions of experience can help to further understand and explain how trajectories of homelessness unfold and, in some cases, become reinforced over time (Robinson, 2008). Furthermore, recognition of the corporeal and emotional 'landscape of precariousness' (Forrest, 1999) that homeless women navigate is arguably central to the development of policies and interventions that are responsive to the specific needs of women who experience homelessness and housing instability.

This chapter starts by examining women's interpretations of home, homelessness and the spaces 'in-between'. It considers the ways in which women internalise and negotiate wider discourses relating to gender and stigma as they attempted to forge their identities and narratives of the self. The women's narratives reveal that home and homelessness are not necessarily binary opposites but are complex, multi-layered concepts that are subject to change (Watson and Austerberry, 1986). Their accounts also expose the complexities of their relationships with spaces of homelessness and home, demonstrating that "the inside and the outside are not hermetically sealed from each other, but are intimately interconnected" (Wardhaugh, 1999: 97). Attention then turns to the intersection between homelessness, identity and gender. Drawing on the study's biographical data, and presenting excerpts from ethnographic field notes over two phases of data collection, a number of themes related to women's identities are

¹³² Robinson (2008) identifies a number of studies that do incorporate the 'felt' experience of homelessness (for example, May, 2000; Tomas and Dittmar 1995; a Klowdasky *et al.* 2006). Likewise, Watson and Austerberry (1986) place a strong emphasis on women's emotional perspectives on, and responses to, the experience of homelessness.

presented. These include: 'the diminished self', 'restoring and re-inventing the self' and 'the imagined self'. The manner in which changes to housing status impacted the women's identities is also considered. Similar to Chapter Seven, a case study is then presented to illuminate these themes further, and explore how one woman negotiated a 'homeless' identity before the discussion is drawn to a close with some concluding reflections.

Conceptualising Home and Homelessness

As socially constructed concepts, home and homelessness are contested domains (Jacobs *et al.*, 1999). Both are socially constructed entities which are influenced by patriarchal ideology in which both spaces are symbolic and highly gendered (Watson, 1999). Feminist scholars, in particular, have highlighted the problematic nature of societal assumptions that primarily situate women's roles in the domestic realm. As Wardhaugh (1999: 97) argues:

Home is widely, and often unproblematically associated with femaleness: both with the women who are expecting to maintain hearth and home, and with the presumed feminine principles of boundedness, physicality and nurturance ... nevertheless real women (and marginal men) have a more complex relationship to the home.

In this way, women's roles and domestic responsibilities 'in the home' are typically emphasised while women who are 'out-of-home' and in homeless situations are stigmatised due to women's perceived failure to conform to traditional gender ideologies (Watson and Austerberry, 1986; Passaro, 1996).

The "complex relationship" between women and home, to which Wardhaugh (1999: 97) refers, can be exemplified by the often contradictory representations of both home and homelessness. As discussed in Chapter Two, home can be a 'haven' and a place of security and safety for women but can also be a site of oppression, victimisation or patriarchal control (Mallett, 2004). Similarly, homelessness can result in an increased risk of violence, abuse, and harm for women, while at the same time, being 'out-of-home' can provide women with a route *out* of an oppressive or violent home space (Tomas and Dittmar, 1995). Yet, despite the clearly "dynamic and dialectic" relationship between home and homelessness (Wardhaugh, 1999: 94) and the complexities and nuances associated with both constructs, they are most often assumed to be bounded, binary opposites within the arenas of service and policy planning and delivery (Robinson, 2008). The following sections examine the meanings attached by the study's

women to both domains and also considers women's identity and how this can alter over time, often in tandem with changes in their housing status.

The Blurred Boundary between Home and Homelessness

Drawing on data garnered from a mixed-method study of women's experiences of home and homelessness, Tomas and Dittmar (1995) compared the constructions and meanings of home among a small group of homeless women with those of a control or 'housed' group. Their findings yielded nuanced interpretations of the experience of home and homelessness among the women they studied. Specifically, compared to homeless women, the housed participants in the study were better able to distinguish between a 'house' and a home. In other words, they equated a 'house' with a physical space and a home as a place of safety, stability and belonging. In contrast, the homeless women were less clear in their conceptualisations of these terms. The authors concluded that homeless women's experiences of abuse and disruption in the home space had complicated the distinction between 'housing' (as a place of security) and home (as psychologically meaningful).

Across both waves of data collection, this study's women were invited to talk about their experiences of housing and 'home', as well as about the experience of homelessness. Their narratives revealed similar complexities to those documented by Tomas and Dittmar (1995), in terms of both the lived experience and their imagined conceptualisations of both housing and home.

Some women recounted feeling 'at home' in some homeless service settings. This was particularly the case among women who were living in long-term homelessness accommodation and who had lengthy homeless histories. Many of these women were older (over the age of 40 years) and had substance use dependency problems. For example, Kay (age 46, Phase I) described the long-term homeless accommodation for entrenched street drinkers where she resided as a home: "This is home. My own little room, me own telly and all. Jeeze, it's like a hotel. And the staff are nice and all".

Women who had experienced violence or abuse in their home space prior to becoming homeless sometimes struggled to conceive of a (safe) place called home. Róisín (age 40, Phase II), for example, who experienced sexual abuse during childhood and intimate partner violence during adulthood, asserted that 'homeless' is a "big word", explaining that the housed community often misinterprets how homelessness 'feels'. Referring to

the experience of begging, she equated 'home' with a state of being (or "in your heart"), but also with having support from others. In the context of the emergency hostel where she resided, she felt that she had access to support, which meant that she did not *feel* "as homeless" as people might routinely assume.

I was on the street and I was tapping [begging] and people looked down at you and they said, 'Oh she's homeless because she's an alcoholic', but I would look at that very differently ... I felt less homeless being on the streets [in emergency accommodation] you know? And I would say, homeless is a big word. Home is in your heart - if your heart is happy, you have a big home. You can have a mansion of a house, and not be happy. So even though I was drinking, I still went back to [hostel] and got the support I needed. So, I didn't feel so alone then. I didn't feel as homeless as people say. (Róisín, age 40, Phase II)

Somewhat similarly, Kate (age 23, Phase I) described feeling *more* at home in the transitional accommodation¹³³ where she had been living for one year. Prior to this, she had lived in emergency hostel accommodation punctuated by periods spent in prison.

I don't feel homeless when I am here [transitional accommodation]
[Interviewer: When would you say was the most time you felt homeless?]
When I was in hostels and I was going into [hostel accommodation] and I was out all day like on the streets with nowhere to go, I felt homeless then.
(Kate, age 23, Phase I)

Some women described home as a place of discord and danger. Particularly among those who experienced violence in their homes, depictions of the home space conveyed feelings of 'imprisonment' and a sense of being 'homeless-at-home' (Tomas and Dittmar, 1995; Wardhaugh, 1999). Gráinne (age 31, Phase I) was living in her family home at the time of her Phase I interview, yet categorised herself as homeless because of the disruption she experienced in her home space¹³⁴. Family violence and parental alcohol use left her feeling like "a lodger" and "not part of the family".

I can't call my home, home ... like, I feel like I'm a lodger, I'm not even part of the family, I feel like I'm someone that they just took in off the street, do you know what I mean? (Gráinne, age 31, Phase I)

As documented in Chapter Six, a large number of women moved frequently between home and homeless situations, highlighting the fluidity of these spaces and the highly precarious nature of both homelessness and housing for many of the study's women

¹³³ Transitional accommodation evoked varying feelings of home and homelessness among women. Some women spoke positively about the sense of stability afforded to them in transitional housing compared to the environment of homeless hostels. Others, on the other hand, who lived in transitional housing over the course of the study expressed a strong desire for a stable home.

¹³⁴ Gráinne had experienced several years of homelessness prior to this and, at the time of her Phase I interview, was living temporarily with a family member.

(Watson and Austerberry, 1986). Amy (age 22, Phase I) described moving between her family home and a homeless hostel: the hostel functioned as an 'escape' or 'refuge' from the violent and verbally abusive behaviour of her brothers but, at various times, the family home provided respite from hostel life, thus perpetuating a continuing cycle of homelessness, on the one hand, and a blurred understanding of home and homelessness, on the other.

Yeah and then my brothers and my mother would call me on the phone and ... they'd say, 'Come back home - you have no need to be in a homeless unit' ... I would go back and I'd try work things out with them and then something else would happen [violence from brothers] and ... I'd be back in [hostel] again do you know? ... Not that I wanted to come back here [hostel] but I had nowhere else to go ... I couldn't stay there [family home] with everybody fighting around me and the brothers all calling me names (Amy, age 22, Phase I)

Furthermore, the 'felt' experience of home was subject to change over time. For example, several women who had moved to independent accommodation between Phases I and II of the study described initial feelings of alienation in their new living situations, often feeling lonely and directionless and reporting a weak 'sense' of home. Donna (age 38, Phase II), for example, moved to a housing association apartment shortly after her Phase I interview. Initially, she felt physically distant from her family, had no friends or relatives living nearby, and was unsure about how to fill her days. Over time, however, and with the practical and emotional support of her tenancy support worker, Donna grew more secure in her new surroundings, thus enabling her to feel 'at home'.

I was struggling because of the distance and the loneliness you know? And then I just got used to it! And that's when they [tenancy support worker] stepped back in a way, when they seen that I was getting used to it. They weren't going to leave me on my own, until they see that you know? And then everything started fitting in ... I mean, I love sitting in in my pyjamas and watching the telly, it was just the distance [that was hard]. (Donna, age 38, Phase II)

The women's narratives thus reveal differentiated meanings or 'states of being' (Wardhaugh, 1999) associated with the lived experience of home and homelessness that have implications for an understanding of homelessness more broadly. In particular, the normative assumptions of the 'housed' community – which conceive of homelessness as a 'problem' and housing a 'solution' – are problematised to a considerable extent by the ambiguity of the women's narratives (Tomas and Dittmar, 1995). The terms 'home' and 'homelessness' were interpreted and experienced differently by the women and these interpretations were fluid and subject to change. Yet, the emphasis placed by women on

the feeling of ontological security and social relations in the home space was strongly apparent in the narratives (Padgett, 2007).

The Lived Experience of home

In order to further explore the blurred boundaries between home and homelessness embedded in many of the narratives, it is worth revising women's lived experience of home from a life history perspective. As documented in Chapter Five, for a majority of the research participants, early experiences in the family home were characterised by disruption, instability, deprivation, poverty and, in a large number of cases, by experiences of neglect, abuse, and/or violence. Home, for many of the women, was a place of apprehension, fear and anxiety, echoing the findings of previous studies that have documented the extent to which homeless women report early experiences of trauma and instability (Jones, 1999; Belcher *et al.*, 2001; Reeve *et al.*, 2006; Burlingham *et al.*, 2010). A 'climate of fear' was articulated by a large number of the women, typically as a result of their experiences of gender-based violence or abuse. Maeve (age 43, Phase I), who was sexually abused by her father during childhood, described her fear and the sense of dread she felt on the many occasions when her father returned home intoxicated.

I'd hear him fighting and arguing and after he beat my mother up, I used to always watch the handle of my door and you'd see the handle coming down like that and you knew something was going to happen... (Maeve, age 43, Phase I)

Several of the women who reported histories of State care during childhood felt that they had never experienced a stable home. Róisín (age 37, Phase I), who grew up in a foster home, explained that she had been homeless "*all my life*". Madeleine (age 62) had similarly spent most of her childhood in various State care institutions and had never lived independently during adulthood; instead, she had continuously moved between various 'dependent' living situations and, at the time of her Phase I and Phase II interviews, was living in supported long-term accommodation. She described a childhood characterised by instability and a lack of rootedness.

I never had a childhood. I had, you know, when I went down to [institution #1], you know, the nuns were very good to me down there but not in [institution #2] or [institution #3]. Them nuns didn't care about what they did, you know? They'd beat you in front of other people, you know.... I wouldn't call it home, no, no (Madeline, age 62, Phase I).

The study's migrant women articulated a stronger sense of home during their early lives compared to the Irish and UK-born women and a majority¹³⁵ described their childhood home as a safe space. Most spoke positively about their families of origin and sometimes compared their sense of belonging in their countries of origin to a feeling of 'otherness' in Irish society¹³⁶. Agnessa (age 35, Phase II) described feeling 'lonely' in Ireland and missed her family in Slovakia: "I have lots of friends but it just gets so lonely in this country [Ireland]. It's just a problem. I need to see my family more". In a somewhat different account, but placing similar emphasis on feeling 'apart' from her family, Maria (age 29, Phase I) described home in her country of origin as a place where no "control" was exerted by others, contrasting this to her living situation – and life more generally – in Ireland, which she depicted as insecure and unpredictable.

We have happy family in [country of origin] ... I feel it's [family home] my home, I feel it's my home because you can do anything with your home and you are feeling relaxed, nobody wants to control ... but here [in Ireland] ... you don't know how long will be the end [of tenancy] because you don't have a career, you know - how you can support your life without a career? (Maria, age 29, Phase I).

As highlighted in Chapter Five and Six the level of precariousness that characterised the women's housing histories is noteworthy, with only a minority having experienced a long-term stable home during adulthood. Many had experienced intimate partner violence, sometimes over a prolonged period of time, which had disrupted and significantly damaged any sense of stability and security in their home spaces. These women occupied a marginal position within the housing market on multiple levels, which in many cases led to ongoing cycles of instability and insecure tenancies, as well as economic, social and psychological problems. This, in turn, impacted negatively on their ability to call any place a home. Jocelyn's (age 36, Phase I) exclusion from the housing market – and a corresponding sense of hopelessness – is captured in the excerpt below, as she recounts the multiple barriers to housing stability she faces.

Unless I won the lotto and could afford to rent a house myself and pay the rent myself - which, like, I've no education so I'm not going to get a job

¹³⁵ While there were a small number of migrant women who described distress or difficult experiences during childhood (such as parental separation, relocation, and family conflict), they were less likely than Irish or UK-born women to report persistent trauma throughout childhood.

¹³⁶ This sense of familiarity and belonging in their country of origin did not necessarily mean that migrant women did not feel some semblance of home in Ireland. Indeed, most migrant women were hopeful of building a permanent home in Ireland and to integrate into their local communities.

that's going to be able to afford that [rent] and plus I'm very ill, so I'm not going to [have a home]. What can I do? (Jocelyn, age 36, Phase I)

To a large extent, the women's experiences of trauma and adversity during childhood, their persistent socioeconomic marginality, and experiences of violence and abuse, in some cases, had seriously hampered their efforts to secure an affordable and sustainable home, culminating in their persistent exclusion from the housing market. This, in turn, denied them a sense of ontological security, which had significant adverse consequences for their wellbeing (Padgett, 2007). While home was a goal that was clearly articulated by a majority of the study's women, the notion seemed somewhat intangible for a number; this sense of home as elusive, and even somewhat fanciful, was particularly apparent among those who had experienced prolonged homelessness and housing instability.

The 'Ideal Home'

Giddens (1991) defines ontological security as a security of "being-in-the-world", asserting that this "is an emotional, rather than cognitive, phenomenon, and it is rooted in the unconscious" (Giddens, 1991: 92). From this perspective, an ideal home provides far more than physical security; it also affords individuals and families a sense of place, rootedness and stability, particularly important in global contexts of precariousness and risk (Forrest, 1999).

The women in the study defined their 'ideal home' as a space that was private, safe, stable, peaceful and of adequate standard. These combined conditions enabled women to establish routines that produced a sense of well-being, whilst also facilitating relationship-building with partners, family members (particularly children) and friends. For a majority of the women, this sense of stability was considered essential to building and maintaining a more satisfactory life. The physical size of the house was less important to the women, who were more likely to describe their 'ideal home' in relatively modest and minimalist terms: "something simple", "nothing fancy", "somewhere safe". This pursuit of simplicity highlights the relative importance of stability and safety for the study's women.

I would like to just get a nice little house somewhere, nice and quiet, nowhere rough or nowhere too posh, just somewhere alright. Just a house where I could fix up for the kids and make a home. (Chloe, age 26, Phase II)

My ideal situation? To go into a tiny little cottage with stone walls, with an old stove cooker, and two little rooms, and I would be happy out. Seriously. I would, if I could live my life back over again, I would do away with all these bits of luxuries – crap, they're all crap. Give me two rooms, and a warm bathroom, and I would be happy out ... and a couple of dogs. (Edith, age 61, Phase II)

Just a roof over me head and me own hall door key, I'm not looking for a mansion. I'm just looking for something where it's warm and I've a bed to lie down in and somewhere to cook and clean and there's a bathroom and, that's it, that's all I want ... somewhere that I can call home because I can't call my home, home. (Gráinne, age 31, Phase I)

While many of the women relied on private rented housing for their accommodation needs, most considered the private rented sector to be both unreliable and unstable, often expressing a preference for local authority housing, which they perceived to offer more stability and permanency. This is likely to be related to their experiences in the lower end of the private rental sector. As documented in Chapter Six, for a large number, private rented accommodation was a space where they experienced precariousness rather than a sense of predictability or security: "Like [in transitional housing] landlords can't come to me and say leave wherever they want to, they could be selling up or whatever" (Chloe, age 29, Phase II). Dianna (age 25, Phase II) and her children had moved frequently between various private rented accommodations (most of which were substandard) over a period of several years. In the excerpt below, Dianna describes her ideal home which is based on her negative experience in the private rented sector:

[Interviewer: So what does the word home mean to you?] A home means stable (pause) ... stability. I don't have to move - it's my house. I can do what I want with it, I can paint it, I can decorate it my own way, I can come in my own front door, no landlord, no one coming to my front door, paying my own bills ... I don't have anybody peeping in my window ... And having to not worry that, oh my God, I am going to have to get all this packed up again next month or whatever and get it all out and find another place and then, when I try to find another place, I am like an anti-Christ because I am trying to find it so fast, I have not even a month to find it and it's just unbelievable and then all the paperwork - oh my God. The amount of paper work is unbelievable. And then the landlords don't like people on social [welfare] because there is too much paperwork, you know? (Dianna, age 25, Phase II)

From Dianna's perspective, a home is a place of stability, of privacy and of control. She wanted a home where "I can do what I want with it" in terms of painting and decorating. Having the freedom to make modifications and improvements to one's home was often an expression of the ability to assert control, bring personality to one's physical surroundings, and construct or restore identity through forms of self-expression (Dupuis

and Thorns, 1998). Dianna's experience of precarious and substandard rental accommodation had negatively affected her sense of home, thus restricting her agency, power and sense of autonomy. Similarly, her desire for "my own front door" suggests a desire for a sense of ownership, alluding again to a sense of ongoing instability, despite being housed. Her wish to be free from landlords "peeping in my windows" demonstrates the sense of surveillance she has experienced in private rented accommodation and her description of how she has to contact landlords unnecessarily for things that "I could fix myself" further indicates her desire and ability to live more autonomously. Thus, time-limited tenancies in substandard properties – which has characterised her housing journey to date – is a constant source of anxiety for Dianna.

Importantly, women's conceptualisations of home were intimately related to their wider gender roles and social expectations (Watson, 1984). While women in the study identified with traditional gender roles to varying degrees, the interrelationship between home, family and women was strongly evident in their narratives. When discussing their 'ideal home', a majority referred to domestic work, often describing aspirations for a conventional domestic 'homemaker' role, which they felt would foster a positive sense of well-being. Grandmother Eve (age 61, Phase II) – who identified strongly with her role in the family and domestic sphere – was living in transitional accommodation at Phase II of the study and yearned for more stable and permanent accommodation that would enable her to resume her role as caregiver of her children and grandchildren.

'Normal' would be having me own place, a secure place, cooking dinners for the kids, [her new partner] coming over at the weekends ... I would cook me Sunday dinner, they love my Sunday dinner [smiling], that's what they said, 'When you get your place, we will be over for our Sunday dinner'. I says, 'Yeah, that's what I want'. I want that back in me life. You know? ... I want all that back in me life, me own freedom, as such. I am not free. I am not free. I am definitely not free (Eve, age 61, Phase II)

Similarly, Frances (age 46, Phase II) associated home with cleaning, looking after others, decorating and gardening.

I would love me own place. I love cleaning and I love looking after people. [Interviewer: What's home for you?] Me own place. What I want to do, in me own place ... I do my own painting. I do my own floors, all of this ... Have me own little garden and all. I love all that. (Frances, age 46, Phase II)

A smaller number of women described home as a space where they could live independently, free of the obligations of past domestic roles and caring for others. Following a long-term abusive marriage, Bernadette (age 40, Phase II) talked of how she

did not want to share her future home with a male partner: “The way I am now ... I don’t want to meet anyone. I love living on my own; not having the responsibility of looking after another man”. In this way, the symbolic meanings of home were internalised and expressed by the women in differing ways (Watson, 1999). However, what was consistent in the women’s constructions of their ‘ideal home’ was that they all sought autonomy and control in managing their surroundings and also expressed a deep-rooted desire for stability and safety in a space that was of adequate standard.

Identity, Homelessness and Gender

A substantial body of research has explored identity and the construction of ‘self’ in homeless populations (Snow and Anderson, 1987; Farrington and Robinson, 1999; Boydell, *et al.*, 2000; Casey *et al.*, 2008; Harter *et al.*, 2007; Ravenhill, 2008). While this body of research provides many useful insights into how individuals experiencing homelessness negotiate and manage stigma and discrimination, they yield a limited understanding of how *gender* intersects with identity and homelessness. This is due in large part to the fact that much of the existing research on identity and homelessness focuses on highly ‘visible’ forms of homelessness (for example, individuals sleeping rough) where women tend to be less present, thus producing a male-centred analysis of identity (Snow and Anderson, 1987, 1993).

In Passaro’s (1996) analysis of homelessness identity among both men and women, she concludes that both “transgress gender and familial norms”: homeless women violate the conventional gender role of ‘homemaker’ while homeless men are seen as failing in their role as male ‘breadwinner’ (Passaro, 1996: 32). Indeed, prevailing stereotypes of homeless women depict them as either hapless victims or “tough street smarts” (Novac *et al.*, 1996: 13), mirroring traditional gender ideologies of the “victim (or renewable virgin)” versus the “whore” (Passaro, 1996: 63). Yet there is a gap in research knowledge on identity and homelessness among women. The small number of studies which have addressed this topic focus either primarily, or exclusively, on ‘visibly’ homeless women – such as women rough sleeping or those in emergency accommodation (Rowe and Wolch, 1990; Casey *et al.*, 2008; May *et al.*, 2007; King *et al.*, 2009).

As discussed in Chapter Six, negative attitudes towards poor people and, in particular, homeless people have persisted for centuries (Phelan *et al.*, 1997; Belcher and Deforge, 2012). While homelessness is a particularly evocative labelling device because of its

powerful cultural imagery, additional labels pertaining to mental illness, disability, substance use, and criminality, for example, serve to reinforce and exacerbate the stigma of *being* homeless. Furthermore, women experiencing homelessness may be exposed to additional labelling such as that of the 'failed' mother, related to a perception or assumption of their inability to remain or 'function' in the domestic sphere (Watson, 2000; McNaughton and Sanders, 2008). These labels culminate in what Goffman (1963) refers to as a 'spoiled identity', in which individuals have one or more attributes that are considered to be 'discrediting' by wider society.

Goffman (1963) usefully identifies two types of identity: 'personal' identity and 'social' identity. The former refers to an individual's own subjective understanding of the 'self', while 'social identity' signifies other people's perceptions of the individual (Goffman, 1963). Individuals must continually negotiate these two parallel, and often conflicting, identities. It would be erroneous to assume that social identity has no bearing on an individual's sense of self and, equally, that individuals are not capable of resisting or defying an identity that is imposed by others. Thus, the two dimensions of identity interact with one another in complex and diverse ways. A key question herein is *how* homeless women negotiate their identities in the context of these frequently reductive, misrepresentative and stereotyped labels? Three typologies of identity emerged strongly from a thematic analysis of the women's narratives, including the 'diminished self', the 'restoration/re-invention' of the self, and the 'imagined self'.

The 'Diminished' Self

Goffman (1963) distinguished between individuals who are 'discredited' and those who are 'discreditable'. The 'discredited' refers to individuals who display obvious 'stigma symbols'; for instance, in the case of long-term homeless people, physical attributes or behaviours perhaps may be associated with drug addiction, alcoholism, mental health problems, or a 'homeless appearance', and so on. Acceptance of the 'discredited' within the mainstream population (or 'normals' as Goffman refers to them) is usually limited, and 'discredited' individuals typically face ongoing discrimination and judgement, even if they 'shed' their stigmatised status. Goffman (1963) asserts that the 'discredited' must engage continuously in a process of '*tension management*' – that is, they must attempt to control difficult or hostile social interactions with 'normals'.

'Discredited' Women

The women in the current study who were showing signs of being 'discredited' demonstrated 'visible' signs of stigma; furthermore, they tended to report longer homeless histories as well as complex health and substance use problems; crucially, these women were also more likely to be homeless or living in precarious housing at Phase II. To a large extent, 'discredited' women – particularly those who were more 'visibly' homeless in the sense that they were residing in emergency or short-term hostel settings – internalised what could be described as a stigmatised or 'spoiled' identity (Goffman, 1963). The material, social and emotional loss of being without a home, combined with the stigmatising assumptions associated with the 'homeless identity', culminated in low self-worth, feelings of shame, a sense of personal responsibility for their situations, lack of confidence, and feelings of hopelessness. The stigma of 'failed' or 'spoiled' motherhood was a particularly strong in the narratives of those women whose children had been placed in State or relative care. These women harboured a deep sense of shame because their children were not present in their lives and the erosion of their relationships with their children was a source of very considerable distress.

And now that I only get to see her every Friday now. So, when I come in, I am just like a playmate to her. She calls me Mummy, and she is relaxed with me, and she will go to sleep on me, you know? She knows I am someone important, but she still puts her hands out when the foster mother comes. And we recently had to christen her and that was kind of organised without me really, I was just told where to be, and what time ... That was another kicker like. (Grace, age 34, Phase II)

The study's ethnographic field notes help to capture the feelings of loss and remorse experienced by women who were living apart from their children. Gemma was in the common room of a women-only homeless hostel and told that she had not seen her three sons since becoming homeless two years previously. The excerpt from field notes captures the apparent indifference of the other women in the room to Gemma's upset – women whose children had also been placed in State or relative care – highlighting both a collective sense of loss and a normalisation of women living apart from their children within hostel emergency accommodation.

Gemma began to grow visibly upset as she muttered, "I have three kids you know...." Then, she began to sob. Zoe, who was sitting adjacent to Gemma in another coach, raised her eyes to heaven and said, "Oh god ...", insinuating that she was not prepared to offer Gemma sympathy (Zoe's

children are also in care). I asked her if she was OK. We stayed in silence for three or four minutes as Gemma cried and repeatedly rubbed her eyes ... She then explained how she missed her kids and she didn't want them growing up thinking their mother was "just some fuckin' junky who didn't care about them." ... Her eldest two children are with her mother and sister and her baby boy is in State care. She admitted that she is grateful that her mother and sister "took me babies in..." and added as she sobbed, "... but they didn't take me in".

(Field Notes, Hostel, Phase I)

Many of the women who remained homeless at Phase II of the study described strong feelings of feeling diminished, devalued, forgotten and disregarded by both their families and wider society. Gráinne explained that she felt "caught in a bubble" of services and systems and that, as a result, she was "losing interest" in herself, highlighting the damaging and demeaning impact of prolonged homelessness on women's personhood and sense of self.

I just want to be treated normal. I just feel that in this kind of bubble that I am caught with all the different services and the HSE [Health Services Executive], that I can't be myself. Do you know? I am getting used to it, and I don't know who I am. I am beginning to think I am just a number now and I am feeling very sorry, I am losing interest in myself, I don't care, you know? ... there's that many people [referring to me as a number], so I must not deserve it [respect] (Gráinne, age 34, Phase II).

Some women, particularly those who remained homeless at Phase II, appeared to retreat or distance themselves from the outside world (both in terms of their personal relationships and their relationships with service providers). They avoided stigma by becoming more isolated, in a way that moved them beyond the public gaze (Wardhaugh, 1999). The following two excerpts from ethnographic field notes reveal Stephanie's gradual retreat into 'unseen' spaces and her growing isolation in the context of prolonged and unresolved homelessness¹³⁷. The first excerpt was drawn from Phase I ethnographic field notes and documents her position as leader or 'matriarch' in the women's hostel where she resided. By Phase II, she was living in a single room in a B&B for three years. The second excerpt highlights her increased isolation and there was also evidence that her mental and physical health had deteriorated significantly. In sharp contrast to Phase I, when she was extroverted in her interactions with others and

¹³⁷ While the two excerpts focus on Stephanie's demeanour at Phase I and II, respectively, Stephanie featured extensively in the ethnographic observation field notes across both phases of data collection and, in this way, the apparent changes in her appearance and well-being were witnessed gradually over time.

positive in her outlook, by Phase II, she was largely isolated in a B&B room that provided only the very basics in terms of space and furnishings.

From the way Stephanie always takes control of the room, it was apparent that she is a 'matriarch' of sorts in the interactive dynamics of the hostel. She regularly imparts statements of authority and had the 'final say' if there was a dispute over an issue in the room. She is almost always well-groomed, with neatly-applied make-up and long, glossy black hair ... She showed concern for the more vulnerable and younger women in the hostel ... I found that her distinctly loud voice and unwavering positive outlook instantly revived the atmosphere in the room – a room that is often cloaked in a feeling of either tension or sadness. Her confident and self-assured presence naturally commanded respect from everyone in the space.

(Ethnographic field notes, Hostel, Phase I)

When Stephanie came down to the reception area to greet me, I could see that she had changed dramatically in appearance since I saw her about two years previously. She looked much older, paler, and her face had a worried expression. She had gained significant weight and her face appeared swollen and bloated ... Her room – where she had now lived for over two years – was very, very small and irregular in shape, which created a particularly 'closed-in' feel. The curtains were drawn, which darkened the room further. There was a single bed running alongside the left hand side of the room with basic steel frame. She had a portable television in the corner of the room and a set of drawers in the opposite corner, with a small wardrobe by the door. Due to anxiety and growing paranoia, she does not leave the room apart from attending her methadone clinic every morning. For the remainder of the day, she stays in her room alone watching television for the rest of the day and evening.

(Field Notes at Phase II interview)

Like, Stephanie, unresolved homelessness and persistent housing instability negatively impacted women's sense of self. Edith, who was in her sixties had lived a very active life in previous years, ran a successful business and enjoyed a wide circle of friends in the community. Since her house had become extremely run down to the point of being hazardous, her health and well-being had deteriorated. She was ashamed to invite people to visit and had become increasingly introverted, depressed and disinterested in life.

I have a few friends that keep asking me to go out for dinner or for lunch and I haven't been outside the door in three years. I just make an excuse not to go. I just can't make the effort to get dressed up, to go out....I used to get my legs shaved, I used to get my hair done – I can't be bothered now, I have given up ... What's the point? (Edith, age 61, Phase II).

Indeed, the narratives of several others who were categorised as ‘discredited’ referenced their ‘past selves’, perhaps as a strategy to restore a feeling of self-worth in the face of stigma (Boydell *et al.*, 2000).

I got another job in a restaurant, they showed me how to do cheffing in the kitchen, I started chopping veg and it continued on from there and I went into the cooking. And that’s how I became a cook. And from there I worked and I worked hard ... I worked hard all my life (Maeve, age 43, Phase I)

I used to play the guitar and I would raise them up and I loved singing! Singing was my outlet. That was my safety guard ... My survival opium ... they wanted me to do solo ... they wanted me for a television advert (Fionnuala, age 58, Phase I).

Their descriptions of their former selves often featured accomplishments that were more likely to be ‘valued’ by society, such as having a particular talent, or engaging in more ‘conventional’ activities such as mothering and caring for children, domestic work, and participation in the labour market.

‘Discreditable’ Women

The ‘discreditable’, on the other hand, were not as readily identifiable by the ‘normal’ population since they did not display obvious ‘symbols’ or signs of stigma (Goffman, 1963). Goffman argues that their principle strategy for coping with stigma is *passing* as a member of the un-stigmatised majority population. These individuals must manage whatever information they choose to impart to ‘the normals’: “to display or not to display; to tell or not to tell; and in each case, to whom, how, when, and where” (Goffman, 1963: 57).

Women who displayed these characteristics typically resided in hidden homeless situations, including in precarious private rented accommodation (often in substandard conditions) or in domestic violence service settings as opposed to mainstream homelessness services. They were also less likely to exhibit outward or visibly stigmatising characteristics (for example, any obvious physical effects of substance misuse or being present in street-based or public spaces) and were also more likely to ‘blend’ with the mainstream, housed population. Thus, their associations with a ‘homeless identity’ was perhaps more complex in terms of how they both internalised and negotiated the stigma of homelessness and the extent to which they reported a ‘devaluing’ of the self (Boydell *et al.*, 2000).

Women in the 'discreditable' group (Goffman's, 1963) were generally more likely to distance themselves from other homeless people (that is, from the 'discredited homeless'), and from services that served the needs of homeless people. Indeed, several women did not relate at all to the word homeless and the perceived social stigma of homelessness appeared to be at the root of their rejection of any association with a homeless identity. Tereksa (age 25, Phase I), for example, who was living in a refuge having fled a violent relationship, talked of how she did not personally identify with the word homeless since she had other accommodation options such as staying with friends. Upon further probing, it was apparent that her understanding of homelessness as "sleeping on the streets" enabled Tereska to distance herself from the label and perceived stigma of homelessness.

I don't like the word homeless. I have friends in here that I can go to anytime, I can live with friends but that's not the point, I can sit with somebody and go into their lives it's because of myself, I have to get myself back and get my place, you know? [Interviewer: So you don't like the term homeless because it does not reflect your situation at the moment?] Well, maybe, but the word homeless, it shows a picture of somebody sleeping on the streets and everything, not really nice picture so ... (Tereska, age 25, Phase I)

Boydell *et al.* (2000: 32) describe an "identity hierarchy", in which homeless people create "an us-them dichotomy" as a coping mechanism that enables them to distance themselves from the stigmatising connotations of homelessness. Eithne (age 55, Phase I) who, at Phase I, was experiencing homelessness for the first time, talked about the "shame" of being in a homeless hostel, placing a particular emphasis on who she was "mixing with". The excerpt below suggests that she actively distanced herself from other hostel residents. Using terms such as "these people", and insisting that she is "not the same" as others who reside there, she is clear that she is 'different', despite being reminded by one resident that she is also "homeless".

I am quite ashamed of being here [in hostel] in a lot of ways – especially when I do look around and see the kids [younger women] that I am mixing with, [and I think] 'Holy God, let me out of here' ... They're constantly hounding you for money, cigarettes, credit cards, phone credit ... I wouldn't consider any of these people my friends ... I wouldn't have too much regard for the kids in here. 'You're the same as us, you're homeless', one girl said to me, I said back, 'Hang on sweetheart, we are not the same, you know? We're not the same'. (Eithne, age 55, Phase I)

This process of 'othering' was not only achieved by some women through distancing from others, but also through their expressions of pity or sympathy. Eithne distinguished

herself from other (younger) homeless women by highlighting her older age, her relatively comfortable childhood, and her “good education”. She was keen, however, to point out that she maintained a friendly demeanour in her interactions with them because of the “sympathy” she felt for them.

I’m not snobbish towards them, I’m very friendly towards all of them and I’ve a lot of sympathy for them, you see young kids and they never had a life to start off with. Whereas at least I had good schooling, good education. (Eithne, age 55, Phase I)

Finally, the strategy of ‘information control’ (Goffman, 1963) was apparent in the accounts of the women in the ‘discreditable’ group. For example, many of the migrant women had decided to either conceal or misrepresent their homelessness to family members in their countries of origin. They described a feeling of shame associated with the homeless label and felt that it would worry or upset family members, particularly those who were elderly, should they disclose their homeless status to relatives.

I didn’t say [to my mother] that I am in a homeless unit, you know, I said that it is an institution, and I am renting a small room ... she doesn’t need to worry – she is not good on health, you know... (Cecylia, age 27, Phase I)

My parents are very old; I try not to tell them for now. Maybe later. (Alexandra, age 30, Phase I)

In our community the womans ... seeking help from the refuge is like a stigma for our community and people are too ashamed to say all these things. (Nala, age 32, Phase I)

In summary, stigma and a ‘spoiled’ identity were internalised and negotiated by the women in a variety of ways. Those who were ‘discredited’ were subject to the most extreme process of shaming by wider society, which served to further marginalised them. These women were typically more entrenched in homelessness services and were also more likely to have remained homeless by Phase II of the study. Many described homelessness as akin to an ‘erosion of the self’, from which it is extremely difficult to recover. By contrast, the ‘discreditable’ were able to manage and negotiate stigma through processes of ‘information control’ and by distancing themselves from other homeless people – both physically and symbolically – in order to avoid the perceived shame of the homeless label. This latter group were more likely to conceal their homelessness or history of homelessness in a way which made it easier to re-integrate into housed society. They also tended to consider themselves distinct to other, more entrenched, homeless women with complex problems.

Restoring and Re-inventing the Self

As discussed earlier in this chapter, home can instil a sense of ontological security and positive well-being. Moreover, home can provide “a secure platform for identity development and self-actualisation” (Padgett, 2007: 1926). Farrugia’s (2011) study of twenty homeless young people demonstrated that, upon accessing stable housing, young people began to engage in reflexive work on the self. A narrative of empowerment became apparent at the point of being housed which, in turn, enabled young people to build or (re)construct a ‘homed’ identity. Similarly, Padgett (2007) found that identity construction and repair was a key positive outcome for individuals with mental health problems who moved to stable housing through a Housing First programme in the US. Findings such as these strongly suggest that home provides a secure base where identities can be constructed and where social roles (for example, as a parent or family member) can be restored and repaired, whilst also enabling space for the formation of new relationships.

A large number of the study’s women stated that caring for their children was a key activity they planned upon securing housing. Several of the women whose children had been placed in State or relative care expressed a strong desire to re-establish their roles as mothers upon being housed. Maeve (age 46, Phase II) had become homeless seven years prior to her Phase II interview when she departed from the family home. Her teenage daughters remained in the care of their father and, the time of her Phase I interview, she had seen her children on only four occasions since she left the family home three years earlier. She also spoke candidly about her feelings of guilt as she related her interactions with her children prior to leaving the family home.

But like my kids only had to look at me and say, my older daughter more so, she was very intelligent, she’d say, ‘Mam, you did have a drink again’, and I’d say, ‘No’. And she’d say, ‘You did mam, you promised me and you see? The promise is broke.’ I could never keep that promise.

In this account, Maeve used the past tense when speaking about her children, perhaps reflecting their ruptured relationship. By Phase II, however, Maeve had transitioned to stable and permanent housing association accommodation, was receiving tenancy support service, and was engaging with Alcoholics Anonymous. Since moving to her new home, life had improved dramatically and she had started to rebuild a relationship with her daughters. The restoration of her mothering role had been achieved incrementally

over time, starting with short, sporadic visits and subsequently developing into weekend stays – but had a profound impact on her sense of self.

They [daughters] made me a cake - it said “Happy Mother’s Day” ... It was a very special moment to have them here for Mother’s Day. Because it was nine mothers’ days that I hadn’t them. Yeah [begins to cry] I will never forget that moment, seeing them come up the hill. God, it was absolutely amazing. You know ... but they are coming back into my life, slowly. (Maeve, 46, Phase II)

For those women who had exited homelessness, housing provided the opportunity to ‘start again’ and many appeared to want to ‘shed their past’ entirely and to ‘re-invent’ themselves. Women, particularly those who had been considered ‘outsiders’ due to their previous stigmatised status, commonly established or re-established conventional and socially-accepted gender roles. Donna (age 38, Phase II) had a history of drug use and incarceration and, at Phase II, had secured stable housing run by a housing association. In the account below, she described her interactions with staff members of the housing association when securing and settling into the accommodation, through which she developed a renewed sense of confidence.

[When I talked to the housing officer...] I could see the smile on his face when he asked me ‘Have you ever been arrested or got probation?’ and I said ‘Yes’. I mean, of course I have a criminal record, he’s not stupid ... And he said ‘Thanks for your honesty’ and he came to see me [in new home] a few months after, him and a few of the others and they couldn’t believe the place. They were like, ‘Oh my God, it’s spectacular’. It’s the cleanest place they had seen after all their visits and they said, ‘Donna, it’s beautiful’. You know? It’s really lovely and they are really proud. (Donna, 38)

Efforts to re-define the self following a (sometimes lengthy) period of homelessness were not always straightforward, echoing Goffman’s (1963) claim that individuals with a stigmatised past often struggle to ‘shed’ stigma. Róisín (age 40, Phase I) had spent her childhood in foster care, had experienced domestic violence from her partner and father of her children and her three children had been placed in State care several years previously. After her Phase I interview, her drug and alcohol use became increasingly chaotic and she spent three years moving between emergency hostels, prison, rough sleeping, private rented accommodation (for very brief periods of time), and living with friends. By Phase II, she was living in transitional accommodation run by a non-governmental organisation where her situation had improved significantly. She was accessing a drug treatment programme and had been abstinent from drugs and alcohol for a three-month period. Although Rosin was clear that her life and circumstances had improved, she also described the difficulties she faced in trying to re-integrate into

mainstream society. In the following account, she described her perceived need to conceal information about herself and her past in order to avoid being judged.

Sometimes I wanted to go out and join the tennis club around here, but they will all go around asking, 'Ohh have you children, ohhh they're beautiful, and sure where are they? Oh foster care, and where do you live now?' I am in [homeless accommodation]. I feel I have to lie in everything and I don't want to. Like, I lie constantly. (Róisín, 40, Phase II)

Thus, while 'stable' housing provided women with a sense of control, self-determination, freedom from supervision and a secure base from which to begin to reconstruct their identities and restore social roles, it did not necessarily offer a direct route out of a stigmatised 'status'. Women continually negotiated the restoration and re-invention of the self; a process that was often interrupted and challenged repeatedly well after being housed. Relapses into substance use, further experiences of housing instability, physical and mental health problems, or another violent relationship – were all ongoing threats to the process of 'moving on' from and out of homelessness.

The 'Imagined' Self

While conceptualisations of the 'imagined' or 'future' self remains in the realms of the hypothetical or imaginary, these accounts reveal a great deal about the women's identities. Women's narratives of the 'imagined' self strongly suggest that the women wanted to transform, or transcend, a homeless identity. They envisioned a non-homeless identity or a non-homeless future self, as they described their self-capacity and agency. In looking to the future, the women frequently drew on negative past experiences and articulated a desire to make changes that would improve their futures, including reducing their drug or alcohol consumption, restoring or improving their relationships with their children, learning from past relationship 'mistakes' and 'moving on' from the stresses associated with homelessness.

A large number described a process of "building myself up" again after a period of homelessness and associated trauma. Imelda (age 37, Phase II), who was living in local authority housing with her children by Phase II of the study, spoke at length about the process of recovery from her prolonged experience of domestic violence and housing instability.

The way I look at it now, today is the start of another day. I am feeling a lot better than I did yesterday, and I am just going to keep going. I mean, it's very easy for people to say, 'Ah sure forget about that [referring to domestic

violence]’. But like there’s fourteen years of being put down, treated like a dog; that’s a hard thing to try and build yourself back up from again. (Imelda, age 37, Phase II)

Women who had children living in State or relative care all expressed a desire to have a greater level of contact with their children in the future, even if they recognised that, because of their ongoing substance use in some cases and/or lack of meaningful contact with social workers or relatives involved in the care of their children, this would be difficult to achieve. However, irrespective of whether there was any hope or likelihood of being reunited with their children, either temporarily or permanently, women always envisioned their children in their future lives. The following excerpts capture how Viv and Laura – both of whose children had been placed in State care – desired a stable home in the future that would facilitate visits from their children. Full-time carer of her children, Imelda, also quoted below, highlighted her need for a home, where her children could be raised in a “normal environment”.

I feel like I would have won the lotto if I had my own home, I would. Me own home like? That’s me own home! To call a home – home. I would be delighted, I would. To have me own space, in the house, letting the kids have their space as well. (Viv, age 38, Phase II)

If I had my own place, I could take Joey [son] there, you know, for an hour or two hours or whatever. (Laura, age 36, Phase II)

... all I ever wanted was my own home, somewhere I could raise my own children in a normal environment. (Imelda, age 37, Phase II)

Other women appeared to look to difficult past experiences in identifying what to do in order to overcome adversity and ‘succeed’. Aisha’s (age 34, Phase II) priority at Phase II was to become financially independent so that she would never become reliant on a romantic partner in the future, following the violent marriage she had experienced for several years. Financial autonomy was therefore a goal that Aisha was actively pursuing by pursuing a university degree which, upon completion, would provide her with labour market opportunities.

If I depend for money on another person, I will always be neglected or ignored or all those things – I don’t want it, I want to earn money – good money, and to go into a position in a good career ... I don’t want to depend on say if I get married and I have to depend on his [possible future partner’s] money. (Aisha, age 34, Phase II)

In a similar quest to live independently, Rosie (age 41, Phase II), who had a history of episodic homelessness and heavy drug use and had experienced violence from multiple partners, had set a personal pledge for herself at Phase II: she did not want to co-habit

with a partner she had met since the time of her Phase I interview. Drawing on past experience, she explained: “I want my own apartment, I want to be able to turn around and say, ‘Listen, hit the road’ if we’re not getting on ... I need my space, and my relationships before, we lived together and I think the reasons why I didn’t move out earlier in abusive relationships, were because I had nowhere to go”. However, not all women expressed a desire to live alone and some who remained homeless at Phase II described their fears of living independently and alone in the future: “If I have a flat, I might sit down, like I did last night, and close myself in and not talk to anyone and then I would end up worse – out drinking” (Róisín, age 40, Phase II).

While those who had exited homelessness to more stable and secure forms of housing by Phase II invariably reported significant (and, in some cases, dramatic positive change) in their lives, challenges nonetheless remained for many. Perhaps significantly, the “what next?” question was a pressing one for a considerable number who had transitioned to stable housing. Very often, the initial euphoria of being housed faded as time passed, often at a point when women found themselves dealing with several, sometimes severe, stressors. After transitioning out of homelessness, practically all of the women were poorly resourced in a financial sense, they reported notably low levels of labour market participation, as well as diminished capacity to work and high levels of vulnerability (Mallett, 2004). While some women had developed friendships with neighbours or had initiated a romantic relationship since becoming housed, social isolation was commonly reported, particularly among those women whose social circles were previously primarily rooted in homelessness services. Many had severed their ties with friends or acquaintances in homeless service settings and/or had terminated all contact with former partners, leaving them feeling isolated and lonely. Fionnuala (age 61, Phase II), who was housed in a location outside of the city centre by Phase II, for example, described her increased isolation from others since becoming housed.

I am not communicating ... which is kind of a shame really. I don’t go into the [food] centres like I used to before in town, well it’s too far away anyway ... But I have stepped out of that arena which in a way, I was able to talk to people ... I don’t know why I am always alone. I just don’t know why. (Fionnuala, age 62, Phase II).

Some women noted a lack of positive change in their lives, despite their efforts to ‘move on’ from the experience of homelessness and address what were often long-standing challenges, including heavy or dependent drug or alcohol use. Gráinne (age 34, Phase II), for example, felt that despite “getting clean”, she was “not getting anywhere”.

So I kind of feel that for getting clean [remaining abstinent from drugs], I am owed a bit around luck, so to speak, or a bit of positivity in me life. But I don't know who I think owes it to me, but I feel that I'm owed something ... I feel like I am owed a bit respect, or trust ... And I just feel like I am not getting anywhere ... So, I just figured that I am owed something from somewhere and I am not getting it. Nearly I am owed it for myself ... (Gráinne, age 34, Phase II)

At Phase I, many of the women found it difficult to envision the future, frequently articulating a need to simply “take things day-by-day”. While this view often persisted into Phase II, the narratives of those women who had exited homelessness were notably more optimistic. The following two excerpts provide an example of the contrasting tone and content of the narratives of women who remained or had exited homelessness.

Oh Jesus, the future? I am not looking that far away at all, I haven't a clue – there's no point. Just living day by day. (Edith, age 61, Phase II – homeless)

I just keep each day as it comes and, you know, I just know that it's going to be a happy one because everything is paid for, so I am trying and only good can come if you are only doing good, only good will come – that's the way I see it (Donna, age 38, Phase II – exited homelessness)

To a large extent, the women's narratives of their 'imagined' self captured different visions of what they *wanted* and *expected* in the future and these two dimensions of their narratives were not always aligned. In other words, some women were determined to transcend their previous homelessness status, to 'start again', and to build a positive future for themselves and for their family. These women were more likely to be part of the 'discreditable' grouping and, by rejecting a homeless identity, were better able to transition out of the homelessness. By contrast, others struggled to even envision a 'non-homeless' reality. Their narratives alluded to feelings of disappointment, disillusionment, and 'unlived' past lives (McNaughton, 2008), which impacted their ability to see a future. It is possible that their difficulties of some women in clearly defining of envisioning their 'future selves' was hampered by traumatic experiences of homelessness, victimisation and enduring adversity.

Case Study: 'Managing' Stigma

Gráinne – who was 31 years old at the time of her Phase I Interview – grew up in a city-centre location where she experienced poverty, parental substance misuse and child sexual abuse. She became homeless in her late teens and was accompanied by her romantic partner with whom she was using heroin.

When she first became homeless, Gráinne sought to actively distance herself – both physically and symbolically – from others who were homeless and also from drug users: “I was different to the rest of them and I wasn’t as bad you know? I wasn’t a ‘down and out’ and I still didn’t look like I was addicted to heroin and I didn’t want people knowing that I was that bad”. She described her reluctance to access homeless support services and had, instead, opted to stay in tourist hostels, substandard rented accommodation or with friends or family members: “I never had to resort to anything like that in my life and I didn’t want to kind of let people see that I was weak.”

She had been coerced into sex work by her partner during her early twenties. Her description of the power dynamics between sex worker and buyer reveal the complexities of power and meaning (Weedon, 1987). In the following quote, she contrasts the lack of power and control in a situation of child sex abuse with the feeling of being “powerful” in the context of sex work. However, as her quote below highlights, this ‘felt’ experience of being powerful led her to further victimisation.

When you’re being abused, the abuser is a person and is hurting you. But when I was out working, I was the abuser if you get it - in my head, because I was the one that was in control and I was, like *I* was abusing *them* by getting money off them and *I* was abusing *them* by giving them rules, regulations and conditions - so I felt powerful while I was doing that, you know ... when I was out working I was fearless, you know? And that’s what led me to sticky situations like getting raped because I thought ‘I’m in control now’ (Phase I).

By Phase II interview, Gráinne was living in private rented accommodation but descended quickly into significant utility arrears. Since Phase I, she had lived in a number of unstable and substandard rental properties and, by Phase II, her health, identity and self-worth appeared to have deteriorated significantly. Due to worsening health problems associated with her long-term substance use, she was frequently attending an Accident and Emergency Department in a city-centre hospital and explained the humiliation of being placed in a separate space adjacent to the main waiting area due to the fact that she was a drug user: “... so that the other patients can’t see you”.

She had also experienced a lack of sympathy on the part of some healthcare professionals: “I have often been in pain or screaming or shouting or biting stuff, and they said to me, ‘If I was injecting heroin into you, you wouldn’t be crying’”. Over time, Gráinne learned that she was treated more favourably when she requested a social worker when in hospital, highlighting the ways in which women who are

disenfranchised may strategise in order to increase their voice, particularly within institutional or formal settings: “The only way I get treated in the [name of hospital], or treated like a human, is if I ring a social worker. Because like, I feel that she’s erm, she’s not for the hospital or for me, she’s just for equality and for fairness.”

At Phase II, due to a perceived lack of progress in her life, she had given some thought to moving away from Dublin in the future and ‘reinventing’ herself in order to shed her stigmatised status; to ‘pass’ in a new environment as ‘normal’ (Goffman, 1963). The following quote depicts her deep-rooted desire to transform herself, and to alter how others see her.

I kind of want to go to [name of another county] afresh, do you know what I mean? And, you know, just go down as a new person and kind of like, a new identity so to speak. Not to be an addict in [county] ... I could get a flat, get a job, get me life as a new person. I wouldn’t change my name or anything, but I would be changed – I wouldn’t be Gráinne on heroin, or Gráinne who used to take sleeping tablets, or Gráinne who used to take benzos. It’s Gráinne: who is clean, and living a normal life so to speak ... but I don’t feel normal. (Phase II)

Her description captures the disparity between how women such as Gráinne see themselves and how society sees women in her situation; her ‘personal’ identity versus her ‘social’ identity (Goffman, 1963).

So, I just want to be normal, and for people to see me as normal because I feel I am walking around with some sort of sticker on me – ‘Gobshite’. Do you know? So ... and I can’t cope with it, it drives me crazy. It drives you potty – and it’s not only me, you see it - the alcoholics and they are sitting on wheelchairs and they have wet themselves and everything, they just don’t get seen in hospital either (Phase II)

Gráinne’s reflective narrative captures the effect that the stigma and stereotyping of homeless women have on the erosion of personhood and identity. Her personal reflections on the experience of homelessness, her interactions with services and relationship with family members, reveal the interplay and dynamics between the ‘personal’ and the ‘social’ identity (Goffman, 1963). Gráinne internalised the layered stigmas of homelessness, sex work, and heroin use, all of which negatively affected her sense of self-worth and personhood, but which she also sought to resist these reductive and stigmatising labels.

Discussion and Conclusion

This chapter explored women's relationships with, and the meanings attributed by them to, both home and homelessness. Echoing earlier feminist analyses (Watson and Austerberry, 1986; Tomas and Dittmar, 1995; Wardhaugh, 1999), it prioritised women's own constructions of these spatial and relational spheres, which emerged as deeply symbolic, gendered and subject to change over time. Women's conceptualisations were far more complex and ambiguous than understandings that place 'home' and 'homelessness' as simple binary opposites assume, fundamentally revealing that houses are "not simply bricks and mortar" (Watson and Austerberry, 1986: 3). High levels of housing precariousness and insecurity had denied a large number of the women any feeling of 'home', very often over a prolonged period of time. Furthermore, due to the complex lived experiences within the homes previously occupied by a large number – where they had endured negative and traumatic life events – women were often keen to emphasise that *a house did not mean a home*. Furthermore, for many, long-term housing exclusion meant that 'home' was an elusive, far-fetched or seemingly unattainable notion. Those with limited experience of having a home, as this analysis reveals, frequently became increasingly dependent on congregate or formal settings for ongoing practical and emotional support. Above all else, women's 'ideal' home emerged as a space that was safe, peaceful and secure, and where family routines could potentially be reinstated. Critically, home was a place that women could *call their own*.

The stigma of being a woman 'out-of-home' was internalised and negotiated by women in multiple ways. Thus, the (ongoing) dynamic between 'personal' and 'social' identity' (Goffman, 1963) was in a constant state of flux, not only affecting women's sense of self, but also how they interacted with others around them. Significantly, women who remained homeless by Phase II of the study reported a diminished sense of self-worth as well as feelings of worthlessness and hopelessness. These women, who typically felt excluded from mainstream society, were essentially 'discredited', in Goffman's (1963) sense, and also more likely than housed women to have become entrenched (in the sense of feeling dependent upon) homeless service provision. By contrast, 'discreditable' women, who rejected the stigmatised status of homelessness and sought to 'pass' as normal, reported greater success in achieving and maintaining a positive sense of self by Phase II of the study (Goffman, 1963). Gráinne's story, documented in this chapter, reveals not only the destructive and distressing impact of the stigma of homelessness

and drug use on her 'personal' identity, but also uncovers the multiple and complex ways in which she attempted to negotiate and 'manage' this stigma over time.

Importantly, stable housing provided a space in which women could engage in positive and productive identity work (Farrugia, 2011). Housing signalled a return to society for many women, offering a space – both in a physical and an emotional sense – that enabled them to re-build fractured relationships with their children, family members and friends. Continued or unresolved homelessness, by contrast, further marginalised women, eroded their relationships with family members and their children, and resulted in women becoming further entrenched in service structures and systems (Mayock *et al.*, 2015c). However, as documented throughout this thesis, many of the women in this study had resided in hidden and insecure living situations, often for prolonged periods, spaces where they did not consider themselves to be either 'at home' or homeless. Others continued to negotiate the stigma of 'a homeless past', often long after they are housed. Additionally, the majority of the women who were housed by Phase II reported limited opportunities in terms of education, training and employment, and their role as mother and homemaker was – more common than not – the only option available to them after leaving homelessness. In this sense, the women's 'identity' and 'identity work' was also based on opportunities (or lack of opportunities) available to them. By drawing on an integrated theoretical lens set out in this thesis, the women's constructions of identity can be better understood: while gendered images and discourses impact on all levels of welfare, housing and homelessness policies, these powerful constructs of what it means to be a 'good' and 'compliant' woman (and mother) also heavily impact on women's own narratives and conceptualisations of who they are and their place in wider society.

It is by prioritising women's perspectives and meaning-making processes, and the ways in which they interpret and negotiate their homelessness, that unhelpful stereotypes of homeless women can be dispelled (Watson and Austerberry, 1986). This privileging of women's 'stories' and their perspectives on their lives (past, present and future) provides a more holistic insight into how women interpret and engage with services, the accommodation they come to rely on, the ways in which they navigate their daily lives, and the strategies they employ in 'managing' their homelessness (Reeve *et al.*, 2006). Above all, it is possible to understand the multiple and often ambiguous spaces that they

occupy from the viewpoint of women themselves, which can in turn inform more gender-sensitive responses to their housing and broader support needs.

CHAPTER NINE

DISCUSSION AND CONCLUSION

Introduction

As detailed in the opening chapter of this work, there is a paucity of research on women's homelessness, despite repeated calls from researchers and commentators. As a first attempt in the Irish context to provide a longitudinal account of women's homelessness, this research extends knowledge and understanding of women's routes into, through and out of homelessness. It also contributes to an emerging body of international research which, in more recent years in particular, has highlighted the gendered nature of homelessness. The study's qualitative longitudinal approach is particularly noteworthy since, to date, the vast majority of studies of women's homelessness have been cross-sectional in design. By exploring women's housing and homeless trajectories through and across time, the study has gone some way towards generating a fuller understanding of the nature, context and 'shape' of women's homeless and housing transitions and "the extent to which participants are able to engage with services designed to assist them" (Williamson *et al.*, 2014: 70).

The study's biographical and ethnographic data collection methods aimed to produce a 'thick', naturalistic description of women's homelessness, with an emphasis on socio-cultural contexts, processes and meanings (Denzin and Lincoln, 2005). These data produced rich insights into the diversity of women's experiences, highlighting significant variation in how women interpret and respond to homelessness. Simultaneously, the data demonstrate convergences in the women's narratives, particularly in relation to their marginal and subordinate positions in a variety of contexts, revealing deficits within social policy and systems of provision which frequently failed to protect women from socioeconomic exclusion, repeated homelessness and poverty. The study's biographical and ethnographic data also expose the significance of particular social, cultural, and economic contexts and women's relationships with family members, friends, service settings and wider society. These accounts remind us that women experiencing homelessness are deeply embedded in wider social worlds and that their lives are far more complex and nuanced than the restrictive and reductive images that the label 'homeless' so frequently imposes upon them.

The findings documented in the four preceding chapters have offered an in-depth account of the lives and experiences of sixty homeless women in Ireland over time. The root causes of women's homelessness have been analysed, as have their journeys through and, in some cases, out of homelessness. The diverse ways in which women negotiated housing instability and homelessness is a significant finding to emerge from the research and reveals the variable and changeable nature of the women's relationships and interactions with service systems over time. Equally, the meanings women attach to their situations and the ways in which they made sense of their experiences of home and homelessness – particularly with the passing of time – casts considerable light on the manner in which they negotiated power and their capacity to resist (Parker and Fopp, 2004). Finally, by revealing women's distinct homeless experiences – and their own perspectives of these experiences – the research presents a strong case for a re-consideration of how policy and services respond to women who are at risk of, or experience, homelessness.

Theorising Women's Homelessness

In pursuing the aims and objectives of this longitudinal study, an integrated theoretical lens – which adopted three broad theoretical approaches – was applied in an effort to yield a nuanced and theoretically-informed understanding of the multiple truths or realities of homelessness and housing insecurity among women. This proposed framework is timely given the under-theorising of gender and homelessness within the research literature and the acknowledged under-theorising of homelessness more broadly. Through the integration of feminist, poststructuralist and cultural perspectives, a gender-sensitive analysis on women's homelessness has emerged. Fundamental to this integrated lens was the aim of giving precedence to women's own voices and perspectives to fill significant gaps in the existing literature and to challenge prevailing stereotypes of homeless women – particularly those who are long-term homeless with complex support needs (Passaro, 1996). This theoretical approach also exposes how dominant images and discourses of home, homelessness and gender are interwoven into welfare, housing and homelessness policies, but also, these constructions impact on women's sense of self. Women can internalise dominant images and discourses, but they also have the capacity to resist or strategically negotiate their way out of homelessness, to varying degrees of success.

Through the application of the integrated theoretical analytical framework, a number of pivotal claims emerged: the significance of gender in the causes of women's homelessness; the way in which traditional gender ideology impacts on categories of 'deserving' and 'underserving' homeless women (which in turn influences which women are in a position to exit homelessness); women's capacity to demonstrate agency and assert self-determination in their contact with services and systems of intervention; and finally, how women's housing status significantly impacts on their identity and sense of self.

The Intersection between Gender, Homelessness and Housing Instability

One of the primary aims of this study was to explore the women's journeys or 'routes' into homelessness. Mirroring the findings of other research (Jones, 1999; Reeve *et al.*, 2006), women's homelessness was almost always the result of a culmination of complex and interrelated life experiences and events. Above all else, becoming homeless emerged as a process rather than a single event, typically involving interplay between structural and individual forces that led – over time – to women's loss of housing. While the research participants' accounts highlight a host of both structural and individual forces as contributing to their homelessness (Pleace, 1998; Fitzpatrick, 2005), the rich biographical and longitudinal accounts also capture "the processes that occur as people negotiate with their life chances, inequality and opportunity" (McNaughton, 2006: 150).

It is through an explicitly post-structuralist feminist lens that the *gendered* nature of housing insecurity and homelessness can be most effectively understood in a way which acknowledges the heterogeneity of this population (Watson and Austerberry, 1986; Tomas and Dittmar, 1995; Crinall, 1995; Watson, 2000). Gender interacted with, and shaped, practically all aspects of the women's lives and relationships and also impacted on their opportunities within wider society, including their prospects in the housing and labour markets. Furthermore, traditional gender roles, norms and ideologies permeated women's accounts and their conceptualisations of both home and homelessness (Watson and Austerberry, 1986; Marspat, 1996; Wardhaugh, 1999). As documented in Chapter Five, a majority of the women reported economic adversity during childhood and adolescence. Many had grown up in deprived neighbourhoods characterised by poverty (Pleace, 1998; Edgar and Doherty, 2001) and a large number reported early disengagement from school, which led to weak labour market participation across the

life course (May, 2000). Childhood poverty and deprivation was just one dimension of the adversity women experienced, with a large number also reporting an array of home-based problems, including family conflict, experiences of neglect and/or parental substance use (Jones, 1999). This resulted in many of the study's women leaving the family home prematurely. Many of the research participants described running away from home or 'staying out' for short or prolonged periods of time, often in hidden homeless situations, including in the homes of friends, family members or a romantic partner. For several women, their first 'significant' romantic relationship was with a man who became abusive or violent, which added further trauma to their lives.

This study demonstrated how women faced distinct barriers to stable housing as they transitioned into adulthood, much of which was related to their status as girls or women. For example, many women reported a care burden within family units, financial insecurity, unemployment, job loss or underemployment, interrupted careers, domestic violence or abuse, unplanned pregnancy and lone parenthood – all of which can have a profound impact on housing stability. In many of these situations, there was an absence of a 'safety net' to prevent women from entering into homelessness – indicating inadequate policy measures in protecting poor women from housing marginality and homelessness. Indeed, the ways in which critical life event or crises interacted with wider structural forces emerged strongly from the women's biographical accounts, which revealed that a large number had in fact experienced multiple episodes of homelessness. In this sense, women's ability to exit homelessness and *sustain* stable housing came strongly into focus. These women reported sustained exclusion from the housing market, lack of childcare options, poor employment prospects, and frequently reported untreated health and mental health needs – for which many of the women self-medicated. As documented in Chapter Six, the financial and social resources available to women with lengthy histories of episodic or unresolved homelessness were extremely limited and sometimes resulted in them being ill-equipped to deal with personal crises or vulnerabilities.

The integrated theoretical framework can help yield insights into the complex relationship between domestic violence and homelessness. In other words, a post-structuralist feminist perspective helps illuminate the interaction between patriarchy, socioeconomic marginality, and structural and systemic barriers (among other factors) which can either limit their capacity to exit a violent home or propel them into homeless

settings. As highlighted in this study, two-thirds of the women reported intimate partner violence and their ability to escape violence and abuse was closely connected to their social and economic circumstances and broader processes of inequality, exclusion and marginalisation. For example, as this study highlighted, several migrant women had a residency permit attached to their spouse which hugely complicated their capacity to leave a violent or abusive relationship.

Women confronted barriers to housing stability after they exited abusive relationships – including a lack of affordable housing, poor rental history due to numerous moves (sometimes associated with their efforts to escape violence), housing market discrimination, and exclusion from the labour market. In this way, domestic violence was located within a matrix of intersecting factors that contributed to the process of becoming homeless, and which simultaneously acted as a barrier to their ability to exit homelessness and access stable housing. Indeed, it is worth reiterating that while domestic violence emerged as a strong and recurring theme in the women's narratives – and had a markedly negative impact on women's lives – their perceptions of its role in precipitating their homelessness varied quite considerably. Indeed, many women had become homeless on several separate occasions – and the experience of violence precipitated some homeless episodes but not others.

Perhaps more than anything, the women's longitudinal biographical accounts demonstrate the inherent limitations of looking *only* to the immediate triggers to homelessness. Poststructural feminist theory can expose the complex and interconnected layers of disadvantage which impacts on the lives of marginalised girls and women. It uncovers the ways in which a lack of stable housing and unresolved support needs ultimately exacerbates their exclusion from mainstream society over time, placing them at heightened risk of compounding adversity and repeat victimisation. Furthermore, the fact that many of the women in this study experienced homelessness on more than one occasion and were victims of multiple incidents of violence, abuse or victimisation – both in the private and public spaces – is a grim testament to this.

Women's Trajectories Through and Out of Homelessness: Unpacking who Exits and Why

Women's homeless and housing transitions are poorly understood due in large part to the dearth of longitudinal research on women's homelessness. Underpinned by a commitment to accessing the fluid and situation-specific experiences of women and the

ways in which these mediate how women deal with and respond to change, the aim of 'tracking' women's movements through and out of homelessness formed a critical plank of the research. Importantly, the time lapse between Phases I and II of the research was significant (up to three years for a majority of those who were successfully tracked), which meant that there was a considerable time span during which accommodation transitions – as well as exits from homelessness – might be reasonably expected. Poststructuralist theory can expose complex power dynamics present in women's lives and the way in which policy and services may – inadvertently or not – serve to pathologise, divide and also 'problematise' those who are socially excluded or marginalised (Watson, 2000; Parker and Fopp, 2004). It is through a post-structuralist feminist lens that a theoretical explanation can emerge in relation to *why* certain women exited homelessness, while others did not.

As might be expected, by Phase II of the study, the living situations of almost all of the study's women had changed and it was possible, based on the study's longitudinal data, to examine the number of accommodation transitions and the circumstances surrounding these transitions. However, 'categorising' the women's movements and accommodation transitions was (perhaps predictably) complex. Since definitions of homelessness and housing instability have been rooted in gender-neutral conceptualisations of homelessness and home (Tomas and Dittmar, 1995), it was important to develop a typology of women's accommodation transitions that would appropriately capture their living situations at Phase II of the study and, equally, to take into account the ways in which women themselves conceptualised the 'spaces' of homelessness and home. To this end, the ETHOS Typology of Homelessness and Housing Exclusion (FEANTSA, 2005) was used alongside Watson and Austerberry's (1986) 'home-to-homeless' continuum in order to 'categorise' change in the women's homelessness and housing status over time. This framework incorporates a broad spectrum of homeless situations, including individuals who are roofless, houseless, living in insecure housing, and living in inadequate housing, whilst also capturing women's experiences and interpretations in what *they* considered to constitute 'homelessness', 'home', and those spaces 'in-between'.

By Phase II of the study, after a period of approximately three years, twenty-one of the study's women (43 per cent) had transitioned to stable housing, ten women (20 per cent) were precariously housed, and eighteen (37 per cent) remained homeless. These figures

point to a mix of housing outcomes but highlight the extent to which women had not achieved stability in housing, with almost 60 per cent reporting either ongoing patterns of homelessness or housing precariousness at Phase II. Those who remained homeless continued to live in either a night shelter or another form of emergency accommodation, while those who were precariously-housed were residing in housing that was insecure (for example, living under threat of eviction or with friends or family members) or inadequate (that is, living in substandard, not-fit-for-purpose housing or in overcrowded conditions).

It is when the profile of women who exited homelessness is compared to the profile of those who remained homeless by Phase II that a more revealing picture emerges. The findings clearly demonstrate that women who remained homeless by Phase II were more likely to report longer homeless histories, higher support needs (frequently related to substance use dependency and/or mental ill-health) and they were also more likely to have children who were living either in State or relative care. Therefore, women with complex needs are regarded as having deviated from their role as homemaker and mother and their homeless status is perceived to be related to this failure to conform to traditional gender norms. Above all, this premise suggests that there are systemic forces which serve to perpetuate homelessness for some groups (who are deemed as 'less deserving' of support and subsidised housing) in a way which ensure that these women are maintained in spaces where they can be monitored, regulated and in Foucauldian terms, 'disciplined' (Foucault, 1987; Weedon, 1987). Many of the women who do not exit, as a consequence, become increasingly dependent on service systems such as emergency accommodation and homelessness services, while a large number moved continuously through institutional or quasi-institutional spaces such as prisons, psychiatric facilities, treatment centres and hospitals over time (Mayock *et al.*, 2015).

By contrast, women who were accompanied by dependent children and those with lower levels of need related to health, mental health and substance use, had a far greater chance of exiting homelessness by Phase II. These women who had exited had been supported through formal channels of support such as by their Local Authority, Approved Housing Bodies (AHBs), or by support workers in homelessness or domestic violence services. A large number of those who exited had received some level of aftercare or tenancy and settlement support also. For those who exited more independently, they were only in a position to exit due to successful entry into the

private rented sector by virtue of having fewer support needs and being more successful in their interactions with landlords. These women were typically regarded as ‘deserving’ service users and, perhaps related to this, they were more likely to be categorised as ‘victims’ who were more worthy of support. Indeed, in an effort to distance themselves from the ‘underserving’ and stigmatised image of homelessness, some of the women actively sought to separate themselves from drug or alcohol misusers who they perceived to be ‘different’ (to themselves). Women who were regular consumers of alcohol and/or drugs and who were unable or unwilling to abide by rules and regulations set out by service settings, by contrast, often appeared to be viewed by service staff as ‘bad’ or ‘awkward customers’ (notwithstanding the variation across different services in terms of styles and ethos).

This begs the question of whether housing and homelessness support services were in fact ““creaming off” the best-functioning women”, while simultaneously denying “service-rich housing placements” to those most in need of service support (Wong, 2006: 88). Equally, the extreme forms of housing exclusion experienced by a large number of the study’s women highlight the ways in which traditional gender ideologies are maintained through policy and practice. While ‘good mothers’ were supported in returning to the home or domestic realm, women in who were considered outside the realms of what is considered ‘acceptable’ continued to be monitored in institutional or quasi-institutional spaces (Passaro, 1996). Women must negotiate these often competing discourses on womanhood, motherhood and homelessness which permeate deep-rooted assumptions about why they are homeless and based on these assumptions - which solution is most appropriate for each defined category of service user.

Women and the Service System: Power, Control and Agency

As highlighted in Chapters Two and Three, throughout much of the twentieth century women were portrayed in the academic literature as eccentric, sexually deviant and, to a large extent, incapable of living according to conventional gender norms, often because of what was depicted as their domestic, mental and moral deficiencies (Kennedy, 1985; Watson and Austerberry, 1985; O’Sullivan and Higgins, 2001). As Wardhaugh (1999: 106) argues, “[t]he unaccommodated woman” has been historically represented as “the deviant Other”. Furthermore, ‘out of home’ women were frequently regarded or categorised as something other than homeless and housed in workhouses, lodging houses, convents, asylums and other congregate settings. Moral judgments imposed on

women who resided in these setting – which centred largely on ideological pressures placed upon women to conform to their role as housewife and mother – were pervasive throughout the nineteenth and twentieth centuries (Watson and Austerberry, 1986). While today, opportunities for women have improved significantly, women experiencing homelessness remain frequently defined according to wider ideologies and value systems (Passaro, 1996; Forrest, 1999; Marspat, 2000). Indeed, many of the findings presented in this thesis exposed the ways in which gendered images and discourses continue to have a profound influence on the ‘shape’ of women’s homelessness and also negatively impact their housing outcomes.

The integrated theoretical approach exposes the pervasiveness and consequences of power dynamics between women and frontline services, and how this can be reinforced or challenged over time. The monitoring and surveillance of women within mainstream emergency hostel settings closely resonated Foucault’s ‘panopticon’ prison, whereby ‘visibility’ is a form of effective control over actions and activities within these spaces (Foucault, 1980). According to Foucault, control is also achieved through creating normative categories which are produced and reproduced over time. In Foucauldian terms, the women in the study were subject to power through normalizing ‘truths’ that shaped their lives and relationships. This power was omnipresent for many and both shaped and delimited the ways in which they are able to conceive of their lives and their identities. As Foucault (1991: 194) argues, power “‘excludes,’ it ‘represses,’ it ‘censors,’ it ‘abstracts,’ it ‘masks,’ it ‘conceals’”. Both the “threat” and reality of being monitored and judged impacted the women “at every turn” (Gutting, 2005: 84), although not uniformly or equally, and neither did it remain constant but rather was subject to change. This power also met with strategies and responses on the part of women as they attempted to regain or redeem control over their lives.

Much of the existing literature on homelessness has neglected or overlooked the personal capacities and agency of people who experience homelessness (Parker and Fopp, 2004; McNaughton, 2006). In her appraisal of theoretical perspectives of homelessness, Neale (1997: 54) highlights how post-structuralist revisions of feminist theory – as forwarded by Weedon (1987) for example – can reveal a woman’s capacity as a “thinking, feeling, social agents, who is capable of resistance and reflection”. Of course, women who are homeless are, by virtue of their homeless status, disenfranchised and their capacity to make autonomous decisions is often severely constrained by their

socioeconomic marginality and perpetuated by their reliance on systems of intervention. By engaging women in a dialogue about their experiences over time, this research has revealed a multiplicity of perspectives and responses, including homeless women's diverse agentic stances.

As the findings presented in Chapter Seven demonstrate, many of the women resisted (and rejected) the power and control that they perceived to be exerted over their everyday lives and destinies – either in subtle or more overt ways – as they ‘moved through’ the service system. The ethnographic data, in particular, revealed the ways in which women performed particular ‘versions’ of gender, often as a strategy of survival, particularly in the context of mixed-gender service settings (Huey and Berndt, 2008). Many, for example, had learned to ‘toughen up’ or ‘fight back’ in order to (more) successfully navigate a landscape that they perceived to be challenging and, at times, threatening. Along an unpredictable route through service settings, many adapted their behaviour by way of negotiating service expectations and, in some cases, these same strategies were deployed to reduce their risk of victimisation.

Perhaps the most significant act of resistance on the part of women was observed in their attempts to exit homelessness independently. A large number of the study's women avoided emergency homelessness services for periods of time in order to avoid ‘high-stress’ situations, or in an effort to disentangle themselves or escape from environments that had come to symbolise stagnation and stigma. Many had, often on more than one occasion, endeavoured to secure private rented accommodation without service support, typically following prolonged periods spent moving between a range of homelessness services. Many were acting alone in their attempts to leave the service system, while others did so in the company of an intimate partner. These women were intent on regaining control over their lives and destinies, albeit without the requisite financial and social resources. While these exits were invariably temporary and often led them back to homelessness services, their initiatives – underpinned by a determination and desire to become housed – demonstrate their personal capacities whilst also revealing the interlocking social and economic contexts that rendered their chances of achieving positive and stable housing situations either unlikely or impossible.

While strategies of resistance were evident, so too were acts of conformity or compliance, whereby some women performed “the dance of the dutiful dependent” (Passaro, 1996: 11). A considerable number of the study's women recounted interactions

with service providers within homeless and other service settings that were very firmly fixed on 'playing the game' or 'towing the line'. For these women, the 'game' and the 'line' were markers and also mechanisms of conformity which, as they perceived it, could potentially bolster their chances of attaining housing (Foucault, 1991; Huey and Berndt, 2008). For example, by displaying feminine traits, appearing grateful (or subservient) and dedicating energy primarily to dependent children, women were seen to demonstrate socially-valued and 'responsible' gender roles. Particular narratives of 'self' were also revealing in this regard. As discussed in the previous section, some women engaged in 'legitimizing accounting' by drawing attention to their 'worthy' personal characteristics and 'separating' themselves from others; these women were also more likely to adopt a conformist agentic stance as they navigated the unpredictable terrain of homelessness and housing instability (McNaughton, 2011).

Women responded to and 'managed' their homelessness in diverse ways and assumed styles of responding to the challenge of being homeless across a continuum of action: ranging from conformity to resistance. Thus, this study's analysis has opened up a range of possible acts that constitute agentic responses on the part of homeless women within changing contexts. The study's longitudinal data also uncovers the temporal and cumulative nature of women's agency which was elastic, fluid and dynamic and often emerged incrementally as women learned and became accustomed 'the system' within which they interacted on an ongoing basis. This temporal complexity also reveals women's agency as non-static and evolving, diverse in its expression and subject to change over time. The women's narratives and stories can also be located and interpreted in the context of the structure-agency relationship. While the constraints of social relations (structure) on individual action and their profound influence on women were very visible, women's ability to resist and reshape the social contexts they navigated (agency) also emerged strongly from their accounts. Finally, women's own actions did not always or necessarily have positive outcomes, irrespective of the stance (conformity or resistance) adopted and deployed. Nonetheless, those women who 'conformed' to gendered expectations were generally treated more sympathetically and were also more likely to be 'rewarded' and become housed (Passaro, 1996; Mina-Coull and Tartinville, 2001).

Home, Homelessness and Identity

Home and homelessness are deeply symbolic and gendered spaces and women's relationship to these spaces were found to be far more complex than might be assumed in policy and service provision. This thesis sought to capture how women's constructions of identity were intimately related to their housing status and as such, constructions of the self were subject to change over time. High levels of housing precariousness and victimisation can complicate women's meaning-making of home and homeless domains, and it is perhaps this meaning-making can be best understood in the context of the data on women's lived experiences in these settings. The women's own narratives on their identity and sense of self could be seen to challenge, or alternatively reinforce, discourses around home and homelessness. It is for this reason that a social constructionist and cultural perspective of women's lives offers much insight on how these discourses are continuously being shaped and perpetuated over time (Goffman, 1963).

Women with longer homeless histories (and higher support needs) were more likely to 'feel' stigmatised and, in Goffman's terms, were 'discredited' by wider society (Goffman, 1963). Particularly with the passing of time, 'discredited' women described a diminished sense of self, which compounded their feelings of worthlessness and powerlessness. While most had attempted to resist the power exerted over their lives, paradoxically, many had become increasingly dependent on a service system that had contributed to their 'discredited' selves. These women were more likely to have remained homeless by Phase II of the study reported a diminished sense of self-worth as well as feelings of worthlessness. These women, who typically felt excluded from mainstream society, were essentially 'discredited', in Goffman's (1963) terms, and also more likely than housed women to have become entrenched (in the sense of becoming dependent upon) homeless service provision. Other women, by contrast, mobilised 'legitimising' narratives that served to distinguish them from the 'stigmatised Other' (Goffman, 1963; Wardhaugh, 1999). These 'discreditable' women reported greater success in achieving and maintaining a positive sense of self by Phase II of the study (Goffman, 1963). Their rejection of the homelessness identity served a protective and enabling function, whilst simultaneously reinforcing the discursive practices through which (some) women were deemed 'unworthy' and 'undeserving'.

Identity can change over time, and as the findings here demonstrated, this was particularly the case when women had transitioned out of homelessness and into housing. A stable home provided a space in which women could engage in 'identity work' (Snow and Anderson, 1987). Some of these women who exited homelessness sought to quickly restore their role as domestic homemaker. Within this, domestic work such as cooking, cleaning and caring for children or family members permitted women not only with a new sense of purpose in life after a period of transience and difficulty, but also, an opportunity to engage in a role which is time-honoured by wider society. Others sought to carve new identities beyond their role in the home space, particularly those who were abused in the home by a former partner. Perhaps significantly, several of the women who had exited homelessness by Phase II of the study went to great lengths to conceal their previous 'homeless status', even from members of their immediate family, in order to preserve a personal sense of dignity and to avoid a 'spoiled identity' (Goffman, 1963). However, among women who exited homelessness, it is clear that socioeconomic inclusion, community integration and labour market participation remained low. In this context, domestic work could be viewed as one of the only options for many of these women after exiting homelessness.

A cultural analysis of the study's data also captured how women's lives are inextricably connected to social worlds that were quite separate (albeit simultaneously influencing and influenced by) their homelessness and housing. The women in this study had families, children, partners and friends; they interacted with a wide range of individuals such that their lives, reflections, considerations and hopes for the future were strongly entwined with relationships and interactions (or lack thereof) that they deemed to be personally significant. Perhaps more than anything, their relationship with their children was an issue repeatedly raised by the study's women. All of the women worried about their children's safety, health and welfare and about the impact of (their) homelessness on their children. Those women who were living apart from their children (who were typically being cared for by the State or by relatives) conveyed a strong sense of *being* a mother and were also acutely aware that their status as mothers was not recognised. The stigma of 'spoilt' motherhood emerged strongly from these women's accounts as they navigated a landscape that routinely ignored or dismissed their roles as mothers and, by implication, restricted (or even resisted) any possible avenues that might bolster these women's chances of improving or re-instating their mothering roles.

By analysing women's identity and constructions of the self, the analysis here goes a step further in understanding women's worlds. Not only does it capture how their lived experience have shaped their constructions of the self and the meaning-making around their homelessness and housing instability, it also seeks to understand how women are continuously challenging and/or reinforcing deeply-held beliefs about women's homelessness more broadly (Watson and Austerberry, 1986). This prioritising of the women's complex interpretation of how they view themselves and their relationship to others (past, present and future) can contextualise homelessness within the life that it is lived. This situates (and perhaps explains) the nature of their engagement with services, their choices and strategies, and the ways in which they operate within often their own social worlds. Above all, this analysis can inform more appropriate responses to women's housing and support needs, in a way which acknowledges women's own priorities, desires and aspirations.

Implications for Policy and Service Provision

The implications arising from the findings presented in this study are potentially numerous and wide-ranging and span an array of areas from prevention to intervention, through to the aim of providing sustainable housing for women who experience homelessness. Internationally, homelessness policy has, for some time, been argued to lack gender sensitivity (Watson and Austerberry, 1996; Edgar and Doherty, 2001; Baptista, 2010). This study's findings certainly point strongly to 'gender-blind' policies and practice and also demonstrate gendered ideologies and practices that can potentially exacerbate women's risk of ongoing cycles of homelessness.

The following discussion of the implications of the research findings is necessarily brief but nonetheless aims to highlight a number of key recommendations related to prevention and service provision. The implications of the study's findings for Housing First for women are also discussed.

1. Prevention of Women's Homelessness

While existing homelessness policy in Ireland places a strong emphasis on prevention (O'Sullivan, 2012; Maher and Allen, 2014), targeted efforts aimed at averting women's homelessness are currently lacking. Preventive strategies tend to operate along a continuum ranging from primary to secondary through to tertiary prevention measures (Culhane *et al.*, 2011). According to Busch-Geertsema and Fitzpatrick (2008: 73), primary,

secondary and tertiary prevention measures differ in their focus and aim: primary prevention aims to reduce the risk of homelessness (with attention to housing access and affordability, for example); secondary prevention focuses on people who are potentially at high risk of homelessness (because of particular characteristics such as a history of State care or because they are at eminent risk of eviction); while tertiary prevention targets individuals who have already been affected by homelessness (through, for example, rapid re-housing and/or harm reduction strategies) in order to ensure a resolution to their homelessness as quickly as possible.

In Ireland, the measures outlined in the *Homeless Preventative Strategy* (Department of Environment and Local Government, 2002) are confined largely to secondary preventive measures (Maher and Allen, 2014). This strategy is reasonably wide-ranging and dedicates specific attention to a number of ‘at risk’ groups, including adult and young offenders, people leaving mental health residential facilities, people leaving acute hospitals and young people leaving care. However, the Strategy does not make any reference to the specific risk factors reported by women. Furthermore, while the Strategy acknowledges the structural causes of homelessness, it includes little exploration of the structural underpinnings of homelessness among high-risk groups and, in this sense, “is open to the criticism of framing homelessness as an individual problem” (Maher and Allen, 2014: 131). Certainly, the findings presented in this dissertation suggest that individual explanations of women’s homelessness continue to have a strong hold on service provision and intervention in the sense that efforts to find housing solutions for the study’s women were painfully protracted. There was evidence also of an underlying presumption that women needed to be made ‘housing ready’, presumably underpinned by a belief that their ‘individual’ characteristics or behaviour could potentially undermine their ability to access and maintain housing.

This research has demonstrated that many of the women reported early experiences of poverty, adversity and trauma (often related to experiences of violence and abuse) and that a considerable number reported histories of State care. Perhaps most significantly, many of the women first became homeless during the teenage years, pointing to the need for community-based preventive mechanisms aimed at averting housing crises among vulnerable youth. Young people tend to leave their homes at a crisis point in their lives and often as a last resort (Mayock and O’Sullivan, 2006; Mayock *et al.*, 2014), suggesting that they are willing to work to resolve their home-based difficulties.

Renewed efforts and greater investment in programmes that aim to intervene early in the lives of young women (and men) who are ‘at risk’ of homelessness could go a long way towards preventing early home-leaving and homelessness. Since it will not always be possible for youth ‘at risk’ to remain in their homes, sustainable housing options for young people require urgent attention. Such options are currently judged to be severely lacking in Ireland, forcing young people into situations of hidden homelessness followed, in many cases, by their entry to homelessness services (Mayock *et al.*, 2014; Mayock and Parker, 2016). Prevention strategies that specifically target disadvantaged young women and young mothers, in particular, with the aim of helping them to escape poverty and equipping them with the requisite skills – through investment in far more flexible approaches to education, training and childcare, - are urgently required and could vastly improve their capacity to become economically independent.

The role of domestic and other forms of gender-based violence in pushing women into homelessness has – albeit in complex and multi-dimensional ways – emerged strongly from this study. This finding is of course consistent with the international literature, where an association between homelessness and domestic violence has been documented for some time (Baker *et al.*, 2010; Jasinski *et al.*, 2010). Yet, historically, policy and service responses to homelessness and domestic violence have remained largely distinct and separate in their organization, structure and aims (Baptista, 2010; Mayock *et al.*, 2015). Researchers have argued the need to address domestic violence and homelessness by adopting a far more co-ordinated approach (Baker *et al.*, 2010). However, given the historical separation of the two service sectors in many jurisdictions, this aim is not necessarily straightforward and may, in fact, be challenging (Quilgars and Pleace, 2010). In Ireland, for example, homelessness and domestic violence services are currently funded by two different government departments and women living in domestic violence refuges are not ‘counted’ in the official monthly homelessness statistics released by the Department of Housing, Planning, Community and Local Government.

Preventing domestic and family violence related homelessness is not an easy task, owing to the often hidden nature of domestic violence, which means that women frequently do not request assistance until they are forced to leave their homes (Tually *et al.*, 2008). However, innovative interventions such as Sanctuary Schemes in the UK (Jones *et al.*, 2010), which seek to maintain victims of domestic violence in their homes while removing the perpetrator, may be a viable option for women who wish to remain in their

homes. These Schemes have been positively evaluated in the UK (Quilgars and Pleace, 2010) and, while not appropriate for all women, they do address the experience of domestic violence whilst also responding to women's housing needs. Irrespective of the type and range of interventions that may seek to address the risk of homelessness for women experiencing domestic violence, interventions need to recognise the structural underpinnings of the relationship between domestic violence and homelessness, particularly those related to women's lack of financial independence and the manner in which their subordination is experienced and also bolstered by societal structures and beliefs that fail to recognise the realities for women (and their children) who live with violence.

A strong message to emerge from the findings of this research relates to the recurrent nature of homelessness for many of the women: a large number reported repeat episodes or experiences of homelessness and a considerable number had returned, again and again, to homeless service settings following a temporary exit to housing. This finding points strongly to a need to view prevention not simply in terms of preventing the *occurrence* of homelessness but also in terms of preventing its *reoccurrence*. Exits from homelessness services were not linear, nor were they necessarily straightforward for women, with evidence to suggest that many had to adjust to *being housed*. Challenges related to financial insecurity were strongly apparent but so too were issues associated with loneliness and social isolation, particularly among those who had spent lengthy periods living in communal settings. Moving to stable housing was therefore a critical time of transition and also a point of potential vulnerability for many women. Consequently, a focus on the support needs of women as they transition to housing – and, in particular, the provision of *housing support* – could contribute to the prevention of recurrent homelessness and work to ensure that women do not embark on a cycle of returning to homeless service settings. Such tenancy sustainment support ideally needs to be assessed in advance of women's transition to housing and also consider an array of tailored health and social support needs in order to ensure that women remain housed and also integrated within their communities.

2. Adopting a Gender-Sensitive Approach

If we expect to make inroads toward solving homelessness, it is important that homeless individuals feel that it is possible to become a part of “mainstream society”. This can only be accomplished when they are consistently treated with respect in a variety of settings, retaining a sense of dignity (Hoffman and Coffey, 2008: 219).

While many of the women in this study valued the help and assistance they received from services and professionals, there was strong evidence to suggest that a large number struggled with 'dehumanising' experiences (Bierdman and Nichols, 2014). As documented in Chapter Seven, most of the women were very familiar with the service structure and knowledgeable about the ethos, rules and regimes that governed a range of service settings. Indeed, very often, they selected particular service settings based on prior personal experience. This finding highlights women's active role in seeking out services that they perceived as better-suited to meeting their needs at particular junctures and, by implication, a need for services to focus on a greater extent on women's autonomy and agency. Perhaps critically, carving a route through homelessness was, for a majority of the study's women, essentially about moving between spaces where they had access to shelter (and other basic amenities) and their experiences within service settings had a significant, and often profound, impact on their daily lives and also on their ability to secure housing.

Consistent with the findings of other studies that have examined homeless women's service experiences (Sznajder-Murray and Slesnick, 2011; Hutchinson *et al.*, 2014), the women in this research frequently reported negative experiences and feelings of isolation and segregation from mainstream society were apparent, particularly among those who remained homeless for longer. Most struggled with the control exerted over their lives by virtue of their dependence on a system that 'housed' them within the confines of a host of unpredictable and anonymous settings, rather than offering any appreciable positive change over their lives and situations, particularly in relation to housing. Within emergency hostel environments (shelters), women frequently felt powerless and struggled with the rules and regulations that dictated their movements, daily routine and their ability to interact with their children, in many cases. Women's interactions with service providers, whilst sometimes positive, helpful and productive, were frequently depicted as rendering them 'without a say' in relation to their lives, housing and future.

Clearly, homelessness services working with women strive to achieve the best possible outcome for those who access their services. Yet, the findings of this research highlight numerous layers of unmet support need. At the point of first contact with services, women were frequently traumatised and also reluctant to enter into the hostel system and, as the duration of their homelessness progressed, a large number embarked on a pattern of moving between emergency service settings. This transience was disruptive

and women sometimes found themselves with no option but to access mixed-gender services where some felt vulnerable and unsafe. Additionally, women's life histories were typically not addressed, particularly in relation to the experience of gender-based violence. This finding signals a need for training for staff members in mainstream homelessness services to enable them to identify and respond to women who have experienced violence and provide them with appropriate support (FEANTSA, 2007; Mayock *et al.*, 2015; Moss and Singh, 2015).

Perhaps most importantly, homelessness services need to recognise women's autonomy and decision-making capacities and the social worlds and relationships that are meaningful and critical to women who live under the extreme pressure of homelessness. The women in this study were mothers, daughters, partners, sisters, and friends and their housing instability placed extraordinary strain on all of these relationships. As argued above, while homelessness was an undeniably significant feature of the women's lives, it did not define them (Oliver, 2014). Women aspired to a 'life' beyond homelessness and these aspirations were almost always firmly fixed on significant relationships in their lives and, also, on relationships that they hoped could be resumed or re-instated. Women who were separated from their children could be regarded as particularly vulnerable: these women had essentially lost the social, financial and cultural entitlements associated with motherhood in a context where 'reclaiming' motherhood was extraordinarily complex and challenging. Furthermore, their status and role as mothers was not recognised by the service system.

Women who access homelessness services have life histories and experiences that merit specific consideration in the development of case management plans and in devising strategies and initiatives aimed at ensuring that women leave the service system and secure housing at the earliest possible juncture. Put differently, services need to work to a greater extent to ensure that the supports they provide encompass gender-specific considerations and acknowledge the perspectives, capacities and personal strengths of women.

3. Inserting Women into Housing First Debate

As discussed in Chapter One, homelessness policy in Ireland is relatively progressive in terms of the emphasis it now places on a Housing-Led approach to resolving long-term homelessness. However, since its introduction, significant challenges – associated primarily with deficits in the supply of appropriate housing, particularly in the Dublin

region – have substantially hampered the implementation of this Housing-Led policy (Kennedy *et al.*, 2013). In July 2016, the government published an *Action Plan for Housing and Homelessness* (Government of Ireland, 2016). The core aim of this Action Plan is to:

... ramp up delivery of housing from its current under-supply across all tenures to help individuals and families meet their housing needs, and to help those who are currently housed to remain in their homes or be provided with appropriate options of alternative accommodation, especially those families in emergency accommodation (Government of Ireland, 2016: 8).

The Action Plan – which outlines a social housing programme, an infrastructure fund to open up sites for constructing housing, and increases in rent supplement and housing allowance payments, among other measures – is ambitious and, if successfully implemented, should go some way in alleviating the current housing and homelessness ‘crisis’.

However, currently in Ireland, as in other European countries, existing homelessness services remain primarily focused on responding to the most urgent and basic needs of women (and men) through the provision of shelter or short to medium-term accommodation (O’Sullivan, 2012; Busch-Geertsema, 2013). Furthermore, in some countries, including Ireland, a reliance on acquired commercial accommodation such as hotels and B&Bs, particularly for families experiencing homelessness, has become increasingly apparent in recent years in an effort to meet the growing homelessness numbers (Walsh and Harvey, 2015).

One Housing-Led programme in Ireland – the Dublin Housing First Demonstration Project – has, however, been positively evaluated. This small-scale evaluation (involving the participation of just fifteen Housing First participants and a comparison group of fifteen ‘treatment as usual’ clients) reported that significantly higher levels of stable housing were achieved among Housing First participants compared to the comparison ‘treatment as usual’ group. Housing First participants also reported better general health (Greenwood, 2015). However, like other larger scale evaluations of Housing First programmes in both the US and Europe (Stefanic and Tsemberis, 2007; Tsai *et al.*, 2010; Busch-Geertsema, 2013), this research did not specifically examine gender. Indeed, evaluations of Housing First Programmes have, in general, paid little attention to gender-specific considerations or the high incidents of violence and abuse among women in the development, implementation and interrogation of Housing First initiatives.

There is considerable evidence to suggest that Housing First is increasingly embraced by policy communities throughout Europe and in the US and is viewed as an important approach to ending homelessness. However, while Housing First models have been developed for various sub-populations and debate on the implementation of Housing First or Housing-Led responses to include subgroups such as young homeless people (Gaetz *et al.*, 2014a,b; Mayock *et al.*, 2014), there has been little or no dedicated attention to women within a Housing First framework (YMCA, 2013). Indeed, the existing research has focused primarily on rough sleepers and chronically homeless which are predominantly represented by men. Furthermore, there has been practically no interrogation of the complexities confronted by 'single' women (including both migrant and non-migrant women), families or single parent adults (who are overwhelmingly women) within Housing First models of intervention.

There are a number of key issues arising from an apparent assumption that Housing First 'works' or may be successful, irrespective of gender, in the near-absence of systematic empirical research on the potential significance of gender. Firstly, Housing First programmes targeting those experiencing long-term homelessness (often with co-occurring mental health and substance use problems) need a gendered lens to inform definitions of 'long-term' homelessness, with particular attention to how such definitions apply to women. As discussed repeatedly throughout this thesis, women's homelessness is more likely to be hidden, which may exclude women and girls from Housing-Led programmes. Inclusion criteria for Housing First models need therefore to reflect an appreciation of the gendered nature of experiences of homelessness. Secondly, as the findings documented in this dissertation also suggest, safety – particularly for women who have experienced domestic or other forms of gender-based violence – needs to be a guiding principle of programmes and initiatives that aim to house women experiencing homelessness at the earliest possible juncture. Finally, and crucially, the needs of mothers – including those who are separated from their children – require urgent and considered attention within Housing-Led policy and practice. Clearly, women who are accompanied by their children will very often have specific needs related to trauma, recovery, child care, employment and the sustainability of housing. Equally, women who are mothers but who are not caring for their children need to have their 'status' as mothers recognised and be supported in their efforts to re-establish contact with and, where appropriate, to re-unite with their children.

In summary, gendering Housing First or Housing-Led approaches needs to be inserted as a key policy aim within strategies devised to tackle long-term, transitional and episodic homelessness. In other words, the distinct experiences and needs of women and girls must be considered in the development of services and supports offered within a Housing First framework. Additionally, and critically, programme evaluation needs to prioritise the interrogation of the gendered experiences of homelessness and of Housing First or Housing-Led interventions.

Limitations of the Study and Suggestions for Further Research

As with all research, this study has limitations as well as strengths. In terms of the former, the sample size is relatively small and the findings are clearly not generalizable in the traditional sense. However, this study was primarily concerned with uncovering the processes, contexts and meanings associated with the homeless and housing trajectories of women who experience homelessness. The study's detailed biographical accounts and the level of engagement achieved through ongoing ethnographic observation yielded in-depth data on the women's relationships with homelessness and housing. Perhaps most importantly, the study's longitudinal approach enabled a perspective that foregrounds transition and change, thus circumventing the weaknesses associated with cross-sectional analyses and offering a relatively rare insight into the dynamics of women's homelessness.

As outlined in Chapter Four, the women were recruited primarily from homelessness services although domestic violence services were also included as recruitment sites. A considerable number of women were recruited from emergency accommodation services, settings which have consistently been demonstrated to disproportionately accommodate longer-term, entrenched service users (Kuhn and Culhane, 1997; Aubry *et al.*, 2013; Benjaminsen and Andrade, 2015). There is a risk, therefore, that women with high support needs were over-represented in the baseline sample and that the sampling therefore impacted on the overall picture to emerge from the analysis of the women's homeless and housing transitions. Nonetheless, considerable effort in fact was made to build diversity into the sample. For example, women were recruited from a large number of services (including domestic violence services) that offer a variety of service supports and 'target' women (and men, in many cases) with different support needs. Perhaps most importantly, the follow-up phase meant that the women's situations in relation to both homelessness and housing were not rendered static and, instead, traced over time

in accordance with the (sometimes multiple) housing and non-housing transitions reported by the women. The three-year time lapse between Phases I and II of the study also helped to mitigate the risk that study participants might not achieve positive housing transitions simply because their homelessness was 'entrenched'. However, the time delay between baseline and follow-up arguably allowed a period of time during which (significant) accommodation transitions might be reasonably expected.

Finally, not all of the sixty women were successfully retained in the study, which means that there are possible 'gaps' in the study's longitudinal analysis. The challenges associated with retaining 'hard-to-reach' and 'hard-to-track' transient populations are, of course, relatively well documented (Canover *et al.*, 1997; Williamson *et al.*, 2014). The tracking process, which was carried out over many months, was incremental and guided by a recognised need for persistence in seeking to re-establish contact with the study's women. All possible contact points or leads were rigorously pursued during this period. The strong relationships that had been established with services and service providers were also important and helped to bolster the study's retention rate. Perhaps most importantly, the tracking process respected the situations of the study's women and the constraints operating in their lives. In general, the women were positive about re-engaging with the study and appeared to value the opportunity to 'update' their life stories and their experiences of homelessness and housing.

In many European countries, there remains a paucity of primary research on women's homelessness and, even in countries where dedicated research has been undertaken, the evidence base on women's homelessness remains patchy. Dedicated research on women's homelessness is therefore urgently required if the situations of women who experience homelessness are to be fully understood. The hidden nature of women's homelessness merits further interrogation using methodological approaches that can successfully access women who are not engaged with homeless or domestic violence services. Equally, the situations of specific sub-groups of the female homeless population, including 'single' women, women who are mothers (with and without children in their care), women with partners (with and without children in their care), migrant women, LGBT women and so on, require research attention. The experience of motherhood and parenting in the context of homelessness is another critical area, particularly in the Irish context given the unprecedented scale of the current family homelessness crisis. Finally, further detailed research is required to more fully

understand (and respond effectively to) the relationship between domestic violence and homelessness, experiences that are commonly treated separately within research, policy, and practice despite the significant overlap between the two in women's lives.

Innovative methodological approaches will be required to significantly advance knowledge and understanding of women's homelessness. Longitudinal research is required if temporal dimensions of women's homelessness are to be more fully understood and mixed-methods studies – incorporating both quantitative and qualitative research approaches – would help to balance the need for both scale and depth within research designs that aim to interrogate the causes and dynamics of women's homelessness.

Concluding Remarks: Making Women's Homelessness 'Visible'

As highlighted throughout this thesis, too often women's homelessness is subsumed or simply appended to hegemonic male conceptions of homelessness. Over recent decades, wider macro-level processes of globalisation and the predominance of neo-liberal market economics, have resulted in diminished welfare state provision, unregulated housing markets, shortages of affordable housing, and increases in job insecurity and precariousness, culminating in a growing number of people living in marginal or socially-excluded spaces (Pleace, 1998; Forrest, 1999; McNaughton, 2011). These processes and conditions have impacted on low income women, in particular: women remain the primary carers of children, they are often marginalised or discriminated against within labour markets, are more likely to experience victimisation or violence, and remain greatly disadvantaged within competitive housing markets (Watson, 2000; Edgar and Doherty, 2001; Kennett and Kam Wah, 2011). The scale of women's homelessness in countries throughout Europe, as well as in North America and Australia, also points to a range of systemic failures such as ineffective prevention of homelessness among women, a lack of investment in education and training for socioeconomically disadvantaged women, insufficient childcare support, and a lack of affordable housing or limited provision for women experiencing violence.

It is exactly thirty years since the publication of Watson and Austerberry's (1986) feminist analysis of women's homelessness and housing in Britain. Much has changed in the intervening period for women living in the 'global north': women occupy stronger economic, social and cultural positions than previously (Watson, 2000). However, we are

now firmly situated in a 'new landscape of precariousness' (Forrest, 1999) which is resulting in new groups of the wider population (such as women, migrants, or young people) are presenting as homeless and entering into emergency accommodation. Yet, as women's homelessness continues to rise, research into the phenomenon has only marginally advanced. In tandem with this, there is an absence of theoretical developments in framing the processes and factors which are perpetuating women's housing instability (Watson, 2000). The lack of adequate theoretical analyses of women's homelessness has resulted in "subjective experiences, on the one hand, and stereotypical constructions, on the other" (Watson, 2000: 159). It is hoped that this longitudinal study goes some way in redressing this gap in knowledge and assists in drawing together the "gaps between lives as talked about and lives as lived" (McNaughton, 2006: 150).

BIBLIOGRAPHY

- Abrams, L. (2010) Sampling 'hard to reach' populations in qualitative research: The case of incarcerated youth. *Qualitative Social Work*, 9, 4, 536-650.
- Ackers, L. (1998) Citizenship, migration and the valuation of care in the European Union. *Journal of Ethnic and Migration Studies*, 30, 2, 373-396.
- Agar, M. (1996) *The Professional Stranger: An Informal Introduction to Ethnography*. Bingley: Emerald Group.
- Aguirre, B. (1985) Why do they return? Abused wives in shelters. *Social Work*, 30, 4, 350-354.
- Alcock, C., Edwin, G. and Griggs, E.(2000) *Introducing Social Policy*. London: Routledge.
- Allamby, L., Bell, J., Hamilton, J., Hansson, U., Jarman, N., Potter, M. and Toma, S. (2011) *Forced Labour in Northern Ireland: Exploiting Vulnerability*. York: Joseph Rowntree Foundation.
- Allen, M. and Forster, P. (2010) *Domestic Violence within the Travelling Community: A Challenge for Social Work*. Working Paper Series No. 18. Dublin: University College Dublin, School of Applied Social Science.
- Allen, S. and Knight, Y. (1995) *Women's Experience of Homelessness in Thamesdown: First Report Council Run Hostels*. Thamesdown: Women's Advisory Council, Thamesdown Borough Council.
- Amnesty International (2005) *Justice and Accountability: Stop Violence against Women, Summary Report*. Dublin: Amnesty International, Irish Section.
- Anderson, I. (2001) *Pathways through homelessness: Towards a dynamic analysis*. Research Seminar, 27th March. Sydney: Urban Frontiers Programme, University of Western Sydney.
- Anderson, I. (2003) Synthesizing homeless research: Trends, lessons and prospects. *Journal of Community and Applied Social Psychology*, 13, 197-205.
- Anderson, I. and Christian, J. (2003) Causes of homelessness in the UK: A dynamic analysis. *Journal of Community and Applied Social Psychology*, 13, 2, 105-118.
- Anderson, I. and Tulloch, D. (2000) *Pathways through Homelessness: A Review of the Research Evidence*. Homeless Task Force Series. Edinburgh: Scottish Homes.
- Armstrong, K.B. (2005) Autophotography in adult education: Building creative communities for social justice and democratic education. *New Directions for Adult and Continuing Education*, 107, 33-44.
- Atkinson, P. (1998) *The Life Story Interview*. Thousand Oaks, CA: Sage.

- Atkinson, P. and Hammersley, M. (2007) *Ethnography: Principles in Practice* (3rd Edition). London: Routledge.
- Aubry, T., Farrell, S., Hwang, S.W. and Calhoun, M. (2013) Identifying the patterns of emergency shelter stays of single individuals in Canadian cities of different sizes. *Housing Studies*, 28, 6, 910-927.
- Auerswald, C. and Eyre, S. (2002) Youth homelessness in San Francisco: A life cycle approach. *Social Science and Medicine*, 54, 1497-1512.
- Austerberry, H. and Watson, S. (1983) *Women on the Margins: A Study of Single Women's Housing Problems*. London: The City University.
- BAG W (2015) Bundesarbeitsgemeinschaft Wohnungslosenhilfe Statistikberichte [National Alliance of Service Providers for the Homeless Statistics]. Accessible at: http://www.bagw.de/de/themen/statistik_und_dokumentation/statistikberichte/statistikberichte_1.html. Accessed on 24th July 2016.
- Baker, C. K., Billhardt, K.A., Warren, J., Rollins, C. and Glass, N. E. (2010) Domestic Violence, Housing Instability, and Homelessness: A Review of Housing Policies and Program Practices for Meeting the Needs of Survivors. *Aggression and Violent Behavior*, 15, 430-439.
- Baker, C. K., Cook, S. and Norris, F. (2003) Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women*, 9, 7, 754-783.
- Baptista, I. (2010) Women and homelessness. In E. O'Sullivan, V. Busch-Geertserna, D. Quilgars and N. Pleace (Eds) *Homelessness Research in Europe*. Brussels: FEANTSA. pp. 163-185.
- Baptista, I., Silva, A. and Silva, M. (2005) *Quartos, pensões e hospedarias: a realidade do alojamento apoiado em Lisboa e no Porto [Rooms, Hostels and Guest Houses: The Reality of Supported accommodation in Lisbon and Oporto]*. Lisboa: Instituto da Segurança Social.
- Bard, M. (1990) *Shadow Women: Homeless Women's Survival Stories*. Kansas City: Sheed and Ward.
- Barrow, S. and Laborde, N. (2008) Invisible Mothers: Parenting by homeless women separated from their children. *Gender Issues*, 25, 3, 157-172.
- Bassuk, E. and Rosenberg, L. (1988) Why does family homelessness occur? A case control study. *American Journal of Public Health*, 7, 783-788.
- Bassuk, E., Buckner, J., Weinreb, I., Browne, A., Bassuk, S. S., Dawson, R. and Perloff, J. (1997) Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87, 241-248.
- Becker, H. (1963) *Outsiders: Studies in the Sociology of Deviance*. New York: Free Press.

- Belcher, J. and Deforge, B. (2012) Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment*, 22, 8, 929-946.
- Belher, J., Greene, J., McAlpine, C. and Ball, K. (2001) Considering pathways into homelessness: Mothers, addictions and trauma. *Journal of Addictions Nursing*, 13, 199-208.
- Bell, J. (1989) *Women and Children First*. Dublin: National Campaign for the Homeless.
- Benjaminsen, L. (2015) Homelessness in a Scandinavian welfare state: The risk of shelter use in the Danish adult population. *Urban Studies*, 53, 10, 2041-2063.
- Benjaminsen, L. and Andrade, S. B. (2015) Testing a typology of homelessness across welfare regimes: Shelter use in Denmark and the USA. *Housing Studies*, 30, 6, 858-876.
- Biederman, D. and Nichols, T. (2014) Homeless women's experiences of service providers encounters. *Journal of Community Health Nursing*, 31, 1, 34-48.
- Billo, E. and Hiemstra, N. (2012) Mediating messiness: Expanding ideas of flexibility, reflexivity and embodiment in fieldwork. *Gender, Place and Culture: A Journal of Feminist Geography*, 20, 3, 313-328.
- Bloor, M. and Wood, F. (2006) *Keyword in Qualitative Methods: A Vocabulary of Research Concepts*. London: Sage.
- Bostock, J., Plumpton, M. and Pratt, R. (2009) Domestic violence against women: Understanding social processes and women's experiences. *Journal of Community Applied Social Psychology*, 19, 2, 95-110.
- Bowstead, J.C. (2015) Why women's domestic violence refuges are not local services. *Critical Social Policy*, 35, 3, 327-349.
- Boydell, K., Goering, P. and Morrell-Bellai, T. (2000) Narratives of identity: Representation of self in people who are homeless. *Qualitative Health Research*, 10, 1, 26-38.
- Bretherton, J., Hunter, J. and Johnsen, S. (2013) 'You can judge them on how they look...': Homelessness officers, medical evidence and decision-makers in England. *European Journal of Homelessness*, 7, 1, 69-92.
- Broadway (2007) *Routes into London's Homelessness Services: The Experiences of A8 Nationals*. London: Broadway and Ashden Trust.
- Brown, M. and Bloom, B. (2009) Re-entry and renegotiating motherhood: Maternal identity and success on parole. *Crime and Delinquency*, 55, 2, 313-336.
- Browne, A. and Bassuk, E. (1997) Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 62, 2, 261-278.

- Bruto da Costa, A. and Baptista, I. (2001) Women and Homelessness in Portugal. In B. Edgar and J. Doherty (Eds) *Women and Homelessness in Europe: Pathways, Services and Experiences*. Bristol: The Policy Press. pp. 53-64.
- Bryman, A. and Burgess, R. (1994) Developments in qualitative data analysis: An introduction. In A. Bryman and R. Burgess (Eds) *Analysing Qualitative Data*. London: Routledge. Pp. 1-17.
- Bryman, J. D. (2001) *Ethnography*. Buckingham: Open University Press.
- Buckner, J., Bassuk, E. and Zima, B. (1993) Mental health issues affecting homeless women: Implications for intervention. *American Journal of Orthopsychiatry*, 63, 3, 385-399.
- Burlingham, B., Andrasik, M., Marlatt, G. and Spigner, C. (2010) A house is not a home: A qualitative assessment of the life experiences of alcoholic homeless women. *Journal of Social Work Practice in the Addictions*, 10, 158-179.
- Burrows, R., Pleace, N. and Quilgars, D. (Eds) (1997) *Homelessness and Social Policy*. London: Routledge.
- Busch-Geertsema, V. (2010) Defining and measuring homelessness. In E. O'Sullivan, V. Busch-Geertsema, D. Quilgars and N. Pleace (Eds) *Homelessness Research in Europe*. Brussels: FEANTSA. pp. 19-39.
- Busch-Geertsema, V. and Fitzpatrick, S. (2008) Effective homelessness prevention? Explaining reductions in homelessness in Germany and England. *European Journal of Homelessness*, 2, 69-95.
- Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2014) *Extent and Profile of Homelessness in European Member States: A Statistical Update*. Brussels: FEANTSA.
- Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2010) *Extent and Profile of Homelessness in European Member States: A Statistical Update*. Brussels: FEANTSA.
- Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research*. Brussels: FEANTSA.
- Butler, S. and Weatherley, R. (1992) Poor women at midlife and categories of neglect. *Social Work*, 37, 6, 510-515.
- Casey, R. (2014) 'Caravan wives' and 'decent girls': Gypsy-Traveller women's perceptions of gender, culture and morality in the North of England. *Culture, Health & Sexuality*, 16, 7, 806-819.
- Casey, R., Goudie, R. and Reeve, K. (2008) Homeless women in public spaces: Strategies of resistance. *Housing Studies*, 23, 6, 899-916.
- Casey, S. (2002) Snakes and ladders: Women's pathways into and out of homelessness. In T. Eardley and B. Bradbury (Eds) *Competing Visions: Refereed Processing of the National Social Policy Conference 2001*. SPRC Report 1/02. Sydney: Social Policy Research Centre, University of New South Wales. pp. 75-90.

- Caton, C. L. M., Domingues, B., Schanzer, B., Hasin, D., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A. and Hsu, E. (2005) Risk factors for long-term homelessness: findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, 95, 10, 1753-1759.
- Central Statistics Office (CSO) (2012) *Homeless Persons in Ireland: A Special Census Report*. Dublin: Central Statistics Office.
- Chaitin, J. (2004) My story, my life, my identity. *International Journal of Qualitative Methods*, 3, 4, 1-16.
- Chamberlain, C. and Johnson, G. (2011) Pathways into adult homelessness. *Journal of Sociology*, 1-18.
- Chamberlain, C. and MacKenzie, D. (2006) *Counting the Homeless*. Canberra: Australian Institute of Health and Welfare.
- Chamberlayne, P., Bornat, J. and Wengraf, T. (2000) *The Turn to Biographical Methods in Social Science: Comparative Issues and Examples*. Routledge: London.
- Charmaz, K. (2003) Grounded theory: Objectivist and constructivist methods. In: Denzin, N. K. and Lincoln, Y. S. (Eds) *Strategies of Qualitative Inquiry*. London: Sage, pp. 249-291.
- Chityil, B. (2010) Homelessness in Europe: The role of gender equality policies. *Homeless in Europe: Gender Perspectives on Homelessness* (Spring). Brussels: FEANTSA. pp. 4-5.
- Christian, J. (2003) Homelessness: Integrating international perspectives. *Journal of Community and Applied Social Psychology*, 13, 85-90.
- Christie, H. (2000) Mortgage arrears and gender inequalities. *Housing Studies*, 15, 6, 877-905.
- Chung, D., Kennedy, R., O'Brien, B. and Wendt, S. (2000) *Home Safe Home: The Link between Domestic and Family Violence and Women's Homelessness*. Port Pirie: Pirie Printers.
- Clapham, D. (2002) Housing pathways: A postmodern analytical framework. *Housing, Theory and Society*, 19, 2, 57-68.
- Clapham, D. (2003) Pathways approaches to homelessness research. *Journal of Community and Applied Social Psychology*, 13, 2, 119-127.
- Clapham, D. (2004) Housing pathways: A social constructionist research framework. In K. Jacobs, J. Kemeny and T. Manzi (Eds) *Social Constructionism in Housing Research*. Aldershot: Aldgate.
- Clapham, D. (2005) *The Meaning of Housing: A Pathways Approach*. Bristol: The Policy Press.
- Cloke, P., Milbourne, P. and Widdowfield, R. (2003) The complex mobilities of homeless people in rural England. *Geoforum*, 34, 1, 22-35.

- Conover, S., Berkman, A., Gheith, A., Jahiel, R., Stanley, D. and Geller, P. (1997) Methods of successful follow-up of elusive urban populations: An ethnographic approach with homeless men. *Bulletin of the New York Academy of Medicine*, 74, 90-108.
- Considine, M. and Dukelow, F. (2009) *Irish Social Policy: A Critical Introduction*. Dublin: Gill and Macmillan.
- Corden, A. and Millar, J. (2007) Time and change: A review of the qualitative longitudinal research literature for social policy. *Social Policy and Society*, 6, 4, 583-592.
- Costello, L. (2000) *A Feasibility Study on the Provision of Accommodation for Homeless Street Drinkers in Dublin City*. Dublin: Homeless Agency.
- Cox, G. and Lawless, M. (1999) *Wherever I Lay My Hat: A Study of Out of Home Drug Users*. Dublin: Merchant's Quay Project.
- Cox, G. and Whitaker, T. (2009) *Drug Use, Sex Work, and the Risk Environment in Dublin*. Dublin: National Advisory Committee on Drugs.
- Cramer, H. (2005) Informal and gendered practices in a homeless persons unit. *Housing Studies*, 20, 5, 737-751.
- Crellen, J. (2010) Sharing solutions: How can we support Central and Eastern Europeans who become homeless in the UK? *Homeless in Europe*, Summer 2010, pp.16-18.
- Crinall, K. (1995) The search for a feminism that could accommodate homeless young women. *Youth Studies Australia*, 14, 3, 42-47.
- Crisis (2014) *About Homelessness: Definitions and Numbers*. London: Crisis.
- Creswell, J. W. (2007) *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. London: Sage.
- Cronley, C. (2010) Unravelling the social construction of homelessness. *Journal of Human Behavior in the Social Environment*, 20, 2, 319-333.
- Crosscare, Doras Luimní and Nasc (2012) *Person or Number? Issues Faced by Immigrants Accessing Social Protection*. Dublin: Crosscare, Doras Luimní and Nasc.
- Culhane, D.P., Metraux, S. and Byrne, T. (2011) A prevention-centred approach to homelessness assistance: A paradigm shift? *Housing Policy Debate*, 21, 2, 295-315.
- Culhane, D. P. and Kuhn, R. (1998) Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia. *Journal of Policy Analysis and Management*, 17, 1, 23-43.
- Culhane, D. and Metraux, S. (2008) Rearranging the deck chairs or reallocating the lifeboats?: Homelessness assistance and its alternatives. *Journal of the American Planning Association*, 74, 1, 111-121.

- Culhane, D. P., Metraux, S. and Hadley, T. (2002) Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13, 1, 107-163.
- Culhane, D. P., Metraux, S., Park, J. M., Schretzman, M. and Valette, J. (2007) Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: implications for policy and program planning. *Housing Policy Debate*, 18, 1, 1-28.
- Daly, G. (1996) Migrants and gatekeepers: The links between immigration and homelessness in Western Europe. *Cities*, 13, 1, 11-23.
- Davies, C. A. (1999) *Reflexive Ethnography: A Guide to Researching Selves and Others*. London: Routledge.
- Davies, C. and Lyle, S. with Deacon, A., Law, I., Julianne, L. and Kay, H. (1996) *Discounted voices: Homelessness amongst young black and minority ethnic people in England*. Sociology and Social Policy Research Working Paper 15. Leeds: School of Sociology and Social Policy, University of Leeds.
- Davis-Berman, H. (2011) Older women in the homeless shelter: Personal perspectives and practice ideas. *Journal of Women and Aging*, 23, 360-374.
- Davis, J. (2004) *Off the Streets: Tackling Homelessness among Female Street-Based Sex Workers*. London: Shelter.
- Denzin, N. (1989) *Interpretive Biography*. Newbury Park, CA: Sage.
- Denzin, N. and Lincoln, Y. (Eds) (2005) *The Sage Handbook of Qualitative Research* (3rd edition). Thousand Oaks, CA: Sage.
- Department for Communities and Local Government - UK (2015) *Statutory Homelessness in England: January to March 2015*. Accessible at: <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-january-to-march-2015>. Accessed on 5th May 2016.
- Department for Communities and Local Government - UK (2016) *Statutory Homelessness, January to March 2016, and Homelessness Prevention and Relief 2015/16: England*. London: Department for Communities and Local Government. Accessible at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533099/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_January_to_March_2016.pdf. Accessed on 1st August 2016.
- Department of Children and Youth Affairs (2014) *Report of the Inter-Departmental Group on Mother and Baby Homes*. Dublin: Department of Children and Youth Affairs.
- Department of Environment and Local Government (2000) *Homelessness: An Integrated Strategy*. Dublin: Department of Environment and Local Government.
- Department of Environment and Local Government (2002) *Homelessness: An Integrated Strategy*. Dublin: Department of Environment and Local Government.

- Department of Environment, Heritage and Local Government (2008) *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013*. Dublin: Department of Environment, Heritage and Local Government.
- Department of Environment, Community and Local Government (2013) *Homelessness Policy Statement*. Dublin: Department of Environment, Community and Local Government.
- Department of Environment, Community and Local Government (2014) *Social Housing Strategy 2020*. Dublin: Department of Environment, Community and Local Government.
- Department of Housing, Planning, Community and Local Government (2016a) *Homeless Statistics: May*. Dublin: Department of Housing, Planning, Community and Local Government. Accessible at: <http://www.housing.gov.ie/housing/homelessness/other/homelessness-data>. Accessed 28 July 2016.
- Department of Housing, Planning, Community and Local Government (2016b) *Homelessness Report: July 2016*. Dublin: Department of Housing, Planning, Community and Local Government.
- DeVault, M. L. (1999) *Liberating Method: Feminism and Social Research*. Philadelphia, PA: Temple University Press.
- Deverteuil, G. (2003) Homeless mobility, institutional settings, and the new poverty management. *Environment and Planning*, 35,2, 361-379.
- Dibblin, J. (1991) *Wherever I Lay my Hat: Young Women and Homelessness*. London: Shelter.
- Dickson-Swift, V., James, E., Kippen, S. and Liamputtong, P. (2006) Blurring boundaries in qualitative health research on sensitive populations. *Qualitative Health Research*, 16, 6, 853-871.
- Dickson-Swift, V., James, E. and Liamputtong, P. (2008) What is sensitive research? In V. Dickson-Swift, E. James and P. Liamputtong (Eds) *Undertaking Sensitive Research in the Health and Social Sciences: Managing Boundaries, Emotions and Risks*. Cambridge: Cambridge University Press.
- Doherty, J. (2001) Gendering homelessness. In Doherty, J. and Edgar, B. (Eds) *Women and Homelessness in Europe*. Bristol: Policy Press, pp.9-20.
- Domestic Violence Coalition (2013) *Briefing Document: To Make Legal Provisions for the "Granting of 'Independent' Residence Permits to Migrants who Experience Domestic Violence"*. Available at: http://immigrantcouncil.ie/files/publications/1a2d6-briefing_document_dv_-_longer_version_-_final_2013.pdf. Accessed 5 April 2016.
- Doyle, L. (1999) The Big Issue: Empowering homeless women through academic research? *Area*, 31, 3, 239-246.
- Dublin Region Homeless Executive (2003) *Pass: Training Manual. Version 2.0*. Dublin: Dublin Region Homeless Executive.

- Dublin Region Homeless Executive (2016a) *Dublin Region Spring Rough Sleeper Count*. Dublin: Dublin Region Homeless Executive.
- Dublin Region Homeless Executive (2016b) *Families who are Homeless in the Dublin Region: July 2016*. Dublin: Dublin Region Homeless Executive.
- Duncan, P. (2015) Mother and baby homes commission to begin work. *The Irish Times*, 19th February. Accessible at: <http://www.irishtimes.com>. Accessed on 15th May 2015.
- Dupuis, A. and Thorns, D. (1998) Home ownership and the search for ontological security, *Sociological Review*, 46, 1, 24-47.
- Edgar, B. (2001) Women, the housing market and homelessness. In B. Edgar and J. Doherty (Eds) *Women and Homelessness in Europe*. Bristol: The Policy Press. pp. 21-46.
- Edgar, B. (2009) *European Review of Statistics on Homelessness*. Brussels: FEANTSA.
- Edgar, B. and Doherty, J. (Eds) (2001) *Women and Homelessness in Europe: Pathways, Services and Experiences*. Bristol: The Policy Press.
- Edgar, B., Doherty, J. and Meert, H. (2004) *Immigration and Homelessness in Europe*. Bristol: The Policy Press.
- Edwards, R. and Mauthner, M. (2005) Ethics and feminist research: Theory and practice. In M. Mauthner, M. Birch, J. Jessop and T. Miller (Eds) *Ethics in Qualitative Research* (3rd Edition). London: Sage. pp. 14-31.
- Ehrenreich, B. and Hochschild, A. (2004) *Global Women: Nannies, Maids, and Sex Workers in the New Economy*. New York: Henry Holt and Company.
- Emerson, R. M., Fretz, R. L. and Shaw, L. L. (1995) *Writing Ethnographic Fieldnotes*. Chicago: The University of Chicago Press.
- Enders-Dragässer, U. (2010) Women and homelessness in Germany. *Homeless in Europe: Gender Perspectives on Homelessness* (Spring). Brussels: FEANTSA. pp. 12-14.
- Eurostat (2011) *Migrants in Europe. A Statistical Portrait of the First and Second Generation*. Accessible at: http://ec.europa.eu/dgs/home-affairs/what-we-wo/policies/pdf/migrants_in_europe_eurostat_2011_en.pdf. Accessed on 10th August 2015.
- Eurostat (2015) *People in the EU – Statistics on Household and Family Structures*. Accessible at: http://ec.europa.eu/eurostat/statistics-explained/index.php/People_in_the_EU_%E2%80%93_statistics_on_household_and_family_structures#Household_composition:_number_of_persons. Accessed on 1st August 2016.
- European Council (2003) *Council Directive 2003/86/EC of 22 September 2003 on the right to family reunification*. Brussels: European Council. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:251:0012:0018:en:PDF> Accessed on 17th August 2015.

- Fagan, P. (2008) *Migrant Women and Domestic Violence in Ireland: The Experience of Domestic Violence Service Providers*. Accessible at: <http://www.midwestvaw.ie/wp-content/uploads/2011/07/Paulafaganresearch.pdf>. Accessed on 3rd June 2016.
- Fahie, D. (2014) Doing sensitive research sensitively: Ethical and methodological issues in researching workplace bullying. *International Journal of Qualitative Methods*, 16, 19-36.
- Farrall, S. (2006) *What is qualitative longitudinal research?* Discussion Paper No. 11. London: London School of Economics.
- Farrington, A. and Robinson, W. P. (1999) Homelessness and strategies of identity maintenance: A participant observation study. *Journal of Community and Applied Social Psychology*, 9, 175-194.
- Farrugia, D. (2011) Youth homelessness and individualised subjectivity. *Journal of Youth Studies*, 14, 7, 761-775.
- FEANTSA (2002) *Immigration and Homelessness in the European Union: Analysis and Overview of the Impact of Immigration on Homeless Services in the European Union*. Brussels: FEANTSA.
- FEANTSA (2005) *European Typology of Homelessness and Housing Exclusion (ETHOS)*. Brussels: FEANTSA.
- FEANTSA (2007) *Homelessness and Domestic Violence: Tailoring Services to Meet the Needs of Women who are Homeless and Fleeing Domestic Violence*. Brussels: FEANTSA.
- FEANTSA (2010a) *Consultation on an EU Strategy for Combating Violence against Women 2011-2015*. Brussels: FEANTSA.
- FEANTSA (2010b) Perspectives of Women's Homelessness. *Homeless in Europe: Gender Perspectives on Homelessness* (Summer). Brussels: FEANTSA.
- FEANTSA (2012) Homelessness, migration and demographic change in Europe. *European Journal of Homelessness*, 6, 1, 7-125.
- FEANTSA (2014) *Extent and Profile of Homelessness in European Member States: A Statistical Update*. Brussels: FEANTSA.
- FEANTSA (2016) Perspectives of Women's Homelessness. *Homeless in Europe: Gender Perspectives on Homelessness* (Spring). Brussels: FEANTSA.
- FLAC (2010) *Guide to the Habitual Residence Condition*. Dublin: FLAC.
- Flick, U. (2002) *An Introduction to Qualitative Research*. London: Sage.
- Finn, M. (2015) *Immigrants in 'Investment Houses': A Qualitative Study of Immigrant Life in the Private Rented Sector in a Rural Irish Town*. Dublin: Unpublished PhD.
- Finfgeld-Connett, D. (2010) Becoming homeless, being homeless, and resolving homelessness among women. *Issues in Mental Health Nursing*, 31, 461-469.

- Fitzpatrick, S. (2000) *Young Homeless People*. London: Macmillan.
- Fitzpatrick, S. (2005) Explaining homelessness: A critical realist perspective. *Housing, Theory and Society*, 22, 1-17.
- Fitzpatrick, S. and Christian, J. (2006) Comparing homelessness research in the US and Britain. *European Journal of Housing Policy*, 6, 3, 313-333.
- Fitzpatrick, S. and Pleace, N. (2012) The statutory homelessness system in England: a fair and effective rights-based model? *Housing Studies*, 27, 2, 232-251.
- Fitzpatrick, S., Bramley, G. and Johnsen, S. (2012a) *Multiple Exclusion Homelessness in the UK: An Overview of Key Findings*. Briefing Paper No. 1. London: Economic and Social Research Council.
- Fitzpatrick, S., Johnsen, S. and Bramley, G. (2012b) *Multiple Exclusion Homelessness in the UK: Migrants*. Briefing Paper No. 2. London: Economic and Social Research Council.
- Flatau, P., Conroy, E., Spooner, C., Edwards, R., Eardley, T. and Forbes, C. (2013) *Lifetime and Intergenerational Experiences of Homelessness in Australia*. Victoria: Australian Housing and Urban Research Institute.
- Focus Ireland (2016a) *A Preliminary Analysis of Children and Families in Emergency Homeless Accommodation, Insights into Family Homelessness No.2*. Dublin: Focus Ireland.
- Focus Ireland (2016b) *Insights into Family Homelessness No.4: Survey of the Families that became Homeless during March 2016*. Dublin: Focus Ireland.
- Focus Ireland and Immigrant Council of Ireland (2012) *Migrant Experiences of Homelessness in Dublin*. Dublin: Focus Ireland and Immigrant Council of Ireland.
- Fopp, R. (2009) Metaphors in homelessness discourse and research: Exploring 'pathways', 'careers', and 'safety nets'. *Housing, Theory and Society*, 26, 4, 271-291.
- Forrest, R. (1999) The new landscape of precariousness. In P. Kenet and A. Marsh (Eds) *Homelessness: Exploring the New Terrain*. Bristol: The Policy Press. pp. 17-36.
- Foucault, M. (1980) *Power and Knowledge: Selected Interviews and Other Writings, 1972-1977*. New York: Pantheon Books.
- Foucault, M. (1981) *The History of Sexuality: Volume 1.* New York: Vintage/Random House.
- Foucault, M. (1988) *Technologies of the Self: A Seminar with Michel Foucault*. In: Martin, L., Gutman, H., Hutton, P. (Eds.) London: Tavistock Communications.
- Foucault, M. (1991) *Discipline and Punish: The Birth of the Prison*. London: Penguin.
- Gaetz, S. (2014a) Can Housing First work for youth? *European Journal of Homelessness*, 8, 4, 159-175.

- Gaetz, S. (2014b) *A Safe and Decent Place to Live: Towards a Housing First Framework for Youth*. Toronto: The Homeless Hub Press.
- Garapich, M. (2005) *The Unwanted: Social and Cultural Determinants of Homelessness and Alcohol Abuse among Eastern European Migrants in London*. London: CRONEM, Roehampton University.
- Garapich, M. (2011) 'It's a jungle out there, you need to stick together': Anti-institutionalism, alcohol and performed masculinities among Polish homeless men in London. *Liminalities: A Journal of Performance Studies*, 7, 3, 1-23.
- Gavani, S. (2006) Safety first? The impact of domestic abuse on women's treatment experience. *Journal of Substance Use*, 11, 6, 395-407.
- Giele, J. and Elder, E. (1998) (Eds) *Life Course Research: Qualitative and Quantitative Approaches*. London: Sage.
- Gilroy, R. and Woods, R. (1994) *Housing Women*. London: Routledge.
- Glick, J. (2015) Mothers with children and mothers alone: A comparison of homeless families. *The Journal of Sociology and Social Work*, 23, 2, 85-94.
- Goffman, E. (1959) *The Presentation of Self in Everyday Life*. London: Penguin.
- Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin.
- Golden, S. (1992) *The Women Outside*. Berkely and Los Angeles, CA: University of California Press.
- Goodman, L., Dutton, M. and Harris, M. (1997) The relationship between violence dimensions and symptom severity among homeless, mentally ill women. *Journal of Traumatic Stress*, 10, 1, 51-70.
- Government of Ireland (2016) *Rebuilding Ireland: Action Plan for Housing and Homelessness*. Dublin: Government of Ireland. Accessible at: http://rebuildingireland.ie/install/wp-content/uploads/2016/07/Rebuilding-Ireland_Action-Plan.pdf. Accessed on 31st July 2016.
- Greenwood, R.M. (2015) *Evaluation of Dublin Housing First Demonstration Project: Summary of Findings*. Dublin: Dublin Region Homeless Executive.
- Gubrium, J. A. and Holstein, J. F. (2004) *The New Language of Qualitative Method*. Oxford: Oxford University Press.
- Hagen, J. L. (1987) Gender and Homelessness. *Social Work*, 32, 4, 312-316.
- Hagen, J. L. and Ivanoff, A. M. (1988) Homeless women: A high-risk population. *Affilia*, 3, 19-33.
- Halpenny, A., Keogh, A. and Gilligan, R. (2002) *A Place for Children? Children in Families Living in Emergency Accommodation*. Dublin: Children's Research Centre, Trinity College Dublin.

- Hammersely, M. (1992) *What's Wrong with Ethnography?* London: Routledge.
- Harter, L., Berquist B., Titsworth, S., Novak, D. and Brokaw, T. (2005) The Structuring of Invisibility Among the Hidden Homeless: The Politics of Space, Stigma, and Identity Construction. *Journal of Applied Communication Research*, 33, 305-327.
- Harvey, B. (2008) Homelessness, the 1988 Housing Act, state policy and civil society. In D. Downey (Ed) *Perspectives on Irish Homelessness: Past, Present, and Future*. Dublin: Homeless Agency. pp. 10-16.
- Healy, S., Mallon, S., Murphy, M. and Reynolds, B. (2012) *Socioeconomic Review: Shaping Ireland's Future, Securing Economic Development, Social Equality and Sustainability*. Dublin: Social Justice Ireland.
- Hemmerman, L. (2010) Researching the hard to reach and the hard to keep: Notes from the field on longitudinal sample maintenance. In F. Shirani and S. Weller (Eds) *Conducting Qualitative Longitudinal Research: Fieldwork Experiences*. Working Paper Series No. 2. London: Economic and Social Research Council.
- Henderson, S., Holland, J., McGrellis, S., Sharpe, S. and Thomson, R. (2012) Storying qualitative longitudinal research: Sequence, voice and motif. *Qualitative Research*, 12, 16-34.
- Hill, R. (1991) Homeless women, special possessions, and the meaning of "home": An ethnographic case study. *Journal of Consumer Research*, 18, 3, 298-310.
- Hoffman, L. and Coffey, B. (2008) Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal*, 45, 207-222.
- Holland, J. and Thomson, R. (2009) Gaining perspective on choice and fate: Revisiting critical moments. *European Societies*, 11, 3, 451-469.
- Holland, J., Thomson, R. and Henderson, S. (2004) *Feasibility Study for a Possible Longitudinal Study: Discussion Paper*. Accessible at: <http://www.restore.ac.uk/inventingadulthoods>. Accessed on 1st August 2015.
- Holland, J., Thomson, R. and Henderson, S. (2006) *Qualitative Longitudinal Research: A Discussion Paper*. London: Families and Social Capital ESRC Research Group.
- Holohan, Y. (1997) *Health Status, Health Service Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin*. Dublin: Eastern Health Board.
- Holt, S., Buckley, H. and Whelan, S. (2008) The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 8, 797-810.
- Homeless Agency (2008) *Counted In Survey*. Dublin: The Homeless Agency.
- Homeless Agency (2006) *Counted In Survey*. Dublin: The Homeless Agency.
- Homeless Agency (2008) *Counted In Survey*. Dublin: The Homeless Agency.

- Homeless Link (2006) *A8 Nationals in London Homelessness Services*. London: Homeless Link and the Housing Corporation.
- Homelessness Australia (2012) *ABS Census of Housing and Population and the AIHW Specialist Homeless Services*. Accessible at: <http://www.homelessnessaustralia.org.au/index.php/about-homelessness/homeless-statistics>. Accessed 15 July 2016.
- Horsell, C. (2006) Homelessness and social exclusion: A Foucauldian perspective for social workers. *Australian Social Work*, 59, 2, 213-225.
- Houghton, F. and Hickey, C. (2000) *Focusing on B&Bs: The Unacceptable Growth of Emergency B&B Placement in Dublin*. Dublin: Focus Ireland.
- Huey, L. and Berndt, E. (2008) 'You've gotta learn how to play the game': Homeless women's use of gender performance as a tool for preventing victimization. *Sociological Review*, 56, 2, 177-194.
- Hutson, S. and Liddiard, M. (1994) *Youth Homelessness: The Construction of a Social Issue*. London: MacMillan.
- Jacobs, K., Kemeny, J. and Manzi, T. (1999) The struggle to define homelessness: A constructivist approach. In S. Hutson and D. Clapham (Eds) *Homelessness: Public Policies and Private Troubles*. London: Cassell. pp. 11-28.
- Jasinski, J. Weseley, J. Mustaine, E. and Wright, J. (2005) *The Experience of Violence in the Lives of Homeless Women*. Washington, DC: National Institute of Justice.
- Jasinski, J., Weseley, J., Wright, J. and Mustaine, E. (2010) *Hard Lives, Mean Streets*. London: Northeastern.
- Johnsen, S. and Teixeira, L. (2012) 'Doing it already?': Stakeholder perceptions of Housing First in the UK. *International Journal of Housing Policy*, 12, 2, 183-203.
- Johnson, M. and Ferraro, K. (2000) Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 62, 948-963.
- Jones, A. (1999) *Out of Sight, Out of Mind? The Experiences of Homeless Women*. London: Crisis.
- Jones, A., Bretherton, J., Bowles, R. and Croucher, K. (2010) *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Stay in their Own Homes*. London: Department for Communities and Local Government.
- Jordan, B. (1996) *A Theory of Poverty and Social Exclusion*. Cambridge: Policy Press.
- Kelleher, C., Kelleher, P. and McCarthy, P. (1992) *Patterns of Hostel Use in Dublin and the Implications for Accommodation Provision*. Dublin: Focus Point Publication.

- Kelleher, P., O'Connor, M., Kelleher, C. and Pillinger, J. (2009) *Globalisation, Sex Trafficking and Prostitution: The Experiences of Migrant Women in Ireland*. Dublin: Immigrant Council of Ireland.
- Kennedy, S. (1985) *But Where can I go? Homeless Women in Dublin*. Dublin: Arlene House.
- Kennedy, M., Langford, S. and Fahey, T. (2013) *Homelessness Oversight Group: First Report*. Available at: <http://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload,34865,en.pdf>. Accessed on 5 September 2016.
- Kennett, P. and Marsh, A. (Eds) (1999) *Homelessness: Exploring the New Terrain*. Bristol: The Policy Press.
- Kennett, P. and Kam Wah, C. (Eds) (2011) *Women and Housing: An International Analysis*. Abingdon: Routledge.
- King, K., Ross, L., Bruno, T. and Erickson, P. (2009) Identity work among street-involved young mothers. *Journal of Youth Studies*, 12, 2, 139-149.
- Kleschinsky, J., Bosworth, L., Nelson, S., Walsh, E. and Shaffer, H. (2009) Persistence pays off: Follow-up methods for difficult-to-track longitudinal samples. *Journal of Studies on Alcohol and Drugs*, 70, 5, 751-761.
- Kliger, B., Sharam, A. and Essaber, F. (2010) *Older Women and Homelessness: A Literature Review*. Victoria: Beverley Kliger and Associates.
- Klinker, S. and Fitzpatrick, S. (2000) *A Bibliography of Single Homelessness Research*. Bristol: The Policy Press.
- Klodawsky, F. (2006) Landscapes on the margins: Gender and homelessness in Canada. *Gender, Place and Culture*, 13, 4, 365-381.
- Klodawsky, F., Aubry, T., Nemiroff, R., Bonetta, C. and Willis, A. (2009) A longitudinal approach to research on homelessness. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwangm and E. Paradis (Eds) *Finding Home: Policy Options for Addressing Homelessness in Canada* (e-book). Toronto: Cities Centre, University of Toronto.
- Kuhn, R. and Culhane, D. (1998) Applying cluster analysis to test a typology of homelessness by pattern of shelter utilisation: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26, 2, 207-232.
- Lalor, T. (2014) Enabling access to the private rented sector? The role of social rental agencies in Ireland. *European Journal of Homelessness*, 8, 2, 177-190.
- Lawless, M. (2002) *Private Lives – Public Issues: An Investigation into the Health Status of Female Drug Users*. Dublin: Merchants Quay.
- Lawless, M. and Corr, C. (2005) *Drug Use among the Homeless Population in Ireland: A Report for the National Advisory Committee on Drugs*. Dublin: NCAD.

- Levin, R., McKean, L. and Raphael, J. (2004) *Pathways to and from Homelessness: Women and Children in Chicago Shelters*. Chicago: Centre for Impact Research.
- Lewis, J. (2003) Design issues. In J. Richie and J. Lewis (Eds) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage. pp. 47-76.
- Lindsey, E. (1998) The impact of homelessness and shelter life on families and relationships. *Family Relations*, 47, 3, 243-252.
- Löfstrand, C. (2005) *Hemlöshetens politik – lokal policy och praktik [The Politics of Homelessness – Local Policy and Practice]*. Unpublished PhD. Malmö: Égalité.
- Lowe, S. (2007) Homelessness and the Law. In: R. Burrows, N. Pleace, and D. Quilgars (Eds) *Homelessness and Social Policy*, London: Sage, pp. 19-34.
- Lu, Y. and Gatua, M. (2014) Methodological considerations for qualitative research with immigrant populations: Lessons from two studies. *The Qualitative Report*, 19, 30, 1-16.
- Lutz, H. (2010) Gender in the migratory process. *Journal of Ethnic and Migration Studies*, 36, 10, 1647-1663.
- Madden, M. (2003) Braving homelessness on the ethnographic street with Irene Glasser and Rae Bridgman, *Critique of Anthropology*, 23, 3, 289-304.
- Maher, L. (2000) *Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market*. Oxford: Oxford University Press.
- Maher, C. and Allen, M. (2014) What is preventing us from preventing homelessness? A review of the Irish national preventative strategy. *European Journal of Homelessness*, 8, 2, 119-135.
- Mallett, S. (2004) Understanding home: A critical review of the literature. *The Sociological Review*, 52, 1, 62-89.
- Mallet, S., Rosenthal, D. and Keys, D. (2005) Young people, drug use and family conflict: Pathways into homelessness. *Journal of Adolescence*, 28, 2, 185-199.
- Malos, E. and Hague, G. (1997) *Domestic Violence and Housing: Local Authority Responses to Women and Children Escaping Domestic Violence in the Home*. Bristol: WAFE and The University of Bristol.
- Marpsat, M. (2008) An advantage with limits: The lower risk for women of becoming homeless. *Population: An English Selection*, 12, 247-292.
- Mason, M. (2010) Sample size and saturation in PhD studies using qualitative interviews. *Qualitative Social Research Forum*, 11, 3, 8.
- Masson, H., Balfe, M., Hackett, S. and Phillips, J. (2013) Lost without a trace? Social networking and social research with a hard-to-reach population. *British Journal of Social Work*, 43, 24-40.

- Mauthner, M., Birch, M., Jessop, J. and Miller, T. (Eds) (2005) *Ethics in Qualitative Research* (3rd edition). London: Sage.
- May, J. (2000) Housing histories and homeless careers: A biographical approach. *Housing Studies*, 15, 4, 613-638.
- May, J. Cloke, P. and Johnsen, S. (2007) Alternative cartographies of homelessness: Rendering visible British women's experiences of 'visible' homelessness. *Gender, Place and Culture*, 14, 121-140.
- Mayock, P., Carr, M. L. and O'Sullivan, E. (2013a) Moving on, not out: When young people remain homeless. *Journal of Youth Studies*, 16, 4, 441-459.
- Mayock, P. and Corr, M. L. (2013) *Young People's Homeless and Housing Pathways: Key Findings from a 6-year Qualitative Longitudinal Study*. Dublin: Department of Children and Youth Affairs.
- Mayock, P., Corr, M. and O'Sullivan, E. (2008) *Young People's Homeless Pathways*. Dublin: Homeless Agency.
- Mayock, P., Corr, M., and O'Sullivan, E. (2011) Young people, families and change: Family support as a facilitator to exiting homelessness. *Child and Family Social Work*, 26, 6, 391-401.
- Mayock, P. and Parker, S. (2016) *Young People's Paths to Housing: A Qualitative Longitudinal Analysis*. Dublin: Focus Ireland.
- Mayock, P., Parker, S. and Murphy, A. (2014) *Young People, Homelessness and Housing Exclusion*: Focus Ireland, Dublin.
- Mayock, P. and Sheridan, S. (2012a) *Women's Journeys to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland*. Women and Homelessness in Ireland, Research Paper 1. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.
- Mayock, P. and Sheridan, S. (2012b) *Migrant Women and Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland*. Women and Homelessness in Ireland, Research Paper 2. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.
- Mayock, P., Sheridan, S. and Parker, S. (2012) Migrant women and homelessness: The role of gender-based violence. *European Journal of Homelessness*, 6, 1, 59-82.
- Mayock, P., Parker, S. and Sheridan, S. (2013) *Mapping Services for Homeless Women in Dublin*. Dublin: Dublin Region Homeless Executive.
- Mayock, P., Sheridan, S. and Parker, S. (2015a) *The Dynamics of Long-term Homelessness among Women in Ireland*. Dublin: Dublin Region Homeless Executive.
- Mayock, P., Parker, S. and Sheridan, S. (2015b) *Women, Homelessness and Service Provision*. Dublin: Simon Communities in Ireland.

- Mayock, P., Sheridan, S. and Parker, S. (2015c) 'It's just like we're going around in circles and going back to the same thing ...': the dynamics of women's unresolved homelessness. *Housing Studies*, 30,6, 877-900.
- Mayock, P. and Vekic, K. (2006) *Understanding Youth Homelessness in Dublin City: Key Findings from the First Phase of a Longitudinal Cohort Study*. Dublin: Office of the Minister for Children.
- McCarthy, L. (2013) Homelessness and identity: A critical review of the literature and theory. *People, Place and Policy Online*, 7, 1, 46-58.
- McFerran L. (2010) *It Could be You: Female, Single, Older and Homeless*. Woolloomooloo: Homelessness NSW, Older Women's Network NSW and St Vincent de Paul Society NSW.
- McNaughton, C. (2006) Agency, structure and biography: Charting transitions through homelessness in late modernity, *Auto/Biography*, 14, 134-152.
- McNaughton, C. (2008) *Lives on the Edge: Transitions through Homelessness*. Basingstoke: Palgrave Macmillan.
- McNaughton, C. and Sanders, T. (2007) Housing and transitional phases out of 'disordered' lives: The case of leaving homelessness and street sex work. *Housing Studies*, 22, 6, 885-900.
- McNaughton Nicholls, C. and Quilgars, D. (2009) Homelessness amongst minority ethnic groups. In S. Fitzpatrick, D. Quilgars and N. Pleace (Eds) *Homelessness in the UK: Problems and Solutions*. Coventry: Chartered Institute for Housing. pp. 73-88.
- Metreux, S. and Culhane, D. P. (1999) Family dynamics, housing and recurring homelessness among women in New York City homeless shelters. *Journal of Family Issues*, 20, 371-396.
- Miller, T. and Bell, L. (2002) Consenting to what? Issues of access, gate-keeping and "informed" consent", In M. Mauthner, M. Birch, J. Jessop, and T. Miller (Eds) *Ethics in Qualitative Research*. London: Sage. pp. 53-69.
- Miller, J. and Glassner, B. (1997) The 'inside' and the 'outside': Finding realities in interviews. In D. Silverman (Ed) *Qualitative Research: Theory, Method and Practice*. London: Sage, pp. 99-112.
- Mina-Coull, A. and Tartinville, S. (2001) Homeless women in France. In: B. Edgar and J. Doherty, J. (Eds) *Women and Homelessness in Europe: Pathways, Services and Experiences*. Bristol: Policy Press, pp. 141-152.
- Molloy, D. and Woodfield, K. with Bacon, J. (2002) *Longitudinal Qualitative Research Approaches in Evaluation Studies*. Working Paper No. 7. London: HMSO.
- Moss, K. and Singh, P. (2015) *Women Rough Sleepers in Europe: Homelessness and Victims of Domestic Abuse*. Bristol: Policy Press.
- Munro, M. and Smith, S. (1989) Gender and housing: Broadening the debate. *Housing Studies*, 4, 3-17.

- National Board of Health and Welfare Sweden (2011) *Homelessness in Sweden 2011*. Stockholm: National Board of Health and Welfare Sweden. Accessible at: <http://www.socialstyrelsen.se/publikationer2012/homelessnessinsweden2011>. Accessed 04 June 2016.
- Neale, B. (2013) Adding time into the mix: Stakeholder ethics in qualitative longitudinal research. *Methodological Innovations Online*, 8, 2, 6-20.
- Neale, B., and Flowerdew, J. (2003) Time, texture and childhood: The contours of qualitative longitudinal research. *International Journal of Social Research Methodology: Theory and Practice*, 6, 3, 189-199.
- Neale, J. (1997) Homelessness and theory reconsidered. *Housing Studies*, 12, 1, 47-61.
- Netto, G., Pawson, H. and Sharp, C. (2009) Preventing homelessness due to domestic violence: Providing a safe space or closing the door to new possibilities? *Social Policy and Administration*, 43, 7, 719-735.
- Nolan, B. and Watson, D. (1999) *Women and Poverty in Ireland*. Dublin: Oak Tree Press.
- Nordfelt, M. (2012) A dynamic perspective on homelessness: Homeless families in Stockholm. *European Journal of Homelessness*, 6, 1, 105-123.
- Novac, S., Brown, J. and Bourbonnais, C. (1996) *No Room of Her Own: A Literature Review on Women and Homelessness*. Ottawa: Canadian Housing and Information Centre.
- O'Connell, M. (2003) Responding to homelessness: An overview of US and UK policy interventions. *Journal of Community and Applied Social Psychology*, 13, 158-170.
- O'Connor, M. (2006) *Housing Policy and Practice for Women Experiencing Domestic Violence*. Dublin: Report to the Eastern Regional Planning Committee on Violence against Women.
- O'Connor, M. and Pillinger, J. (2011) *A Safe Space: Dún Laoghaire Rathdown Refuge – A Feasibility Study*. Dublin: Sonas, Homeless Agency and Dún Laoghaire County Council.
- O'Sullivan, E. (1993) Identity and Survival in a Hostile Environment: Homeless Men in Galway. In C. Curtin, H. Donnan and T. Wilson (Eds) *Irish Urban Cultures*. Belfast: Institute of Irish Studies. pp. 161-180.
- O'Sullivan, E. (2008a) Researching homelessness in Ireland: Explanations, themes and approaches. In D. Downey (Ed) *Perspectives on Irish Homelessness: Past, Present and Future*. Dublin: Homeless Agency. pp. 16-23.
- O'Sullivan, E. (2008b) Pathways through homelessness: Theoretical constructions and policy implications. In J. Doherty and B. Edgar (Eds) *'In My Caravan, I feel like Superman': Essays in Honour of Henk Meert, 1963-2006*. Brussels: FEANTSA. pp. 71-100.

- O'Sullivan, E. (2012a) *Ending Homelessness: A Housing-Led Approach*. Dublin: Department of Environment, Community and Local Government.
- O'Sullivan, E. (2012b) Varieties of punitiveness in Europe: Homelessness and urban marginality. *European Journal of Homelessness*, 7, 2, 69-97.
- O'Sullivan, E. and Higgins, M. (2001) Women, the welfare state and homelessness in the Republic of Ireland. In B. Edgar and J. Doherty (Eds) *Women and Homelessness in Europe: Pathways, Services and Experiences*. Bristol: Policy Press. pp. 77-90.
- Oakley, A.(1981) Interviewing women: A contradiction in terms. In H. Roberts (Ed) *Doing Feminist Research*. London: Routledge. pp. 30-62.
- Oliver, V. and Cheff, R. (2012) The social network: Homeless young women, social capital, and the health implications of belonging outside the nuclear family. *Youth Society*, 20, 10, 1-22.
- Padgett, D. (2007) There's no place like (a) home: ontological security among persons with serious mental illness in the United States. *Social Science & Medicine*, 64,9, 1925-1936.
- Paradis, E. K. (2010) Ethics in research with homeless women. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwang and E. Paradis (Eds) *Finding Home: Policy Options for Addressing Homelessness in Canada* (e-book). Toronto: University of Toronto. pp. 1-25.
- Paradis, E., Novac, S., Sarty, M. and Hulchanski, D. (2008) *Better off in a Shelter? A Year of Homelessness and Housing among Status Immigrants, Non-status Migrant, & Canadian-born Families*. Research Paper 213. Toronto: Centre for Urban and Community Studies.
- Parker, S. and Fopp, R. (2004) 'I'm the slice of pie that's ostracised...': Foucault's technologies, and personal agency, in the voice of women who are homeless, Adelaide, South Australia. *Housing, Theory and Society*, 21, 4, 145-154.
- Parreñas, R. S. (2001) Mothering from a distance: Emotions, gender and intergenerational relations in Filipino transnational families. *Feminist Studies*, 27, 2, 361-389.
- Pascall, G. (1997) Women and the family in the British welfare state: The Thatcher/Major legacy. *Social Policy and Administration*, 31, 3, 290-305.
- Passaro, J. (1996) *The Unequal Homeless: Men on Streets, Women in their Place*. New York: Routledge.
- Phelan, J., Link, B., Moore, R. and Stueve, A. (1997) The stigma of homelessness: The impact of the label 'homeless' on attitudes towards poor persons, *Social Psychology Quarterly*, 60, 4, 323-337.
- Pillinger, J. (2007) *Homeless Pathways: Developing Effective Strategies to Address Pathways into, through and out of Homelessness*. Dublin: Focus Ireland.

- Pillinger, J. (2009) *The Feminisation of Migration: Experiences and Opportunities in Ireland*. Dublin: The Immigrant Council of Ireland.
- Pleace, N. (1998) Single homelessness as social exclusion: The unique and the extreme. *Social Policy and Administration*, 31, 1, 46-59.
- Pleace, N. (2000) The new consensus, the old consensus and the provision of services for people sleeping rough. *Housing Studies*, 15, 4, 581-594.
- Pleace, N. (2010) Immigration and homelessness. In E. O'Sullivan, V. Busch-Geertserna, D. Quilgars and D. Pleace (Eds) *Homelessness Research in Europe*. Brussels: FEANTSA. pp. 143-162.
- Pleace, N. and Bretherton, J. (2013) The case for Housing First in the European Union: A critical evaluation of concerns about effectiveness. *European Journal of Homelessness*, 7, 2, 21-41.
- Pleace, N., Burrows, R. and Quilgars, D. (1997) Homelessness in contemporary Britain: Conceptualisations and measurement. In R. Burrows, N. Pleace, and D. Quilgars (Eds) *Homelessness and Social Policy*. London: Routledge. pp. 1-18.
- Pleace, N., Fitzpatrick, S., Johnsen, S., Quilgars, D. and Sanderson, D. (2008) *Statutory Homelessness in England: The Experience of Families and 16-17 Year Olds*. London: Department for Communities and Local Government.
- Pleace, N. and Quilgars, D. (2003) Led rather than leading? Research on homelessness in Britain. *Journal of Community and Applied Social Psychology*, 13, 187-196.
- Pomeroy, S., Treglia, D., Watts, B. and Pomeroy, J. (2015) *A Literature Review on Approaches to End Family Homelessness*. Ottawa: Focus Consulting Inc.
- Ponic, P., Varcoe, C., Ford-Gilboe, M., Wuest, J. and Hammerton, J. (2011) Leaving = moving: Housing patterns of women who have left an abusive partner. *Violence Against Women*, 17, 12, 1576-1600.
- Quilgars, D. and Pleace, N. (2010) *Meeting the Needs of Households at Risk of Domestic Violence in England: The Role of Accommodation and Housing-Related Support Services*. London: Department for Communities and Local Government.
- Radley, A., Hodgetts, D. and Cullen, A. (2006) Fear, romance and transience in the lives of homeless women. *Social & Cultural Geography*, 7, 3, 437-461.
- Rager, K. B. (2005) Self-care and the qualitative researcher: When collecting data can break your heart. *Educational Researcher*, 34, 23-27.
- Ravenhill, M. (2008) *The Culture of Homelessness*. London: Ashgate Publishing.
- Reeve, K., Casey, R. and Goudie, R. (2006) *Homeless Women: Still being Failed yet Striving to Survive*. London: Crisis.
- Reeve, K., Goudie, R. and Casey, R. (2007) *Homeless Women: Homelessness Careers, Homelessness Landscapes*. London: Crisis.

- Ritchie, J. and Lewis, J. (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage.
- Ritchie, J., Spencer, L., and O'Connor, W. (2003) Carrying out qualitative analysis. In J. Ritchie and J. Lewis (Eds) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage. pp. 220-251.
- Roberts, B. (2002) *Biographical Research*. Buckingham: Open University Press.
- Robinson, C. (2008) 'Felt homelessness': The contribution of qualitative approaches to homelessness. In Maginn, P., Thompson, S. and Tonts, M. (Eds) *Qualitative Housing Analysis: An International Perspective*. Bingley: Emerald, pp.91-111.
- Robinson, C. (2010) *Rough Living: Surviving Violence and Homelessness*. Sydney: University of Sydney.
- Robinson, C. and Searby, R. (2006) *Accommodation in Crisis: Forgotten Women in Western Sydney*. Sydney: Parramatta Mission and UTS Shopfront.
- Robinson, D., Reeve, K. and Casey, R. (2007) *The Housing Pathways of New Immigrants*. Sheffield: The Joseph Rowntree Foundation.
- Roth, D., Toomey, B. and First, R. (1987) Homeless women: Characteristics and needs. *Affilia*, 2, 6 -18.
- Rowe, S. and Wolch, J. (1990) Social networks in time and space: Homeless women in skid row, Los Angeles. *Annals of the Association of American Geographers*, 80, 2, 184-204.
- Ryan, S. (2009) *Commission to Inquire into Child Abuse Report (Vol I – V)*. Dublin: Stationery Office.
- Russell, B. (1991) *Silent Sisters: A Study of Homeless Women*. New York: Hemisphere.
- Safe Ireland (2014) *National Domestic Violence Service Statistics Report 2014*. Athlone: Safe Ireland.
- Sahlin, I. (2005) The staircase of transition: Survival through failure. *Innovation: The European Journal of Social Science Research*, 18, 2, 115-136.
- Saldaña, J. (2003) *Longitudinal Qualitative Research: Analysing Change through Time*. Oxford: Altamira Press.
- Seal, C. (Ed) (2007) *Understanding and Responding to Homeless Experiences, Identities and Cultures*. Dorset: Russel House Publishing.
- Sev'er, A. (2002) A feminist analysis of flight of abused women, plight of Canadian shelters: Another road to homelessness. *Journal of Social Distress and the Homeless*, 11, 4, 307-324.
- Shelter (1997) *Women and Housing*. London: Shelter.

- Schiff, L. (2003) The power to define: Definitions as a site of struggle in the field of homelessness. *International Journal of Qualitative Studies in Education*, 16, 4, 491-507.
- Shinn, M. (1997) Family homelessness: State or trait. *American Journal of Community Psychology*, 25, 755-769.
- Shinn, M. (2011) Is violence at the root of homelessness for women? *Sex Roles*, 64(7-8): 585-588.
- Shinn, M. (1998) Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 11, 1651-1657.
- Shinn, M. (2007) International homelessness: Policy, socio-cultural, and individual perspectives. *Journal of Social Issues*, 63, 3, 657-677.
- Shinn, M., Gottlieb, J., Wett, J., Bahl, A., Cohen, A. and Barron Ellis, D. (2007) Predictors of homelessness among older adults in New York City: Disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, 12, 696-708.
- Shinn, M. (2010) Homelessness, poverty, and social exclusion in the United States and Europe. *European Journal of Homelessness*, 4, 19-44.
- Shinn, M., Rog, D. and Culhane, D. P. (2005) *Family Homelessness: Background, Research Findings and Policy Options*. Washington, DC: US Interagency Council on Homelessness.
- Skifter Anderson, H. (2002) Excluded places: The interaction between segregation, urban decay and deprived neighbourhoods. *Housing, Theory and Society*, 19, 3-4, 153-169.
- Smith, J. (1999) Gender and Homelessness. In S. Hutson and D. Clapham (Eds) *Homelessness: Public Policies and Private Troubles*. London: Cassell. pp. 108-133.
- Smith, J. M. (2007) *Ireland's Magdalen Laundries and the Nation's Architecture of Containment*. Notre Dame: University of Notre Dame Press.
- Smith, M., McGee, H. and Shannon, W. (2001) *One Hundred Homeless Women: Health Status and Health Service Use of Homeless Women and their Children in Dublin*. Dublin: Royal College of Surgeons in Ireland and Children's Research Centre, Trinity College Dublin.
- Smith, N. (2003) Cross-sectional profiling and longitudinal analysis: Research notes on analysis in the longitudinal qualitative study, 'Negotiating Transitions to Citizenship'. *International Journal Social Research Methodology*, 6, 3, 273-277.
- Snape, D. and Spencer, L. (2003) The foundations of qualitative research. In: Ritchie, J. and Lewis, J. (Ed) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage, pp. 1-23.
- Snow, D. A. and Anderson, L. (1987) Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92, 6, 1336-1371.

- Snow, D. A. and Anderson, L. (1993) *Down on Their Luck*. Berkley: University of California Press.
- Snow, D. A., Anderson, L. and Koegel, P. (1994) Distorting tendencies in research on the homeless. *American Behavioural Scientist*, 37, 461-475.
- Somerville, P. (1998) Explanations of social exclusion: Where does housing fit in? *Housing Studies*, 13, 6, 761-780.
- Somerville, P. (2013) Understanding homelessness. *Housing, Theory and Society*, 30, 4, 384-415.
- Spradley, J. (1980) *Participant Observation*. New York: Holt, Rinehart & Winston.
- Stanley, N., Miller, P. and Richardson Foster, H. (2012) Engaging with children's and parents' perspectives on domestic violence. *Child & Family Social Work*, 1, 2, 192-201.
- Stephen, D. E. (2000) Young women construct themselves: Social identity, self-concept and psychosocial well-being in homeless facilities. *Journal of Youth Studies*, 3, 445-460.
- Stoner, M. (1983) The plight of homeless women. *Social Service Review*, 57, 4, 565-581.
- Tessler, R., Rosenheck, R. and Gamache, G. (2001) Gender differences in self-reported reasons for homelessness. *Journal of Social Distress and the Homeless*, 10, 3, 243-254.
- Thomson, R. (2007) The qualitative longitudinal case history: Practical, methodological and ethical reflections. *Social Policy and Society*, 6, 4, 571-582.
- Thomson, R. (2009) *Unfolding Lives: Youth, Gender, Change*. Bristol: Policy Press.
- Thomson, R., Bell, R., Holland, J., Henderson, S., McGrellis, S. and Sharpe, S. (2002) Critical moments: Choice, chance and opportunity in young people's narratives of transition. *Sociology*, 36, 2, 335-354.
- Thomson, R. and Holland, J. (2003) Hindsight, foresight and insight: The challenges of longitudinal qualitative research. *International Journal of Social Research*, 6, 3, 233-244.
- Tischler, V. and Vostanis, P. (2007) Homeless mothers: Is there a relationship between coping strategies, mental health and goal achievement? *Journal of Community and Applied Social Psychology*, 17, 2, 85-102.
- Tomas, A. and Dittmar, H. (1995) The experience of homeless women: An exploration of housing histories and the meaning of home. *Housing Studies*, 10, 4, 493-515.
- Toro, P. (2007) Toward an international understanding of homelessness. *Journal of Social Issues*. 63, 3, 461-481.
- Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. New York: Hazelden.

- Tuallay, S., Slatter, M., Flinders Institute for Housing, Urban and Regional Research (2008) *Women, Domestic and Family Violence and Homelessness: A Synthesis Report*. Commonwealth of Australia/Flinders Institute for Housing, Urban and Regional Development. Available at: https://www.dss.gov.au/sites/default/files/documents/05_2012/synthesis_report2008.pdf. Accessed 04 August 2016.
- US Department of Housing and Urban Development (HUD) (2010) *Opening Doors: Federal Plan to Prevent and End Homelessness*. Washington, DC: Department of Housing and Urban Development.
- US Department of Housing and Urban Development (HUD) (2011) *The Annual Homeless Assessment Report to Congress*. Washington, DC: Department of Housing and Urban Development.
- US Department of Housing and Urban Development (HUD) (2012) *Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*. Washington, DC: Department of Housing and Urban Development.
- Vallance, R. J. (2005) 'Working with longitudinal qualitative data: Using NVivo as an analytical tool'. Paper Presented at the 6th International Strategies in Qualitative Research Conference, Durham, 21-23 September 2005.
- Vandentorren, S., Le Méner, E., Oppenchaim, N., Arnaud, A., Jangal, C., Caum, C., Vuillermoz, C., Martin-Fernandez, J., Lioret, M. R., Le Strat, Y. and Guyavarch, E. (2016) Characteristics and health of homeless families: The ENFAMS survey in the Paris region, France 2013. *The European Journal of Public Health*, 26, 1, 71-76.
- Vickery, L. (2012) Deepening disadvantage in housing markets for women. *Local Economy*, 27, 8, 796-803.
- Wacquant, L. (2009) *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Durham: Duke University Press.
- Waldbrook, N. (2013) Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women and Ageing*, 25, 4, 337-357.
- Walsh, C., Rutherford, G. and Kuzmak, N. (2009) Characteristics of home: Perspectives of women who are homeless. *The Qualitative Report*, 14, 2, 299-317.
- Walsh, K. (2014) *Women and Homelessness: A Resource Guide*. Dublin: Simon Communities.
- Walsh, K. and Harvey, B. (2015) *Family Experiences of Pathways into Homelessness: The Families' Perspective*. Dublin: Housing Agency.
- Ward, J. and Henderson, Z. (2003) Some practical and ethical issues encountered while conducting tracking research with young people leaving the 'care' system. *International Journal of Social Research Methodology*, 6, 3, 255-259.
- Wardhaugh, J. (1999) The unaccommodated woman: Home, homelessness and identity. *The Sociological Review*, 47, 1, 91-109.

- Warrington, M. (2001) 'I must get out': The geographies of domestic violence. *Transactions of the Institute of British Geographers*, 26, 3, 365-382.
- Wasserman, J. A. and Clair, J. M. (2010) *At Home on the Street: People, Poverty and a Hidden Culture of Homelessness*. London: Lynne Rienner Publishers.
- Watson, S. (1984) Definitions of homelessness: A feminist perspective. *Critical Social Policy*, 4, 60, 60-73.
- Watson, S. (1988) *Accommodating Inequality: Gender and Housing*. Sydney: Allen and Unwin.
- Watson, S. (1999) A home is where the heart is: Engendering Notions of Homelessness. In P. Kenet and Marsh (Eds) *Homelessness: Exploring the New Terrain*. Bristol: Policy Press.
- Watson, S. (2000) Homelessness revisited: New reflections on old paradigms. *Urban Policy and Research*, 18, 2, 159-170.
- Watson, S. (2011) Understanding survival sex: Young women, homelessness and intimate relationships. *Journal of Youth Studies*, 14, 6, 639-655.
- Watson, S. and Austerberry, H. (1983) *Women on the Margins: A Study of Single Women's Housing Problems*. London: Housing Research Group.
- Watson, S. and Austerberry, H. (1986) *Housing and Homelessness: A Feminist Perspective*. London: Routledge.
- Watson, S. and Doyal, L. (1999) *Engendering Social Policy*. Milton Keynes: Open University Press.
- Webb, S. (1994) *My Address is not my Home: Hidden Homelessness and Single Women in Scotland*. Edinburgh: Scottish Council for Single Homelessness.
- Weber Sikich, K. (2008) Global female homelessness: A multi-faceted problem. *Gender Issues*, 25, 147-156.
- Weedon, C. (1987) *Feminist Practice and Poststructuralist Theory* (2nd edition). Oxford: Blackwell.
- Wesely, J. and Wright, J. (2009) From the inside out: Efforts by homeless women to disrupt cycles of crime and violence. *Women and Criminal Justice*, 19, 3, 217-234.
- Whelan, C. and Maitre, B. (2010) Identifying economically vulnerable groups as the economic crisis emerged. *The Economic and Social Review*, 41, 4, 501-525.
- Whitzman, C. (2006) At the intersection of invisibilities: Canadian women, homelessness and health outside the 'big city'. *Gender, Place and Culture: A Feminist Geography*, 13, 4, 383-399.

- Whitzman, C. (2010) Making the invisible visible: Canadian women, homelessness, and health outside the 'big city'. In J. Hutchanski, P. Campsie, S. Chau, S. Hwang and E. Paradis (Eds) *Finding Home: Policy Options for Addressing Homelessness in Canada*. Accessible at: www.homelesshub.ca/FindingHome. Accessed 15 June 2012.
- Wilcox, S. Perry, J. and Williams, P. (2015) *UK Housing Review 2015*. Coventry: Chartered Institute of Housing.
- Williams, J. (1998) Domestic violence and poverty: The narratives of homeless women. *Frontiers: A Journal of Women Studies*, 19, 2, 143-165.
- Williams, J. (2003) *'A Roof over my head': Homeless women and the shelter industry*. Boulder: University Press Colorado.
- Williams, J. and O'Connor, M. (1999) *Counted In: The Report of the 1999 Assessment of Homelessness in Dublin, Kildare and Wicklow*. Dublin: Economic and Social Institute.
- Williamson, E., Abrahams, H., Cameron, A., Hendry, L. and Morgan, K. (2013) *The TARA Project: A Longitudinal Study of the Service Needs of Homeless Women*. Bristol: University of Bristol.
- Williamson, E., Abrahams, H., Morgan, K. and Camerson, A. (2014) Tracking homeless women in qualitative longitudinal research. *European Journal of Homelessness*, 8, 1, 69-91.
- Wong, Y. (1997) Patterns of homelessness: A review of longitudinal studies'. In D. Culhane and S. Hornburg (Eds) *Understanding Homelessness: New Policy and Practice*. Washington, DC: Fannie Mae Foundation. pp. 135-64.
- Wong, Y., Park, J. M., and Nemon, H. (2006) Homeless service delivery in the context of continuum of care. *Administration in Social Work*, 30, 1, 67-94.
- Wong, Y., Culhane, D. and Kuhn, R. (1997) Predictors of exit and re-entry among family shelter users in New York City. *Social Service Review*, 71, 441-462.
- Wong, Y. and Pilliavin, I. (1997) A dynamic analysis of homeless-domicile transitions. *Social Transitions*, 44, 3, 408-423.
- Wood, D., Valdez, B., Hayashi, T. and Shen, A. (1990) Homeless and housed families in Los Angeles: A study comparing demographic, economic, and family function characteristics. *American Journal of Public Health*, 80, 90, 1049-1052.
- Woodward, K. (1997) Motherhood, myths and meanings. In K. Woodward (Ed) *Identity and Difference*. London: Sage.
- Wright, A. (2005) Complex needs and complex issues: How responding to ethnographic fieldwork contingencies shaped a study of homelessness. In D. Pawluch, W. Schaffir and C. Miall (Eds) *Doing Ethnography: Studying Everyday Life*. Toronto: Canadian Scholar's Press. pp. 90-102.
- Yeates, N. (1999) Gender, familism and housing: Matrimonial property rights in Ireland. *Women's Studies International Forum*, 22, 6, 607-618.

YMCA (2013) *Housing First, Women Second? Gendering Housing First*. Toronto: Homes
4 Women/Toits Pour Elles.

Young, S. (2010) Gender perspectives on homelessness. *Homeless in Europe: Gender Perspectives on Homelessness* (Spring). Brussels: FEANTSA. pp. 2-3.

Zlotnic, C., Tam, T. and Robertson, M. (2003) Disaffiliation, substance use, and exiting homelessness. *Substance Use and Misuse*, 38, 3-6, 577-599.

APPENDICES

Appendix A

ETHOS – European Typology of Homelessness and Housing Exclusion (FEANTSA , 2005)

			Operational Category	Living Situation	Generic Definition
Conceptual Category	ROOFLESS	1	People living rough	– Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
		2	People in emergency accommodation	– Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter.
	HOUSELESS	3	People in accommodation for the homeless	– Homeless hostel – Temporary accommodation – Transitional supported accommodation	Where the period of stay is intended to be short term
		4	People in women’s shelter	– Women’s shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
		5	People in accommodation for immigrants	– Temporary accommodation / reception centres – Migrant workers’ accommodation	Immigrants in reception of short term accommodation due to their immigrant status.
		6	People due to be released from institutions	– Penal institutions – Medical institutions – Children’s institutions / homes	No housing available prior to release. Stay longer than needed due to lack of housing. No housing identified (e.g. by 18 th birthday).
		7	People receiving longer-term support (due to homelessness)	– Residential care for older homeless people – Supported accommodation for formerly homeless people.	Long stay accommodation with care for formerly homeless people (normally more than one year).
	INSECURE	8	People living in insecure accommodation	– Temporary with family/friends – No legal (sub)tenancy – Illegal occupation of land.	Living in conventional housing but not the usual place of residence due to lack of housing. Occupation of dwelling with no legal tenancy illegal occupation of a dwelling. Occupation of land with no legal rights.
		9	People living under threat of eviction	– Legal orders enforced (rented) – Re-possession orders (owned)	Where orders for eviction are operative. Where mortgagee has legal order to re-possess.
		10	People living under threat of violence.	– Police recorded incidents.	Where police action is taken to ensure place of safety for victims of domestic violence.
	INADEQUATE	11	People living in temporary / non-conventional structures	– Mobile homes – Non-conventional building – Temporary structure	Not intended as place of usual residence Makeshift shelter, shack or shanty. Semi-permanent structure hut or cabin.
		12	People living in unfit housing	– Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations.
		13	People living in extreme over-crowding	– Highest national norm of overcrowding.	Defined as exceeding national density standard for floor-space or useable rooms.
Note: Short stay is defined as normally less than one year; Long-stay is defined as more than one year. This definition is compatible with Census definitions as recommended by UNECE/EUROSTATE report (2006)					

Appendix B

Information Sheet for Agencies – Phase I



Women and Homelessness: A Biographical Pathways Analysis

Information Sheet for Agencies

Aims and Objectives of the Research:

The core aim of this project is to conduct an in-depth investigation of the lives and experiences of homeless women in Ireland. The impetus for the study arises from the identification of a significant gap in knowledge within the homeless research literature. As a consequence, homeless women remain largely invisible within discussion and debate on homelessness in Ireland. This situation is undesirable as it fails to recognise the unique experiences and factors that propel women to leave home and/or remain homeless.

Research Methodology:

At present, we are conducting life history interviews with women who are either homeless or have lived in unstable accommodation in the past six months. We strive for diversity in our sample in terms of age, migrant status, types of accommodation, location in Ireland, with varying life histories. During each interview the research participant is invited to tell her life 'story'. Some of the topics addressed during the interview includes: housing/homeless history, family circumstances; health and mental health; perspectives on their situation, past present and future. The duration of each interview ranges from 60–90 minutes approximately. To ensure anonymity, any information which could be used to identify study participants, e.g. their own names or names of family members, friends, places etc., is removed from all written dissemination of the findings.

In addition to conducting biographical interviews, we are continually engaging in ethnographic observation in a number of venues around Dublin city in order to deepen our understanding of the lives of homeless women. This involves researcher Sarah Sheridan spending time in services and interacting informally with homeless women (with their full knowledge and consent). This work is undertaken in an unobtrusive manner and only with the permission of service managers. Through this, it is hoped that we will be in a position to record more naturally occurring data whilst also informing (and perhaps altering) our original research questions.

For further details, please contact:

Researcher:	Sarah Sheridan
Email:	sheridsa@tcd.ie
Tel:	01-896 3819 (direct)
or...	
Principal Investigator:	Dr. Paula Mayock
Email:	pmayock@tcd.ie
Tel:	01-896 2636 (direct)

Appendix C

Information Sheet for Participants – Phase I

A STUDY OF WOMEN AND HOMELESSNESS



We are researchers from Trinity College Dublin and we are trying to learn more about the lives and experiences of homeless women in Ireland.

Would you like to take part in a Life History Interview?

If so, we are interested in hearing your life 'story':

- ❖ Early life
- ❖ The events which led to your becoming homeless
- ❖ The kinds of places where you stayed since you first became homeless
- ❖ Your friends and family relationships
- ❖ Children if applicable
- ❖ Your health and how you feeling about issues like stress, worry and depression
- ❖ Alcohol/drug use
- ❖ The services you have been in contact with
- ❖ Your views on your living situations, past and present
- ❖ Your views on what would help you to have a stable place to live
- ❖ Your hopes for the future

**** You do not have to answer questions about all of the topics listed above.**

What you tell us about your life is YOUR decision **

- ❖ Interview will last approximately 60 – 90 minutes. We can meet at a time that suits you, we can come meet you in your place of residence or arrange for you to come our office here at Trinity College. All participants receive a €30 Dunnes stores gift card.
- ❖ What you say to us in the interview is COMPLETELY CONFIDENTIAL (unless there is an immediate risk of harm to you or another person).

If you wish to discuss any aspect of the study please call:

Sarah Sheridan (researcher) - 01-896 3819

This research is funded by the Irish Research Council for the Humanities and Social Sciences Research (IRCHSS) Fellowship Scheme and subsequent funding from HSE

Appendix D

Consent form for Participants – Phase I

A STUDY OF WOMEN EXPERIENCING HOMELESSNESS



What is this study about?

We are researchers from Trinity College Dublin and we are trying to learn more about the lives and experiences of women who are, or have previously been, homeless. We are asking women over the age of 16 years to talk to us, the researchers, about their lives. The information provided here is designed to help you to understand what we are trying to do so that you can decide whether or not you would like to participate. We will also talk to you in person about the study and explain the content of this information sheet. If you have questions, we are more than willing to answer them.

What does taking part involve?

If you agree to take part in this study, a researcher will conduct an interview with you. With your permission, a researcher may also spend time in the place where you are currently living. There is a possibility that this study will be extended and we may contact you in the future to see if you would like to be interviewed for a second or third time. However, by agreeing to take part in this interview, you do not necessarily have to take part in the future.

Life History Interview

During this interview, which will last for approximately 60-90 minutes, we are interested in hearing your life 'story'. What you tell us about your life is YOUR decision but we are certainly interested in hearing about all aspects of your life that you would like to share with us. During the interview, we would like to focus on the following topics as well as hearing your life 'story':

- The events which led to your becoming homeless
- The kinds of places where you have stayed since you first became homeless
- Your friends and relationships with them
- Your family and your family relationships
- Your health and how you are feeling about issues like stress, worry and depression
- Alcohol/drug use
- The services you have been in contact with
- Your views on your living situations, past and present
- Your views on what would help you to have a stable place to live
- Your hopes for the future

You do not have to answer questions about all of the topics listed above. At any time during the interview, you can simply say that you do not want to answer particular questions or that you would rather not discuss a particular aspect of your life.

Brief Questionnaire

You will also be asked to complete a short questionnaire which asks a series of questions on the following: your age, gender, ethnicity, marital status, living places (housing history), education & employment history, your health and services you have accessed. Again, you do not have to complete this questionnaire and you can, at any time, refuse to answer individual questions on the questionnaire.

Ethnographic Observation

In some cases, a researcher will spend time in homeless services to understand the 'daily life' of those using these services in a more naturally-occurring way than one-to-one interviews. This involves the researcher interacting informally with those present. Observation will only be conducted with the full consent of both service managers and staff. Consent with participants will be achieved in an ongoing way. If a participant does not appear happy with the researcher's presence, then the researcher will leave immediately.

Do you have to take part?

Although we would like to speak to you about your life experiences, you should not feel that you have to participate in this study. In other words, taking part is voluntary and it is your choice. If you do decide to take part, you can change your mind at any time, even during the interview. If you feel uncomfortable about answering certain questions during the interview, you don't have to answer them. You have the right to terminate – that is, end – the interview at any time.

Confidentiality

With your permission, we will audiotape the interview to help us to record your 'story' accurately. In other words, the tapes will be used only for keeping track of what we said. The researcher will turn off the recorder if at any time you wish that some part of the interview not be recorded. After we have our interview, a member of the research team will listen to it and type up what we said. These tapes and everything we talked about will be kept in a locked filing cabinet that only the research team can access. All tapes will be destroyed after we have transcribed them (that is, written down what we talked about during the interview). We will do our best to make sure that people are not able to identify you in the study by giving you a "made up" name (what researchers call a "pseudonym").

What you say to us in the interview is completely confidential. The researcher cannot tell any other person what you say in the interview. This means that whatever is discussed or spoken about in the interview will not be communicated to other people except where there is an immediate risk of harm to you or another person. If any such circumstance arose, this would be discussed with you first.

What happens to the Information you Provide?

The information will be written up into a report and/or research papers. We may also present the findings of the research at conferences. It is our intention to make the findings of the study available to a wide audience, including policy makers, service providers and the general public. Although we are not in a position to give guarantees, the benefit of the study is that it might help to inform the development of services provided for women who experience homelessness.

It is important that you know and understand that your real name or any other information that might identify you or any other person you mention to us will not be used in any of these reports or publications.

Contacting the Research Team

If you want to discuss any aspect of this study, or if you have questions about the study, you can contact the researcher at any time. Her name is Sarah Sheridan and you can call her at: (01) 896 3819.

The study is funded by the Irish Research Council for the Humanities and Social Sciences (IRCHSS).

CONSENT FORM

If you agree to take part in this study please sign below.

I, _____ (name) agree to take part in the study described in this information sheet and to speak to a researcher from Trinity College Dublin. I have read and understand the aims of the project described above.

Signed _____
(Research Participant)

Date _____

Signed _____
(Researcher)

Date _____

Appendix E

Phase I Life History Interview

WOMEN AND HOMELSESSNESS: A BIOGRAPHICAL PATHWAYS ANALYSIS LIFE HISTORY INTERVIEW SCHEDULE

January 2010

LIFE HISTORY

1. *In this study we are trying to understand the lives and experiences of women who have experienced homelessness. We are interested in your life story (may need to explain this further).*

Do you think that you could tell me your life story?

I know that it might seem hard at first so take your time ... you can start from whatever point you like ... where ever you feel comfortable.

[Let the respondent tell her story without questioning or probing].

EARLY LIFE HISTORY

This section is designed to seek information about key areas of the respondent's early life history (childhood through adolescence).

Thank you for sharing your life 'story' with me. I would like to talk to you some more about your experience of growing up?

2. Would you say that you have a lot of childhood memories? If yes, can you tell me about these?
3. Can you tell me some more about your family when you were a child?
 - parents, other guardians/caregivers
 - significant others (e.g. grandparents, aunts/uncles and other extended family members)
 - siblings
4. Did things change in any way when you were a teenager?
 - What was happening with school around this time?
 - Who were you friends with/who did you hang around with at this time?
 - Were you still living in the same neighbourhood?
 - Can you remember any important family event?

- Is there anything that stands out? Any important experiences around that time?
5. Did you live away from your family as a child or teenager?
- If YES: can you tell me how this came about?
 where did you live?
 did you move around a lot (from place to place, different types of living situations)?

CURRENT SITUATION

I am going to sort of jump forward now. I would like to talk to you about now, about what is happening in your life at the moment.

6. Where are you living/staying now? (or, this is where you are living now).
- How long have you been here?
 - How long can you stay here?
 - How long do you plan to stay?
 - How did you find out about this accommodation?
7. How do you feel about the accommodation you have now?
- Do you like it?
 - Are there things you like? (if yes, what are they?)
 - Are there things you don't like? (if yes, what are they?)
 - Are there things you would like to change?
8. What about rules? Are there rules you have to keep?
- Is there a curfew?
 - Can you drink on the premises?
 - What about rules around drug use?
 - Are there rules that you don't like?
9. Do you have friends here?
- How would you describe your relationship with other residents/others who live in this facility?
 - Would you say that you trust the people around you?
 - What do you think about other people who live here?
 - Do you ever talk to other residents about personal things?
10. Since you moved here, have you had contact with family members?
- If YES: how often do you see them
 how important is this contact to you?
 do you get on well with family member(s)?
 do they help you in any way?
 - If NO: how long is it since you have had contact with family?
 Is there a reason(s) why you are not in contact?
 how do you feel about not having contact?
 would you like to have contact with family?
11. Are you in a relationship at the moment?
- If YES: for how long? are you happy with the relationship?

- If NO: how long is it since you've been in a relationship? Were you happy in your previous relationship? Why did it end?

BECOMING HOMELESS

I would like to talk to you now about how you became homeless. And I would also like to learn some more about your homeless history. Is that ok with you? If there are questions you would rather not answer, please just say so.

12. When did you first become homeless (how long ago/age)?

13. Can you tell me about how you became homeless?

- What was happening in your life at that time?
- What people were significant in your life at that time?
- Do you have views on how or why you became homeless at this point in your life?

14. Where did you go when you became homeless? Where did you stay?

- Is there anywhere else you could have gone? [Any thing else you could have done at this point? Did you have alternatives?]
- Was there anyone who helped you at this point?
- Is there any service which helped you?

15. You've explained the facts surrounding how you became homeless.

****What would you say was the *main cause* of your homelessness?****

HOMELESS HISTORY

[Try to establish chronology of housing/homelessness]

16. So you experienced homelessness for the first time at the age of X year?

Can you take me through what happened next, the various places you have stayed since you first became homeless? (e.g. hostels, prison, hospital, supported housing). At each stage of the persons history, where relevant, prompt for the following:

- how long did you live/stay there for?
- under what circumstances did you leave/have to leave?
- did you try to access other forms of accommodation at that point?
- did you receive any assistance moving on to somewhere else?
- what difficulties did you face moving from one situation into another?
- how did you cope with move from one situation to another?

17. Since you became homeless, have you moved to different parts of the city or country OR spent time abroad? (e.g. moved to a different part of Dublin/a different part of the country/moved to England).

18. Have there been times since you first became homeless (at the age of X years) when you have had a stable place to live?

- For example, have you lived with a family member at any time?
- Have you lived with a partner in a private or local authority residence?
- *If yes to these kinds of questions, what led to the breakdown of these living situations?

Possible questions to draw out homeless history:

- What was life like during this period of instability?
- What place stands out during this period?
- How did you cope?
- Did this make your addiction worse?
- Can you remember the day you left this place?
- Did you ask anybody for help?

SLEEPING PLACES

So you have been homeless for X years ...

19. Have you ever slept rough, like slept on the street?

- How many times?
- Can you remember the first time you slept rough?
- Were you with other people at the time?
- What was that like? Did you feel afraid or anxious?

20. What about staying with friends? Have you ever done that?

- When? For how long?
- How did this come about?
- What made you leave?

21. Have you stayed in B&Bs?

- When? For how long?
- How did this come about?
- What made you leave?

22. Have you ever stayed in a squat?

- When? For how long?
- How did this come about?

23. Have you stayed in transitional/supported housing at any time?

24. Are there any other types of accommodation you have used over the years?

- Local authority housing?
- Private rented sector housing?

DAILY LIFE & 'GETTING ON'

25. *I would like to talk to you now about daily life ...*

- Can you take me through yesterday, tell me what you did from when you go up in the morning?
- Would you say that what you have just described is a typical day? If no, what would be your typical day?
- Are things different at the weekend?

26. Who do you socialise with most days? Is it a mixed group, with men and women?

- Would you say you have a good relationship with the people you spend time with?
- How long have you known these people?
- Are there friends from the past who you have lost touch with? If yes, how did this come about? How do you feel about it?

27. Can I ask you about your income, how you earn money at the moment?

- What is your main income?
- Do you have other ways of earning money?
- How do you spend this money at the moment?
- Is it easy or difficult to survive on this income?
- Do you beg? Have you begged in the past? [If yes, ask about this in greater detail].
- Did you have other ways of earning money in the past? (e.g. did you ever have a job? If yes, when and why did this end?)

28. So XXX is your main income at the moment ...

- Can I ask if you have ever had sex in order to get money or something else that you needed?
- If YES:
 - o When did this first happen?
 - o What was going on for you at the time?
 - o How did the situation come about?
 - o Has it happened recently?
 - o Have you ever been involved in sex work on a regular basis?

CHILDREN IN CARE

You said earlier that your child/children were taken into care. I realise that this is a painful experience and one that is difficult to talk about.

29. Can you tell how it came about?

- How old were you/your child(ren) at the time?
- Where were you living at the time?

30. Did you expect all of this to happen or did it come as a total shock?

31. Do you have any contact with your child/children now?

- If NO: was there a time when you did have contact?
when did you stop having contact?
have you tried since then to re-establish contact?
- If YES: how often do you see your child(ren)?
where do you usually meet?
how would you describe your relationship with your child(ren)?

Are you happy with your level of contact with your child(ren)?

Children and visits (example questions):

- When did they last visit?
- What was it like?
- What did you talk about?
- What's your son/daughter like?
- Would you say you have a good relationship?
- Which of your children would you say you've the best relationship with?

VIOLENCE/VICTIMISATION

32. A. You mentioned earlier that domestic violence/physical abuse/sexual abuse was an experience that led to you becoming homeless/is an issue that has impacted on your life. I wondered if I could ask you about this in more detail?

- Can you describe exactly what was going on?
- At what stage in your life was it taking place?
- Did you tell anyone about it? Who?/why not?
- What did you do?
- Was this abuse emotional/psychological as well?

B. A good number of women have told us that they have experienced difficulties with their partners leading to violence or abuse of some kind ... is this something that you have ever experienced?

- If YES: When did this/these event(s) happen?
Can you describe exactly what was going on?
Did you tell anyone about it? Who?/why not?
What did you do?
Was this abuse emotional/psychological as well?

- If NO: So your relationships have not been a source of stress?

33. Apart from the violence/abuse you have described, have you ever experienced any other form of violence or abuse during childhood, as a teenager or as an adult? [Open question for probing].

FAMILY

You mentioned earlier that you are/are not in contact with family members at the moment ...

34. What about your relationship with family members at the moment? How would you describe it?

- Do you have contact with them (if this question wasn't asked earlier)?

- Has your relationship with your family changed over the years?

35. What about brothers & sisters?

- Do you have brothers or sisters?
- Do you see them now, at the moment?
- Do you get on well with any of your siblings?

36. So the people in your family are you still in touch with are ...?

- Is there any other family member you would like to be in touch with?

37. How would you say you feel about your relationship with family members at the moment?

- Are these relationships different to in the past?
- Would you like your relationship with family to be different?

FRIENDS

I would like to talk to you a little bit more now about the people in your life apart from family.

38. Is there a person in your life who you would say is your friend?

- How long have you known her/him?
- Do you regard her/him as someone you trust?
- Do you meet often?

39. Do you have other friends? [PROBE: meeting/socialising etc.]

40. What kinds of things do you like to do with your friend(s)?

41. Would you say that you have a friend you can trust?

ALCOHOL USE

42. Do you drink at the moment?

43. Do you drink every day? What time(s) of the day do you usually drink?

44. What do you usually drink?

45. Who do you usually drink with?

46. Where (setting) do you usually drink?

47. Do you ever drink on the street? Have you ever done so in the past?

48. Would you say that alcohol has caused problems in your life?

49. Would you say that you are 'addicted' to alcohol?

- If YES: for how long?
have you ever sought help or treatment?
can you see a time when you might seek treatment?

DRUG USE

I would like to ask you now about drug use. I want to remind you that all of this is completely confidential, that we do not tell anyone what you report to us in this interview.

50. Can you tell me about the types of drugs you have tried or used in your life time?
51. Can you think about the most recent time you used a drug?
- What drug did you use?
 - Who was with you? Where were you and your friends?
 - What kind of an experience was it?
 - When did you say that was?
52. When did you first use drugs?
- Which drug? How old were you at the time?
53. Which drug or drugs do you use at the moment?
- How often do you use this/these drugs (daily, weekly)?
54. Do you usually drink when you are taking drugs?
55. Where do you usually 'score' (buy) drugs?
- Do you usually 'score' from the same person?
 - Have you ever been caught buying or selling drugs by the police? If yes, can you tell me about that and what happened?
56. Would you say that your drug use has caused problems in your life? If yes, which drug/drugs?
57. Would you say that you are 'addicted' to any drug?
- If YES: which drug(s)?
 for how long?
 have you ever sought help or treatment?
 can you see a time when you might seek treatment?

INJECTING DRUG USERS

58. Have you ever injected a drug?
- IF NO,
- Have you ever considered injecting a drug?
 - What do you think about injecting drugs?
- IF YES,
59. Which drug have you injected recently?
60. Can you tell me about last time you injected?
61. Where did you get the needle?
62. Were there other people also injecting at the time?
63. Did you inject yourself or did somebody help you? Who was that? What was your relationship with him/her? Are you friends?
64. Did anybody use the needle before you? Did anyone use it after you?

65. What did you (or your friend etc.) do with the needle afterwards?
66. When was the first time you ever injected a drug?
67. Have you injected other drugs besides XXX? If yes, what was that like?
Was it different to injecting XXX?
68. Is injecting the way you prefer to use drugs?

CRIMINAL BEHAVIOUR

69. Have you ever been in trouble with the police?
- Have you ever been *cautioned* by the police? (If YES, probe)
 - Have you ever been *arrested*? (If YES, probe)
70. Have you ever been charged?
- If YES, what offences have you been charged with?
do you have to attend court the near future?
71. Have you ever been in prison?
- If YES: how many times? which prison(s)?
how long have you spent in prison?
did the experience of prison change anything for you?

PHYSICAL HEALTH

72. Do you have any health problems at the moment (say, like a chest infection, respiratory problems or asthma)?
- If YES, probe further (what kinds of health problems? how do you deal with this?)
73. Would you say that you are in good health? Or would you say you have several/many health problems?
74. Have you seen a doctor in the past year? If Yes, what for?
75. Have you been hospitalised in your life time? [when, why etc?]
76. Have you been hospitalised in the past year? [when, why etc?]
77. Have you seen a dentist in the past year? If Yes, what for?
78. Have you ever gone to a hospital A&E for medical help? If yes, can you tell me about that?
79. Have you ever had any kind of medical tests?
- Have you been tested for Hepatitis C? When? Result?
 - Have you ever had a HIV test? When? Result?

80. Do you ever have worries/concerns about your health?

81. What about your diet? What do you usually eat? Would you say that you eat well?

82. Would you say that your health has improved or deteriorated over the past year? [PROBE for reasons etc.]

*Would you mind if I asked you a few questions about sexual health?
You mentioned earlier that you are/have been in a relationship ...*

83. Can you remember if you used a condom the last time you had sex?

If YES Do you usually use a condom?

Are there times when you have not used a condom?

If NO Do you usually use a condom?

84. Do you ever/usually carry condoms? (probe)

MENTAL HEALTH AND WELL-BEING

85. Can I ask if there is anything that worries you at the moment?

- About life in general? Do you worry about that?
- Do you worry about tomorrow?

86. Would you say that life is stressful for you?

87. What kinds of things cause stress in your life? [PROBE]

88. Have you ever felt down or depressed?

- If yes, would you say you suffer from depression?
- Have you ever told a doctor or health professional about it?
- Have you ever told anybody (apart from doctor) that you sometimes feel depressed?
- What would you say brings on these feelings of depression?
- Have you ever been given any medication to help you with depression?

89. Is there anything that helps/makes you feel better when you feel worried, stressed or depressed?

- Who would you go to for help? Is there anyone you can talk to?

90. Have you ever been referred to/talked to a psychologist or psychiatrist?

If YES:

- Were you diagnosed with depression or any other condition?
- Were you prescribed medication? PROBE
- Have you ever spent time in a psychiatric hospital? PROBE

91. Have you ever been admitted to a psychiatric hospital? If yes, when? How long did you spend there?

SERVICES ACCESS & UTILISATION

92. Which services are you in contact with at the moment? [ask specifically about emergency accommodation, hospital, GP, coffee shop, food centre, local authority/council, rape crisis, women's refuge]
93. At the moment, would you say that you have a good relationship with a person in any service you are in contact with?
If YES: Is this relationship important to you? Why?/Why not?
94. What kinds of supports would you say that you need in your life now?
95. Do you think that your needs are being met by the services you are in contact with?
96. Can you think of any services you have found particularly useful or helpful, or had a positive experience of using?
- What was good about this/these service(s)?
- What did they do to help you?
97. Are there any services that you would not consider using under any circumstances? If Yes, why?
98. Have you ever been excluded from or asked to leave a service?
99. Have you ever been to a programme to deal with a drug or alcohol problem? (If yes, probe for details re. type of service, length of attendance etc.)
100. Have you ever talked to a counsellor? [If yes, when? Was this helpful?]
101. Have you ever attended a psychiatric service? [If yes, which service(s)? When? Was it helpful?]
102. Have you ever applied to a local authority/county council for housing? If Yes, what happened? What were you told?
103. At the moment, do you feel that you need more help or support? If Yes, what do you think would help you?

SOCIAL SUPPORT

104. Are there people who you feel you could talk to at the moment?
105. Do you feel that there are people in your life who you can trust?
If Yes: Who are they? How often do you see them?
Have you asked them for help or advice recently?
- If No: Was there a time when you felt there was a person you could trust? What happened with this relationship?
106. Do you have any support at the moment from family members?

107. Do you have friends who support you?
108. (if relevant) Would you say that your partner supports you? If Yes, in what way?
109. Who would you say you'd turn to in a time of crisis or need?

THE PAST (REFLECTIONS/THOUGHTS)

[These questions will vary in relevance for individual respondents depending on their age/experiences – use judgement in terms of what is asked in this section]

110. How would you describe your situation at the moment?
111. Do you feel that your situation now is very different to the past?
- If YES, what would you say is the biggest change?
112. Would you say that there is an event or experience that REALLY changed your life? If YES, can you tell me more about that?
113. [Many people who do not have a stable place to live would describe themselves as homeless]. Do you consider yourself to be homeless?/Would you say that you are homeless now? If No, were you homeless in the past?
114. Looking back, do you see/feel your life was a lot different before you became homeless?
115. Was there a time in your life when you felt you had a HOME?
116. Do you feel that you have a home now? Would you call this place your home?
117. Is there a time in your life when you would say was a happy time?
118. What time of your life would you say was particularly bad or difficult?
119. Looking back, are there things that you might have done differently?
120. Are there things that others could have done to make your situation/life better?

THE FUTURE

121. What are you thoughts about the future?
122. Do you worry about the future?
123. What would you like to see happen for you in the future?/What are your hopes for the future?
124. What do you think might help you to have a good future?

ADVISE THE STUDY

Over the next few months we will be talking to other women about their lives and their experiences;

125. Do you think there are other questions we should ask?
126. Are there other areas we should look into in terms of understanding the lives of women in your kind of situation?

THANK YOU, WE ARE FINISHED THIS PART OF THE INTERVIEW

I AM GOING TO LEAVE THE TAPE ON FOR A LITTLE WHILE LONGER IF

YOU DON'T MIND WHILE WE COMPLETE THE QUESTIONS ON THIS

FORM.

Appendix F

Phase I Post-Interview Survey



HOMELESS WOMEN: A Biographical Pathways Analysis SURVEY

Date: _____

Code: _____

Location of Interview: _____

Participation is voluntary.

To ensure anonymity, any information which could be used to identify study participants, e.g. place names, names of family members, friends etc. will be removed from all written dissemination of findings.

*Trinity College Dublin
2010*

I

Introduction

Q1. Age: _____

Q2. Current Relationship Status:

Single	☐
In a relationship but not married	☐
Married	☐
Separated	☐
Divorced	☐

(2b) If you have a partner, is he/she:

(1)	Employed?	☐ Yes	☐ No
(2)	Homeless?	☐ Yes	☐ No
(3)	Drug User?	☐ Yes	☐ No

Q3. Sexual Orientation:

Heterosexual	☐
Lesbian/Gay	☐
Bisexual	☐
Don't know	☐

Q4. Ethnic Origin:

White - Irish	☐	Black - Irish	☐
- Traveller	☐	- African	☐
- UK	☐	- Caribbean	☐
- Europe	☐	- Europe	☐
- Romani gypsy	☐	- UK	☐
☐ - Other (Details):	☐	- Other:	☐

Asian - Irish	☐
- Asian British	☐
- Indian/Pakistani	☐
- Chinese	☐
- Other:	☐

Mixed - White/Traveller	☐
- White/Black	☐
- White/Asian	☐
- Black/Asian	☐
- Other:	☐

Other ethnic background: _____

I decline to say ☐

Q5. Are you currently working or studying?

(5b) If yes?

Details:

Student	☐	_____
Voluntary work	☐	_____
Part-time paid work	☐	_____
Full-time paid work	☐	_____

(5c) If no?

Retired	☐	_____
Unemployed?	☐	_____
Employment training scheme	☐	_____
Permanently sick/disabled	☐	_____

(5d) Are you looking for a job at present?

Yes ☐

No ☐

Details: _____

Q6. Educational Qualifications:

No formal qualifications	☐
Junior Certificate	☐
Leaving Certificate	☐
Third-level Diploma	☐
Third-level Degree	☐

Details: _____

Q7. Source(s) of Income:

Details:

Employment	☐	_____
Social welfare	☐	_____
Pension	☐	_____
Begging	☐	_____
Inheritance	☐	_____
Savings	☐	_____

Financial help from friends/family ☐ _____

Sex work ☐ _____

Other: _____

II

Your Housing Situation/History

Q8. Current Living Situation:

Emergency Accommodation	☐
B&B	☐
Rough Sleeping	☐
Transitional accommodation	☐
Long term accommodation	☐
Friends	☐

Other: _____

Q9. How long have you been living there?

Less than a week	☐
Less than a month	☐
1 – 3 months	☐
3 – 6 months	☐
6 months – 1 year	☐
More than 1 year	☐

Q10. When did you become homeless for the first time (AGE)? _____ years

Q11. Where were you living immediately before you became homeless?

Friends	☐
Family Home	☐
Private Rented Accommodation	☐
HSE Care	☐
Prison/Detention	☐
Local Authority Housing	☐
Transitional Housing	☐

Other : _____

Q12. Who were you living with immediately before you became homeless?

Family Home (with parent/s)	☐
Alone	☐
With Partner	☐
With Partner and Child(ren)	☐
With Child(ren)	☐
In Care	☐

Other: _____

Q13. Since becoming homeless, which of the following services have you used?

Accommodation

Emergency Hostels	☐
Female-only Accommodation	☐
Transitional Housing	☐
Long-term Supported Housing	☐
B&B Accommodation	☐

Day Centres

Food Centres / Coffee shops	☐
Health Centres (incl. family planning/prostitution)	☐

Other Housing Services

DCC Night Bus	☐
Rough Sleeper Outreach Teams	☐
Housing/Homeless Advice Services	☐
Local Authority/Council Housing	☐

Health/Other Services

Accident and Emergency Department	☐
Psychiatric Services	☐
Domestic Violence Services	☐
Rape Crisis	☐
Alcoholics Anonymous (AA)	☐
Drug Treatment Services	☐
Needle Exchange Services	☐
Other (please specify):	☐

Q14. Since you first became homeless, have you lived in any of the following:

	Duration
☐ Private Rented Sector	_____
☐ LA Housing	_____
☐ With a family member(s)	_____
☐ Transitional housing	_____
☐ Prison	_____
☐ Psychiatric Hospital	_____
☐ State/Institutional Care	_____

Q15. How long would you say you have been/spent homeless in your life time?

_____ months
_____ weeks

_____ years

III

Children

Q16. Do you have any children?

Yes ☐

No ☐ [If no, skip to Section III]

(16b) If yes, how many? _____

(16c) What ages are they? _____

Q17. Are your children with you on a daily basis?

Yes ☐

No ☐

(17b) If no, where are your children?

With your parents ☐

With other family members ☐

With friends ☐

In foster care ☐

In residential care ☐

Other (details below) ☐

Q18. How often do you see your children?

Every day ☐

Every week ☐

Every month ☐

A few times a year ☐

Every few years ☐

Never ☐

(18b) Where do you visit them?

V

VICTIMISATION AND OFFENDING

Q19. Have you ever experienced violence in your lifetime?

Yes ☐ No ☐

(19b) If yes, by whom?

Partner ☐ Stranger ☐ Father ☐
Mother ☐ Step-parent ☐ Sibling ☐

Other: _____

(19c) Have any of these things happened to you in your lifetime?

	a) ever in your life	b) in the last 12 months/ year
(i) Were you physically attacked by someone known to you personally?	☐	☐
(ii) Were you physically attacked by someone not known to you personally?	☐	☐
(iii) Were you physically attacked by a romantic/sexual partner?	☐	☐
(iv) Emotionally abused by a romantic/sexual partner?	☐	☐
(v) Have you had something stolen from you?	☐	☐
(vi) Were you sexually abused as a child?	☐	☐
(vi) Were you sexually assaulted/raped by somebody?	☐	☐

(19d) You have told me that you were ...

	Did you report the incident?	If Yes, to whom?
(i) Physically attacked by someone known to you personally?	Yes ☐ No ☐	
(ii) Physically attacked by someone not known to you personally?	Yes ☐ No ☐	
(iii) Physically attacked by a romantic/sexual partner?	Yes ☐ No ☐	
(iv) Emotionally abused by a romantic/sexual partner?	Yes ☐ No ☐	

(v) Had something stolen from you?	Yes ☐ No ☐	
(vi) Sexually abused as a child?	Yes ☐ No ☐	
(vi) Sexually assaulted/raped by somebody?	Yes ☐ No ☐	

[In relation to whom, mention the following to participant: Gardai, Teacher, Social Worker, Keyworker, Friend, or Somebody else].

(19e) If NO (to any of the incidents):

(ii) What would have been your main reason(s) for not reporting these kinds of incidents?

- Not serious enough ☐
- Didn't think anything could be done ☐
- Fear of making the situation worse ☐
- Fear of losing accommodation ☐
- Didn't think anyone would believe you ☐
- Did not want to get the person into trouble ☐
- Immigration reasons ☐
- Other: _____

Q20. Have you done any of the following...?

Activity	a) ever in your life	b) in the last 30days	c) in the last week
(i) Shoplift	☐	☐	☐
(ii) Steal off another individual	☐	☐	☐
(iii) Sell stolen goods	☐	☐	☐
(iv) Assault (hit, beat, kick or physically hurt) another individual	☐	☐	☐
(v) Deal drugs	☐	☐	☐
(vi) Take illegal drugs	☐	☐	☐

Q21. Have you ever received a caution from the Gardai, either formal or informal?

- Yes ☐
- No ☐

Q22. Can you tell me if you have ever been arrested or charged for any of the following crimes? *Tick all that apply*

Crime	a) Arrested	b) Charged
a) Theft	☐	☐
b) Criminal Damage	☐	☐
c) Drink/Public Order Offences	☐	☐
d) Selling stolen goods	☐	☐
e) Possession of offensive weapons	☐	☐
f) Drugs offences (possession, supply, selling)	☐	☐

g) Assault	☐	☐
h) Begging	☐	☐
i) Sexual offences (sexual assault, rape, loitering/soliciting for purpose of prostitution)	☐	☐
j) Trespassing	☐	☐
k) Arson	☐	☐

Q23. How many crimes have you been arrested for in your life time?

- 0 ☐
- 1-3 ☐
- 4-5 ☐
- 5-10 ☐
- More than 10 ☐

Q24. How many crimes have you been charged with in your life time?

- 0 ☐
- 1-3 ☐
- 4-5 ☐
- 5-10 ☐
- More than 10 ☐

Q25. How many crimes have you been arrested for in the last year?

- 0 ☐
- 1-3 ☐
- 4-5 ☐
- 5-10 ☐
- More than 10 ☐

Q26. How many crimes have you been charged with in the last year?

- 0 ☐
- 1-3 ☐
- 4-5 ☐
- 5-10 ☐
- More than 10 ☐

Q27. How many times have you received a prison sentence in your life time?

- 0 ☐
- 1 ☐
- 2-3 ☐
- 4-5 ☐
- More than 5 ☐
- Don't know ☐

Q28. Do you/have you ever engaged in sex work?

Yes ☐

No ☐ *[If no, please skip to next question]*

(28b) If yes, how old were you when you begun engaging in sex work?

10-15yrs ☐

16-19 ☐

20-25 ☐

25+ ☐

(28c) If yes, where do you normally carry out this work?

On the street ☐

Massage Parlour ☐

Indoor agency work ☐

In the customer's home ☐

Other: _____

(28d) Do you practice safe sex?

Always ☐

Most of the time ☐

Not often ☐

(28e) How safe would you say you feel engaging in sex work?

Very safe ☐

Fairly safe ☐

Unsafe ☐

Very unsafe ☐

Don't know ☐

(28f) What kinds of things do you do to protect yourself/keep safe? *Tick all that apply.*

Avoid certain areas ☐

Avoid working alone/work in pairs ☐

Carry a weapon ☐

Move indoors ☐

Take car registration details ☐

Avoid intoxication whilst working ☐

Other: ☐ _____

VI

Health

Health Complaints

Q29. Have you ever suffered any of the following health complaints?

Details:

Physical symptoms	☐	Foot problems	_____
	☐	Skin complaints	_____
	☐	Back pain	_____
	☐	Eye and ear complaints	_____
	☐	Problems with bones and joints	_____
	☐	Headache	_____
	☐	Insomnia	_____
Chronic physical health problems	☐	High blood pressure	_____
	☐	Heart Disease	_____
	☐	Asthma	_____
	☐	Gastro intestinal problems	_____
	☐	Eating disorder	_____
	☐	Hepatitis C	_____
	☐	Hepatitis B	_____
	☐	HIV +	_____
	☐	Peptic ulcer disease	_____
	☐	Urinary tract problems	_____
	☐	Bronchitis/emphysema	_____
	☐	TB	_____
	☐	Epilepsy	_____

Dental health problems: _____

Other health problems: _____

A&E incidents: _____

Depression and Anxiety

Q30. Have you ever had a spell of feeling down or depressed?

In your lifetime	Yes	☐	No	☐
In the last 12 months	Yes	☐	No	☐
In the last 30 days	Yes	☐	No	☐

Q31. Have you ever talked to a medical professional (doctor, psychiatrist, psychologist) about depression?

Yes ☐
No ☐

Q32. Have you ever taken medication prescribed by a doctor for the treatment of anxiety or depression (e.g. Efxexor; Ciprimal; Xanax)? (Tick all that apply).

Yes, currently ☐
Yes, in the past year ☐
Yes in the past month ☐
A few years ago ☐
Never ☐

Q33. Would you say that you worry ... (Tick response that applies)

Not at all ☐
Sometimes ☐
Every day ☐
A lot, but not every day ☐

Q34. What kinds of things do you usually worry about? (Tick ALL that apply)

Child/children ☐
Being/Becoming Homeless ☐
Addiction ☐
Financial worries ☐
Domestic violence ☐
Sex work ☐
The future ☐

Other: _____

Q35. What helps you to cope with worry or depression? (Tick ALL that apply).

Talking to a friend ☐
Talking to a partner ☐
Talking to a keyworker ☐
Talking to a family member ☐
Talk to counsellor ☐
Talk to doctor or other medical professional ☐
Take prescription medication ☐

Smoke cigarettes	☐
Drink alcohol	☐
Take drugs	☐
Other _____	

Self-injury

Q36. Have you ever harmed yourself in a way that was deliberate but NOT intended as a means to take your life?

Yes ☐
No ☐

(36a) If yes, which statement(s) best describe the way you harmed yourself?

Self-injury such as cutting, scratching or hitting yourself	☐
Ingesting a substance (medicine) over the prescribed dose	☐
Ingesting drugs or alcohol as a means to harm yourself	☐
Other: _____	

Q37. How many times have you harmed yourself?

Once	☐
2-3 times	☐
4-5 times	☐
6 or more times	☐

Q38. Have you harmed yourself ... (tick ALL that apply)

In the last 12 months	☐
In the last 6 months	☐
In the last 30 days	☐

Q39. Have you ever sought help/support for your self-harm behaviour?

Yes ☐
No ☐

(39b) If you did seek help/support, who did you turn to for help? Tick all that apply.

Family	☐
Friends	☐
Doctor/GP	☐
Other medical professionals (e.g. A&E)	☐
Psychiatrist/Psychologist	☐
Counsellor	☐
Helpline (e.g. Samaritans)	☐

Other (name) _____

Suicide

Q40. Have you ever thought that life was not worth living?

- Never ☐
- Rarely ☐
- Sometimes ☐
- Often ☐

Q41. Have you EVER seriously thought of ending your own life?

- Never ☐
- Rarely ☐
- Sometimes ☐
- Often ☐

If you have answered 'rarely', 'sometimes' or 'often', can you tell me some more about times when you have thought about ending your own life?

Examples of ways to probe here:

What do you think led you to feeling that way?

Have you felt suicidal more than once in your life? If yes, how often do you feel like this?

Have you ever made a plan to end your life?

Have you ever tried to end your life?

VII

Alcohol & Drug Use

Alcohol Consumption

Q42. How often do you drink alcohol?

- Every day ☐
- 1-2 times a week ☐
- 3-4 times a week ☐
- 5-6 times a week ☐
- A few times a month ☐
- Never ☐

Q43. Have you ever thought that your drinking was a problem?

- Yes ☐
- No ☐

Q44. Currently (at the moment) would you say that your drinking is problematic?

Yes ☐
No ☐

Q45. Have you ever sought treatment for your alcohol use?

Yes ☐
No ☐

Drug Consumption

Q46. I would like to ask you about how often you use other substances. I will read out the substance and how often you might have used each one. If you have never used any of these just say never.

Substance	Never	Once	2-5 times	Monthly	Weekly	More than Weekly	Daily	Used to
Cigarettes								
Cannabis								
Ecstasy								
Amphetamine (Speed)								
Cocaine								
Heroin								
Methadone (street)								
Methadone (clinic)								
Prescription Medicine (e.g. Valium, Dalmane, Benzos)								
Crack Cocaine								
Other (Please specify)								

Q47. Have you ever injected a drug?

Yes ☐
No ☐

(47b) If Yes, which drug(s):

Heroin ☐
Cocaine ☐
Crack/Rock Cocaine ☐
Amphetamine ☐
Other (please specify) _____

(47c) When did you first inject a drug (age)? _____

(47d) When did you last inject a drug? _____

Q48. Have you ever thought that your drug use was a problem?

Yes ☐
No ☐

Q49. Currently (at the moment) would you say that your drug use is problematic?

Yes ☐
No ☐

Q50. Have you ever sought treatment for your drug use?

Yes ☐
No ☐

END OF SURVEY

Thank You

Appendix G

Information Sheet for Service Providers – Phase II



TRINITY
COLLEGE
DUBLIN

PhD Study on Women and Homelessness in Ireland

RESEARCH INFORMATION SHEET FOR SERVICE PROVIDERS

Background information:

My name is Sarah Sheridan and I am a PhD student in Trinity College Dublin in the area of homelessness among women. Previously, I was Researcher on a study entitled "*Women and Homelessness in Ireland*" during 2009-2011 – which was carried out in Dublin, Cork, and Galway.

Thanks to the help of services such as yours, 60 life history interviews with homeless women were carried out and ethnographic observation was conducted in a number of homeless service settings. Two research papers were published in 2012 which detailed some of the results. A full PDF of both files can be downloaded from the following link:

<http://www.tcd.ie/childrensresearchcentre/projects/homelesswomen.php/>

Aims of Current Study:

The aim of the current PhD study is to follow up on the sixty women who originally participated in the previous study and, with their consent, re-interview them.

The broad aim of these follow-up interviews is to gain a deeper insight into women's experiences of homelessness. In particular, I would like to discuss continuity and change in their lives since the time of their previous interview.

The interviews are expected to last between 45-90 minutes and participants will receive a €20 Dunnes Stores Voucher as a token of appreciation for their time.

Ethnographic Observation:

Similar to the first phase of the research, I was hoping to spend some time engaging in 'ethnographic observation' in a number of homeless services. This component of the research will involve the researcher spending short periods of time in a 'common area' of a service setting within which it will be possible to interact informally with homeless men and women. It is hoped this process will allow me to get a better sense of daily life and interactions among service users in a more natural way.

This part of the study will be undertaken in an unobtrusive manner (to both service users and staff members) and, of course, only with the full permission of service managers.

All notes emerging from this process will be anonymised. Participating services will also not be named.

For Further Information:

If you have any questions or comments, or if you need any further details on the research, please do not hesitate to telephone or email:

Name: Sarah Sheridan
Tel: 01-896 2965
Email: sasherid@tcd.ie

Research Supervisor:
Dr. Paula Mayock
School of Social Work and Social Policy
Trinity College Dublin
Tel: 01-896-2636
Email: pmayock@tcd.ie

Please note: To ensure anonymity, all names, places, and any other possible identifiers will be removed from the interview data and field-notes. All data will be stored in a secure location in offices of Trinity College.

Appendix H

Information Sheet for Participants – Phase II

Women and Homelessness in Ireland



INFORMATION SHEET FOR PARTICIPANTS

Who am I and what is this study about?

My name is Sarah Sheridan and I am a researcher from Trinity College Dublin. I helped carry out a study on women experiencing homelessness during 2010-2011 where we interviewed 60 women and asked them about their life stories.

You were one of the women we interviewed at that time. With your permission, I would like to interview you again at this point - to learn about your situation now as well as what has been going on since the last time we met.

It is important that you know that YOU DO NOT HAVE TO TAKE PART in this follow-up interview if you do not wish to. This second interview is entirely voluntary and taking part is completely your own choice.

If I would like to be interviewed again, I would be available to conduct a second interview with you at a time that suits you, and in a place you feel comfortable.

What does taking part involve?

The interview will probably last for between 45 and 90 minutes and you will be invited to talk about what your life has been like since your last interview. In other words, I am interested to learn more about what has changed and what has stayed the same, in your own words.

It's not a problem if you do not want to talk about certain things, or if you want to stop the interview half way through – I will not ask any further questions. I offer a **€20 Dunnes Stores gift card** in exchange for your time.

Confidentiality

What you say to me in the interview is completely confidential. I will change your name and anybody else's name you mention, as well as place names or any information that may identify you.

This means that whatever is discussed or spoken about in the interview will not be communicated to other people except where there is an immediate risk of harm to you or another person. If any such circumstance arose, this would be discussed with you first.

Please feel free to contact me if you have any questions:

Researcher: Sarah Sheridan

Tel: 01-896 2965

Email: sasherid@tcd.ie

Appendix I

Consent form for Participants – Phase II



TRINITY
COLLEGE
DUBLIN

A STUDY ON WOMEN AND HOMELESSNESS IN IRELAND

INFORMATION SHEET & CONSENT FORM FOR RESEARCH PARTICIPANTS

Who am I and what is this study about?

My name is Sarah Sheridan and I am a student from Trinity College Dublin. I helped carry out a study on women experiencing homelessness during 2009-2011 where we interviewed 60 women and asked them about their life stories. You were one of the women we interviewed at that time.

With your permission, I would like to interview you again at this point - to learn about your situation now as well as what has been going on since the last time we met. During this interview I would like to hear about your experiences as well as your views on things in your life that have changed and things that remain the same.

If I would like to be interviewed again, I would be available to conduct a second interview with you at a time that suits you, and in a place where you feel comfortable.

What does taking part involve?

The Interview:

The interview will probably last for between 45 and 90 minutes. During this time, we can talk about what has been going on in your life since your previous interview. I would be particularly interested in hearing in your own words about your life.

Similar to the first interview, a €20 Dunnes Vouchers will be given as a thank you for taking the time to be re-interviewed again.

Listed below are some of the kinds of topics we could discuss in the interview. It is important to remember, however, that what you decide to talk about is entirely YOUR decision. For example:

- Major events which have taken place in your life in the last 2 years (approx.) and your views on what has changed or what has stayed the same.
- The kinds of sleeping places you have stayed.
- The kinds of services you have used and whether these were helpful for you.
- Your friends and/or relationships.
- Your current relationship with family members.
- Thoughts you may have regarding your children.
- Any health issues emerging and how you are feeling about issues like stress, worry and depression.
- Alcohol/drug use and how this has changed/stayed the same since your first interview.
- Your views on your living situations, past and present.
- Your views on what would help you to have a stable place to live.
- Your hopes for the future.

It is perfectly OK if there is a certain topic you do not wish to discuss; it is important that you feel free to ask for the interviewer to move on to another question.

Brief Questionnaire:

Similar to the first interview, we will end the interview by filling out a short questionnaire together. I will read these questions to you. There will be questions about a range of different issues including your recent sleeping places, the kinds of service you link in with, and your health and wellbeing. Again, you do not have to complete this questionnaire and you can, at any time, refuse to answer individual questions on the questionnaire.

'Observation'/Spending time with study participants:

I may ask your permission to spend time with you and others in your place of residence. It is important to stress, however, that this will only take place if I receive permission from both the manager of your place of residence *and* from you. If you feel uncomfortable with having me present at any time, you can say so and I will leave immediately.

My interest in spending time with you in this way is simply to get to know you a little bit more and to get a better understanding of your life and your experiences. When I am present, I will sit and chat with you and others who may be present. After I leave, I will usually write some notes, which will record my interactions with you. It is important that you know that your name or any other identifying details will not appear in these notes.

Do you have to take part?

You originally agreed to take part in an interview some time ago as part of this study. However, it is important that you know that you do not have to take part in this follow-up interview if you do not wish to. This second interview is entirely voluntary taking part is completely your choice.

If you do decide to take part, you can change your mind at any time, even during the interview. If you feel uncomfortable or distressed about answering certain questions during the interview, you don't have to answer them. You have the right to end the interview at any time.

Confidentiality

Similar to the last interview, I will audiotape our meeting to help me to record your 'story' accurately. In other words, the tapes will be used only for keeping track of what we said. I will turn off the recorder at any time if you wish that some part of the interview not be recorded. I will later type out on a computer what was said during the interview. I will change your name and anybody else's name you mention, as well as changing place names or any pieces of information that may identify you. All this material will be kept in a locked filing cabinet that only I can access.

What you say to me in the interview is completely confidential. The researcher cannot tell any other person what you say in the interview. This means that whatever is discussed or spoken about in the interview will not be communicated to other people except where there is an immediate risk of harm to you or another person. If any such circumstance arose, this would be discussed with you first.

What happens to the Information you Provide?

The information I gather will eventually be written up into a dissertation, or a very long report. I may also present the findings of the research at conferences or at smaller events. It is hoped that the study will help inform government and services of the experience of homeless women and perhaps the situation for homeless women may be improved in the future, though there is no guarantee that this will happen. It is important to remind you again, that your real name or any other information that might identify you or any other person you mention to us will not be used in any of these reports or publications.

Contacting the Researcher

If you want to discuss any aspect of this study, or if you have questions about the study, you can contact me at any time at the phone number below:

Researcher: Sarah Sheridan

Tel: 01-896 2965

Email: sasherid@tcd.ie

The Research Supervisor of the study is Dr Paula Mayock, who can also be contacted on 01-8962636 or email pmayock@tcd.ie

CONSENT FORM

IF YOU AGREE TO TAKE PART IN AN INTERVIEW AS PART OF THIS DOCTORAL STUDY ENTITLED “WOMEN AND HOMELESSNESS IN IRELAND”, PLEASE SIGN BELOW

I, _____ (name) agree to take part in an interview which is described in the attached information sheet. I have read and understand the aims of the project described above.

Signed _____
(Research Participant)

Date _____

Signed _____
(Researcher)

Date _____

Appendix J

Interview Schedule – Phase II

Women and Homelessness: A Qualitative, Longitudinal Perspective

Qualitative Interview Schedule for Follow-up Interview

RECAP OF PREVIOUS INTERVIEW

Interviewer will show timeline which provides a basic overview of date and details of last interview, as well as some key life history events which may be relevant for follow-up interview]

Introductory Open-Ended Question:

1. How has life been for you since we last met? [allow participant to begin with whatever topic she chooses]

Housing Pathways since Previous Interview

2. I would like to follow up on a couple of things you already have mentioned. First, however, it might be useful to begin by talking about your housing history since the first interview you took part in on [MONTH & YEAR]....
 - a. Since the last interview, where have you been staying and for how long approximately did you stay in each place?
 - b. Did these accommodations/sleeping places break down for any particular reason?
 - c. How would you describe your experience in each of these accommodations/sleeping places?
 - d. How would you describe your life in general since your first interview? Have things improved / got worse / stayed the same would you say?

CURRENT LIVING SITUATION

2. Where are you living/staying now? (or, this is where you are living now).
 - How long have you been here?
 - How long can you stay here? How long do you plan to stay?
 - How did you find out about this accommodation?
3. How do you feel about the accommodation you have now?

- Do you like it?
 - Are there things you like or don't like?
 - Are there things you would like to change?
4. What about rules? Are there rules you have to keep?
- Are there rules that you do/don't like?
5. Do you have friends here?
- How would you describe your relationship with other residents/others who live in this facility?
 - Would you say that you trust the people around you?
 - What do you think about other people who live here?
 - Do you ever talk to other residents about personal things?
6. Is this a mixed gender accommodation? Can you describe what it is like to be in a women only/mixed accommodation? How do you feel about this?

BRIEF COMPARISON BETWEEN LIFE NOW COMPARED TO LIFE AT BASELINE INTERVIEW

7. Briefly, could you think about the following aspects of your life (where applicable) and comment on how they might have changed/stayed the same since our last interview?
- your stress levels
 - feelings of depression
 - relationship with your children
 - your physical health
 - your drug or alcohol use
 - your romantic relationship
 - contact with your family or siblings

CHILDREN LIVING WITH RESEARCH PARTICIPANT

8. Can you tell me about how your child(ren) are doing these days?
9. How did your child(ren) cope around times of changing accommodation or housing instability?
10. Do you worry for your children in any way?
11. Have there been any changes to your care arrangements of your children since the first interview? How did you feel about this?

CHILDREN IN CARE

You said earlier that your child/children were taken into care. I realise that this is a painful experience and one that is difficult to talk about.

12. Do you have any contact with your child/children these days?
- If NO: was there a time when you did have contact?
 - when did you stop having contact?
 - have you tried since then to re-establish contact?

- If YES: how often do you see your child(ren)?
where do you usually meet?
how would you describe your relationship with your child(ren)?
13. Are you happy with your level of contact with your child(ren)?

Children and visits (example questions):

- When did they last visit?
- What was it like?
- What did you talk about?
- What's your son/daughter like?
- Would you say you have a good relationship?
- Which of your children would you say you've the best relationship with?

VIOLENCE/VICTIMISATION

You mentioned earlier/in your last interview, that domestic violence/physical abuse/sexual abuse was an experience that led to you becoming homeless/is an issue that has impacted on your life. I wondered if you could today talk about any experiences of violence since the first interview interview.

- Have you experienced violence since the first interview?
- If yes:
 - o Can you describe exactly what was going on?
 - o Where were you living at the time?
 - o Who was the person involved? Was the person known to you? Was the person a romantic partner?
 - o What was the nature of the abuse? Was it emotional / psychological as well?
 - o Did you tell anyone about it? Who?/why not? Did any service support you?

CRIMINAL BEHAVIOUR SINCE FIRST INTERVIEW

14. Have you been in trouble with the police since our first interview?
- o Have you been *cautioned* by the police? (If YES, probe)
 - o Have you been *arrested*? (If YES, probe)
 - o Have you ever been charged? (If YES, nature of offence?)
 - o Do you have to attend court the near future?
15. Have you ever been in prison since our first interview?
- If YES: how many times? which prison(s)?
did this experience of prison change anything for you?

LIFE THESE DAYS

16. How would you describe your daily life at the moment?

- Do you have a daily routine?
 - Can you take me through yesterday, tell me what you did from when you go up in the morning?
 - Has your daily life changed over time do you think? How is your daily different or the same from when we last spoke?
 - Are things different at the weekend?
17. Who do you socialise with most days?
- Is it a mixed group, with men and women?
 - Would you say you have a good relationship with the people you spend time with?
 - How long have you known these people?
 - Are there friends from the past who you have lost touch with? If yes, how did this come about? How do you feel about it?
18. How would you describe your relationship with your family members these days?
- Do you have contact with them? (type of contact etc.)
 - Have they helped you out in a time of crisis?
 - How would you compare your relationship with your family today to when we last spoke?
 - If you are not in contact...
 - o Is there a reason(s) why you are not in contact?
 - o how do you feel about not having contact?
 - o would you like to have contact with family?
19. Are you in a relationship at the moment....
- If YES: for how long? are you happy with the relationship?
 - If NO: how long is it since you've been in a relationship? Were you happy in your previous relationship? Why did it end?
20. Can I ask you about your income, how you earn money at the moment?
- o What is your main income? Do you have other ways of earning money?
 - o How do you spend this money at the moment?
 - o Is it easy or difficult to survive on this income?
 - o Do you beg? Have you begged in the past? [If yes, ask about this in greater detail].
 - o Did you have other ways of earning money in the past? (e.g. did you ever have a job? If yes, when and why did this end?)
21. So *XXX is your main income at the moment ...*
- Can I ask if you have engaged in sex work since we last spoke?
 - If YES:
 - o What was going on for you at the time? How did the situation come about?
 - o Has it happened recently?
 - o Have you ever been involved in sex work on a regular basis?
 - Local authority housing?
 - Private rented sector housing?

PHYSICAL HEALTH

22. Do you have any health problems at the moment (say, like a chest infection, respiratory problems or asthma)?
- If YES, probe further (what kinds of health problems? how do you deal with this?)
23. Would you say that you are in good health? Or would you say you have several/many health problems?
24. Have you seen a doctor since our first interview? If Yes, what for?
25. Have you been hospitalised in the since our first interview? [when, why etc?]
26. Have you seen a dentist in the past year? If Yes, what for?
27. Have you ever gone to a hospital A&E for medical help? If yes, can you tell me about that?
28. Have you ever had any kind of medical tests?
- Have you been tested for Hepatitis C? When? Result?
- Have you ever had a HIV test? When? Result?
29. Do you ever have worries/concerns about your health?
30. What about your diet? What do you usually eat? Would you say that you eat well?
31. Would you say that your health has improved or deteriorated over the past year? [PROBE for reasons etc.]

*Would you mind if I asked you a few questions about sexual health?
You mentioned earlier that you are/have been in a relationship ...*

32. Can you remember if you used a condom the last time you had sex?
 If YES Do you usually use a condom?
 Are there times when you have not used a condom?
 If NO Do you usually use a condom?
33. Do you ever/usually carry condoms? (probe)

MENTAL HEALTH AND WELL-BEING

34. Can I ask if there is anything that worries you at the moment?
- About life in general? Do you worry about that?
- Do you worry about tomorrow?
35. Would you say that life is stressful for you?
36. What kinds of things cause stress in your life? [PROBE]

37. Have you ever felt down or depressed?
- If yes, would you say you suffer from depression?
 - Have you ever told a doctor or health professional about it?
 - Have you ever told anybody (apart from doctor) that you sometimes feel depressed?
 - What would you say brings on these feelings of depression?
 - Have you ever been given any medication to help you with depression?
38. Is there anything that helps/makes you feel better when you feel worried, stressed or depressed?
- Who would you go to for help? Is there anyone you can talk to?
39. Have you been referred to/talked to a psychologist or psychiatrist since our first interview?
- If YES:
- Were you diagnosed with depression or any other condition?
 - Were you prescribed medication? PROBE
 - Have you ever spent time in a psychiatric hospital? PROBE
40. Have you ever been admitted to a psychiatric hospital since our first interview? If yes, when? How long did you spend there?

SERVICES ACCESS & UTILISATION

41. Which services are you in contact with at the moment? [ask specifically about emergency accommodation, hospital, GP, coffee shop, food centre, local authority/council, rape crisis, women's refuge]
42. At the moment, would you say that you have a good relationship with a person in any service you are in contact with?
- If YES: Is this relationship important to you? Why?/Why not?
43. What kinds of supports would you say that you need in your life now?
44. Can you think of any services you have found particularly useful or helpful, or had a positive experience of using since our first interview?
- What was good about this/these service(s)?
 - What did they do to help you?
45. Are there any services that you would not consider using under any circumstances? If Yes, why?
46. Have you ever been excluded from or asked to leave a service since our first interview?
47. Have you ever considered using a domestic violence service?

- What was your experience of this?
 - What was your reasons for approaching/not approaching this type of service.
48. Have you been to a programme to deal with a drug or alcohol problem since our first interview? (If yes, probe for details re. type of service, length of attendance etc.)
49. Have you ever talked to a counsellor since our first interview? [If yes, when? Was this helpful?]
50. Have you ever attended a psychiatric service since our first interview? [If yes, which service(s)? When? Was it helpful?]
51. Have you ever applied to a local authority/county council for housing since our first interview? If Yes, what happened? What were you told?

SOCIAL SUPPORT

52. Are there people who you feel you could talk to at the moment?
53. Do you feel that there are people in your life who you can trust?
If Yes: Who are they? How often do you see them?
 Have you asked them for help or advice recently?
- If No: Was there a time when you felt there was a person you could trust? What happened with this relationship?
54. Do you have any support at the moment from family members?
55. Do you have friends who support you?
56. (if relevant) Would you say that your partner supports you? If Yes, in what way?
57. Who would you say you'd turn to in a time of crisis or need?

THE PAST (REFLECTIONS/THOUGHTS)

[These questions will vary in relevance for individual respondents depending on their age/experiences – use judgement in terms of what is asked in this section]

58. How would you describe your situation at the moment?
59. How does this compare to your situation at the last interview?
60. Do you feel that your situation now is very different to the past?
 - If YES, what would you say is the biggest change?

61. Would you say that there is an event or experience that REALLY changed your life? If YES, can you tell me more about that?
62. [Many people who do not have a stable place to live would describe themselves as homeless]. Do you consider yourself to be homeless?/Would you say that you are homeless now? If No, were you homeless in the past?
63. Looking back, do you see/feel your life was a lot different since the first interview?
64. Is there a time since our first interview when you would say was a happy time?
65. What time since our first interview would you say was particularly bad or difficult?
66. Looking back, are there things that you might have done differently since our first interview?
67. Are there things that others could have done to make your situation/life better since our first interview?

THE FUTURE

68. What are your thoughts about the future?
69. Do you worry about the future?
70. What would you like to see happen for you in the future?/What are your hopes for the future?
71. What do you think might help you to have a good future?

Over the next few months we will be talking to the other women who were interviewed in the study, about their lives and their experiences;

72. Do you think there are other questions we should ask?
73. Are there other areas we should look into in terms of understanding the lives of women in your kind of situation?

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY

[Turn Off Audio Recorder]

Appendix K

List of Services – Dublin

Domestic Violence Refuges	
Aoibhneas Women and Children's Refuge - Coolock 01-8670701	Helpline@aoibhneas.org
Rathmines Women's Refuge 01-4961994	womensrefuge@eircom.net
Saoirse Women's Refuge – Dublin 24 01-4630000	
Sonas Housing Association – Dublin 7 01-8349027	info@sonashousing.ie
Health/Mental Health Services	
Dublin Rape Crisis Centre 70 Lower Leeson Street, Dublin 2 1800 77 88 88	rcc@indigo.ie
Dublin Samaritans 112 Marlborough Street, Dublin 1 1850 60 90 90	jo@samaritans.org
Irish Family Planning Association 1850 49 50 51 – National Pregnancy Helpline	
Mental Health Information Centre St Pat's, James street, Dublin 8 01-2493469	jhealy@stpatsmail.com
Salvation Army – Cedar House Health Centre Marlborough Place, Dublin 1 01-8731241	cedar.house@salvationarmy.ie
Women's Health Project for Women in Prostitution Baggot Street Clinic, 19 Haddington Road, Dublin 4 1800 201 187	
Alcohol and Drugs Support	
Alcohol Treatment Unit Baggot Street Community Hospital, 18 Uppr Baggot St, Dublin 2 01-6607838	
Ana Liffey Project 48 Middle Abbey Street, Dublin 1 01-8786899	info@alp.ie
Baggot Street Addiction Service 19 Haddington Road, Dublin 4 01-6699500	
Chrysalis Community Drug Project (Stoneybatter area) 27 Benurb Street, Dublin 7 01-670 5544	chrysalisdrugproject@eircomen.net
Coolmine House 19 Lord Edward Street, Dublin 2 01-6794822	
Drugs/HIV Helpline 1800 459 459	
Merchants Quay – Drug Stabilisation/Service/Treatment Riverbank, Merchants Quay, Dublin 8 01-6790044	info@mqi.ie

SAOL Project Ltd (education and rehabilitation for women in treatment) 58 Amiens Street, Dublin 1 01-8553391
Other Services
Focus Ireland Coffee Shop 15 Eustace Street, Dublin 2 01-671 2555
Immigrant Council of Ireland 2 St Andrews Street, Dublin 2 01-6740200
Migrant Rights Centre 55 Parnell Square West, Dublin 1 01-8897570 info@mcri.ie
Pavee Point Travellers Centre 46 Greet Charles Street, Dublin 1 01-878 0255
Ruhama – supporting women affected by prostitution/sex trafficking Senior House, All Hallows College, Drumcondra, Dublin 9 01-8360292 admin@ruhama.ie
SPIRASI (support organisation for survivors of torture) 213 North Circular Road, Dublin 7 01-8389664 info@spirasi.ie

Appendix L

Photography Information Sheet – Phase I



A STUDY OF WOMEN WHO HAVE EXPERIENCED HOMELESSNESS

PARTICIPATION IN PHOTOGRAPHY PROJECT INFORMATION LEAFLET

Background

You are a participant in a study of women who have experienced homelessness and have already been interviewed by one of the researchers on the project. We have decided to ask a small number of women if they would be interested in taking part in a 'photography project' as part of the study. The information provided here is designed to help you to understand why we have decided to use photography in the study so that you can decide whether or not you would like to participate.

Why Photography?

Since we initiated this study in late 2009 we have been learning a great deal about homeless women's lives and experiences. One of our major aims in talking directly to women who have experienced homelessness is to give women the opportunity to speak about their lives. In other words, we are committed to allowing women to tell their life stories in their own words and in their own way. We now feel that the use of photography could help to ensure that we achieve this goal. For example, we believe that photography would give you the opportunity to take photos of places, people, and objects etc. that are important to you. This kind of 'photography project' could potentially help us to produce a more rounded picture of your life and experiences.

What will taking part involve?

1. We will give you a disposable camera and ask you to take photos of people, places and objects/things (or anything you wish) that you feel are important or interesting to you. Deciding what to photograph is ENTIRELY YOUR CHOICE. It could be any of the following or it could be something else entirely:
 - People in your life (friends, family, acquaintances)
 - Places (private or public)
 - Things (objects) that are important or meaningful to you

2. We will collect the camera from you when you have finished taking photos and develop 2 sets of prints. One of these will be returned to you and we will keep the second.
3. We will meet with you some time later and have a brief discussion with you about the photos. This meeting will be very informal. We may ask you which one is your favourite photo, for example. And we could ask you to talk about the places/people you photographed, why you chose them, what they mean to you etc. However, we are mainly interested on what YOU have to say about your photos and this is something over which you will have complete control.

Agreeing to Participate

At this stage, all we are asking is that you consider taking a disposable camera. You don't have to sign anything and we accept that you may even decide not to return the camera to us.

Giving us Permission to Use the Photographs

We consider that YOU own the photographs you take. When we meet with you to discuss the photos, we will request your permission to use some or all of the photos in our public presentations and/or publications of the study's findings.

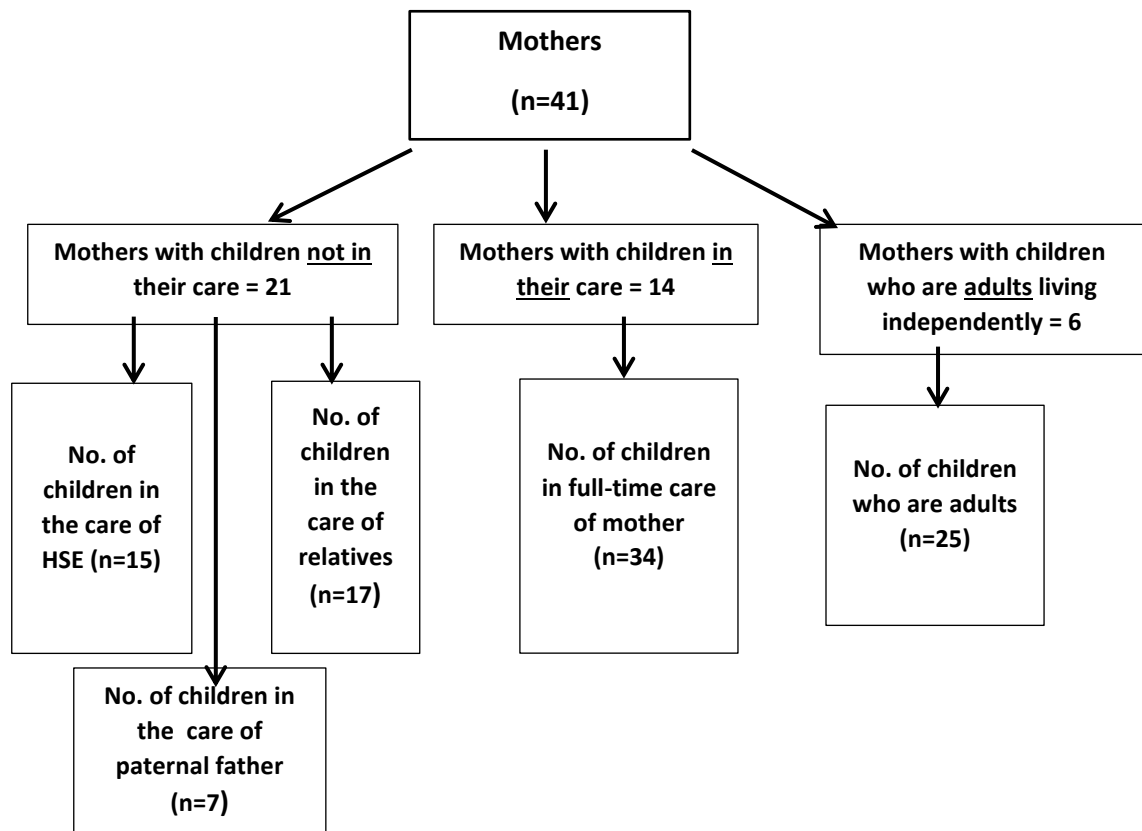
YOU ARE UNDER NO OBLIGATION TO GIVE US CONSENT TO USE YOUR PHOTOS AT THIS STAGE AND YOU RETAIN THE RIGHT TO DECLINE TO DO SO IN THE FUTURE

Your and Others' Right to Anonymity

It is important that you know that all facial features of individuals will be 'blurred out' in our use of photographic images. This means that it will not be possible to identify you or others from any of the photographs we may use in oral presentations or written publications of the research findings. We will use a pseudonym (a 'made up' name) to acknowledge you, the photographer.

Appendix M

Breakdown of Whereabouts of Children at Phase I



Appendix N

Breakdown of Full Sample

	Name (Pseudonym)	Age at Phase I	Country of Origin	Living Situation at Phase I	Living Situation at Phase II	Phase II Interview Complete
1.	Nancy	60	Ireland	Long-term supported accommodation	<i>Deceased</i>	-
2.	Fionnuala	58	Ireland	Short-term accommodation	Sheltered housing for the elderly	✓
3.	Noirin	53	Ireland	Long-term supported accommodation	<i>Deceased</i>	-
4.	Kay	46	Irish Traveller	Long-term supported accommodation	As Phase I	✓
5.	Laura	33	Ireland	Short-term accommodation (for couples)	Emergency accommodation (women only)	✓
6.	Chloe	26	Irish Traveller	Short-term accommodation (for couples)	Emergency B&B accommodation (for families)	✓
7.	Dervla	36	Ireland	Short-term accommodation (for couples)	Emergency B&B accommodation (for singles)	-
8.	Edith	61	Ireland	Dilapidated house	As Phase I	✓
9.	Stephanie	32	Ireland	Emergency accommodation (women only)	Emergency B&B accommodation (for singles)	✓
10.	Karen	26	Ireland	Emergency accommodation (women only)	Unknown	-
11.	Debbie	27	Ireland	Emergency accommodation (women only)	Prison	-
12.	Bina	32	India	Domestic violence refuge	Returned to country of origin	✓
13.	Roisin	37	Ireland	Emergency accommodation	Supported transitional	✓

				(women only)	accommodation	
14.	Brid	40	Ireland	Emergency accommodation (women only)	Short-term accommodation	✓
15.	Carol	39	UK	Emergency accommodation (women only)	Emergency accommodation (women only)	✓
16.	Isobel	21	Irish Traveller	Emergency accommodation (women only)	PRS – soon to be evicted	✓
17.	Imelda	34	Ireland	Emergency accommodation (women only)	Local Authority housing	✓
18.	Emily	22	Ireland	Emergency accommodation (women only)	Rental Accommodation Scheme (RAS) - PRS	✓
19.	Amy	22	Irish Traveller	Emergency accommodation (women only)	Unknown	-
20.	Viv	35	Ireland	Emergency accommodation (women only)	Supported temporary accommodation	✓
21.	Nala	30	Pakistan	Domestic violence transitional accommodation	As Phase I	✓
22.	Maria	29	The Philippines	Domestic violence transitional accommodation	Rental Accommodation Scheme (RAS) - PRS	✓
23.	Aisha	31	Bangladesh	Domestic violence transitional accommodation	Rental Accommodation Scheme (RAS) - PRS	✓
24.	Krystal	32	UK	Domestic violence refuge	<i>Deceased</i>	-
25.	Bernadette	37	Ireland	Domestic violence refuge	Local Authority housing	✓
26.	Donna	35	Ireland	Prison step-down accommodation	Approved Housing Body	✓
27.	Caoimhe	35	Ireland	Prison step-down accommodation	Unknown	-
28.	Tereska	25	Poland	Domestic violence	Unknown	-

				refuge		
29.	Janina	26	Latvia	Emergency accommodation (women only)	Emergency accommodation	-
30.	Alexandra	30	Romania	Domestic violence refuge	PRS	✓
31.	Eithne	55	Ireland	Emergency accommodation (women only)	Long-term supported housing	-
32.	Sam	37	UK	Transitional accommodation	Local Authority housing	-
33.	Rosie	38	Irish Traveller	With friends	Transitional accommodation	✓
34.	Leah	22	UK	Transitional accommodation (women only)	Emergency accommodation (women only)	✓
35.	Maeve	43	Ireland	Transitional accommodation	Approved Housing Body	✓
36.	Liz	38	Ireland	Emergency accommodation (women only)	With relatives	✓
37.	Eve	53	Ireland	Emergency accommodation (women only)	Long-term supported housing	✓
38.	Delilah	30	South Africa	Emergency accommodation (women only)	PRS	✓
39.	Frances	43	Ireland	Emergency accommodation	Long-term supported housing	✓
40.	Kate	23	Ireland	Prison step-down accommodation	Housed (exact details of housing not confirmed)	-
41.	Emma	18	Ireland	Living with relative	Moving between unstable accommodations	-
42.	Ruth	24	Ireland	PRS	Local Authority housing	✓
43.	Jocelyn	36	Ireland	Emergency accommodation	Unknown	-

44.	Dianne	22	Ireland	PRS	PRS	✓
45.	Cecylia	27	Poland	Emergency accommodation	Emergency accommodation	-
46.	Vonda	48	Poland	Emergency accommodation (women only)	PRS	✓
47.	Sally	47	Ireland	Emergency accommodation (women only)	PRS	-
48.	Zoe	19	UK	Emergency accommodation (women only)	PRS	✓
49.	Grace	31	Ireland	Emergency accommodation (women only)	Short-term accommodation	✓
50.	Katie	28	Ireland	Living with relative	Approved Housing Body	✓
51.	Grainne	31	Ireland	Living with relative	PRS – soon to be evicted	✓
52.	Tereza	32	Slovakia	PRS	PRS – but lives mostly in neighbour's flat due to substandard conditions	✓
53.	Immanuela	29	Poland	PRS	Rental Accommodation Scheme (RAS) - PRS	✓
54.	Katia	25	Poland	PRS	PRS	✓
55.	Irena	52	Greece	PRS	As Phase I	✓
56.	Sofia	34	Bolivia	Living with friends	PRS (in different EU country)	✓
57.	Georgia	23	Irish Traveller	Emergency accommodation	With relatives	✓
58.	Dominika	39	Slovakia	Emergency accommodation (for families)	Housed (exact details of housing not confirmed)	-
59.	Madeline	62	Ireland	Long-term supported	As Phase I	✓

				accommodation		
60.	Alina	33	Estonia	Rough sleeping	Unknown	-