

Women and Homelessness

THE DYNAMICS OF LONG-TERM HOMELESSNESS AMONG WOMEN IN IRELAND

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Foreword

In the Dublin Region, the Dublin Joint Homelessness Consultative Forum (DJHCF) and Statutory Management Group (SMG) are in place to respond to homelessness across the four Dublin local authority areas. The DRHE is responsible for providing support and services to the DJHCF and the SMG via Dublin City Council, as the lead statutory local authority. It adopts a shared service approach across South Dublin County Council, Fingal County Council and Dún Laoghaire-Rathdown County Council.

The DRHE has commissioned this research paper in order to provide a context for the DRHE's publication *Mapping Homeless Services for Women in Dublin*, which provides results of a survey of women's services conducted in 2013. The survey was undertaken to fulfil a commitment in the 2012 Business Plan to review service provision to women in the Dublin Region. However, in order to provide an insight into the real-lived experiences of some of the women who have accessed emergency accommodation services over many years, the production of a supportive research paper which examined homeless women's interactions with services was proposed.

To this end, selected findings were extracted from a primarily qualitative study of sixty homeless women in Ireland undertaken by Dr. Mayock prior to 2012. The study set out to conduct an in-depth examination of the lives and experiences of homeless women with specific attention to their homeless 'pathways', that is, their entry routes to homelessness, the homeless experience itself and, possibly, their exit routes from homelessness. The final paper was submitted to the DRHE in February 2014.

The findings presented relate only to women, whose use of services is classified as chronic, meaning they access services over many years, although their engagement may be episodic at times. They do not represent the majority of women who accessed homeless services but they are a minority that account for significant levels of service use and engagement. Research has demonstrated that with the right housing led approach, they can successfully sustain exits from homelessness into independent living, a life change which can have positive quality of life impacts for the women and their families.

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Introduction

Research increasingly suggests that patterns of hostel use are typically either short-term or episodic, with far fewer individuals or families progressing to long-term or chronic homelessness (Culhane & Metraux, 2008; Culhane et al., 2007; Metraux et al., 2001; Piliavin et al., 1996; Wong & Piliavin, 1997; Zlotnick, 1999). Kuhn & Culhane's (1998) analysis was one of the first to highlight chronic homelessness as affecting a minority rather than a majority of those who ever experience housing instability or homelessness. This study identified three distinct patterns of homelessness – transitional, episodic, and chronic – linked to the shelter use patterns of over 72,000 homeless individuals in New York City and Philadelphia. The *transitionally homeless*, who accounted for approximately 80% of shelter users in both cities, generally entered the shelter system “for only one stay and for a short period”. This group tended to be younger and were less likely to have substance use or mental health problems. The *episodically homeless*, then, “frequently shuttle[d] in and out of homelessness, or the mediating institutions that house them”. Representing approximately 10% of shelter users, they were also likely to be young but were usually long-term unemployed and often experienced medical, mental health, and substance use problems. The *chronically homeless*, again comprising 10% of shelter users, were “likely to be entrenched in the shelter system” and using shelters “more like long-term housing than an emergency arrangement” (Kuhn & Culhane, 1998:210-211).

More recent research in the U.S. confirms that the condition of chronic homelessness affects a smaller proportion of individuals relative to those who transition, often quite quickly, to stable housing (Metraux et al., 2001; Canton et al., 2005; Kertesz et al., 2005). There are also reasonably robust indicators in Europe that the long-term homeless are a minority among those who ever use homeless services (BAG W, 2009, cited in Busch-Geertsema, 2010; Broadway & NatCen, 2009).

In the Irish context, specifically, there is evidence of “a small group of people with very high support needs and who have been in statutory and not-for-profit homelessness services for considerable periods of time”(O’Sullivan, 2012:13). In Ireland, long-term homelessness is defined as “*the occupation of emergency accommodation for longer than 6 months*” (Department of Environment, Heritage and Local Government, 2008:7). Definitions elsewhere are broader: for example, the US definition refers to both the duration of homelessness and the frequency of repeat homeless episodes, defining chronic homelessness as persons as “*an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has at least 4 episodes of homelessness in the past three years*” (US Department of Housing and Urban Development, 2008:15).

Although only a minority of individuals remain in emergency shelter or hostel accommodation for lengthy periods of time and/or continue to experience further episodes of homelessness, this sub-group is of particular concern for policy makers and service providers. Chronically homeless individuals tend to be intensive, long-term users of emergency hostel services and they also have very high support needs (Culhane & Metraux, 2008). The negative impact of persistent homelessness on physical and mental health is well documented (Foster et al., 2010; Jones & Pleace, 2010) and, for those who remain in situations of homelessness for extensive periods, health issues can become increasingly difficult to overcome (Burg, 1994; Tsemberis et al., 2012). Individuals who experience long-term homelessness are less likely to find sustainable exit routes from homelessness, particularly with the passing of time (Culhane & Metraux, 2008), thus decreasing their prospects of social re-integration. Finally, the financial cost associated chronic homelessness is high (Culhane & Byrne, 2010; Culhane & Metraux, 2008; Metraux et al., 2003; Poulin et al., 2010). This is because long-term or chronically homeless individuals tend

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1 The absence of clear definitions, and the lack of attention to temporal dimensions of homelessness within existing definitions, means that chronic homelessness and rough sleeping are often conflated by both researchers and policy makers. However, not all rough sleepers are chronically homeless and not all chronically homeless individuals sleep rough over long periods. A study of 4,291 homeless households in Melbourne found that 49 per cent of the homeless population had slept rough. While most were chronically homeless in that they had been homeless for long periods, only 2 per cent were sleeping rough on a more or less permanent basis (Chamberlain et al., 2007). Women are, in any case, less likely than men to sleep rough for extended periods. Thus, studies of rough sleepers are unlikely to include, much less represent, the experiences of women who are chronically homeless.

Introduction (cont.)

to move through costly emergency-driven public systems, including emergency hostels, hospital emergency departments, psychiatric hospitals, detoxification and criminal justice facilities (Hahn et al., 2006; Hopper et al., 1997; Kushel et al., 2005; Metraux & Culhane, 2006).

When chronic homelessness is discussed, gender tends not to be at the forefront of analytic attention and gains only cursory attention in many studies of long-term homelessness among ‘single’ people. This is not because women do not experience long-term homelessness but because patterns of chronic homelessness are associated primarily with single men. In the UK, for example, a great deal of research has focused on individuals who sleep rough, a group who may also experience chronic homelessness. However, most of these studies have focused strongly or uniquely on the experiences of single men, often because the number of women recorded as sleeping rough tends to be comparatively small (cf. Reeve & Batty, 2011).¹ Consequently, much homelessness research generally, and research on ‘chronic’ homelessness in particular, reflects a largely male experience (Baptista, 2010; Edgar & Doherty, 2001; Jones, 1999; Watson & Austerberry, 1986). Nonetheless, a growing body of literature suggests that some women who experience homelessness can embark on a cycle of hostel use that extends for lengthy periods. In the UK, a number of studies have documented patterns of repeat homelessness among women (Jones, 1999; Reeves et al., 2006; 2007) and, in Australia, Casey’s (2002:81) small-scale qualitative study of homeless women used the term ‘chronic’ homelessness to describe those who “have been homeless since they were children and had little or no significant experiences of home as adults”. While these studies indicate that some women can enter a cycle ongoing homelessness, the lived experience and dynamics of long-term homelessness among women are poorly understood. This paper examines the experiences of women in Ireland

who have lengthy homeless histories with specific attention to the cycles of movement associated with their continued homelessness. A detailed analysis of their homeless and housing biographies (May, 2000) from the point of first entry to homeless systems and services forms the basis of a detailed account of the paths that led women into, out of, and back to homeless services. Women’s temporary exit destinations from homeless services are central to the analysis, as are their motives for leaving homeless hostels, the settings to which they repeatedly returned along a path of ongoing homelessness.

Research Methods

The research, which integrated biographical interviewing and ethnographic observation, aimed to conduct an in-depth examination of the lives and experiences of homeless women in Ireland. The study was particularly interested in tracing women's paths to homelessness and in identifying their 'journeys' through and possibly out of homelessness. The eligibility criteria for entry to the study included: (1) a woman who is homeless or has lived in unstable accommodation during the past six months; (2) age 18 years and upwards; (3) single and without children or a parent living either with, or apart from, her children; (4) Irish or of other ethnic origin. A total of 60 women were recruited from strategically chosen sites in Dublin and two additional urban locations (Cork and Galway) known to have significant homeless populations.

The biographical interview was the core method of data collection. This approach to interviewing seeks to understand the changing experiences of individuals, what they see as important, and how they perceive and interpret their past, present and future (Roberts, 2002). All interviews commenced with an invitation to women to tell their 'life story' and, following this, specific topics were addressed, including: housing/homeless history; family circumstances; children; drug/alcohol problems; physical and mental health; service utilisation and experiences of services; and women's perspectives on their situations.

Throughout the data collection phase, ethnographic observation was undertaken at four homeless service settings including two homeless hostels (one single-sex and one mixed gender) and at two food centres, all located in or adjacent to Dublin's city centre. The use of ethnographic observation aimed to capture the daily experiences of homeless women within 'natural' settings by 'being there' and experiencing 'their worlds' first-hand (Agar, 1997; Gubrium and Holstein, 1997). This level of engagement with women helped to supplement and triangulate the data garnered from the biographical interviews and also greatly enhanced the researchers' understanding of the women's everyday lives.

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Women's Homeless Histories

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Of the sixty women interviewed, 12 (20%) had been homeless for under six months and a further 13 (21%) for between six months and two years. However, a larger number – 34 or 56% of the women interviewed – had experienced homelessness for a period of two years or more. This latter group also reported patterns of constant movement in and out of homelessness and all had experienced multiple homeless episodes. We have selected this sub-group of 34 women for a detailed analysis of the experience of long-term or chronic homelessness on the grounds of the duration of their homelessness and the patterns of repeat homelessness that characterised their homeless and housing trajectories. Of the 34 who had experienced homelessness for two years or more, 21 (35% of the total sample) reported homeless histories of more than six years, 14 of who (23% of the total sample) had commuted in and out of homelessness for more than ten years. Thus, over half of the study's women – almost all of Irish or UK origin – are classified as experiencing long-term or *chronic homelessness* for the purpose of this analysis.²

Fifteen (44%) of the 34 women classified as chronically homeless had first experienced homelessness as children (under the age of 18 years). A further seven women (21%) first became homeless during early adulthood (aged between 18 and 25 years), while six first experienced homelessness between the age of 26 and 35 years. A smaller group of four women became homeless for the first time over the age of 36 years and went on to experience prolonged homelessness. Two women who had spent their childhoods in institutional or foster care considered themselves to have always been homeless. The early age at which a majority of the women first experienced homelessness is significant and highlights their extreme marginalisation. The average age of the women was 35.6 years. Nine were between the age of 20 and 29 years, seventeen between 30 and 39 years, and eight were over the age of 40 at the time of interview.

2. Seventeen migrant women participated in the research. The homeless histories of these women were comparatively shorter than the non-migrant (of Irish or UK origin) in the sample. See Mayock & Sheridan (2012a) for a more detailed overview of the profile and homeless histories of the migrant women.

Becoming' Homeless: An Invisible Experience

Irrespective of whether women first experienced homelessness during childhood or in young or later adulthood, the vast majority did not access homeless services at the point of becoming homeless. Many described a pattern of "running away" from difficult or distressing home environments as teenagers, often in order to "escape" from ongoing traumatic experiences. These women typically described a pattern of moving between home and situations of 'hidden' homelessness (for example, staying with friends or relatives) for quite lengthy periods. A number of others had absconded from care settings as children. For example, Rosie (38) had been placed in care when she was seven years old and, at the age of 14, ran away from her third residential care placement. She slept rough for several months in a concealed setting near a city-centre train station and actively avoided contact with services, fearing that she would be returned to the care system.

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

Rosie initially survived by begging and then started to engage in shoplifting on a regular basis. Her situation deteriorated over time and, by the age of 20, she had developed a heroin dependency and was engaging in sex work. She went on to experience additional periods of rough sleeping and spent years moving in and out of homeless and domestic violence services. She was living in transitional accommodation at the time of interview.

The early weeks and months of the women's homelessness were characterised by a lack of service engagement, as most actively sought ways to avoid homeless hostels because of stigma, fear, and the perceived negative consequences of entering these environments. After a period of months or years, these women did eventually become known to homeless services, often at a time when their personal situations has reached a crisis point.

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Women's Interactions with Homeless Services

“Following a detailed analysis, it was possible to identify four distinct exit destinations from homeless services: 1) Exits to institutional settings; 2) Exits alone; 3) Exits with a partner; and 4) Exits to the home of a friend or family member.”

All of the women reported lengthy periods spent in emergency and other (e.g. Bed and Breakfast accommodation, transitional housing) homeless accommodation following their first contact with homeless systems and services. Their stays in these settings were interrupted by spells spent in other accommodation types and all had exited homeless services at some point, often on multiple occasions. In order to examine these patterns of movement, a detailed accommodation biography (May, 2000) was prepared for each of the women and counting (Dey, 1993) was used to examine the frequency with which women exited to particular living situations. This was a challenging task because the women's homeless and housing biographies were ever-changing and complex. Strongly apparent were patterns of movement between homeless services and other accommodation types, including private rented accommodation (either alone or with a partner), the home of a family member, time spent in prison or other institutional settings, and so on. Following a detailed analysis, it was possible to identify four distinct exit destinations from homeless services: 1) Exits to institutional settings; 2) Exits alone; 3) Exits with a partner; and 4) Exits to the home of a friend or family member.

Figure 1 presents this typology of exit destinations. It is important to note that the numbers presented are *estimates* and that they are *illustrative* rather than statistical in intent. For example, when reporting exits to the home of family members or friends, a considerable number of women reported that “it was always back and forth” (between hostels and home) at a particular juncture or that they had stayed with friends “lots of times”. In these cases, we estimated that a woman had exited to these situations of ‘hidden’ homelessness on five occasions, which is likely to be an underestimate. Likewise, women's reports of exiting to institutional settings were difficult to enumerate because a large number reported repeat entries to acute or psychiatric hospitals, prisons, and drug/alcohol treatment settings.

The first ‘layer’ of Figure 1 presents the total number of exits to the destinations identified: most of the women reported more than one, and often multiple, exits to each destination. The second ‘layer’ provides a breakdown of the types of accommodation associated with each of the exit destinations. While the data presented might be described as ‘best estimates’, they nonetheless demonstrate the extent of the women's movements between homelessness, housing and other forms of state intervention.

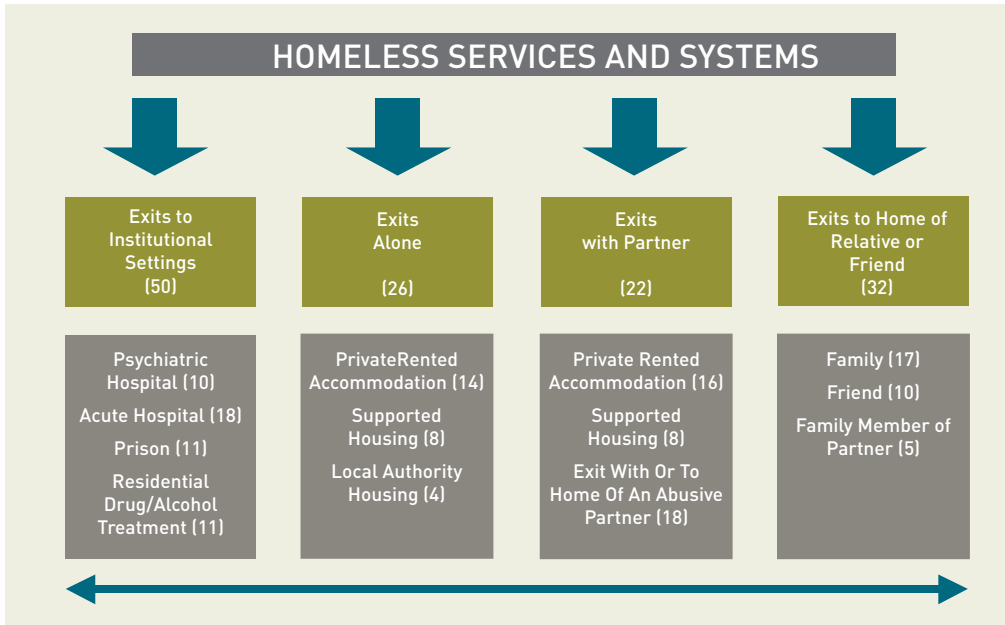


Figure 1: A Typology of Temporary Exit Destinations

The largest number of exits were to institutional settings, including reports of stays in psychiatric facilities, acute hospitals, prison, or residential alcohol/drug treatment settings. Exits to the home of a family member or friend (situations of ‘hidden’ homelessness) account for the second largest number of temporary exits from homeless services. A smaller but significant number of women left homeless services temporarily and moved to accommodation, most often in the private rental sector, either alone or in the company of a romantic partner.

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Women's Movements Into and Out of Homeless Services

The events and circumstances surrounding the women's temporary departures from homeless services were numerous and multifaceted. So too were the motivations and aspirations associated with these exit spells. The following sections attempt to unravel the dynamics of women's movements out of homeless services and also document the experiences that led them to return, again and again, to emergency homeless hostels.

From Hostels to Institutional Settings

As indicated in Figure 1, exits to institutional settings, including prisons, psychiatric hospitals, acute hospitals, or residential alcohol/drug treatment settings, account for the largest number of exit episodes. These exits usually lasted for weeks or months, and in fewer cases for up to or exceeding a period of one year. Katie (aged 28) had been admitted to acute and psychiatric hospitals on several occasions due to her poor physical and mental health. During interview she told that she suffered from numerous illnesses, including epilepsy, anxiety, and depression, and that she had self-harmed on numerous occasions. Katie went on to explain that she found it particularly difficult to cope during periods when her partner was in prison: "When he got locked up, I don't know, it was very hard, with three kids. Every time he gets locked up, I ended up in hospital".

Liz (aged 38), who reported that she is HIV positive, talked at length about her poor health, particularly in recent years, which had resulted in her constant movement between hospital and homeless hostels: "In the last two years my life has been in and out of hospital. I had TB last year, I have had pneumonia, I have had me last rights read like three times". In many cases, a particularly stressful or chaotic period, which sometimes coincided with suicidal thoughts, preceded an admission to a psychiatric hospital.

As my drinking got worse, I started waking up beside rivers, and two kids at home, waking up at two or three o'clock in the morning and saying, 'Where am I?' [...] It came to the stage I woke up in the hospital. I took an overdose, I was on medication for depression and being in and out of psychiatric wards' (Maeve, 43).

Eleven of the women had been incarcerated at some point and a considerable number had served several prison sentences¹. Those who reported one or more period of incarceration generally had long histories of criminal justice contact and a majority also reported a drug or alcohol dependency and/or mental health problems. While a number depicted the experience of incarceration as a 'wake-up call', prison was more frequently described as offering respite from street or hostel life as well as an opportunity to re-gain physical strength. Liz felt that prison had "saved" her from injury and harm on a number of occasions.

I'd say it (prison) saved me from overdosing a lot of times, definitely. And I never used (drugs) when I came out of prison because I always had that fear of overdosing because your tolerance is so low (Liz, 38).

Prison appeared to be viewed by a number as simply another place to stay and was sometimes depicted as preferable to hostel life in the sense that it provided better facilities and supports. Sharon told that there were times when she engaged in criminal activity in the hope of being sentenced because other agencies or services would not accommodate or "entertain" her.

Sometimes I commit the crime to go in (to prison) ... Yeah, because when I go to a psychiatric hospital for help, if I feel suicidal, they won't entertain me because I'm on drugs. (Sharon, 27).

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¹ See Mayock and Sheridan (2013) for a detailed analysis of women's interactions with the criminal justice system.

Upon release from prison, women almost always re-entered homeless services. Liz (age 38), who had a long history of low-level, frequent offending and had served multiple prison sentences, described her most recent experience of leaving prison when she was placed directly into a wet hostel for women.

When I came out of prison there was no beds and I went to [wet hostel] for two and a half months and hated it! Hated, hated, hated it ... (Liz, age 38)

Almost all who reported histories of incarceration and/or repeat entries to psychiatric hospitals had lengthy homeless histories that spanned a significant period of their lives: *"I've just been in the system since the day I went into care at 11"* (Debbie, 27).

Securing Accommodation Alone

Particularly as their homelessness progressed, women found the experience of living in homeless hostels markedly difficult. Several mentioned the poor physical conditions within some hostels and many felt unsafe or insecure in these settings. The absence of private space impacted negatively on the women, as did the loss of personal belongings brought about by their constant movement between hostels and other living situations.

I used to have loads of clothes and then photographs of the kids, and all that was thrown out and, you know, like a little box I had the first curl (of children), their teeth, the clip from the umbilical chord; all that was in a little box and all and it's all gone like ... (Grace, 31).

Transience and chaos were frequently mentioned characteristics of hostel life and the women expressed a strong desire to 'move on' from emergency accommodation.

Feeling there was little prospect of getting help to secure affordable housing, a considerable number decided to leave the homeless system independently, a decision often prompted by a desire to re-gain some semblance of control over their lives: *"And you know I just wanted to get out of there and I wanted a bit of peace of mind and quietness"* (Rosie, 38).

These solutions usually involved a move to substandard accommodation in the private rental sector without support. Chloe left the hostel where she had been staying but was forced to return within a short period following the break-down of her tenancy.

"It was like really, really hard to get a B&B ... So that's when I went back down to (county outside Dublin) and I ended up renting a place, do you know what I mean, and so that was like, went bad, wrong again I suppose. That's when I started getting into drugs. Well it started to happen up here (in Dublin) at first, that's why I left here" (Chloe, 26).

Four of the women had secured local authority housing at some point with the help of service providers but subsequently lost this accommodation, in many cases due to drug or alcohol relapse or a critical event or trauma which impacted their ability to sustain the tenancy. Stephanie (32) had secured local authority housing where she lived with her children and partner but relapsed on heroin relatively quickly. Her children were subsequently taken into care: *"That is when everything went haywire ... the kids were taken off me and the house was gone then, that was it, I was back out on the streets"*. Feelings of loneliness and a general inability to cope following the move to independent housing were additional challenges frequently raised by the women: *"The fact is I can't stay alone .. I have to live alone"* (Karen, 26).

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Women's Movements Into and Out of Homeless Services (cont.)

Leaving with an Intimate Partner

A large number of the women (22 or 65% of the subsample) had exited homeless services in the company of an intimate partner. In some cases this meant that women secured private rented accommodation along with a partner while others returned to the rented home of a former partner. Several accounts suggest that a considerable number entered or re-entered relationships simply to 'escape' hostel life.

I found myself back out on the streets again and I suppose getting into relationships, you know like, you probably didn't even like the person, you know what I mean, it was just somewhere to stay, a roof over your head (Rosie, 38).

The women also talked about their need for company, affection and love, and being in a relationship was sometimes viewed as offering security because of their concerns for their safety in hostel and street-based settings. Partners also provided women with access to drugs, money or useful contacts on the street. Donna (age 35), who had been moving between hostels for a number of years, became involved in what she described as "a drugs relationship" and told that she and her partner had lived with a young woman who they repaid by supplying her with heroin.

You know we [referring to partner] were staying in a girl's house then, [name] - she is dead now, she hung herself a few months ago and we were staying in her house. She had a two-bedroom place and we were staying in one bedroom and paying with drugs you know, it was better than being in me ma's you know. So I was wrapped up in that again [heroin] for years (Donna, age 35).

A large number, 18 in total, experienced intimate partner violence following their departure from homeless services. Thus, women's efforts to secure stable housing sometimes served to further diminish their mental and physical health as the following account demonstrates.

I had moved into (supported housing association) and I was staying there and I invited him (partner) around and stuff and he was getting a bit nasty and breaking the place up one night and I told him to leave and I got him out the door and he smashed the door in. And in the end, because of all the trouble he was causing there, (supported housing association) asked me to leave. So I wasn't with him and I had nowhere to go (Krystal, 32).

Several subsequently returned to homeless hostels in order to escape a violent partner and a considerable number continued to experience some form of harassment, violence or abuse (assault, damage to property, stalking, verbal abuse, intimidation) after they terminated a relationship. Ruth is one of a number who were forced to keep moving location in order to escape persistent threats and the prospect of further abuse.

It's been really hard, (homeless service) offered me an apartment and I said that I would take it. And I moved (there) for a while but then my (ex-partner) was after finding out I was there and then he was in that area. So I had to move again ... But when I went to the corporation they offered me a place but it was up near (ex-partner's) relatives and stuff and I wouldn't be able to take it because he'd know where I was living then again ... he's just kind of ongoing (Ruth, 24).

Fleeing situations of violence emerged as an enduring pattern in the lives of a large number of the women. Paradoxically, women's efforts to 'escape' hostel life in the company of an intimate partner – as a perceived viable path to housing stability – led to their return to homeless hostels as a means of escaping subsequent experiences of abuse and/or violence.

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Moving to Situations of 'Hidden' Homelessness

Periods of acute difficulty or crisis were prominent in women's accounts of exiting to the home of a family member or friend. Several had left homeless services and stayed temporarily with a family member during periods of ill-health and/or at times when they felt unable to cope. The task of managing homelessness had serious negative consequences for the health and well-being of women and, at various stages, many appeared to have reached 'breaking point'.

(I returned home to my family) because I was on drugs and I couldn't cope; then especially when I had the three (children), I just couldn't cope. (Stephanie, 32).

I rang me Da and I asked him could I stay up here because (my partner) was locked up and because I was sick and I have things wrong with me. Me Da is more like, 'Ah yeah stay here, cos like it's clean'. If I stayed in a hostel like, you have to share a bathroom with other people an' all you know. It's horrible (Katie, 28).

Periods of time spent in the homes of relatives or friends were generally short-lived as difficulties often arose because of over-crowding (having to sleep on a sofa and having no private space) and women were also conscious of overstaying their welcome. Returns to the home of a family member were invariably a temporary solution or a 'stop-gap' during periods of acute difficulty and they sometimes ended abruptly. Gráinne (31), who had been homeless since her late teens, was moving between her parents' and sisters' homes at the time of interview. Aware of the stresses and strains associated with her staying, she alternated between the two houses in the hope of reducing the potential for tension or conflict.

But because I'm not working now and I can't work because I'm on disability ... I'm constantly there so it's like then, when someone is constantly in your face all the time then there's going to be conflict, you know, so since last October it's mainly that I'm running from one [house] to the other like do you know? (Gráinne, 31)

“Returns to the home of a family member were invariably a temporary solution or a 'stop-gap' during periods of acute difficulty and they sometimes ended abruptly.”

“The experience of constantly returning to hostel life was challenging for a whole range of reasons and served to reinforce women’s marginalisation.”

Cycling back to Homeless Hostels

The enduring patterns of movement through homelessness and precarious housing described by the women strongly suggest a pattern of ‘institutionalisation’ or entrenchment in emergency systems of intervention. Homeless hostels emerged as a central reference point in women’s accounts of this ongoing cycle of movement. The experience of constantly returning to hostel life was challenging for a whole range of reasons and served to reinforce women’s marginalisation. Many also reported becoming more entrenched in substance use because of the omnipresence of alcohol and drugs in these settings. Krystal talked about the loneliness of living in hostels, feeling in retrospective that she “sold out” by moving in with a former partner because she feared being alone.

I wasn’t really thinking at the time, I was more like I desperately didn’t want to be alone ... I didn’t want the sex or anything, I just really wanted the companionship ... So I think as far as my relationship with him goes, I sold out as soon as I got into the relationship with him because I never wanted to be alone, I was too scared to be alone (Krystal, 32).

As documented earlier, a large number had spent stints in prisons and psychiatric hospitals and, in many cases, these settings were perceived positively in the sense of providing respite from hostel life. The move from institutional settings was a point of particular vulnerability for women and several reported that they had “nowhere to go” at the point of discharge. For this reason, women sometimes did not want to leave: “To tell you the truth I only half wanted to get out of the prison” (Caoimhe, 35). Debbie and Kate explained their situations at the point of leaving prison.

I got out of (psychiatric hospital) and then I went into prison for my very first time and I liked it ... I went to a half way house from prison but I’ve never been given any (housing). This is places

that I get, like here (emergency hostel 1) or (emergency hostel 2), that is all they’ll give me ... (Debbie, 27).

I only got out of prison then and I had nowhere to go (Kate, 23).

Most of the women had exited homeless services temporarily along more than one – and frequently along all four – of the paths identified. Krystal’s account is one of many that captures this cycle of movement out of homelessness to various exit destinations at different junctures. She had returned to an emergency hostel shortly before being interviewed.

I was in (transitional housing) for about four months and I was in (women-only emergency hostel 1) for about a month, then back into the (women-only emergency hostel 2); then there I was staying literally on (partner’s) family couch for about a month and then we moved into, we rented a flat on (north inner-city Dublin street) for five months. And then we rented a flat on (another north inner-city Dublin street) for five months and then from August to now I was renting a flat in (North inner-city) (Krystal, 32).

Practically all of the women worried about the prospect of finding a stable place to live in the future: “Worrying about getting out of here now and just finding my own place, it’s not that easy to, you know, to find your own place” (Brid, 40). Daily life was clearly unpredictable for the women and many talked openly about the stress of constantly dealing with uncertainty. Grace, who was pregnant at the time of interview, expressed strong anxiety about the future.

You are just constantly scared and worried, you just want somewhere to settle and just stay and just ... Not knowing where you are going to sleep is really horrible, especially now that I am pregnant, I am really worrying with the winter coming in and stuff (Grace, 31).

Conclusion

As argued at the outset of this paper, the condition of long-term or 'chronic' homelessness among women has received scant attention in the research literature. As a consequence, relatively little is known about women's experience of, and responses to, ongoing homelessness and housing instability. In keeping with the findings of previous studies (Casey, 2002; Jones, 1999; Reeves et al., 2006; 2007; Robinson, 2003), this research has revealed the pervasiveness of patterns of repeat homelessness among women. However, this analysis has gone further in attempting to unravel the dynamics of repeat homelessness. While the events and experiences associated with women's ongoing homelessness are complex, their temporary and unsustainable exits from homeless services emerge as a key dynamic driving their prolonged homelessness. Women were often acting without formal supports at the point of moving out of emergency hostel accommodation in the search for a 'way out' of homelessness. In other words, they were attempting to manage their homelessness alone, a strategy which underlines women's survival instincts and abilities but also frequently perpetuated a cycle of ongoing homelessness.

The processes associated with women's temporary exits from homelessness were multifaceted and it is important to note that, apart from reporting a cyclical pattern of repeat homelessness, all of the women told a unique story. Women's vulnerability within emergency hostels and their growing disillusionment with the predicament of living with transience and chaos emerged strongly from their accounts. Women experienced a profound sense of aloneness, despite living in close proximity to others in these communal living situations. Paradoxically, the loneliness many experienced following an exit to private rental accommodation, coupled with an inability to cope with living independently, frequently triggered a return to homeless services.

The identification of temporary exit destinations, coupled with a detailed exploration of the processes associated with these exits, sheds considerable light on the dynamics of prolonged homelessness among women. These temporary exit paths also highlight women's 'single' status as producing a distinctive pathway of invisibility through homelessness (Mayock & Sheridan, 2012b). Certainly, if housing is to be equated with the trappings and meanings of 'home' (Tomas and Dittmar, 1995; Watson and Austerberry, 1986), the temporary exit destinations of many of the women strongly resemble contexts of 'hidden' homelessness or, what Wardhaugh (1999) terms 'homeless-at-home'.

This study's sub-sample of chronically homeless women represent some of the most marginalised women in Irish society. They are socially excluded and isolated, highly stigmatised, and often engaging in coping and behavioural strategies which serve to further diminish their physical and mental health. Some had been in care as children and all had spent much of their lives moving between homeless hostels, prisons, psychiatric hospitals, and situations of hidden homelessness. They had attempted to break this cycle by seeking ways to resolve their homelessness and most had acquired a tenancy, often on several separate occasions, either alone or with a partner. However, their highly constrained choices and limited capacity to manage these living situations, led to the collapse of these exits, often in traumatic circumstances and in ways that resulted in further distress. With each consecutive point of re-entering homeless services, their personal, social and emotional resources had been significantly diminished, making them vulnerable to further exploitation and violence, in many cases.

“They were attempting to manage their homelessness alone, a strategy which underlines women's survival instincts and abilities but also frequently perpetuated a cycle of ongoing homelessness.”

“Women’s access to secure and sustainable housing options is clearly highly restricted. This situation leads to the gridlocking of emergency accommodation services whereby women must rely on emergency accommodation on a long-term basis.”

Conclusion (cont.)

The findings presented in this paper raise serious questions about the structure of homeless services and about the lack of viable, permanent accommodation options for women with high and complex needs. The result is that women ‘disappear’ temporarily by moving out of homeless systems and services, often to precarious living situations that are not sustainable in the short, medium or longer term. As highlighted early in this paper, the high support needs of chronically homeless individuals are well documented (Culhane & Metraux, 2008; Jones & Pleace, 2010). While there is no denying the challenges associated with meeting these needs, women’s access to secure and sustainable housing options is clearly highly restricted, particularly as their ‘careers’ in homelessness progress. This situation leads to the gridlocking of emergency accommodation services whereby women must rely on emergency accommodation on a long-term basis rather than as an temporary arrangement. The capacity of emergency hostels to interrupt the dynamic of ongoing homelessness appears to be limited (Busch-Geertsema & Sahlin, 2007; May, 2000), thus raising questions about their role in perpetuating trajectories of long-term or chronic homelessness.

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