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Is a house enough? Service Users' perspectives on the Reasons for Repeat Admissions to a Female Homeless Service (Edel House)

Elaine Doyle

CARL Research Project

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Date completed:	17th April 2011

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Executive summary

Background to the Study

This research project is part of the Science Shop Projects and was completed as part of the MSW course in University College Cork. The research was carried out with service users from Edel House which is a residential centre for girls, women and children who are homeless in an urban environment. Edel house wanted this research carried out to find out the service users' perspectives about their repeat admissions to the hostel to see if they needed to make changes or improvements to their aftercare service.

Objectives

The overall objective of this project was to obtain the female service users' perspectives on the reasons for repeat admissions to the homeless shelter. This information was used to examine what services could be put in place to improve the aftercare service.

Methodology

The methodology used was qualitative. The theoretical perspectives that were applied included phenomenological and interpretivism. Primary research was carried out through five semi structured interviews. A literature review was also carried out as part of the secondary research.

Results

The interviews were analysed and the dominant themes were identified. The reasons for the breakdown of secured accommodation, which led to repeat admissions to Edel House included, loneliness while living alone, domestic violence, substance misuse, unsuitable living conditions, poor social networks and the unwillingness to accept help. The service users attitudes to the after care service indicated that the service is a positive support in their life, however the issue lies in getting the women to utilise this service once in secured housing.

Recommendations and implications of the study's findings

The following recommendations were devised to ensure that the service users of Edel House utilise the after care service once housing is secured.

- Greater awareness and publicity about the aftercare service needs to be promoted.
- Edel house could provide the women with a two week preparation course, prior to moving into housing. This preparation course could provide information on the role of

the after care service, the courses, activities and services that will be available to them.

- Weekly meetings in the shelter to hear service user's voice as it is evident that the service user's wanted to talk and discuss their experiences, needs and views.
- Workers in the shelter need to approach less likely clients that are less likely to approach them for help.
- The service needs to continue to promote activities such as Fetac courses, coffee mornings, trips to the gym etc. Activities that provide the women with the opportunity to meet new people.
- The staff need to go at the clients pace in terms of readiness for secured housing, do they have the supports in place to cope what are there coping strategies? What is different for theme this time? Ask asking them are they ready to accept help from the aftercare service this time?
- Literature has shown the importance of mentoring as a form of supporting the socially excluded groups including homeless people (Lemos 2000). The aftercare service provided by Edel House could recruit volunteers to act as mentors to the women when they secure housing.
- Research has emphasised a lack of training in the area of loneliness (Adam et al 2004). Since loneliness was such a prevalent crisis in these women's' lives while living alone, a group could be set up in the hostel before the women move into housing.
- The staff of Edel House and the aftercare service need to help and ensure that the women find appropriate and suitable housing before leaving Edel House.

DECLARATION

I certify that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledgeable in the text. Also all names have been changed of the individuals who took part in the research to protect their identity.

Elaine Doyle _____ Date _____

ABSTRACT

This purpose of this thesis is to examine the female service users' perspectives on the reasons for their repeat admissions to a homeless shelter (Edel House). As the title implies, 'Is a House Enough' this study will explore what led to the breakdown of secured accomodation, is shelter enough to alleviate homelessness, or what other suports are needed to ensure an independent life, free from homelessness. The attitudes of the aftercare service, provided by Edel House were also examined to see if any changes of improvments could be suggested.

A qualitative methodology employing an interpretivist approach was used to ensure the research aims were achieved. The research methods were five semi- structured interviews with homeless women with a history of repeat admissions to Edel House. A literature review was also undertaken to provide a platform to the study by exploring similar research undertaken on women and homlessness and the reasons for long-term homlessness among women.

The main findings of the study highlight the complex, mutitifaected factors and the diverse range and sequence of events associated with long-term homelessness and subsequent re-admissions to a homeless shelter (Edel House). These include loneliness while living alone, substance misuse, domestic violence, unsuitable living conditions, poor social networks and unwillingness to accept help. The service users attitudes to the after care service indicate that the service is a positive support in their life, however the issue lies in getting the women to utilise this service once in secured housing. The main recommendation for Edel House and its aftercare service is to promote the service and to make efforts to motivate the women to utilise it.

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CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

This chapter will present an introduction to the research topic, a brief summary of the Science Shop Project and background information regarding the organisation that requested the research, Edel House. The rationale underpinning this study will also be examined. This chapter will conclude with an outline of the research objectives, aims and questions of this study.

1.2 INTRODUCTION TO THE RESEARCH

> *"No matter how big a house I have, I will always feel homeless, homeless in my heart" (Bernadette).*

The reflection above comes from one of the women who participated in this study and depicts the genesis of the research title, 'Is a House Enough?'

The central questions for the researcher and the partner organisation were; if service users are provided with a house and/or a place to live, is this enough to alleviate their sense of displacement caused by homelessness? Will this be enough to enable them to live an independent life? What are the factors that contribute to a person being unsuccessful in adjusting to their new accommodation? And finally, what factors contribute to some service users re-availing of the services of a homeless shelter after securing accommodation?

The preceding quote from Bernadette highlights the fact that a physical sanctuary alone may not be enough for some service users to live an independent life free from the spectre of homelessness. For some service users, living independently is something that can trigger feelings of loneliness and isolation. This is something that can't merely be alleviated by the provision of accommodation. A developed support network is vital to help manage the

emotional upheaval that homeless people face, while living alone for possibly the first time in their lives (Williams 2000). As stated by Stenhouse (2005), re-inclusion of homeless people consists of more than simply somewhere to live. Everyone needs the informal support of professionals, family, friends and acquaintances.

This project will identify the service users' perspectives and experiences to help us understand why they feel independent living was not successful for them. The service users will also be invited to discuss their experience of the after care service provided by Edel House while they were living independently. These experiences will be analysed to see whether changes or improvements could be made to the after care service.

1.3 EDEL HOUSE

Edel House is a residential centre for girls, women and children who find themselves homeless in the urban environment of Cork City. The service offers both crisis and medium terms accommodation and support. The service has the capacity of 9 family units and 24 single beds. Their central aim is to source suitable accommodation for each resident as soon as possible and to provide an aftercare service once they have secured housing. The aftercare team work with the women in a Tenancy Support Programme to help them in their preparation to move into transitional accommodation (Good Shepherd Services 2010). The ethos of Edel House, which is under the umbrella of the Good Shepherd's Services, is predicated on the belief that 'each one is precious in the eyes of God, and as such is to be respected and valued. The service works to create nurturing environments where people can reach their full potential (Good Shepherd Services 2010).With regard to aftercare service, the aim is to provide support for the women's onward journey towards independent living. They also provide assistance to reintegrate homeless women into the community. The after care service team provides emotional support and a range of practical services to women. This is done in partnership with other agencies, both statutory and voluntary. Training courses, coffee mornings and social outings are some of the services that the aftercare team co-ordinate (Good Shepherd Services 2010).

1.4 SCIENCE SHOP

This research project contributes to the overall work of the Science Shop, which provides independent and participatory research support in response to requests made by community and voluntary groups. This piece of research began through a pilot Science Shop scheme run in the School of Applied Social Studies in University College Cork and forms part of a new community based research initiative at the University. Lürsen and Sclove (2001) explain that; "a Science Shop provides independent, participatory research support in response to concerns experienced by civil society" (Lürsen and Sclove, 2001:8). The Science Shop Committee of University College Cork sourced appropriate research projects requested by various Community and Voluntary Organisations around Ireland, and offered these opportunities for research to the students in University College Cork. The various projects were then allocated on basis of the students own research preference. The science shop element of this project required the researcher to work with the organisation and its employees to ensure the research objectives and questions were achieved.

1.5 RATIONALE

The researcher chose this specific research as they have previous experience of working with homeless people and also have a passionate interest in the topic. The researcher believes that a person's experience of their immediate environment with regard to factors like support of family and friends and aftercare services all play a vital part in a person overcoming their problems. An additional motivating factor in choosing this research came from previous work as a research assistant on a research project for older people which involved interviewing service users. Working on this project offered the researcher the opportunity to appreciate the importance of involving service users in research and the significance of allowing their voice to be heard. The research title was chosen consciously so as to allow the researcher to use their already developed skill-set to engage service users in research. Not only will this allow them to give an account of their own situation, but will also create the possibility of affecting change in the service provided by Edel House. Finally, this approach will ensure that the end research doesn't merely reflect professional or academic considerations but is grounded in the reality of those who regularly navigate this specific service (McLauhghlin 2009).

This research will examine the perspectives of current service users who, having previously secured accommodation have subsequently re-availed of the services at Edel house. The

discussions will focus on why they feel independent living was not successful for them, and how this led to their subsequent repeat admissions to Edel House. This is a topic that has not been researched either for or by Edel House previously. It is an area that they wish to see explored as many of their clients have had repeat admissions to the service. In 2010 the percentage of women admitted over five times was 31% and in 2011 the percentage was 27% (Good Shepherd Services 2010, 2011). The hope of the organisation is that this research will highlight areas where they could improve their aftercare service to assist the service users while in supported accommodation and also to tackle the phenomenon of repeat admissions. The partner organisation is eager that, as the service exists to meet the needs of the client group, that an opportunity be afforded to them to have their voice heard in the exploration of this topic.

1.6 RELEVANCE TO SOCIAL WORK

This research study is mainly concentrated on Edel House and the women that use this service, however it is the researcher's belief that is it still is pertinent to social work practice. It provides not only an insight into the reasons why women become homeless but more specifically the reasons for long-term homeless and repeat admission to a homeless shelter. A huge task for social workers is to be able to see things from the client's perspective and to view their situation not in isolation but to take their environment; life experiences and supports networks into consideration (Trevithick 2005). This study highlights that the most sufficient way of doing this is by listening to the client and allowing their voices and opinions to be heard. It is the researcher's belief that 'listening' is a salient task for social workers. As professionals it is too easy to make judgments about why people are struggling or why they aren't coping, however more time needs to be dedicated to listening and exploring their perceptions.

1.7 RESEARCH AIMS & OBJECTIVES

The Project aim (as requested by the organisation) is to obtain the female service users' perspectives on the reasons for repeat admissions to the homeless shelter. This information will be used to examine what services could be put in place to improve the aftercare service. The central objectives of this study are to;

- To obtain the service users perceptions on the reasons for their homelessness, the

supports offered and availed of once they were re-housed in the community and what contributed to the breakdown of this housing and their subsequent return to Edel House.

- To understand the service users perspective and perceptions of their own situation and to thematically analyse the interviews and identify similarities and differences in the experiences of these service users.

1.8 RESEARCH QUESTIONS

- What are the service users' perspectives on why secured accommodation was not successful for them, which subsequently led to their repeat admissions to Edel House?

- What are the service users attitudes towards the after care service provided by Edel House?

- Are there any changes or improvements to the after care service that the service users feel would help them be successful in secured housing?

1.9 CONCLUSION

This chapter has introduced the study and provided the rational for the research. It has offered an insight into the partner organisation, Edel House by giving a brief overview of what the service provides for its clients. The projects relevance to social work was also presented. This chapter finally outlines the research aims, objectives and research questions.

CHAPTER 2: METHODOLOGY

2.1 INTRODUCTION

This chapter will discuss the methodology that was selected to undertake this research project. Theoretical perspectives, and issues related to data analysis and data collection will be examined here. The ethical considerations and limitations to the study will also be explored in this chapter.

2.1 METHODOLOGY

Both qualitative and quantitative methodological approaches were assessed for appropriateness in order to achieve the research objectives and to answer the research questions. Quantitative research is numerically based and frequently works with a large number of participants (Carey, 2009). Ritchie & Lewis (2003) describe qualitative research as providing an in-depth and interpreted understanding of the social world, or research participants, by learning about their social circumstances, their experiences, perspectives and histories. The research methodology that was chosen for this project was qualitative, the organisation who have requested the research are specifically interested in service users own perceptions, and in giving them a 'voice' in the research process. To this end the researcher elected to preform semi-structured interviews with five service users. Qualitative methods are linked to the interprevist philosophical perspectives. The focus is to interpret and construct how the participants observe and describe their lives. Qualitative methodology enabled the researcher to answer the research questions by undertaking an in-depth analysis which valued the individuality of people's experiences.

2.3 THEORETICAL PERSPECTIVES

This research was analysed through an interpretivist lenses. Interpretivism is a phenomenological approach to research and forms the basis for qualitative research. This approach was most suitable as the theory was compatible with achieving the research aims.

As stated by Carey (2009), "Interpretivists argue that researchers should try and unearth people's interpretations of the worlds around them, as well as the concomitant beliefs and actions that emerge as a consequence". It captures the uniqueness of the human experience in their own world without any attempt to control them. It is for this reason that the researcher believed this approach was the most appropriate for this research as it was the primary aim was to listen to the service users' perspectives with regard to why they are in the situation they are in. This approach also complimented the data collection. As recognised by Cary (2009), interviews tend to be the preferred method used within interpretivism and critical theory methodologies.

2.4 METHODS

The methods used for this project were both primary and secondary. Primary research is obtained from direct participation in data collection (Carey, 2009). Secondary research is the use of primary data which has been processed or analysed and made available for example through the format books or journal articles (Carey, 2009). Primary research was required in order to assess the views of the service users through semi- structured interviews and secondary research was used also through the undertaking of a literature review.

2.4.1 LITERATURE REVIEW

The literature review gave the researcher the opportunity to avail of previous data and research undertaken, relevant to the research topic. The data was sourced from the UCC library and the EBSCO database. A search for the terms women and homelessness in The Cochrane Library which is an online database that has over 5,000 systematic reviews of primary research in human health care and health policy, had zero results. The Campbell Collaboration that is a similar online database also provided no results for these search terms. However the most successful search was in the EBSCO database that has over 13,000 publications. A search for the terms women and homelessness in the Psychology and Behavioural Sciences Collection reported 97 results. Each abstract was read and articles were chosen based on their relevance, taking words such as long-term homelessness, and resolving homelessness into account during this process. This in turn generated six articles

that were utilised. Subsequent reading from the above sources provided the researcher with further articles, reports, books and research which were sourced from their bibliographies.

2.4.2 SAMPLING

The interview participants for this study were female service users of Edel House. In line with the guidelines for Masters of social work, five service users were interviewed. The link person and the employees from the partner organisation, have regular and consistent contact with the client group who were under consideration for this research. This client group consisted of women over the age of eighteen, where they had at least two admissions to the hostel as a result of homelessness. The link person and the employees undertook the task of identifying participants who they deemed as appropriate (based on their significant knowledge of each woman and her circumstances) for inclusion in the study. The link person advised at the time of the initial stages of the research that there was currently a 'pool' of participants who fitted these criteria. The initial decision was to interview current residents of Edel House. However due to the lengthy delay in gaining ethical approval for the study by the time ethical approval was granted and the identifying of the interview participants was sought by the researcher the current 'pool' of potential participants had diminished.

The researcher was made aware that the majority of the current residents in the shelter at that specific time were of first time admissions. Three participants were suitable for interview as they had more than two re- admissions. Due to the lack of potential participants available in the shelter during this period and the researchers submission deadlines, it was decided between the researcher and the link worker that the final two participants would be sought from the after care service. These participants had more than two re-admissions to Edel House in the past and were currently now in independent living. At first the researcher was unsure of how this would affect the research process and findings. However interviewing two service users who were currently in secured housing deemed to be extremely thought-provoking as it allowed the researcher to identify what did work for them in maintaining their current tenancies. A comparison of the women's experiences who are using and have used the aftercare service, as opposed to the women who were currently not using the aftercare service became evident.

2.4.3 DATA COLLECTION

Semi-structured interviews were the selected method of data collection for the study. In terms of qualitative research, interviews are usually taken to involve some form of conversation with a purpose. The style is conversational, flexible and fluid and the purpose is achieved through active engagement by the interviewer and interviewee around relevant issues, topics and experiences (May 2002). The researcher believed that the semi-structured interview was the most appropriate style of interview for the purpose of this research as it allowed for specified questions which provided a particular focus but at the same time giving the service user a space to answer more on their own terms (Silverman 2005). Giving the participant that space ensured that they didn't feel rushed and that their views and opinions were of utmost importance. The goal in the interviews was to understand their experiences from their perspectives while also extracting the information required. Throughout the interview with the participants the researcher used their developed communication skills by paraphrasing their responses, using probes to enable the participant to respond to the questions asked and was patient at all times.

2.4.4 DATA ANALYSIS

The interviews with the participants were recorded with their consent. This data was then analysed through transcription. The analysis took the form of structured and detailed accounts of the content of the conversations that was recorded on the tape recorder and by also referring to notes that were took throughout the interview (Carey 2009). When the transcriptions of all five interviews were completed the key themes, trends and opinions were identified. Guided by the theoretical perspective, the researcher explored individual experiences and proposed the core themes that arose from the interviews. The most suitable theory that explains this approach to data analysis is the grounded theory. The essential component of grounded theory is that theory emerges from data. (Carey 2009). The findings were then compared with material from the literature review to see if it supported or challenged the dominant assumptions and understandings about women's homelessness.

2.5 LIMITATIONS

As this was a small-scale research project where five service users from one female homeless shelter were interviewed, the findings cannot be generalised. Due to restrictions on student research, smaller samples, time and word restrictions, it will not be possible to meticulously apply grounded theory. In practice, it is unrealistic for students to present a new theory following such a small-scale research. Typically grounded theory would rely on a much larger sample over a longer period of time. However, as recognised by Carey (2009) it is applicable for student research, as one can conclude a rough or general theory.

2.6 ETHICAL CONSIDERATIONS

The participant group for this research were all clients of the homeless service offered by Edel House, and this homeless status intrinsically indicates vulnerability. However, the organisation was very keen to understand the needs of these clients from their own perspective, hence the importance of the direct interviews. All potential participants were well known to the link person and the employees from the partner organisation, who identified the women who they felt, were best positioned in terms of their own circumstances, to participate in this research. It is possible that some women may have had a degree of mild intellectual impairment or have substance abuse difficulties, however the link person and employees were aware of this from their regular contact with, and knowledge of, the residents of Edel House, and sought to identify women who were able to provide informed consent for their involvement, with a full understanding of what their involvement entails. The process of generating qualitative data through semi-structured interviews was underlined by the principals of informed consent, anonymity and confidentiality, which was clearly stated on the information sheets and consent forms, where the researcher's verbal reiteration to interviewees that their participation was purely voluntary before the interview commenced. All responses were anonymised and they had the right to withdraw at any stage. It was unlikely that the interview process would cause the participants distress, however, as the interviews took place with in Edel House it was agreed by the organisations link person, that staff from Edel House were available to meet with and discuss any concerns the participants may have had after the interviews.

2.7 CONCLUSION

This chapter has examined and justified the research methodology and theoretical perspectives that underlined this project. This was qualitative study using an interpretivist and a phenomenological perspective in order to ensure that the research questions, aim and objectives were achieved. Primary research was carried out in the form of 5 semi- structured interviews and secondary research was conducted through a literature review. This chapter also explored the limitations and ethical consideration of the study.

CHAPTER 3: LITERATURE REVIEW

3.1 INTRODUCTION

This chapter will examine the existing knowledge relating to the research topic. The literature review will incorporate similar independent research that has been carried out with a specific focus on women's experiences both in Ireland and abroad. As this research is exploring the reasons for repeat admissions to a homeless shelter, the concept of long-term homelessness will be examined. This chapter will also include a brief outline of relevant homelessness policy in Ireland.

3.2 WOMEN AND HOMELESSNESS

> *"There is a serious dearth of dedicated research of homeless women in Ireland, where it was well over two decades since the publication of the last qualitative study of homeless women" (Mayock & Sheridan 2012:2).*

This above quote highlights the serious lack of research undertaken on women and homelessness in Ireland. Research focused specifically on homeless women is scarce and national statistics and surveys provide little by way of information about the female homeless population (Reeve, Casey & Goudie 2006). There is also a substantial absence of studies undertaken on women and homelessness worldwide. As the partner organisation requested this research to be undertaken, it highlights the absence of relevant literature to answer their questions regarding women's experience of long- term homelessness and re-admissions to a homeless shelter. There is a now recognition that women's experiences of homelessness differ from those of men and that there is an important gender dimension to the problem of homelessness. However it still remains an under-investigated element of homelessness, in the European context (Edgar & Doherty 2001). So why is there a very limited pool of research on homeless women in Ireland and abroad?

From the Irish perspective homelessness has been viewed as a phenomenon that has primarily affected men. Up until the 1990's homeless women in Ireland have been conceptualised as

something other than homeless. Homeless women were seen as victims of domestic violence, inadequate or deviant. The prevailing social attitudes of the time mandated that a women's 'correct' place was within the home (Edgar & Doherty 2001). For women who needed to escape the home, their options were significantly limited (Edgar & Doherty 2001). When they did so, they were severely stigmatised. A study carried out in the U.S. in 1983 portrayed this stigmatisation of homeless women by describing them as 'derelict eccentrics who chose their lifestyle and are more derelict and eccentric than men and thus the most socially undesirable of all marginal people' (Stoner 1983: 570).

In more recent years, studies have noted that homelessness among women is growing and, rather than seeing their homelessness resulting from 'eccentricity' they offer more insightful explanations such as family structures, welfare systems, legislative provision and demographic change. In Ireland it was in 1985 that the first dedicated study of homeless women was undertaken (O'Sullivan & Higgins 2001). Written by Sister Stanislaus Kennedy her objectives were to identify the situations of hidden homeless women in Dublin. The study identified the primary reasons for homelessness among the women interviewed, which were; severe family disruption, violence in the home including rape or incest and unmarried pregnancy. The study concluded that 'homeless women are less likely to be counted in surveys of the homeless because of the lack of adequate facilities for them and their tendencies to double up with friends or family rather than approach homeless shelters" (Kennedy 1985: 72).

It is clear that the status of women and that of homeless women has changed significantly since the period when Sr. Kennedy undertook her research. There are now various societal factors that lead to women becoming homeless in Ireland and also the use of homeless shelters and women's refuges has been become more widespread and available. However the next dedicated piece of research on homeless women in Ireland was not carried out until 2011. This was carried out by Paula Mayock and Sarah Sheridan titled *Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland*. Sixty women participated in this research. The study was primarily qualitative and incorporated a number of data collection techniques which included a detailed life history interview with all women and a questionnaire on their housing and homeless history. The findings of this study will be examined in the following sections.

3.3 PATHWAYS INTO HOMELESSNESS

During the semi- structured interviews with the participants for this research study, their reasons for first becoming homeless emerged. It became evident that their individual pathways into homelessness were factors in them having repeat homelessness experiences and admissions to a homeless shelter. Therefore the researcher deemed it important to explore existing literature and research relating to the topic of pathways into homelessness.

> *"Women's homelessness is rarely a consequence of a single event, action, experience or issue; it was rather the culmination of a complex range of experiences which, together resulted in housing instability and subsequent homelessness" (Mayock & Sheridan 2012:1).*

'The Way Home', a Strategy to Address Adult Homelessness in Ireland states that the primary causes of homelessness include poverty, lack of housing and evictions, lack of education or employment, risk factors that include mental health issues, institutional care, poor social networks that comprise of poor family support and relationship breakdowns (Department of the Environment, Heritage & Local Government 2008). The above reasons make an individual at more risk of becoming homeless.

Crisis, a national charity for homeless people in Britain carried out research with homeless women, where 144 women were interviewed in 2006. The most common cause of homelessness among the respondents interviewed was a breakdown in family relationships; with more than a quarter having entered into homelessness for the first time for this reason (Reeve, Casey & Goudie 2006). These findings are in line with the findings of an earlier study carried out in New York which linked family dynamics, housing and reoccurring homelessness, stating that for the large majority of the women in the study homelessness occurs in the context of the family. The presence of certain family dynamics such as having young children, family instability and domestic violence were all associated with their entry into homelessness and also repeat homelessness experiences (Metraux 1999).

The second highest cause in the Crisis study, for leaving the home and entering into homelessness was fleeing incidents of violence, whether the perpetrator was a family member, partner or in a couple of cases local people such as drug dealers . This accounted for

over 20% of respondents in the study (Reeve, Casey & Goudie 2006). In Mayock & Sheridan's study (2012) 72% of the women had experienced violence and/or abuse during their childhoods and two-thirds had experienced violence by a partner in adulthood, which was a definite implication in their accounts of becoming homeless. The succeeding prominent theme in both studies was substance use and misuse, where 60% in Mayock and Sheridan's study reported a substance abuse problem. A number of women attributed their homelessness solely to a drug or alcohol dependency.

"If I wasn't drinking alcohol I wouldn't be sitting here now talking to you" (Carol)
(Mayock& Sheridan 2012: 11).

However examination of the data in the study suggests that substance misuse was seldom the only factor in the breakdown of accommodation.

In the Crisis study (2006) an examination of the trajectories into homelessness made clear links between life experiences and the women's subsequent homelessness. Their homelessness could be tracked back to specific traumatic experiences or events such as sexual abuse, neglect, abandonment, bereavement, the loss of children and experiences of violence. It was noted that it was these dramatic experiences or events that led a high proportion of the respondents to develop a dependency on drugs or alcohol. This was also noted in Mayock and Sheridan's study. Substance misuse provided an outlet from the emotional and psychological distress they were experiencing due to the disturbing experiences of the past such as violence, abuse or bereavement. This subsequent dependence on drugs or alcohol inevitably led to the difficulty in sustaining tenancies. Theses respondents' first priority was to buy drugs and not pay rent (Reeve, Casey & Goudie 2006).

The Mayock and Sheridan study also identified that many of the women had experienced dramatic deprivation and poverty during childhood; in some circumstances they had experienced homelessness with their mother and siblings as a young child. As stated in an American article titled *Becoming Homeless, Being Homeless And resolving Homelessness Among Women*, becoming homeless comprises of a gradual downward spiral which often begins in childhood. Experiences such as neglect, poverty and parental health issues are features of early life that intensify the likelihood of homelessness in adulthood (Finfgeld-Connett 2010).

It is clear from the above discussion that is difficult to disentangle the various pathways into homelessness and pinpoint one specific reason for a woman becoming homeless. What is clear however in the literature is that, difficult life experiences such as poverty and sexual abuse, exposure to domestic violence, substance misuse and mental health issues are key factors that can explain pathways into homelessness. These factors are often interrelated and it can be difficult to discuss one in isolation from others. It highlights the importance of gaining the individuals personal experience and listening to what that is, as each individual has their own unique pathway into homelessness.

3.4 LONG- TERM HOMLESSNESS

> *"Much concern has been expressed about a "cycle of homelessness that leads many persons, once they become homeless, to experience repeat homeless episodes in a prolonged Homeless career" (*Metraux 1999: 371).

So why is it that homeless people and women in particular struggle to fully escape homelessness? In Mayock's study over half of the women interviewed had lengthy homeless histories and had experienced homelessness on multiple occasions. Similarly in the Crisis study, 49% of women had a history of repeat homelessness, having exited for a period and subsequently returned to homelessness. These temporary exits featured the use of private rented accommodation, local authority housing or supported housing which was not sustained long- term. It is evident from the various studies carried out that securing accommodation was no guarantee that homelessness was eliminated for the women.

Multiple experiences of homelessness in the lifetime of an individual can be the source of other issues. A prevalent factor associated with long-term homelessness is mental health issues and loneliness. These two issues are undoubtedly interrelated. In Mayock & Sheridan's study, accounts of severe mental health issues were strongly connected with the experience of repeat homelessness.

> *"Women who fail to resolve homelessness tend to have unstable mental health disorders including substance abuse problems and chronic conditions such as psychosis" (Finfgeld- Connett 2010:466).*

Reports of depression were widespread across the sample in the Mayock & Sheridan study. Homeless women who are in independent living are more susceptible to experiencing loneliness (Reeve, Casey &Goudie 2006). Loneliness is seen to have links with depression and is in fact viewed as a risk factor for this and other mental health problems (Adams et al, 2004). Therefore living alone and being isolated could be a factor for the high percentage of homeless women experiencing mental health issues. When a homeless woman re-enters society, and tries to re-build her life it is often the case that few social supports are available to her such as a network of family and friends, this can make her more vulnerable to becoming lonely.

> *"Adults with a primary support group of three people or fewer may be at a greatest risk of experiencing mental health problems or loneliness. It is no surprise that a larger percentage of homeless people than the general public have fewer people in their primary support group" (Lemos 2000:9).*

Relationships with family and friends are severely tested and put under strain during periods of substance abuse, domestic violence and other factors associated with their pathways into homelessness. Also existing friends that they might have had tend to be a negative influence, for example 'drinking buddies' and drug users. Therefore staying homeless for some can mean avoiding being alone. Breaking away from homelessness can be a daunting process if there is little or no support to help one in the transition (Lemos 2000). In a separate study carried out by Crisis titled *Homelessness and Loneliness* there is a long overdue recognition of the fact that homelessness is not just about securing housing, shelter may not be enough.

> *"Alleviating homelessness requires more than a roof over the head and an army of professional helpers at the door. When social networks have been severed, neither will stave off loneliness. The only things which have a chance of doing so are friendship and love or, as the jargon has it, the 'informal support' of befriending, mentoring and family mediation" (Lemos 2000: 1).*

This article argues that unless the individual has enough social network ties and that the loneliness is eliminated the individual will continue in the cycle of homelessness. In Britain a similar study, by The Housing Services Agency, interviewed 50 homeless people whose resettlement had failed. Loneliness and isolation were the main reasons for this break down (Dane 1999).

Another factor associated with repeat experiences of homelessness for women, which is linked with loneliness and depression, is that homeless women maintain a need for human attachment, in order to alleviate loneliness and gain some sense of comfort, intimacy and protection (Finfgeld- Connett 2010). All humans strive for attachments with people, but when one is in a more vulnerable situation it can lead to insecure attachments and sometimes abusive relationships as they can become attached to any person whether the relationship is positive or negative. Homeless women may have difficulty in warding off undesirable individuals due to their relative powerlessness, helplessness and shame that may derive from experiences of abuse and neglect. This sort of attachment is primarily with men (Finfgeld-Connett 2010). Negative attachments with partners also can also lead to increased alcohol and drug abuse. (Finfgeld- Connett 2010). In both studies, a string of violent relationships and substance misuse were documented as important factors associated with accounts of long-term homelessness.

A further re-enforcing factor that is deemed relevant in prolonged histories of homelessness for women is the unwillingness or inability to access or accept help.

> *"Some homeless women may be incompetent to take full advantage of the supportive services that are offered to them" (Finfgeld-Connett 2010:466).*

Given their restricted problem solving, relational and decision-making skills, homeless women may find agencies and professionals stressful and frustrating. They fear that their personal integrity, self-respect and dignity will be threatened. In Deborah Finfgeld- Connett's investigation of *Women Being Homeless* she states that homeless women have been observed to project an air of independence and defensiveness. They can be seen to deny their homelessness, reject assistance and be particularly self-reliant. Maintaining this stance can lead to exhaustion and depression (Finfgeld-Connett 2010). Even if these women have developed interpersonal support networks available, and access to professionals who can help, unwillingness to accept assistance often means they will remain isolated and unsupported. The denial of their homeless situation goes in line with the first stage of the 'cycle of change model' that is utilised in psychology and counselling. This is the pre-contemplation stage, where the person denies that a problem exists. It also mirrors the second stage, which is contemplation and being unsure of what course of action to take. Unless a person recognises the situation they are in and that something needs to change, change will

never occur (O' Farrell 1999). In these circumstances homelessness will continue to be a part of their lives.

Lack of suitable housing and evictions are also factors associated with long-term homelessness among women.

> *"A high proportion of the women interviewed had experienced problems with sustaining their tenancies. Practically all who had exited homelessness via the private sector reported that accommodation they had accessed was substandard or inadequate" (Mayock& Sheridan 2012:13)*

It is important that the significance of unsuitable accommodation is not underestimated as a central factor in the breakdown of independent living. This can include the location of the accommodation in an unsuitable community where drug and alcohol abuse are rife, to isolated locations where individuals are far removed from family, friends and support services. Other problems with housing include conflict with landlords, over rent arrears and anti-social behaviour. As one respondent in the Mayock & Sheridan study described how it was a number of factors that led to the loss of their accommodation.

> *"I got a rented flat and I just got, I suppose, I got depressed and, I don't know, I started drinking more heavily, you know, at night time. And then I went into, I kept getting into these violent relationships and then eventually [son] had to go off and stay with my mum, windows being broken, losing deposits and everything" (Carol)(Mayock& Sheridan 2012:13).*

This quote highlights the relationship between each of the factors outlined previously that can result in women returning to homelessness. It can be seen that there may be sequential interlocking of some factors, e.g. Loneliness/depression leading to substance misuse which is linked with domestic violence, these in turn are factors associated with the loss of accommodation. In this situation it is easy to understand how recurrent homelessness is common. There seems to exist a cycle from which there is no easy exit.

3.6 CONCLUSION

The existing literature on women and homelessness, both in Ireland and abroad highlights the paucity of research on homeless women in their own right and the lack of knowledge on the underlying reasons for homelessness (O' Sullivan & Higgins 2001: 84). In Ireland, Mayock

and Sheridan's study tried to alleviate this gap. However it is apparent that further research is crucial to help us understand the long-term reasons for women remaining homeless, as it is evident that women's experiences of homelessness differ than those of men. Through examining the relevant literature, it has identified not only the specific (and often interlocking) factors associated with women and their pathways into homelessness, but also reasons for their long-term homelessness.

It is evident that there are various societal factors that contribute to this, including unsuitable living environments, family dynamics, exposure to violence, abuse or neglect, substance abuse and lack of social networks. There are also emotional factors such as depression, isolation and loneliness. By examining these it has emphasised the complex, interlocking and often sequenced connection between the factors. When discussing homelessness among women these factors need to be viewed and explored as a whole rather than in isolation. This is relevant to the aftercare work that is carried out, as intervention cannot be isolated to exploring one factor. From examining the literature it is also apparent that there is an absence of specific research dedicated to why women have repeat admissions to a homeless shelter or why secured accommodation often fails to be successful. This will be explored in the next chapter by presenting and analysing the findings from the interviews undertaken.

CHAPTER 4: PRESENTING THE FINDINGS AND ANALYSING THE DATA

4.1 INTRODUCTION

The facts, information and experiences which were gathered during the data collection; the semi structured interviews will be presented, analysed and discussed in this chapter. The themes that emerged from the findings will be presented and also analysed by drawing on literature to enhance specific points as the phenomenological approach encourages. The data will be presented and analysed drawing from the interview questions and research topics. The material will be presented from the perspective of all the participants as a group. Reference will not be made to individuals. To represent the voices of the participants who were currently resident in secured housing, the researcher has dedicated a section to what did work for them while in secured accommodation. All participants' names have been changed for the purpose of confidentiality.

PRESENTING & ANALYSING THE DATA

4.2 SERVICE USER'S EXPERIENCES AND PERCEPTIONS OF WHY SECURED ACCOMODATION WAS UNSUCESSFUL

It is important to note that all themes are highly connected and interlocked. They are separated under headings only for the purpose of presenting the data, but their interconnectedness should not be underestimated. For some of the women interviewed they had numerous admissions to Edel House ranging from 3 admissions to over 20, which span over many years, therefore at different periods of their lives there were different reasons for the breakdown in accommodation.

4.2.1 LONELINESS

From analysing the data, there is a strong indication that loneliness was a major factor that contributed to the breakdown in housing for the majority of these women. Throughout the interviews the theme of loneliness and the lack of human contact were referred back to, repeatedly as a dominant reason for why they had failed to cope living independently. As the majority of these women had experienced living in private rented accommodation as opposed to supported or transitional housing, they frequently found themselves living alone or with male partners. As Smith, Akpadio, Bushnaq, Campbell, Pal & Hassan (2008) emphasise, it is important to understand that isolation and loneliness are commonly experienced after homeless people have been re-housed into permanent housing and are often linked to housing breakdown and repeated experiences of homelessness. When asked why the secured housing did not work out for them, the responses included;

> *"I had a beautiful flat but the loneliness again. The hardest thing was being on my own and I still find that hard cos I'm so used to a busy house" (Susan.)*

> *"I found it hard on my own, it can be very lonely living on your own, having no company, and I couldn't cope with the loneliness to be honest" (Bernadette).*

The majority of the women echoed this feeling of loneliness. Loneliness was a significant factor, as coping strategies often include substance misuse and the involvement in emotionally and physically abusive relationships with men.

> *"Cos of the loneliness that's the only thing I can think of I took a fella into my life and house who drug dealed, just cos I was lonely it has to be the loneliness, the first man that showed me some attention then I got hooked on the heroin and got evicted"(Liz).*

It is imperative to mention, that while loneliness is itself an issue and a challenge; it cannot be viewed in isolation. The research findings would suggest that repeat entries to homelessness cannot be disconnected from broader processes of 'institutionalisation' and the fact that many of these women have, over time, become accustomed to communal living situations. Institutionalisation according to Seymour and Costello (2004:48) is related to an inability to cope socially and emotionally in the community due to the lack of social and basic life skills.

In this study all of the participants reported spending periods of their lives in institutional settings such as residential care situations, living in hostels, psychiatric hospital stays and incarceration. Hence, they can experience profound feelings of loneliness when they find themselves living (and trying to cope) alone in private rented sector accommodation.

4.2.2 SUBSTANCE MISUSE

According to the participants, substance misuse further increased their vulnerability and lack of ability to cope while living in secured housing. It is interesting to note that all five respondents reported that alcohol and/or drug abuse was a dominant factor than led to them becoming homeless and also in them having repeat admissions to the homeless shelter. It is evident that there is a strong link between long-term homelessness and substance misuse. There is much debate on whether drug misuse is a cause or effect of homelessness, critics have argued that drug use and homelessness are interdependent and have defined the relationship as a cyclical pattern with each reinforcing the other (Hutson and Liddiard 1994). Irrespective of the sequencing, several research studies have found that the proportion of homeless people who use drugs is significantly higher than in the general population (Lawless & Corr 2005).

Responses to questions about what led to the breakdown in housing included; *"Every time I got sorted I'd relapse on the drink and drugs" (Bernadette)*. The factors associated with substance abuse for the respondents included loneliness, breakdown of relationships, experiences of domestic violence and troubled pasts.

> *"I drink to forget, till I can't remember nothing, I was topping the depression with the drink and drugs, it was a barrier. I won't be hurt then that's why I got kicked out cos of the drink and drugs" (Stacey).*

Another important factor was that the majority of the respondents had children in care. This was stated as being the primary motive behind their substance misuse.

> *"I became a heroin addict when the kids were taken off me; I had nothing to live for. I lost my flat then cos I spent all my money on drugs and had no money for rent" (Bernadette).*

In 2011 a study carried out by the Good Sheppard Services and Cork Simon Community it noted that heroin was the most commonly used drug among homeless women in Cork, rising to 32% among women in emergency accommodation and rising to 100% among women who were long-term homeless. It is evident that drug and alcohol abuse often work in tandem with other issues or crisis to produce homelessness and long term homelessness (Williams 2000).

4.2.3 DOMESTIC VIOLENCE

Another important factor that was closely linked to the breakdown of secured accommodation for the majority of the respondents was the presence of disruptive and violent relationships with male partners. Throughout these women's lives there is a clear pattern of on and off relationships with men that are both, physically and emotionally abusive. "*Because of the extensive resources a women who leaves a domestic violence relationship needs to support herself and perhaps her children the homeless shelter is one of the few choices available to her"(Williams 2003: 20).* Such relationships can have serious negative and long-lasting impacts on women and their ability to resolve their homelessness (Mayock & Sheridan 2012:15). The involvement with abusive partners over a long period resulted in numerous admissions to the homeless shelter.

> *"I was living with my partner; he beat me to a pulp I would have left him a few times because of the beatings and went to Edel House" (Susan).*

> *"When the child was born he hit me all the time, I was black and blue. I was in and out of here a lot back then" (Bernadette).*

In the literature review the link between homeless women and the need for human attachment was explored (Finfgeld- Connett 2010). We all need and depend on people in our lives, when the appropriate supports are not available homeless women can cohere in intimate partner attachments with abusive men (Finfgeld- Connett 2010).

> *"I think I was clinging to something over the children being gone I just kept clinging. I clung to him (abusive partner). I thought he was the best thing since the slice pan because he was showing me attention and love and in two seconds then he would turn*

around and kick me for no reason" (Susan).

An earlier study carried out in the US by Williams (2000) features homeless women's perspectives about why they have been homeless for long periods. One of the respondents in this study discussed how her fear of independence led to history of abusive relationships

> "*women are not prepared to be self-contained, self-sufficient units. Women go from daddy to hubby- I never had the feeling of being able to be independent I was always waiting for my prince charming but ended up in awful abusive situations". (Lisa) (Williams 2000:37).*

4.2.4 LACK OF SUITABLE HOUSING & EVICTIONS

An additional significant finding was that unsuitable housing was an important factor that resulted in repeat admissions to the homeless shelter. The majority of the respondents had experiences in difficult living conditions in their housing histories. This was also evident in the Mayock & Sheridan study (2012) as stated in the literature review. Many studies have emphasised the effect the lack of low rent adequate and efficient housing has on people's vulnerability to homelessness (Williams 2000). The Housing Services agency study in Britain highlights the inability of ex-homeless people to sustain a tenancy; this was often compounded by the lack of choice about where they can live (Lemos 2000).

"I had a good few flats in them years. But I would end up leaving them cos they were falling down" (Deirdre).

The location of the housing also had considerable effect on the negative housing experiences of these women. Living in a disadvantaged area, surrounded by drug users and alcoholics made them more susceptible to relapsing, losing their accommodation and becoming homeless again.

"I just had to get out of there because of what was going on around the neighbourhood. Ya know the people above me could have been dealing or underneath me could have been dealing. I was more easily led back then so it was just a dangerous environment to be in" (Liz).

Living in isolated areas away from family friends was another factor. "*I was living ages away from all my family so I didn't really get to see them either" (Deirdre).*

Evictions from secured housing was another factor that led the majority of the women to return to Edel House. Causes of these evictions included failure to pay rent, disruptive and anti-social behaviour that involved substance misuse and disruptive violence.

> *"I kept getting evicted out of flats, before I knew the place would be crowded with people, so that's it the I said the flat is gone so I lost the flat over the parties they ripped all the meters of off the wall and everything the place was destroyed" (Deirdre).*

Because of their homelessness, these women do not have many options available with regard to housing. It should not mean however that they be forced to take up residence in an unsuitable area. They are, of course vulnerable to substance misuse and being surrounded by the same is risky. Wells and Harris (2007) suggest that living in low-quality housing might cause homeless women to withdraw from the social networks, perhaps because they are embarrassed to invite others into their homes.

4.2.5 POOR SOCIAL NETWORKS

The majority of the respondents felt that the lack of support from family and friends had predestined their readmission to the homeless shelter.

> *"I'd nothing, I'd no family support then I had no one to help me with stuff in the house or come visit me" (Liz).*

> *"The problem was there was no one calling out to see how you were or meet you once a week see how's things going or"(Deirdre).*

All participants recounted descriptions of a dysfunctional and emotionally abusive family environment where little support was available. Family problems ranged from domestic violence, parental substance abuse to mental illness. Breakdown in family relationships were cited as a significant factor in their pathways into homelessness and repeat admissions. The

absence of family support in their lives left them, with little motivation to make changes and survive independently. A study carried out in Boston in 1998 by Bassuk & Rosenberg proclaim that part of the explanation for why women seek housing in housing shelters can be found in their fragmented social networks (Bassuk & Rosenburg 1998). This study also found that the longer the women were homeless and the more relapses they had their social supports were depleted.

"None of my family are speaking to me. I had no help there over the disgrace I brought to the family. I can't talk to my friend cos I'm a disgrace, they're so disappointed" (Liz).

Consequently, having fewer or indeed no supports available often led to social isolation which contributed to an escalation of other problems associated with the respondents repeat homelessness admissions such as addiction or mental health issues. The literature also suggests that the absence of appropriate social supports can mean the cycle of homelessness can become increasingly difficult to break (Lemos 2000).

At the time of the breakdown in secured accommodation the majority of the women had a social network that included friends with addiction issues and criminal associates that were noted as influencing them in losing their accommodation. At these vulnerable times the only social supports available to them were people who were misusing substances, often with them in their home. Returning to a social network with a negative influence may seem appealing in the total absence of any other (Stenhouse 2005:6). In the Pathe Project final report, *Crossing the Continuum*, Carol McNaughton (2005) says that one of the 'Key barriers to resettlement identified by the research was isolation and the lack of positive social networks and the influence of negative support.' Lemos (2000:8) noted that that 'with no friends or family, homeless people who have succeeded in finding somewhere decent to live may still feel lost. Their only friends may be back on the streets, so they return.' (Stenhouse 2005).

"I did have friends but like looking back now they weren't friends like, they were just acquaintances drinking and drug partners" (Susan).

4.2.6 UNWILLINGNESS TO ACCEPT HELP

A significant finding that emerged from the data was the unwillingness of the women to accept help when they were living in secured housing. This finding corroborates the ideas of (Finfgeld-Connett 2010) who suggested that homeless women sometimes lack the ability to take help from others. It appears that there were supports accessible to the women, however, at certain periods they did not avail of these provisions. There were multiple explanations as to why the women had failed to utilise the supports available to them, which included having controlling or abusive partners who didn't support them in gaining help from others and being still involved in substance abuse that prevented them from seeing that help was available. Also an over overwhelming desire of all these women was to try and cope by themselves and not have to rely so heavily on other people and professionals. It is ironic that the things that these women feared, such as the lack of independence and loss of personal integrity if they accept help are the things that they face as a homeless person if the tenancy fails (*Finfgeld-Connett 2010).* When the women were asked if they utilised the after care service and other supports while in housing they commented that;

> *"When my ex got out of prison I said right I don't need help from Edel house. It's stuck in the back of my head that I have to do everything on my own, but in fact I couldn't so I ended up back in Edel House" (*Liz*).*

> *"But I didn't take any notice of the aftercare service I didn't want her (after care worker) around me her or social workers, counsellors or no one I didn't trust anyone at that stage I was depressed" (Stacey).*

Marin (1987:49) who wrote about the homeless community in California provides a reflection of how homeless people are living in a self-imposed exile where help is not accepted "there are homeless people who believe that their lives have been irrevocably changed, damaged beyond repair, who therefore no longer want help, who no longer recognise the need for help and whose experience in the world had made them want to be alone and to survive alone".

4.3 EXPERIENCES & ATTITUDES OF THE AFTERCARE SERVICE

Overall there is strong evidence that the respondents that availed of the aftercare service found it to be a positive experience. At different stages of their lives, while in secured housing some of the women did avail of the aftercare service and some chose not to. For the women who did utilise it, the words used to describe the service and the after care workers were positive and compassionate.

> *"Yeah I used it which I absolutely thought were fabulous. I must say they were brilliant especially my aftercare worker she was brilliant she got me onto the addiction centre, I link in with her, maybe two to three times a week if I feel like going drinking id ring her and she would talk away. All the girls have the same thing to say about there after care workers they really do put their effort in" (Susan).*

The main positives that these women had about the aftercare service was the importance of having someone to talk to, someone to support and listen to them while they made the transition into independent living. Raised tensions and enthusiasm around the time of the move can be followed by feelings of loneliness, isolation and feelings of responsibility that can bear heavily on the client (Bevan 1998). On-going liaison is of key importance. Informal counselling and 'active listening' is an integral part of the work and may be the difference between a successful or failed resettlement. (Bevan 1998). The women looked forward to meeting with their after care worker and enjoyed the coffee mornings and other activities that were organised by the service. It gave structure to their day and also provided them with the opportunity for social contact, to meet new people and to create new social networks and enabled the development of social skills. In a study carried out by Broadway, a London Homelessness charity which explored the impact of social and cultural activities on the health and wellbeing of homeless people concluded that "the mental health benefits and the impact of activities on self-esteem were emphasised throughout the interviews and these were often linked with better physical health e.g. reduced intake of substances" (Broadway 2005:60).

The over- riding issue however was that at specific periods when the women were in secured housing they were not utilising the aftercare service.

> *"I did know about the aftercare service yeah, but I wasn't using it as usually. The*

aftercare is brilliant if I took heed of it" (Bernadette).

The other women had similar responses. The women who did utilise the service were the same women who in the past did not avail of it. It wasn't until they were ready to accept help that they were able to benefit from the aftercare service. It was evident that the women who didn't utilise the service seemed somewhat oblivious to the service. In the past the services provided by the aftercare team were overlooked and ignored.

4.4 CHANGES OR IMPROVEMENTS TO THE AFTERCARE SERVICE

When the women were asked if they felt there could be and changes or improvements made to the after care service provided by Edel House, very few amendments were suggested. The women who utilised the service found the service extremely efficient and as for the women who did not have experience of the service, were unsure of what changes could be made to help them in the future.

"I think the after care service is very supportive we just don't take advantage of it we don't use it" (Stacey).

"No, being honest now I think they're doing more than what they can do, they're great. They got me into course where I'm not around addicts and all. The coffee mornings and self-development course was great was cos it was a group of normal people do u know it wasn't my usual circle of people it was ordinary girls like myself but they weren't drugies or alcoholics. I always wanted to live a normal life" (Susan).

The second quote highlights an important theme that emerged, of the desire of the women to be around 'normal people'. This was a dominant theme for the majority of the women. When in independent living they stated that being around other drug users or alcoholics at AA meetings or NA meetings left them feeling very susceptible to going down the wrong path again. They were still vulnerable and felt that they would not have the capacity to say no if a person approached them about going drinking. This was a recommended task for the after care service team, to continue providing opportunities for the women to be around 'normal people', activities such as the coffee morning.

"When I move out id like to go to the coffee morning and meet normal people I learned about street life now I wanna learn about normal life, it could take my mind off things and make new friends, them other meetings you come out feeling worse remembering everything u went through about my husband beating me and my childhood u come out depressed" (Bernadette).

It seems that the biggest issue centres on getting the women to use the service, but not the service itself. The above quotes highlight the importance of one to one support in perhaps influencing the women to access support services. The need for flexible and individual support is of huge importance. Recommendations in relation to this will be discussed in the next chapter.

4.5 LIVING IN SECURED ACCOMODATION: WHAT DID WORK?

Having interviewed respondents in this study who were currently in successful independent living, dominant themes arose as to what assisted them in sustaining their current tenancy. The researcher believes it is significant to make reference to these findings as it will inform Edel House and the after care service of what contributes to a woman being successful in secured housing. What emerged was that these women certainly acquired a great deal of support, motivation and activities to help them be successful in their transgression into living in the community. Being provided with a house certainly wasn't the only resource that enabled them to live independently, as identified by the women themselves. The importance of support from family and friends was highlighted as a major factor and also the significance of positive relationships;

"Being in a house isn't enough, being in a nice area isn't enough, it's about having good support from family and friends that will cancel the loneliness and help you live alone. You need an awful lot of support for it to work, shelter isn't enough I'm only after learning that now" (Susan).

It was the availability of these supports that helped them with their psychological integration in the community and develop a sense of belonging (Nemiroff , Aubry & Klodawsky 2011).

Keeping busy and having structure in their days was stressed as a further factor that led to the success of living independently. The involvement in the after care programmes, courses and

groups gave them confidence and improved their self- worth and self-esteem. Confidence which was crucial to help them realise that they could be independent and live and cope on their own, while accepting help from people who were there to give it. In 2008 a study carried out by Crisis, an organisation for homeless people in Britain which explored the informal and formal resources homeless people rely on to navigate, found that the respondents continuing involvement in the after care service centre appeared to be essential for them, helping them deal with the isolation of living alone, of keeping in touch with people they had known when they were homeless but in a controlled setting, and providing activities which were an alternative to alcohol or drug use (Akpadio, Bushnaq, Campbell, Pal & Hassan 2008).

> *"Like these things help me cope, coming to the coffee mornings every Wednesday and stuff like that and the self-development course which gave me confidence self-esteem and communication skills I learned more about myself since going" (Deirdre).*

There was also an overriding sense that professionals played a pivotal role in motivating and supporting these women to live independently. Over the years their constant motivation and words of encouragement finally made these women realise that change was needed.

> *"The staff in Edel House and the counsellors gave me the boost to go the treatment centre and get off the drugs. They pushed me, they gave me that boost, they had great time for me, I needed that kick, they did everything in their power to help me that time, so I did I changed my life around" (Susan).*

> *"My psychiatrist and counsellor made me deal with my stuff from my childhood and that helped me stop the drinking" (Deirdre).*

This highlighted the importance of planting seeds in client's mind; eventually they might come to the realisation that change is needed. The above factors that enabled these women to be successful in independent living was a result of them being willing to accept help and realise change was needed

> *"I believe anyone can change, but only when they're ready and that includes having the right support, people who want to help you and see you do well and believe in*

you"

(Deidre).

4.6 ADDITIONAL THEMES THAT EMERGED FOR THE DATA

The nature of the semi- structured interview endorsed a huge amount of information to be disclosed by the respondents in each interview. They wanted to tell their life story, they wanted their voices to be heard. Due to the small-scale study of this research not all of the discussions and topics raised in the interviews could be presented and analysed. However the researcher is of the opinion that such discussions and topics need to be mentioned to truly represent the experiences of the service user's. These findings include the respondent's pathways into homelessness which were very much connected with their reasons for multiple admissions to Edel House. The overall consensus that became evident to the researcher in relation to pathways into homelessness was that all the women interviewed experienced traumatic and difficult childhoods and other significant sufferings and distresses in their lives. They had experienced poverty or deprivation, histories of state care and limited education qualifications. Many of which go beyond the scope of this research, these findings could possibly be analysed in the future.

4.7 CONCLUSION

This chapter has attempted to represent the voices and experiences of the respondents of this study. Every effort was made by the researcher that the important themes were presented in a concise and respectable manner. The researcher's response and also relevant literature was intertwined with the findings. The aim of this chapter was to answer the research questions as stated in figure 1.8 and every attempt was made by the researcher. The following chapter will outline the conclusion and recommendations of the study.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will be divided into two sections. The first section will conclude a summary of the main findings of the study. These will specifically discuss answers to the research questions that were set out in the introduction chapter. The second section will outline recommendations obtained from this study, from listening to service users and analysing the data. Recommendations for further research will also be discussed in this chapter.

5.2 CONCLUSIONS

It is evident that for the women in this study there are many complex and multifaceted factors that led to their long-term homelessness and subsequent re-admissions to Edel House. The literature review emphasised the fact that there is a deficiency of research done on the experiences of homeless women both nationally and internationally. The literature did however highlight other studies carried out with homeless women which mirrored aspects of the findings from this study. The primary focus of this research was to specifically listen to what the service user's perceptions, of why they felt secured accommodation did not work out for them. Every woman's personal experience was diverse and personal, however key themes did arise.

SO, IS A HOUSE ENOUGH?

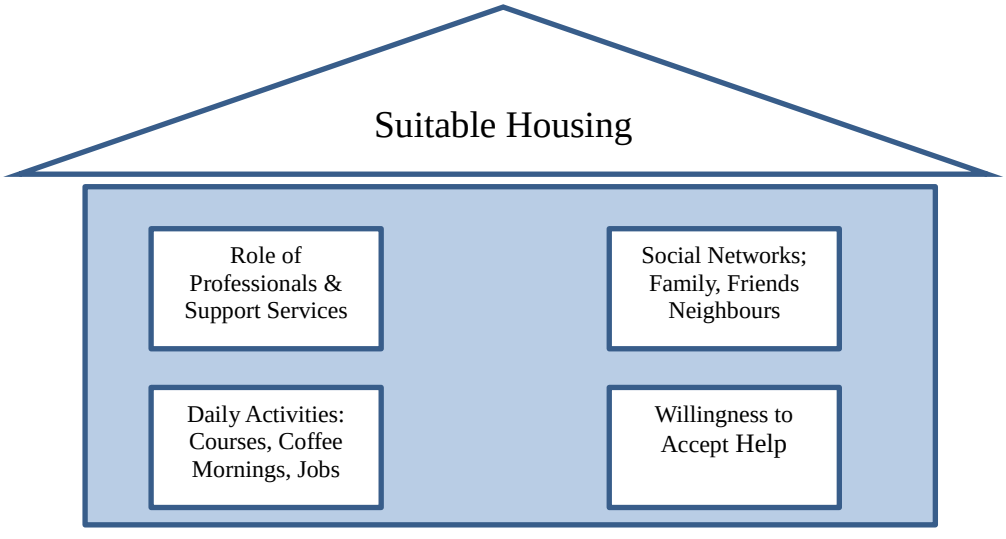
5.3 WHAT LED TO THE BREAKDOWN OF SECURED ACCOMODATION FOR THESE WOMEN

The experiences and circumstances associated with returns and readmissions were multidimensional and involved the combination of numerous interlinked factors. Consisting of, a series of structural problems, societal issues and difficult personal life experiences.

Difficult childhoods and problematic family dynamics played a substantial role in the progression into homelessness for all these women. These in turn had a profound effect on their repeat admissions to homelessness. The main themes identified in relation to why these women felt secured housing did not work out, which subsequently led to their repeat admissions to Edel House included; personal and societal problems such as loneliness, the inability of these women to cope socially and emotionally while living alone, substance misuse problems, poor social networks, the experience of domestic violence and also the unwillingness to accept help. Finally, structural issues for example the lack of unsuitable housing and evictions. These women's experiences paint a complex picture of long-term homelessness. An attempt to cite a single reason for the repeat admissions would be difficult and even impossible for most women in this study. Their multi layered and convoluted histories cannot be whittled down to one significant incident or lifestyle choice.

From highlighting what did work for the women in independent living, it emphasised the fact that providing homeless women with practical things such as a roof over their heads is possibly not enough to enable them to live an independent life free from homelessness, as stated be the women themselves. A Series of formal and informal supports were identified by the women such as, open-minded and motivating professionals, social networks including family, friends, neighbours and other positive relationships, the involvement in after care services, day centres and activities as well as the person coming to the realisation that change is needed and accepting help which enabled the once homeless person to integrate into the community, gain a sense of belonging and provide them with basic life and social skills.

Figure 5. 1 Represents the factors that are integral in achieving a full and fulfilled life, free from homelessness. Homeless people need to try and open all four of the windows below, so that light can enter each and reflect throughout their lives and lifestyle (Lemos 2000).



5.4 THE ATTITUDES TOWARDS THE AFTERCARE SERVICE?

There was a strong feeling of satisfaction towards the after care service provided by Edel House among the women who had utilised it. The aftercare service provided the women with practical support when moving, emotional support when settled in the housing in the form of a key worker who was available to listen, chat and visit the women. The aftercare service also provided the women with the opportunity to attend various courses such as self- development courses, Fetac courses and coffee mornings. Additionally the aftercare service provided information to these women of other support, courses and activities that might be of interest to them.

For the women who did not utilise the service they stated that they didn't have enough knowledge of the service or other supports available to them. When prompted about this however, it was evident that information was given to them when they ventured into independent living yet they failed to utilise the support as the figure 4.2.6 'the unwillingness to accept help' theme describes. The women's own self-determination in surviving independently without the help from the aftercare service has to be acknowledged as a dominant reason why these women are readmitted to Edel House. The main issue was that the all of the women at some point in their homeless history failed to use the service while they were living in independent housing. Therefore the concern isn't in changing the service but altering the approach in getting the women to utilise the service.

5.5 RECOMMENDATIONS

The recommendations were obtained from the women interviewed and it answers the final research question noted in section 1.7. The partner organisation wanted this research carried out in the hope that it would highlight areas where they could improve their aftercare service to assist the service users while in supported accommodation and to eliminate repeat admissions. As the general consensus was positive for those who had contact with the after care service the researcher has devised a number of recommendations based on these findings and of relevant literature around the role of professionals and support services with homeless women. The complexity of these women's lives, their diverse backgrounds and the disparate issues they face once they are out of home suggests there is not and cannot be a simple one

dimensional solution to the problem of repeat admissions and long-term homelessness. It requires interventions across a continuum to target these women who are different stages of the homeless experience.

The Researcher's Recommendations are as follows;

- As evident from the findings the main issue was that the majority of the women at some point failed to use the service while they were living independently. Perhaps greater awareness and publicity about the aftercare service needs to be promoted so a higher percentage of the women utilise the service. As stated this depends on the willingness of the women to accept help. In responding to this, Edel House could provide the women with a two-week preparation course, prior to moving into secured accommodation. This preparation course could provide information on the role of the after care service, the courses, activities and services that will be available to them. This course could include the creation of a step-by-step action plan with the help of the key worker to help prepare them for independent living. This action plan could help the women identify their coping strategies while living alone, help them identify their social networks and how they hope to utilise them. It could also be an opportunity for the women to highlight what is different for them this time in comparison to past times they have left Edel House. Are they now ready to accept help from the aftercare service and do they feel ready to live independently. Practical issues such as finance management and life skills such as cooking could also be covered. The staff of Edel House also need to go at the clients pace in terms of readiness for secured housing.

- As noted the women have to have the self-esteem and self-confidence to accept help. It is evident that the role of professionals have a clear role in motivating the women to change and accept help by talking to the service users. *"They need to focus us, and get people into courses get me motivated and focused. I think personally the hardest thing is to get the women motivated to change" (Susan).* An air of positive thinking and self-esteem needs to be promoted in the shelter. Evidence shows that professionals that project respect for homeless women in non-stigmatising ways can lead to self-sufficiency assist them in developing problem-solving and motivate them accept help. The aim is to empower these women in order to develop a community

wide support network (Finfgeld-Connett 2010). A further suggestion is that a group could be set up in Edel House prior to the women moving out that highlighted the importance of positive thinking and building one's self esteem.

- As acknowledged by the women it was the key/support worker from the aftercare service who provided them with one to one emotional and practical support while in independent living. Therefore emphasis needs to be put on the strengthening of this relationship before the women leave Edel House, so trust is established before the woman enters independent living. Trust needs to build up with the clients which might lead to them accepting help and utilising support services.

- For the women who didn't utilise the service there was a sense that they were less likely to approach staff and ask for help or accept help. The staff in Edel House perhaps need to explore ways of reaching out to these less voluntary clients. The employees need to be aware that not all clients will be vocal about wanting help but that doesn't mean that they don't want it. *"If they could just talk to us for ten minutes every day" (Liz).* Again the building of a trusting relationship is vital here.

- The positive experience for the researcher in interviewing these women highlighted the fact that these women were more than willing to discuss and talk about their perceptions, experience, opinions, needs and wants in a very open and honest way. They wanted to be listened to. Weekly meetings in the shelter for the women could provide them with this opportunity on a regular basis. These meetings could provide the women with the opportunity to discuss their fears and hopes about moving out into independent living. Time needs to be dedicated to listening to their voices. After all, client involvement plays a key role in acknowledging and releasing the often hidden capabilities of users, sometimes leading to employment, as well as enhancing the responsiveness and sustainability of services (Akpadio, Bushnaq, Campbell, Pal & Hassan 2008).

- Literature has shown the importance of mentoring as a form of supporting the socially excluded groups including homeless people (Lemos 2000). The aftercare service provided by Edel House could recruit volunteers to act as mentors to the women when they secure housing. For some of these women family and friends as a form of

support are non-existent. It would be impossible for the key worker to take the role of all these invisible supports, therefore a volunteer/ mentor could be an additional support. As the majority of the participants vocalised the importance of having someone to talk to and listen to them and just having social contact. The role of the mentor would be to support the women in building positive social networks. Encouraging and securing the opportunity of successful participation in finding work, undertaking courses and other activities where a new set of supports can be found (Stenhouse 2005:7). A befriending service through the use of volunteers could also be run by the aftercare service as a less formal contact.

- Continuous training opportunities need to be available and (Fetac ect) offered to clients when they secure accommodation. As the women who have used them found them very helpful and supportive. The importance of keeping the days full and having something to do was something that helped them alleviate the isolation and loneliness. The promotion of recovery also needs to be continued, referring the women to treatment centres is of huge importance.

- Research has emphasised a lack of training in the area of loneliness (Adam et al 2004). Since loneliness was such a prevalent crisis in these women's' lives while living alone, a group could be set up in the hostel before the women move into housing. This group could highlight the effects of loneliness and identify coping strategies for loneliness. Advanced ways of alleviating social isolation and loneliness that serve to reduce isolation among homeless or former homeless people are urgently needed (Smith, Akpadio, Bushnaq, Campbell, Pal &Hassan 2008). The staff and after care workers need be more aware that loneliness is such a big dilemma and need be able to recognise that loneliness is prevalent in the lives of these women.

- Nemiroff, Aubry & Klodawsky (2011) conducted a study of the psychological integration of homeless women into the community it highlighted the importance of housing quality in predicting psychological integration of homeless women into the community. The study suggested that efforts need be made to help women who have

experienced homelessness find housing that is safe, comfortable, provides adequate living space and privacy, is in a friendly environment, and is of high overall quality. These features might help women experience a greater sense of belonging in their communities, which might, in turn, result in greater housing stability (Nemiroff, Aubry & Klodawsky 2011:1015). The staff of Edel House and the aftercare service need to help and ensure that the women find appropriate and suitable housing before leaving Edel House.

Recommendations for Further Research;

- This research study has reached its aims and objectives and has unearthed many valid, interesting and significant facts. However it is the belief of the researcher that this study has identified such complex societal issues that the scope of this research could not cover in more detail. These include the relationship between gender based violence and long-term homelessness, the prevalence of loneliness in the lives of homeless women, women's pathways of homelessness in an Irish context are all areas that merit further analysis in a separate paper. A further recommendation is that these women could be tracked in five years' time to see what worked and what didn't work for them in secured housing.

- Is it evident that policy clearly has a level of impact on provision of homeless services however it was agreed with the partner organisation that the focus of this study would focus on addressing the research questions and to find similar research that would mirror the findings of this study. A more detailed study incorporating the impact of policy on service provision and service users experience might be considered as a 'stage 2' in this valuable research.

REFLECTIVE PIECE

I found doing my thesis as part of the science shop projects to be overall a very positive and rewarding process. I was very honoured to be able to carry out such relevant and well needed research for this very valuable organisation. The engagement with the service users in this project was an experience I thoroughly enjoyed and learned immensely from. I felt privileged to get the opportunity to meet with and listen to their experiences and give them a voice in research. I strongly believe that the person in need is truly the expert of their own situation. It is easy for us as professionals to be judgemental of the circumstances, and choices that these women have made in their lives. However we should look closely and examine what has led them onto this path, while looking at their good qualities in order to help them make changes for the future.

Working alongside Edel House, the partner organisation, in the process of participatory research indicated to me the importance of good communication, mediation and organisational skills. Having deadlines set out between the organisation and myself gave me the structure that I needed for this piece of work. Personally I can be very indecisive therefore having the project title set and the overall research objectives established, it gave me peace of mind in knowing that a huge piece of the work was done before Christmas.

For my future social work career I feel that seeing things from these women perspectives will allow me to be more understanding of women whose children are getting taken into care. (as the majority of the respondents had children who were in care). Knowing what they have gone through and are going through will allow me to be more understanding of their situation. The findings of this research also made me realise the important role we as professional play in empowering people to change. This finding surprised me. Before I started this research I believed that the role of family and friends would override the role of professionals in enabling a person to live independently. It has also emphasised the importance of solution focused work with clients. The majority of these women had the want and desire to deal with what has happened to them in the past and move forward with their

lives, without reliving their pasts over and over again. This is something that I hope to keep in mind in my future social work career.

In respect of organising the interviews I encountered unforeseen difficulties. At the time of recruitment there were low numbers of women resident in the hostel that had repeat admissions. For the majority of residents it was their first admission. Due to my submission date quickly approaching it was my priority to get five participants to interview as quickly as possible. This led to a level of panic and anxiety for me as I was unsure how my thesis could be completed without the minimum amount of interviews completed. I never anticipated that there would be difficulties in the recruitment of participants. Also a lot of time was spent in the hostel waiting for the participants to turn up as they were not there when arranged. I realise now that I should have been more prepared for such issues arising. I learnt the importance of being flexible as I was available to interview the participants whatever time suited them which involved the workers ringing me a few minutes in advance and me getting there as soon as I could to interview the women. I also learned the importance of perseverance; I was determined to interview five participants and did so by building up a rapport with the workers in the hostel to help identify potential participants.

Reflecting back I now feel that all the hours spent waiting and agonising over the interviews was most definitely worth it. It allowed me to feel valuable as I believe in a small way that I empowered these women by enabling their voice to be heard.

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APPENDIX 1

Participant Information Sheet

To whom it may concern,

My name is Elaine Doyle. I am a social work master's student at University College Cork. As part of this degree I am undertaking a research project leading to a thesis. The project I am undertaking is examining service users' perspectives on the reasons for repeat admissions to Edel House. The research will be used in a report for Edel House and potential future publications and presentations, including Elaine Doyle's final year thesis. A copy of the research will also be available in the off-print library at University College Cork.
-
I am inviting women to participate in this study who are over the age of eighteen and currently resident in Edel House, where this is at least their second admission to the hostel as a result of homelessness. I am hoping to interview 5-6 women in total. If you volunteer to participate in this project it will involve me interviewing you for approximately 30 minutes to an hour maximum, where I will ask you a few questions about your experiences of attending Edel house, being in independent living and your reasons for returning to Edel House.

Participation in this study is completely voluntary and should you wish to withdraw from the project, you may do so without question at any time before the data is analysed. Just let me know. You can also withdraw permission to use the data given in the interviews within two weeks of the interview, in which case the material will be deleted.

The interview will be tape recorded. This will be transcribed and will be kept in a secure location for a period of six months after the interview takes place, at which time the data will be deleted. Edel house will not see this transcript at any stage and this will only be seen by Elaine Doyle and her supervisor at University College Cork.

All information gathered in the interviews will be kept confidential and you will not be named or identified in the research.

Thank you for your time and please contact me should you wish to discuss any detail of the project or the consent form. My contact details are at the end of this letter.

Yours sincerely,

Elaine Doyle
Telephone: 083 4120734
Email: doyleelaine@yahoo.ie

APPENDIX 2

Consent Form

Project Title: Is a house enough? Service Users' perspectives on the Reasons for Repeat Admissions to a Female Homeless Service (Edel House).

The study has been explained to me and I agree to take part.

I understand that my participation is completely voluntary and I can withdraw from the study at any time by informing the researcher Elaine Doyle.

I understand that the interview will be tape recorded. This will be transcribed and will be kept in a secure location for a period of six months after the interview takes place, at which time the data will be deleted. Edel house will not see this transcript at any stage and this will only be seen by Elaine Doyle and her supervisor at University College Cork.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that any information I give in the interview will be confidential and I will not be identified in the study.

I understand that data from my interview will be used in a report for Edel and potential future publications and presentations, including Elaine Doyle's final year thesis. A copy of the research will also be available in the off-print library at University College Cork.

Name of participant .....

Signed .....

Date .....

APPENDIX 3

Interview Guide

Semi Structured interview with participant of Edel House Homeless Service

- Begin recording
- Thanks for participation
- Explanation of the consent letter
- Ensure person is comfortable with participation
- Brief outline of number of questions
- Begin asking questions

Topic: Background to service user's history in Edel House.

Question 1

When and why, were you first admitted to Edel House?

Probing Questions

- What do you feel are the reasons that led to you becoming homeless?
- How many times have you been admitted to Edel House?
- What does Edel house provide for you?

Topic 2 Housing Situation

Question 2

What type of housing were you in, between the admissions to Edel House?

Probing Questions

- When and where did you get re-housed to by Edel House?
- How many times were you re-housed?
- Who were you living with when you were re- housed?
- How long did you stay in this accommodation?
- Were you happy/content living here?
- Were you supported by anyone while living here? Support networks?

- Did you avail of any support services?

Topic: Reasons for leaving this accommodation and returning to Edel House.

Question 3 Can you describe to me the situation you were in that led to you returning to Edel House?

Probing Questions

- At what point did you leave this housing and return to Edel House?
- What were the factors that contributed to this?
- Were there any personal or emotional factors that led to this?
- Were there any other alternatives available to you at this time?
- In returning to Edel house how did this make you feel?

Topic: Service user's view of the after care service provided by Edel House?

Question 4

Did you receive any after care support from Edel House once you were re-housed? If no were you aware of such a service being available to you?

Probing Questions

- Did you find this after care helpful?
- Do you feel there could be changes or improvements made to the after care service in Edel House to help you while living in a house?
- Are there any additional supports which, if you had received them, might have prevented you returning to Edel House?
- What do you feel you need to support you in new housing once you leave Edel House?
- What do you think would have prevented the breakdown of the housing?

Ask if there is anything else that the person wishes to say about their experiences of returning to Edel House or about anything else that might have come up today.

Thank the person for their involvement.