"A HOME IS DIGNITY"

A Collection of Voices and Analysis of Women’s Mental and Emotional Experiences of Homelessness in Ireland
I would like to thank the courageous women who shared their personal experiences of homelessness for the purpose of this research. Through their generosity and openness, we can learn the individual, societal, and political changes that we must make to foster more inclusive, safe, and supportive communities.

I would also like to thank the staff at Sophia Housing for their time and assistance gathering the data for this report.

Finally, I would like to thank the Mercy Emerging Leaders Fellowship team for their continuous support and encouragement, and for giving me the opportunity to carry out this research project.
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Abstract

This research project seeks to present a detailed analysis of women’s homelessness in Ireland, paying particular attention to women’s psychological well-being, during and after homelessness. The past decade has seen an alarming increase in the feminisation of homelessness. Homelessness is not merely a loss of a physical home, but a loss of a sense of safety, security, dignity, community and belonging. These losses, along with the traumatic events of homelessness, exacerbate mental and emotional health difficulties. Women often lack gender sensitive responses to support them in their journeys to overcome conditions of homelessness. By reviewing previous research and listening to the voices of women with lived experience, this study hopes to educate the reader on the gendered experiences of homelessness and share insights into the profound psychological impacts of homelessness on women’s well-being.
Introduction

Women’s homelessness is a major social issue that is largely misunderstood by Irish society. There is a lack of knowledge and research in the area of women’s homelessness, as the homeless condition has traditionally been understood to affect men more than women. Homelessness is not merely a loss of a physical home, but a loss of a sense of safety, security, dignity, community and belonging. These losses, along with the traumatic events of homelessness, are known to exacerbate mental and emotional health difficulties.¹

The past decade has seen an alarming increase in the feminisation of homelessness in Ireland. Recent figures show that 6,032 adults are currently living in conditions of homelessness and women account for approximately 42% of this population, a rate that continues to rise.³ Dublin, Ireland’s capital, has become the hub of Ireland’s homelessness crisis, accounting for 69% of the women experiencing homelessness in December 2019.⁴ In truth, these figures are much higher, as the data produced by the Pathway Accommodation and Support System (PASS) does not account for the many women living in ‘hidden homeless’ situations, direct provision centres, and domestic violence refuges.

The Department of Justice and Equality has stated that the growing challenges that homelessness presents on women are of grave concern to the Irish Government.⁵ There is an urgent need to increase collective understanding and awareness of the multidimensional issue of homelessness to protect the well-being, and restore the dignity of families and women across the country. Ending homelessness requires a multisectoral response with public and political support.

This report seeks to present a detailed analysis of women’s homelessness in Ireland, paying particular attention to women’s psychological well-being, during and after homelessness. It does this by offering women with lived experiences of homelessness the opportunity to share their unique journeys in response to postal survey questions. The depths of the women’s responses are explored and analysed by the researcher. In doing so, it becomes evident that conditions of homelessness exacerbate women’s experiences of inequalities and vulnerabilities, and hence, contribute to their complex needs not being met. In particular, the research highlights that the women’s interactions with homelessness have a negative effect on their psychological well-being. In addition to this, the research also identifies changes in the women’s psychological well-being, as a result of receiving a home and holistic support. Finally, messages for the Irish Government and United Nations in relation to homelessness are collected. The report concludes by discussing the key findings and recommendations from the research.
BACKGROUND RESEARCH

WOMEN’S HOMELESSNESS IN IRELAND

Ireland is in the grips of a multifaceted homelessness crisis. Skyrocketing property prices and rents, a shortage of social housing, and a rapidly growing population, among other factors, have given rise to the significantly high numbers of families, women and children affected by or at risk of homelessness. Those who are most vulnerable and experience inequalities and prejudice, such as single female parents and female survivors of domestic violence, are more likely to enter into situations of homelessness. Within four years, Focus Ireland reported a rise of 158% in the number of women-homeless between 2015 and 2019. These women are among the most vulnerable and marginalised in society, as their human rights have been violated, and they lack access to social protection and essential supports. A gender sensitive approach to homelessness is urgently needed to explain women’s housing needs and to address the negative impact the phenomenon has on women’s well-being.

Understanding homelessness can be complicated, as no universally accepted definition exists to actively address, monitor and measure the global extent of the issue. Traditionally, homelessness has been understood as an issue that predominantly affects men. Conventional images or representations of the issue often portray the image of a ‘rough sleeper’ or a male experiencing ‘rooflessness’ and are not representative of other aspects of the homeless condition. The broader concept of homelessness is complex and refers to a wide range of conditions, such as people sleeping on the street, sleeping in places not intended for night-time accommodation, staying at public or private homeless shelters, living in insufficient/inadequate housing, staying in temporary accommodation/emergency lodging, and living in situations of ‘hidden homelessness’. Although, women’s experiences can take all forms of these conditions, women have been found to feature prominently amongst the ‘hidden homeless’ population. This population resides in informal settlements such as couch surfing or staying with friends or relatives, as a means of survival. The ‘hidden homeless’ are ‘invisible’ to authorities and, moreover, miss out on available supports and services. Therefore, if homelessness is solely to be considered as ‘rough sleeping’ or single homelessness, then women would be heavily overlooked and unaccounted for by responders.
In order to be representative of the range of conditions and drivers of homelessness that are discussed throughout this research, the following inclusive, human-rights based definition proposed by the United Nations Expert Group on 'Affordable Housing and Social Protection Systems for All to Address Homelessness' will be adopted:

“Homelessness is a condition where a person or household lacks habitable space with security of tenure, rights and ability to enjoy social relations, including safety. Homelessness is a manifestation of extreme poverty and a failure of multiple systems and human rights”.11

VULNERABILITIES

For persons rendered homeless, encompassing life satisfaction and a sense of purpose requires high psychological well-being. Felicia A. Huppert (2009) defines high psychological well-being as “the combination of feeling good and functioning effectively”.12 Housing instability presents many barriers to achieving high psychological well-being, as persons rendered homeless commonly present a combination of mental health issues resulting from experiences of loss and trauma.13 Poor mental health issues can include depression, low self-esteem, loneliness, sleeping disorders, anxiety and stress disorders. A study by Mental Health Reform Ireland and the Simon Community (2017) on Homelessness and Mental Health: Voices of Experience affirms that “secure and long-term housing is fundamental to promoting the recovery of people with mental health difficulties, including people who are homeless”.14 In order for the mental and emotional needs of individuals rendered homeless to be met, the provision of holistic, compassionate, and person-centred responses is required to not only supply individuals with a home, but provide the appropriate supports that promote stability, security, safety and autonomy, and, accordingly, improve individual's psychological well-being.

Paul Koegal (2004) found that individual vulnerabilities from interacting with traumatic events can characterise who is more likely to be affected by or at risk of experiencing homelessness.15 These vulnerabilities have economic, social and personal consequences that the provision of a house alone will not solve. Women rarely enter homelessness as a result of one single factor rather a complexity of factors.16 Common factors which increase women’s vulnerability to enter into homelessness include low pay/unemployment, family status, experiences of gender-based violence, underlying poverty, past experiences of trauma, access to healthcare, and access to childcare.17 Vulnerable persons need strong integrated supports to provide empathy, responsiveness and empowerment, to assist them in their journey in exiting homelessness and managing a tenancy.18 Services responding to homelessness must be tailored to each person’s unique vulnerabilities and needs so that their right to the highest attainable standard of physical and mental health is met, and their life satisfaction is improved.
The feminisation of homelessness in Ireland is mostly attributable to the sharp rise in family homelessness. In 2018, the monthly average number of families presenting as newly homeless was 93. Paula Mayock and Joanne Bretherton’s (2017) study on Women’s Homelessness in Europe highlights that the majority of homeless families in Ireland are female-headed, lone parent households. These families enter into homelessness as a result of losing their home in the private rented sector for reasons like high rents, landlords selling up or being repossessed, a shortage of properties to rent and a lack of properties accepting rent supplement or taking part in the Housing Assistance Payment scheme (HAP). Consequently, these families find themselves residing in emergency accommodation, such as commercial hotels, hostel accommodation, or B&Bs. These living environments often lack space and are not conducive to family life, especially over long periods of time. Conversely, to avoid emergency accommodation and the stigma of being labelled as ‘homeless’, families may enter into situations of ‘hidden homelessness’ and go ‘unseen’ to local authorities.

The lack of understanding of the causes and often, systemic drivers of a person’s homelessness, leads to the spread of misinformation and the formation of negative stereotypes. Studies suggest that people experiencing homelessness are often stigmatised and blamed for their predicaments and are regularly perceived as failures by the rest of society. Experiences of stigmatisation and discrimination have been found to have a direct relationship with experiences of homelessness and mental illness. According to the Office of the United Nations High Commissioner for Human Rights, discrimination against women in relation to housing can occur simply “because they are women, or because of other factors such as poverty, age, class, sexual orientation or ethnicity”. These behaviours reflect an ignorance in society to the exceptionally stressful and traumatic aspects of homelessness. A common example of such stigma and generalisation is the misperception that all people experiencing homelessness are addicted to alcohol and other substances. Although, women experiencing homelessness have been found to use alcohol and drugs more commonly than other women, it is rarely the sole cause of a woman’s homelessness and therefore, other determinants must be considered.
Women living in homelessness are often judged based on what they do not have rather than by the systemic inequalities which oppress them from progressing in society. Katrina Milaney (2013) found that women’s emotional and mental health is further distressed when community supports lack gender sensitivity. There is a ‘culture of shame’ for women who experience marriage breakdown, and this heightens the judgement of separated homeless women. Stigmatisation against women can be rooted in gendered ideologies and patriarchal constructs which reduce women to domestic and maternal roles within the home, and so, prompting judgement and shame from society when they do not conform to these expectations and constructs. Emphasising that a woman’s place is in the home can neglect some women’s experiences of abuse and oppression at home, and can risk discouraging women from exiting unsafe environments. Domestic violence and other forms of gender-based violence have been found to predominantly drive women’s homelessness. A UK report on The Impact of Homelessness on Health and Well-being identifies that domestic abuse has a negative impact on women’s mental and physical health, isolating them from family, friends, the community and work.

Mothers who find themselves homeless come up against further depths of stigmatisation. Their homeless situation can distress their capacities to support and nurture their children due to a lack of available resources and supports. This can cause some mothers to be seen as ‘failures’ or ‘bad mothers’, as they are not fulfilling their traditional role as ‘caregiver’ in the home. A constant worry among vulnerable mothers is losing custody of their children. In such cases, the woman becomes known as an ‘unaccompanied mother’. On top of the already deeply traumatic and stressful event of losing a home, the separation of a family is exceptionally traumatic and can have lasting consequences on both the parent and child’s health and well-being. Paula Mayock, Sarah Parker and Sarah Sheridan (2014) highlighted that mothers who are homeless for more than one year are more likely to lose custody of their children, and therefore, less likely to qualify for welfare entitlements and other forms of support available to children. Moreover, due to the nature of housing authorities in Ireland, an ‘unaccompanied mother’ is registered on a housing list as a ‘single adult’ and not as a mother looking for a home for her family. This measure reflects a neglect of women’s maternal identities, further stigmatising and marginalising them, and compounding the already complicated chances of family reunification.
Supportive housing models reflect holistic, sustainable solutions that aim to break a person’s cycle of homelessness. Supportive housing responses are committed to the immediate provision of permanent supportive housing rather than allowing persons rendered homeless to enter into longterm emergency accommodation. It is a model proven to be a successful and cost-effective solution to reducing homelessness. Support officers working in supportive housing initiatives are highly trained to provide wrap-around services that improve a person’s health and well-being and cultivate their human wholeness. Trauma informed care is often one of the services offered to help people in their recovery process. Sophia Housing is a supported housing NGO in Ireland that is committed to providing holistic, supportive housing to persons and families rendered homeless. Sophia Housing offers a person-centred approach to recovering from experiences of stigma and trauma, by providing support, space and time to help people move forward from homelessness. In 2019, they supported 1,034 people to transition into homes of their own. Sophia Housing’s vision is as follows:

“Our Vision is to support marginalised people to realise their potential and fulfil their ambition. Sophia pursues its vision through projects that enable people to make positive differences in their lives. Every project aims to be innovative and ensure service users feel safe and secure”.

As outlined, women when homeless are vulnerable and have multiple complex needs, therefore, they must be met with a culture of care and empathy that recognises their inherent dignity and supports them with life skills and the ability to successfully reintegrate into communities. The provision of holistic, proactive, and compassionate responses is essential to support families and individuals on their journeys through and beyond homelessness. A holistic approach considers why an individual or family could not manage their tenancy and what supports can be offered to help them succeed in this. Holistic responses not only provide individuals and families with a place to live, but also with the necessary supports that each individual/family uniquely needs to live well.
METHODOLOGY

The main purpose of this research was to understand further the impact of homelessness on women's psychological wellbeing by amplifying the voices of those with lived experience. The women with lived experience are the true experts of understanding female issues of homelessness. The research was driven by the researcher's own interest in the area, and her participation in the Mercy Global Action Emerging Leaders Fellowship. The research hypothesised that conditions of homelessness impact negatively on women's mental and emotional well-being and, additionally, transitioning to housing and receiving holistic support positively improves their wellbeing. The research took a qualitative approach and was based on data collection and thematic analysis.

The study had three objectives related to women's homelessness:

>> **Objective 1**: To investigate the impact of the experience of homelessness on women's wellbeing.

>> **Objective 2**: To understand how transitioning to housing with Sophia impacted the women's wellbeing.

>> **Objective 3**: To gather messages for the Irish Government or United Nations in regards to women's homelessness in Ireland.

DATA COLLECTION

The data collection technique involved the administration of a postal survey to collect data related to women's homelessness and well-being. The surveys were sent to women who have been housed or were in transitional housing with the organisation Sophia Housing, in the Dublin area. The surveys were accompanied by a 'Reply-Paid' envelope for participants to return to the researcher. Participants confidentiality was strictly protected, as no demographic information was collected, and all survey responses were kept anonymous.

SURVEY

The survey consisted of 30 short, open-ended questions (see Appendix A). The researcher took care to avoid asking any emotionally distressing questions that might illicit any psychological risk to the respondent.
Five of the survey questions were specific to the women’s experiences with Sophia Housing. One question required the women to write a message to the Irish government or United Nations in connection with homelessness. While the remaining questions aimed to investigate women’s wellbeing during homelessness. Five of these questions were specific to motherhood.

To formulate the survey questions regarding well-being, Carol Ryff’s theory of psychological wellbeing (1989) was considered as a framework to understand the concept of psychological well-being (see Figure 1). Her theory takes a multidimensional approach to well-being, contemplating medical, biological, and philosophical questions about what it means to live a good life. The survey questions were formulated based on the following six determinants that Carole Ryff identified as the components of psychological well-being:

- **Autonomy**: “Whether they viewed themselves to be living in accord with their own personal convictions”.
- **Environmental mastery**: “How well they were managing their life situations”.
- **Personal growth**: “The extent to which they were making use of their personal talents and potential”.
- **Positive relations with others**: “The depth of connection they had in ties with significant others”.
- **Purpose in life**: “The extent to which respondents felt their lives had meaning, purpose, and direction”.
- **Self-acceptance**: “The knowledge and acceptance they had of themselves, including awareness of personal limitations”.

![Figure 1. Carol Ryff's Six Factor Model of Psychological Well-Being (1989)](#)
SAMPLING

The survey criteria requested that all respondents be women who had previously experienced homelessness.

DATA ANALYSIS

Qualitative survey responses were analysed. The process involved reading and organising the responses in regard to their connection with each of the three objectives (see above). To examine objective 1 and objective 2, a thematic analysis was carried out on the responses to determine key themes that related to psychological well-being and homelessness and, moreover, the impact of receiving housing, and supports on psychological well-being. Direct quotes which were acceptable to include in the findings have been outlined in indigo-purple italic font. To understand each theme in terms of psychological well-being, the researcher created a table at the end of the analysis of each theme to reflect on the findings in relation to the six components of Carole Ryff’s theory of psychological wellbeing (1989). These reflections were based on the researcher’s own interpretations and thoughts while examining the women’s responses. As there was only one survey question that applied to objective 3, the messages for the Irish government and the United Nations were collected and discussed without deriving themes.
FINDINGS

A total of six surveys were answered and returned to the researcher. All women had experienced distinct durations of homelessness, varying from 6 months to 8 years. The drivers of homelessness identified in the responses were: the housing crisis, decisions by landlords to sell homes, breakdown of family relationships and asylum seeker status.

After an initial examination of the survey responses, an overall understanding of the negative impact that homelessness had on each of the women was gained. The responses to one particular question gave a profound sense of the women’s negative perceptions of being homeless. In three words, the women were asked to describe homelessness. Their responses are presented in the following wordle (see Figure 2):

Some respondents shared negative descriptions in regard to their own unique experiences of living without a home, such as “terrible mother”, “sick all of the time” and “isolated”. Others shared more general adjectives related to feelings of sadness, neglect and exclusion, such as “useless”, “helpless”, “fearful”, “weak”, “sorrow”, “alone”, “lost”, “scary”. These descriptions offer an overview of the negativity which can emerge as a result of homelessness. They set the tone for the study.

Figure 2. Wordle displaying the survey responses describing homelessness.
The first theme derived was ‘mental health’. The research findings suggest that poor mental health was a consequence and not a cause of homelessness. The trauma and stress of experiencing homelessness exacerbates feelings of anxiety, fear, depression, and sleeplessness. Stress can adversely affect sleep quality and duration. The HSE states that most people need between five and nine hours sleep per night. When asked on average how much sleep the women got when they were homeless, the survey responses varied. Four of the responses reported an average of six or less hours sleep:

“Probably 2 hours on a good night. I was too overwhelmed with guilt and fear, I was separated from my kids”.

“I was so stressed in the hotel. 6 – 1 hours”.

“3-4 hours”.

“5 hours it depends on my mood”.

One woman stated that she got eight hours but did not elaborate any further:

“8 hours”.

Issues related to low self-esteem were common among the respondents. It was evident that some of the women had a lower sense of self-worth and their confidence had diminished due to living in conditions of homelessness. One woman explained:

“I felt it is my fault even if it is not mine. It is a very bad circle to be in. I felt like a loser, that I am not stable, that I can’t provide minimum for my kids”.

Feelings of defeat and worthlessness were also indicated due to common stressors, such as a lack of control and uncertainty. Additionally, high levels of stress were reported to disrupt the ability to carry out day-to-day tasks:

“I felt completely out of control in every way. I could hardly concentrate in work so it affected all aspects of my life”.

“I feel I judged myself. If speaking about living with my in-laws, I said it was temporary, as if we had a house lined up”.

Among the struggles of housing instability and uncertainty, mothers experience heightened stress for the well-being of their children, due to their roles as caregivers. One mother indicated family separation as a stressor among her responses:

“I had no control over anything not even keeping my kids together... Nothing was working, even in the process I lost my ten-year-old son”.

Family separation can trigger major feelings of grief and loss, which can exacerbate mental health issues.

Objective 1

After analysing the responses to the questions related to psychological well-being, the following themes were derived: Mental health, motherhood, social support, and resilience.
A mother shared her experience of ‘hidden homelessness’ which meant she was separated from her children for eight months:

“Sofa surfed for about 8 months separated from my kids every night”.

Other internalising behaviours were highlighted in the women’s experiences. One respondent noted her extreme criticism of herself due to her ‘hidden homeless’ situation at her in-laws:

“Self-loathing, not wanting to be at my in-laws so trying to be out, but worthless as I could not settle my head”.

Only one respondent highlighted negative externalising behaviours due to stress:

“Normally I would become irritable and aggressive”.

Living on the streets results in extreme vulnerability, exclusion and a loss of independence which exacerbates mental health issues. One woman disclosed her paranoid thoughts when sleeping rough:

“Paranoia when I was on the street”.

Similarly, stigmatisation, judgment and comments related to situations of homelessness were recalled as being a driver of poor mental health. This relates closely to the stigmatisation by society to situations of homelessness, as a result of ignorance and a lack of understanding.

“I remember reading comments (derogatory ones) It can get into your head that those comments are about you”.

In reading and exploring the depths of the women’s experiences, the researcher was led to understand the following relationship between mental health and psychological well-being:

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>A weak/diminishing sense of purpose in life was observed, as a result of distressing experiences of isolation, uncertainty and instability.</th>
</tr>
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<tbody>
<tr>
<td>Autonomy</td>
<td>Social pressure and judgement from others decreased the women’s abilities to regulate their behaviours from within and demonstrate high autonomy.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>The negative thoughts and compounding stressors reported by the women reflect a weak sense of personal growth.</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>The lack of a sense of control over the external world decreased the women’s sense of environmental mastery and their ability to manage their mental health.</td>
</tr>
<tr>
<td>Positive Relations</td>
<td>Negative public opinion regarding homelessness impacted their abilities to form warm, trusting relationships.</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>The responses highlighted dissatisfaction with life due to low levels of self-esteem, instability, and a lack of control over their external environments.</td>
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MOTHERHOOD

The second theme identified was motherhood. This theme was anticipated due to the high levels of family homelessness in Ireland. Responses related to motherhood made reference to the challenges mothers and families face when living in hostile environments of emergency accommodation or inadequate housing. These challenges impact the women on a personal level, experiencing stigmatisation as mothers, and on a familial level, experiencing difficulties in their relationships with their children. One woman stated:

“Every day is a challenge for me and my children. We went through a lot. It was a disaster”.

In terms of personal challenges related to motherhood, experiences of shame and stigma due to their identity as homeless mothers were highlighted. Homeless mothers are often marginalised because they do not match the dominant family model and gendered expectations accepted by society. Their stigmatisation and shaming are driven by a lack of understanding and recognition of both the personal and structural drivers of women’s homelessness, and family homelessness in Ireland.

A woman highlighted her experience of stigmatisation and the negative thoughts that accompanied this. She felt:

“Failure as a mother because I could not give my children a home. They would have been better off without me as their mother or primary carer”.

Some mothers were not only concerned about their own experiences of stigmatisation, but they also feared the consequences and shame that their children might bear from identifying as homeless:

“I worry more about my kids in school get bullied because they are living in homeless accommodation”.

The influence homelessness has on the daily life of the family residing in emergency accommodation was also revealed. The lack of resources and family support in these precarious, unsuitable environments during long periods of time compounds the many complex stressors women already face during homelessness. One woman reported her limited access to a kitchen:

“I used to live in [a] hotel... with my kids. I had to wake up early to cook as [it] was shared kitchen”.

Similarly, another woman described the strain of living in emergency accommodation on her family life and schooling. She stated that getting her children to school was a great difficulty, as the accommodation was a long distance away from their school and she did not wish to move them to a closer school:

“Very difficult because don’t want to change their school. I will get them on the bus as early as 7.00 every morning”.
Difficulties in relationships and relationship breakdown between mothers and children were indicated, as a result of the barriers to nurturing due to homelessness. Effective parenting is not always possible when residing in hostile, unsuitable, closed environments for long periods of time. Children may become distanced from their mothers. Children’s detachment from their parents can have a negative impact on mother’s mental and emotional well-being. One woman recalled that each day she would return:

“...home to my young child who was getting more attached to her Nana so I went out a lot when not in work... My older daughter was very stressed and we argued a lot”.

Throughout the analysis of the theme of motherhood, it was evident that the needs of the children were first and foremost for the mothers:

“They are the only one I see. We comfort each other. They are my heroes!”

The following relationship between the theme 'motherhood' and psychological wellbeing was understood, as a reflection of the researcher’s assessment of the women’s various responses:

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>The women highlighted a weak sense of directedness on account of the uncertainty they felt over the external world. On the other hand, their children gave them a sense of meaning.</th>
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<tbody>
<tr>
<td>Autonomy</td>
<td>For mothers, low levels of autonomy were observed due to the negative evaluations by society that occupied their heads.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>Negative public opinion and limited resources to nurture their children were among the many barriers to personal growth highlighted by mothers.</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>The circumstances of homelessness made it increasingly difficult for mothers to manage their daily affairs.</td>
</tr>
<tr>
<td>Positive Relations</td>
<td>Mothers did not report trusting relations with the rest of society. Their homeless situations disrupted their capacities to offer affection and care to their children.</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>The mothers revealed a sense of disappointment over their homeless experiences, as a result of stigmatisation and marginalisation.</td>
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Social support can impact on homelessness duration and quality of experience. The survey responses revealed many circles of support which aided the women during their time of homelessness. Social support can come from many sources such as family members, friends, organisation and service providers. On the other hand, incidents of marginalisation and social exclusion were also indicated in the findings.

Strong institutional support has been found to play an integral role in helping people to exit homelessness.47

Institutional support such as Saint Vincent de Paul and the Irish Refugee Council were expressed as positively impacting the women’s homeless experiences. One woman reported receiving support from homeless organisations, however, she did not clarify which.

“Saint Vincent de Paul and my care worker”.


“Staff from homeless organisations”.

Family was identified as a source of social support one respondent could rely on:

“Family members took turns looking after my children night after night. I will never forget what they have done”.

Conversely, another respondent revealed judgement and isolation from her close social circle, as she did not know how she was going to secure housing for her family. Carole Zugazaga’s (2008) study Understanding Social Support of the Homeless: A Comparison of Single Men, Single Women, and Women With Children indicates that a lack of support from close relatives and friends can result in homelessness and further deprivation in times of crisis.48

“I always felt rejected by people that are closer to me. How are we going to get our own home was always a difficult question for me and my children”.

The survey responses also drew attention to situations of marginalisation and social exclusion. When asked their perceptions of public opinion about homelessness, some women outlined the common negative stereotypes, labels and misperceptions they understood from the public:

“A lot of people believe when you are homeless, you are worthless”.

“People think that homeless people are lazy, have addiction and get houses for free”.

“People think all homeless has mental, addiction problems which is not my case”.

While one woman stated that she still felt the label of homeless even after finding secure housing:

“I feel label of homeless person on my back”.
One woman discussed her experience of stigmatisation from service providers. She noted how a local authority made her feel self-blame for her situation:

“I felt judged by local authorities as if I was jumping on the homeless band wagon”.

In exploring the theme of ‘social support’ and the depths of the women’s experiences, the researcher came to the following understanding in connection to psychological wellbeing:

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>Some women found a sense of purpose through social support from others. Others lacked a sense of direction which was compounded by experiences of social isolation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>There was a profound sense of low autonomy, as the responses reflected concern in the expectations of others.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>Some women showed strong personal growth from receiving supports from others. On the other hand, some women lacked any development of new supports.</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>Some women revealed that social support improved their ability to manage their surroundings. Those who experienced exclusion and marginalisation reported low environmental mastery.</td>
</tr>
<tr>
<td>Positive Relations</td>
<td>Some women reported, concern for others and deep connections with family and support services. Conversely, some had few close ties with people and felt isolated.</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>Negative public opinion influenced the low self-acceptance indicated by the women.</td>
</tr>
</tbody>
</table>

RESILIENCE

The fourth theme identified was resilience. Carole Ryff (2013) describes resilience as the “capacity to maintain or regain well-being in the face of adversity”.

Although these women were living in exceptionally trying circumstances, their resilience to get through homelessness and secure a better life was evident in the survey responses. The sources of their resilience included their identity as mothers, their hopes for the future, and their religion.

When asked what brought them comfort during the time that they were homeless, many responses made by mothers involved their children. One mother stressed how she needed to be strong for them:

“I have to be stronger for my kids. I try teaching ‘more’ the hard reality I am living in”.

Another mother stated that doing activities with her children brought her comfort:

“I will take my kids out to have a lovely meal or we go to the cinema”.

One woman took solace in being able to share one night with her children. She emphasised her gratitude knowing that now, she spends every night with them:

“I think of how lucky I was to have one night with my kids, now I have every night and I am so grateful”.

Others shared important advice for mothers living in homelessness. They offered messages of hope which highlight women’s strength and resilience for their children:

“My advice to mothers in homelessness is they should be patient. It will get better and they should not lose hope.”

“There is light through the darkness don’t be so hard on yourself. You are fighting a hard fight for your most precious creations and that makes it count so much more”.

Religion also came up as a positive source of resilience:

“I have my religion it makes me feel good”.

When asked whether they thought seeking help was a strength or weakness, five out of six of the women stated that it was a strength. This shows that they had a sense of resourcefulness and were willing to be vulnerable:

“I have no problem seeking help from whoever I need to”.

“It was a strength because if I didn’t seek for help it will be difficult for people to understand me”.

“For me I felt strength as I have two kids who need my help. They need to have [a] normal life”.

“A weakness at first, for a very long time but slowly came to realise I could not do this alone”.
The responses to one particular question affirmed that even through times of great struggle, the women had not lost their sense of purpose. The question asked them to share what their three wishes would have been when they were living in homelessness. Each woman gave a thorough response to this question. Their three wishes were as follows:

“1) A dedicated officer to deal with. 2) Communication from housing bodies. 3) Possibly a well-being coach/advocate”.

“1) I get a new home. 2) To make a new start. 3) To have a beautiful life with my children”.

“1) To have a home. 2) Security for my children. 3) To spend a night with my children”.

“1) home. 2) somebody to talk to with no judgment. 3) Care”.

“1) To find an apartment. 2) To cook my own food. 3) Sleep in my own bed”.

“1) to get a house – own home – I want a council house. 2) to improve my English. 3) to help older people with disabilities”.

Their wishes reveal the depths of their homeless experiences and the most urgent needs that they had. A significant finding is the prevalence of the wish for a home throughout their responses. The women were not only wishing for a physical home but for a place of safety, security and dignity for themselves and their families.

In reading and exploring the depths of the women’s experiences, the researcher came to realise the following relationship between the theme of ‘resilience’ and psychological well-being:

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>Their hope for a home reflected a goal that gave their lives a sense of purpose. For mothers, their children also were a meaningful source of purpose.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>Their resilience not to give up, to be strong for themselves and their children, and ultimately, overcome homelessness showed that some degree of autonomy remained in each of them.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>The women’s resilience reflected their continued development throughout their ever-challenging circumstances.</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>The women showed high environmental mastery through seeking assistance from existing opportunities.</td>
</tr>
<tr>
<td>Positive Relations</td>
<td>Seeking help from others displayed a concern for the women’s own welfare and the welfare of their children.</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>Reporting seeking assistance as a strength showed that all of the women acknowledged their homeless situations and hoped for change.</td>
</tr>
</tbody>
</table>
OBJECTIVE 2

The themes derived to further understand objective 2 were: changes in health and well-being and supports.

In reading the women’s descriptions of Sophia Housing, it was evident that they had positive experiences engaging with the organisation and the services it offered to them. As can be seen in Figure 3, the following descriptions were shared in relation to Sophia Housing: Helpful, friendly, hopeful, care, considerate, saviour, mindful, people to talk to, peace of mind and a lovely place. The descriptions suggest that the women’s encounters with Sophia Housing improved their well-being and quality of life.

CHANGES IN HEALTH AND WELL-BEING

The experiences shared by the women since being housed at Sophia Housing improved greatly from what they identified experiencing when they were homeless. All six women expressed feeling more confidence since being housed at Sophia Housing and receiving support. Transitioning to housing and receiving supports from Sophia Housing was found to reduce the women’s negative thoughts and feelings of distress. Lower levels of stress result in higher well-being. The following responses highlight the women’s feelings of security, peace and confidence since exiting homelessness and receiving person-centred care:

“My head is more at peace. I have time to think things through and be less negative”.

“I feel more settled, more in control, less stressed and more confident”.

“The house has helped me completely to settle and de-stress”.

“I have met some great staff and feel much better”.

Figure 3. Wordle displaying the survey responses describing Sophia Housing
One mother stressed the improvement in her family life, her ability to support her family and her ease, now that she has her children in their own home:

“I feel like I can provide for a family and I have my children under one roof”.

Conversely, one woman indicated that although she has more support for her family, her negative thoughts, resulting from the stigmatisation she experienced living in homelessness, remain. When asked if her negative thoughts have improved, she responded:

“No not really. I know there is stability for my kids but I feel I have label of homeless person on my back”.

**SUPPORTS**

In relation to the other supports offered at Sophia Housing, one woman praised the technical services offered:

“Their technical service is very good in managing and helping to fix things and repair things quick and faster”.

As well as that, the childcare support services and after school club were praised:

 “[The] kids are in [the] after school club (they love [it])”.  

“Childcare is good help for me”.

The only negative observation shared by a woman was that more hours could be offered for toddlers in the childcare service.

In reading and exploring the changes in the women’s experiences since transitioning to housing at Sophia Housing, the researcher was led to understand the following relationship between the provision of a home, holistic supports and psychological well-being:

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>Receiving a home with supports strengthened the women’s sense of purpose in life by tackling the root causes of their distress.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>Improved levels of self-regulation and independence were indicated by all women.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>The improvements highlighted in the women’s well-being suggests strong personal growth and improvements in self-overtime.</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>The stability of the home provided the women with an improved sense of competence in managing their daily affairs.</td>
</tr>
<tr>
<td>Positive Relations</td>
<td>Positive relations with staff were revealed. Improved relationships with children were also reported.</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>Most women described an improved attitude to life and higher self-acceptance.</td>
</tr>
</tbody>
</table>
The survey asked one specific question asking the women to write a message for the United Nations or Irish Government based on their own personal experience of homelessness. Five out of six women responded to this specific request.

One woman, who identified as an asylum seeker, wrote an encouraging message for the Irish Government. She stated:

“Ireland is a good country with good people. There is control and law here”.

Other women used this message as a space to call on governments to recognise that no one should ever be homeless, and change is needed:

“No one should experience homelessness especially women with children”.

“Everyone should have somewhere to call home. Think of the thousands who aren’t as comfortable as you. We need a change”.

The need for affordable housing policy change was called on. Skyrocketing property prices have made it extremely difficult for individuals and families to afford homes in the private sector. Income requirements for social housing must be reassessed:

“Every person and child deserve a home. A lot of people are caught in the trap between earning too much to be on social housing, but not enough for a mortgage. This gap needs to be addressed”.

Finally, the link between housing and human rights was identified, as a woman affirmed that a home enables a person to flourish and live a dignified life:

“Everybody deserves a home, a home is dignity, it is the big start for everything beautiful”.
DISCUSSION

INTERPRETATIONS & IMPLICATIONS

This report sought to present a detailed analysis of women's homelessness in Ireland, paying particular attention to women's psychological well-being, during and after homelessness. An analysis of six surveys was carried out. All women who took part in the study discussed previous experiences of homelessness. Although the sample size was small, the research set out to amplify the voices of women with lived experience, as a means to educate others on the many challenging circumstances women face during homelessness. Many intersecting factors throughout their homeless experiences were found to contribute to the onset of or worsening of poor psychological well-being. Many of the women reported aggravated levels of distress, self-blame and isolation, during their time living homeless. For mothers, homelessness presented many barriers which disrupted their abilities to nurture their children and foster loving relationships with them. Evaluating the women's homeless experiences was important to extrapolate the challenging circumstances which affect women's wellbeing uniquely.

Homelessness was a highly distressful experience for all respondents. The framework of Carole Ryff's (1989) six components of psychological well-being provided a harmonious standard for understanding psychological well-being throughout the research. It allowed for similarities and comparisons to be observed across all themes.

Mothers faced heightened barriers to high psychological well-being when homeless, as they carried the care burden among the many other stressors that arose. As a result of receiving stable housing with holistic supports at Sophia Housing, it was clear that women's psychological well-being improved. Reduced levels of uncertainty, distress and isolation allowed for the women's renewed self-development and holistic recovery from a highly traumatic time in their lives.

Although, the effects of homelessness on the women's well-being were profound, each woman reflected an ability to persevere and find resilience in the face of hardship. Resilient attitudes were illustrated in the women's abilities to navigate their own pathways through homelessness (such as entering 'hidden homelessness'); the strength they displayed by seeking assistance; and in the mothers' hopes to build capacity and improve their situations for their children. Their collective dreams for a brighter future and a home served as long-term goals which aided the women's growth process and developed the women's strength to overcome adversity. The findings corresponded to that of those produced in a Canadian study by FEANTSA (2016) on Understanding mothers experiencing homelessness: A gendered approach to finding solutions to family homelessness.

A finding of particular importance was the structural issue of stigmatisation due to homelessness. This is a highly gendered issue which stems from society's lack of understanding of the gendered experiences of homelessness.
All women recalled the negative impact judgemental treatment from others had on their well-being. Being referred to as a 'bad mother', a person “with addiction” or someone “worthless” by those around them, influenced the women’s negative patterns of thoughts. These behaviours instilled distrust, increased vulnerability, and discouraged the women from receiving the necessary supports. In one case, a woman felt so demoralised, her profound feelings of shame and judgement never went away after receiving a home and supports.

The findings influenced the researcher to outline three key recommendations to support women at risk of or affected by homelessness:

**Recommendation 1: Tackle the stigmatisation of those rendered homeless by challenging stereotypes and raising awareness of the ‘humanity of homelessness’**

Homelessness is rarely a choice. The public perception of homelessness needs to be challenged. The public discourse of shaming and blaming women for their situations must be deemed unacceptable. A culture of care that categorises all persons based on their inherent dignity, and not on the condition they are living in, must be promoted. The researcher invites all readers to share the voices and analysis of this study with others, to help raise awareness and educate one another on the ‘humanity of homelessness’.

**Recommendation 2: Address gaps in supports for women experiencing homelessness**

A multitude of needs require a multitude of supports. Women experiencing homelessness do not always receive the appropriate care that they need, which can further increase their vulnerabilities and feelings of isolation. In the findings, the women highlighted the many poor outcomes their psychological well-being faced due to compounding mental health needs, a lack of support for themselves and their children, and the absence of a place to call home. A coordinated and holistic approach to addressing homelessness should integrate the health care system, social care system and housing system to achieve better outcomes in the long run and promote dignity, gender sensitivity and harm reduction for both adults and children.
Recommendation 3: Advocate for the realisation of the human right to adequate housing for all

“Homelessness is both a cause and symptom of human rights being denied, abused and violated”. 53

Everyone deserves a home. The findings from objective 3 strongly reflected the message that all people, women and children deserve a place to call home. To address the challenges and hardship which women and families face when homeless, the provision of safe, affordable, and adequate housing with supports is essential. The realisation of the right to adequate housing would “provide a clear floor of protection in respect of basic, adequate housing for all”. 54 In International Law, the right to adequate housing is recognised as one cornerstone of the right to an adequate standard of living under the Universal Declaration of Human Rights (Article 25, para. 1) 55 and the International Covenant on Economic, Social and Cultural Rights (Article 11, para. 1). 56 This right is yet to be embedded in the Irish Constitution, therefore, by advocating for the realisation of the human right to housing in Ireland, both the provision of homes and provision of quality services to all people experiencing homelessness would be promoted. On top of this, the women’s messages for the Irish Government and United Nations, calling for the provision of homes would be amplified.

STRENGTHS & LIMITATIONS

No ethical approval was required to carry out the current research. This study is easily replicated. The overall topic of the was relevant, as the number of women homeless in Ireland continues to rise sharply. As mentioned in Part 1, research is much needed in the area of women’s homelessness, so that women and families will be supported better and the overall understanding of the gendered dimensions of homelessness will have greater recognition. The inclusion of the voices of those with lived experience strengthened the study and fostered the empowerment of women and their resilience.

A number of shortcomings arose in the research. The small sample size, whereby, only six women took part in the surveys, limited the study’s ability to make generalised conclusions. There was no follow-up to encourage participation due to the onset of external challenges, including the COVID-19 pandemic. Most of the women did not express which supports assisted them the most, to maintain their new residency. This limited the researcher’s knowledge of the types of holistic care they received at Sophia Housing. Another limitation to the study was that the research approach lacked investigation into the root causes of the women’s homelessness and hence, created a gap in the researcher’s understandings of the women’s extensive experiences of homelessness. The study avoided asking the women any triggering questions that could make them recall incidents of trauma. By way of an alternative, the researcher assumed throughout the analysis that all of the women had experienced some degree of trauma in their past. This assumption was based on evidence presented by Mental Health Reform Ireland & the Simon Community (2017), whereby they found that most people who have experienced homelessness report or allude to past forms of trauma. 57
FUTURE RESEARCH

To gain a more extensive understanding of the impact of homelessness on psychological well-being, future research could take a quantitative approach by administering Carole Ryff’s (1989) 42-item Psychological Scale of Well-being, to women with lived experiences of homelessness. This research would require assistance from a researcher who is qualified in psychometrics. On the Psychological Scale of Well-being, users’ responses are measured based on the extent to which they ‘agree’ or ‘disagree’ with questions related to Carole Ryff’s six components of psychological well-being. Carrying out any future study on this topic on a larger sample size would strengthen the validity of the findings.

CONCLUSION

To conclude, homelessness is a significant issue for many women in Ireland. The purpose of this study was to offer a detailed analysis of women’s homelessness, paying particular attention to women’s psychological well-being. The data collection process involved the administration of surveys which asked women to share their experiences of homelessness with the researcher. Many themes were derived during the analysis of the women’s responses which provided an overview of the common circumstances they encountered. Profound negative impacts on psychological wellbeing were recalled by the women during their past experiences of homelessness. Nevertheless, receiving a home and supports from Sophia Housing caused these negative impacts to decline. This affirmed that a holistic, person-centred approach to homelessness has the capacity to equip women with the necessary supports that well-being, resilience, and dignity. To support women everywhere in their fight against homelessness, the researcher encourages readers to speak into the silence by raising awareness of the gendered experiences of homelessness, and to advocate for the human right to adequate housing, so that all of Ireland, has the right to live a dignified life in their homes.

“Everybody deserves a home, a home is dignity, it is the big start for everything beautiful”. 
Appendix A. Copy of the Survey Administered for Data Collection

THE EFFECTS OF HOMELESSNESS ON WOMEN’S WELL-BEING

THE OBJECTIVE OF THE STUDY IS TO COLLECT THE UNHEARD VOICES OF HOMELESS WOMEN IN IRELAND

Your participation in the survey will be completely anonymous.

Instructions:

- Use a pen to complete the questionnaire.
- Complete ALL or as many questions as possible.
- Put your survey (and nothing else) in the enclosed Reply Paid envelope.
- Send that envelope in the mail (no stamp needed)... today if you can!
Reminder: the **deadline** to return the survey is the **28th of February 2020**.

1. **How long did you experience homelessness for?**

2. **What was the primary cause of your family's homelessness/housing insecurity?**

3. **Did you experience street homelessness?**

4. **When were you housed by Sophia?**

5. **Marital status / cohabiting with partner and number of dependents?**

6. **Did you feel judged during your past experience of homelessness? If so, why/how?**

7. **Do you feel you have gained more confidence since being housed by Sophia and receiving support?**

8. **Did you feel seeking help was a weakness or a strength in your personal growth?**

9. **Can you explain some of the negative thoughts that you experienced during the time that you were homeless?**
10. Have these thoughts improved since transitioning to a house with Sophia?

11. What three words would you use to describe being homeless?

12. What is the best thing that happened you when you were homeless?

13. If you had three wishes when you were homeless what would they have been?

14. Did the community offer you support while you were homeless? If so, how?

15. Who was the most trustworthy and kind to you during your experience of homelessness? (e.g. strangers, staff from homeless organisations, family members etc.)

16. Can you briefly describe an average day while you were homeless?

17. How much sleep did you get on average each night?

18. What accommodation opportunities were available to you? Did you feel safe using this accommodation? Why?

19. Did you feel a lack of a sense of control over the world when you were homeless? Why? (able/unable to improve surroundings)

20. Do you currently worry about what others think of you?
21. Does what the public say about homelessness influence your self-esteem and decision making? Can you give an example of this?

22. When you are faced with stress and hardships, what do you do to bring yourself comfort?

23. If given the opportunity, what message would you like to tell the government of Ireland or the United Nations?

Questions specific to mothers: (Answer the following only if you are a mother)
24. How many children do you have?

25. Was it difficult to get your children to school during the time that you were homeless?

26. Were your children aware that you were living in temporary accommodation?

27. How did being homeless impact your relationship with your children?
28. What advice would you give to a mother struggling with homelessness?

________________________________________________________________________________

________________________________________________________________________________

29. What support services have proved most useful to you and your family while residents at Sophia? Were you able to access these services elsewhere, prior to residing at Sophia?

________________________________________________________________________________

________________________________________________________________________________

30. If not, what were the barriers to this?

________________________________________________________________________________

________________________________________________________________________________

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!
If you need more space or have something else you would like to say please write here.

____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
REFERENCES


14 Ibid.


17 Ibid.


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39 Ibid.

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