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**Homeless women leaving prison: an appraisal of the in-reach service providing assistance within an Irish prison**

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## **Contents**

Contents	2
Acknowledgements	3
Abstract	4
Introduction	5
Methodology	15
Introduction	15
Research design	15
Participants	16
Procedure	16
Data Analysis	17
Ethical Issues	17
Findings	18
Pathways to homelessness	18
Within the prison	20
In the community	22
Discussion	25
Pathways to homelessness	25
Within the prison	27
In the community	28
Limitations	30
Suggestions for further research	31
Conclusion	32
References	33
Appendix 1	36
Appendix 2	37

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## **Abstract**

Many women in prison do not have a home to which they can return. To assist these women, the Department of Social Protection provides an in-reach service within the prison. This study aimed to appraise the effectiveness of the service. Qualitative, semi-structured interviews with professionals who work with homeless women in the prison were recorded, transcribed and thematically analysed. The themes led to findings which indicated the participants found the service to be very beneficial, as it met the needs of the women. However, it became apparent that while the service met the immediate needs of homeless women, their need for support and suitable accommodation was not being met in the community.

## **Introduction**

Society is a connection between members who share common values and beliefs. This connection brings with it benefits and responsibilities, and as a culture, it is reinforced through state institutions such as education, religion and the media. However when citizens fail to conform there are sanctions, which can include the loss of personal freedom, imprisonment, which is intended to be deter law-abiding members from breaking the rules. While in prison, prisoners are expected to learn how to conform (Giddens, 2009). Prisons have been a significant part of the criminal justice system for the past two centuries (Visher and Travis, 2003).

Carlan and Worall (2004) discuss Foucault and Goffman's concepts. Foucault wrote that the use of power and discipline in modern public establishments ensured citizens conformed more effectively than through violence and persecution. Appropriate behaviour was learned and internalised by people absorbing what was acceptable within their society. Modern prisons were based on military tutelage. Goffman described the loss of independence and creation of uniformity found in establishments such as prisons and asylums as "total institutions" (2004, p. 6). The aim of prison was to convert the criminal behaviour of supposedly unruly individuals, creating peaceful, law-abiding citizens.

Donald Clemmer's word "prisonisation" (Carlan and Worall, 2004, p. 79) described the effect of imprisonment on men and women in relation to resistant and non-resistant culture. Sociologically, resistance is a term used to describe an individual's use of free will to resist the effects of powerful societal institutions. The authors explain how George Herbert Mead highlighted symbolic interactionism (SI), which has been influential in the formation of criminal policies since the 1960s. SI is a sociological theory whereby communication between individuals is understood by making sense of symbols, such as words, and verbal and non-verbal gestures, used when they interact. The manner in which people act and react is determined by the way they see the world (Giddens, 2009). In this perspective, criminal behaviour has been studied from the dual angle of the "self and society" (Carlan and Worall, 2004, p. 87), that society influences the conduct of the self, the person.

For many centuries, particularly in the United States and United Kingdom, women prisoners were accommodated in male prisons, in inhumane and unsuitable conditions. The

degrading and abusive environment led to campaigns for improvement by liberal, religious, upper and middle-class people, such as the Quaker, Elizabeth Fry. She argued that women prisoners could be rehabilitated. As a result of these campaigns, separate women's prisons were formed. Mallicoat (2012) writes that two types of institutions were formed in the United States, custodial prisons, and reformatories. Custodial prisons remained very much like male prisons. Women were incarcerated to serve sentences for theft and violent criminality, they were more likely to be black and to serve longer periods in custody than their white counterparts. White women were more likely to be confined in the reformatories, for offending morality rather than actual criminality. They could be detained for indefinite periods, having offended the perception of how women should behave, and were in need of rehabilitation.

In Ireland, women were incarcerated in institutions such as workhouses, hospitals, orphanages and reformatories. As a colony of the United Kingdom, in the early eighteenth century, sentenced women were either kept in jails or transported to America or Australia, often ending up as servants or being used for sexual purposes. Interestingly, the practice of women being transported ceased earlier than for their male counterparts as the Australian colony refused to accept them due to the fact they were "so bad" (Quinlan, 2011, p. 14).

During this period, women had very few rights, and even less options when unable to provide for themselves and their families. They were frequently imprisoned for behaviour deemed to be criminal, which was a consequence of them trying to maintain a basic existence. This behaviour was punished by imprisonment, where the women could be reformed into lawful members of society. Again, middle and upper-class people attempted this reformation. The prisoners were categorised as either "debtors, drunkards, vagrants or felons" (Quinlan, 2011, p. 18). The large numbers of women incarcerated in the mid-nineteenth century were indicative of the deplorable conditions being experienced by them. A report by an Inspector General at the time stated,

The pressure is exacerbated by paupers being sent to the prisons from workhouses for offences committed for the express purposes of getting themselves removed to a place where they will be better fed (Quinlan, 2011, p. 18).

In the early 1800s, Magdalen asylums were established to reform women involved in prostitution. By the 1850's, there was a view that criminality was an illness, so to prevent further infection, prisoners were to be kept separate, and employed, in silence to enable reflection. The Central Criminal Lunatic Asylum was opened in Dundrum in 1850, and

Mountjoy Women's Prison was opened in 1858 with 450 cells. Lower class, poorer, women were most likely to be imprisoned in these institutions, as they were considered to be either mad, or in breach of acceptable moral behaviour. In 1956, young offenders moved into the Female prison in Mountjoy, it became St. Patrick's Institution. The women prisoners remained in a smaller section of the premises.

Reports record that women prisoners committed relatively minor offences, which included theft, prostitution, drunkenness and vagrancy. They were also considered to be more easily disciplined than their male counterparts (Quinlan, 2011). From present day research, it is clear that this has not changed. Mallicoat (2012) describes women's pathways into crime, noting that many have experienced marginalisation, exploitation and ill-treatment, along with substance misuse. Sheehan, McIvor and Trotter (2008) found that historically, research into these pathways has not been gender specific, however, more recent studies have attempted to distinguish the differences. Both genders are likely to have experienced substance use, criminality and unemployment, but unlike men, women tended to have endured physical or sexual abuse and impoverishment, have psychological issues and been involved in inappropriate relationships.

Rodriguez, Curry and Lee (2006) analysed many studies which examined sentencing policies, comparing how they vary for men and women. From the mid 1970's the perception has been that gallantry towards women had influenced judges to hand down shorter sentences to women offenders. They use the term, "chivalry thesis" (Rodriguez et al. 2006, p. 320) to describe the male dominated, patriarchal, judicial system which viewed women as needing protection and not really being responsible for their actions. Their research found that women were less likely to be sent to prison, but in the event of a custodial sentence being imposed, little difference was found. However, they noted that younger female offenders were treated more punitively. Other factors influencing sentencing included whether the offender was a mother and also the gender of the victim.

In general, homelessness among women is complex and multifaceted (Anderson and Rayens, 2004). It may result from poverty, inability to access appropriate accommodation, substance use, domestic violence, illness or mental health issues. The researchers found that homeless women generally do not have a satisfactory support system, and even where it does exist, they often fail to access it. The lack of an adequate support network in childhood may be a factor in predicting future homelessness. Homeless women may be unable to reciprocate,

to have an equal, give and take relationship, as always owing others leads to feelings of dependence and low self-esteem.

The Anderson and Rayens (2004) study examined attachment theory in relation to homelessness. From this perspective, the bond formed by babies and young children with the significant adult in their lives is pivotal in the formation of relationships in later life. It also concluded that a mother will treat her children in the same manner she was treated as a child. The family is the basic unit for socialisation, where the child develops the ability to interact with others in their circle. By learning this, the child matures into a functioning adult, capable of forming mutually supportive attachments, and dealing with the trials of life. The failure of this process, or the child being mistreated or abused, has been linked with future homelessness. Drug use by a mother, or foster care, are also significant factors. Mothers who had been involved with child support agencies in their youth, were more likely to have their children similarly involved, the cycle continues. Feeling unloved, unwanted or rejected by one's mother is likely to result in a child being unable to make appropriate attachments, causing serious consequences in later life.

Taylor (2011) recorded the very serious consequences of parental substance use and dependency on their children. She documented physical, mental and learning incapacities, such as attention deficit disorder and intellectual disability. Children born into these families may enter the foster care system due to abuse and/or neglect by their parents. She also noted the trauma children were likely to experience by being removed from the family home, along with having endured domestic violence and other inappropriate activities related to drug use.

The abuse of drugs and alcohol may also contribute to homelessness. Stein, Dixon and Nyamathi's (2008) study of homeless people on Skid Row in Los Angeles, found that social and psychological factors were influential in successfully remaining abstinent after completing treatment programmes. Appropriate accommodation is a primary requirement, although much of what was available to homeless adults was substandard and in rundown areas. Psychological factors include building positive self-esteem, coping skills and a sense of identity.

An earlier article by Nyamathi, Stein, Dixon, Longshore and Galaif (2003) found that there was a greater proportion of women using substances among the homeless population. They were likely to have a long history of drug use, and to be involved in unsafe sexual behaviour, both of which were likely to be detrimental to their health. Those who use

substances tended to have come from dysfunctional families, and have had abusive physical, emotional or sexual experiences during their youth. This resulted in them having poorer coping skills, and being unable to form meaningful, supportive relationships. This sense of not being in control, the lack of family support and access only to peers with similar interests prevented women leaving this situation. These, and further feelings of despair, resulted in on-going substance dependency, thus the cycle continued into adulthood.

Four phases in the life of a prisoner are significant (Visher and Travis, 2003). Their life before being committed, the time spent in prison, the period immediately following release, and the longer post-release period are all relevant. Again, previous substance use was found to be an indicator of recidivism or successful reintegration. Many prisoners acknowledged that addiction had been a factor in their criminal activities. Other aspects included positive social supports such as family and employment, while negatively, previous criminality was significant. The types of programmes completed and length of time spent in prison were also key to successful rehabilitation. The longer the time spent in custody, the greater the likelihood of a negative outcome. Also, the impersonal, institutionalised atmosphere of a prison may change the person, and possibly, their ability to readjust when released.

Release from prison can be a stressful time (Visher and Travis, 2003). Many will have reoffended within a short time and be returned to custody. Much research was conducted on recidivism, yet relatively little focussed on the difficult process of a person leaving prison and successfully re-entering and reintegrating into society, thereby breaking the cycle. Gender is also significant as the study found that men were more likely to return to prison than women, possibly another example of Rodriguez et al.'s chivalry thesis, and being a mother of young children was another positive indicator.

The absence of basic needs such as accommodation and family support were likely to have negative consequences. Visher and Travis's (2003) review of previous research highlighted the key pathways required for an individual to desist from re-offending, occupation, social support and state policies. Steady work is difficult to find as many lack employment experience. Community or voluntary work could enable ex-prisoners contribute to their neighbourhood and make reparation for their crimes. Yet this is not always possible as the stigma of having a criminal record negatively impacts on employability and many are returning to socially deprived areas with already higher rates of criminality.

Ordord, Velleman, Templeton and Ibanga (2010) described the effect of drug and alcohol use on families. A member of a family using these substances may have demonstrated unacceptable behaviour such as violence, hostility and abuse, making it very difficult for relatives to continue supporting them, causing them to leave a supportive home.

All the studies examined by Visher and Travis (2003) found positive outcomes came from maintaining family contact while in prison. "Acceptance of them" (Nelson, Deess and Allen, cited by Visher and Travis, 2003, p. 100) by family was significant in the ex-prisoner obtaining employment and remaining drug free. As a result of these findings, many prisons initiated programmes designed to keep up this relationship, therefore it becomes a motive for rehabilitation. For those without family, their only option may be to turn to their peers for companionship, even if those peers are also involved in substance use and inappropriate behaviour. An individual's best intentions when leaving prison may not materialise when the reality of life outside prison does not match up to what was expected.

Alan, Burmas, Preen and Pfaff (2011) investigated the number of ex-prisoners, described by them as "some of the most marginalised members of the Australian population" (2011, p. 269) who attended hospital within their first year of discharge from prison. Mental and physical health issues were common among this population, often based on their lifestyle and the reasons they initially became involved in criminal behaviour. Mental health was affected by experiences in childhood, lack of education, poverty, and way of life at present, causing depression or feelings of self-harm. Physically, many smoked and were involved in unsafe sexual behaviour. Drug and alcohol use was also connected to physical health and well-being. When inferior accommodation, lack of support and general vulnerability, were also present, the result was unlikely to be positive.

The main causes for admissions were related to substance use, schizophrenia or depression, and for many, it was not their first time to be admitted for these conditions. Similarly, an Irish Health Service Executive (HSE) study by Comiskey, O'Sullivan and Cronly (2006) on women in Dochas Centre found that the period immediately post release was a dangerous time. Out of forty women in the study, three had died within six months. Eleven women attended Accident and Emergency within three months. Reasons for attendance included consequences of drug use, such as abscesses, overdoses, self-harm, gang rape, along with another couple for more general complaints.

Both the Irish and Australian studies demonstrated the importance of identifying mental illness issues while in custody and liaising with health services in the community, thereby ensuring the necessary treatment was available when the prisoners were released. Tellingly, Alan et al. (2011) found that prisoners who were conditionally released had less need for hospitalisation. Conditions included curfews, electronic tagging, voluntary work, self-development programmes, substance abstinence and compulsory engagement with health services. They question if this was due to the fear of returning to custody or the support provided enabled them to find accommodation, employment, training and/or treatment.

The United Nations Bangkok Rules outlined (2010) guidelines for the treatment of women in prisons. They follow the general recommendations in the Standard Minimum Rules of the Treatment of Prisoners, but with an emphasis on the specific needs of women. Women should be treated in the same manner as men, but there must be an awareness of their “distinctive needs” (Rule 1), especially from a maternal point of view, this was not to be considered as being “discriminatory” (Rule 1). They must not be discriminated by reason of their gender, in fact, action must be taken to ensure this does not occur. There should be an aim to improve conditions for women prisoners, their children and communities. Rule 63 demanded that women’s role as care-giver was acknowledged and that they have particular needs in relation to resettlement.

Van den Bergh, Gatherer, Fraser and Moller (2011) discussed the general health conditions of women in prison. In many countries, prisons were overcrowded, and women represented a very small proportion of an overall increasing population. As a consequence, women’s health needs were not adequately addressed. A different approach was required to deal their particular needs. They also documented that when addressing health needs, substance use, mental illness, an abusive history and unhealthy lifestyle should be included. It would not be unusual for women to have ignored these, only addressing them when placed in custody. The inequalities experienced by women in society were mirrored in prisons, Van den Bergh et al. (2011) quoted a World Health Organisation review of gender equity in health, finding it was “unequal, unfair, ineffective and inefficient”.

As many women repeatedly serve short sentences, coming and going from prisons, their health issues should be a public health concern. Health care provision should be similar to that in the community, and should be the responsibility of the health rather than the justice

department. Governments, strategists and prison management should take note of this and also deal with social injustice within their prisons (Van den Bergh et al., 2011).

Homelessness affected identity and mental health (Williams and Stickley, 2011). Their homeless participants acknowledged using drugs to help them cope with mental and emotional pain. Most had little contact with their families. Bowlby's (1969) attachment theory on the importance of a loving relationship at a young age, and Maslow's (1954) view that basic needs must be met in order to achieve "self-actualization" (2011, p. 437) may be confirmed by the findings. They also found there was a need for accommodation for people leaving prison, as one-third of the prisoners did not have a place to stay. Mental hospitals, "asylums" had closed, to be replaced by care in the community, but as this had not materialised, prison became the safe haven. Contributors stated they had experienced persecution and violence by members of the public, leading to feelings of social exclusion. Being homeless became their identity, they felt "rejected, powerless, oppressed and alienated" (2011, p. 438).

On the other hand, Farrell (2012) documented that some long-term homeless people were so accustomed to street life that it became their way of life. They learned to adapt and bring some semblance of normality to their lives. The chronically homeless adjusted to their situation to such an extent that they achieved contentment, and had a sense of being in charge of their lives. He also noted that through a slow process, professionals could gain an insight into, and begin to understand, the lives of their clients. The relationship between the professional and the client was key to assist the latter exit homelessness.

Parsell's (2012) study on the meaning of home to homeless persons observed that control of a space was significant, but it was more than that, it was a sense of belonging and feeling safe, which could possibly have been absent from the lives of abused women. The study found that for people who were sleeping rough, home was associated with an actual structure which would meet their immediate need for shelter, "a place of comfort, safety and control" (2012, p. 170). They aspired to have a home, but the aspiration did not include the emotional and social aspects which people who have not experienced homelessness consider relevant.

The difference gender played in stigmatising addiction, was addressed by Sanders, "women experience a double standard applied to them" (2012, p. 238). This came from expectations in relation to the cultural role they were expected to portray. Her research

advocated for gender specific support groups to assist recovery. There appears to be relatively few peer-reviewed articles detailing research on women in Irish prisons. What is available was mainly related to bullying, or women in prison in Northern Ireland. Comiskey et al. (2006) found that homelessness, along with challenging behaviour, were key issues encountered on leaving custody. They concluded that agencies working with these women should communicate and cooperate with each other to prevent the women falling through cracks in the system.

The conclusions of more recent qualitative interviews conducted by McHugh (2013) with women serving short sentences in Dochas Centre were similar to international findings. They had experienced deprivation, poverty and marginalisation. Homelessness, insecure family background, lack of education, physical, mental and sexual abuse were common themes, along with substance use. While they had a long history of involvement with the criminal justice system, most of their charges were for minor offences to feed a drug habit. As the combination of varied, complicated needs could not be adequately addressed while they were in prison, they faced the same problems on release, so the cycle continued. McHugh (2013) reported that the women's aspirations were for basic needs, accommodation, assistance around their drug use and daytime activity.

The in-reach service provided by a Community Welfare Officer from the Department of Social Protection (DSP) to the women of Dochas Centre is the theme for this research project. To be considered homeless in Ireland (Housing Act, 1988)<sup>1</sup>, a person must meet certain criteria. However, the Act does not place a duty on local authorities to provide accommodation to homeless people, but it does imply that they have a responsibility to cater

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<sup>1</sup> The Act provided a definition of homelessness for the first time. Section 2 states,

A person shall be regarded by a housing authority as being homeless for the purposes of this Act if

- (a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or
- (b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in *paragraph (a)*,

and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

for the needs this group. Local authorities are obliged to provide either accommodation or the funding to access it, and welfare needs are to be met by the HSE. Reasons for accessing homeless services were detailed in the Citizens Information website, they included discharge from care or prison, substance use and mental health problems, no different to what has been demonstrated by international research, some of which has been documented in this article.

The vision for the future in *The Way Home* (2008) was that long-term homelessness and rough sleeping would end by 2010. Strategies would be put in place to prevent homelessness, and should it happen, those effected would be supported to access suitable accommodation. The aim was that no person would be accommodated in emergency accommodation for more than six months. The HSE would assist by ensuring that homeless people have access to the same services as those in the settled community. A "case management" approach would be implemented, which would enable various agencies work together based on the requirements of each person, and groups such as those leaving prison would be targeted to prevent homelessness, as recommended by Comiskey et al. (2006).

Sentence planning was recommended in the Inspector of Prison's Standards for the Inspection of Prisons (2009), which he based on international guidelines. All prisoners serving sentences of twelve months or more should have a release plan which addressed his/her needs, with "re-integration back into society" (Reilly, 2009, p. 14) being a principal aspect of the plan. Stable accommodation is vital, without it, attending training or employment will be very difficult to maintain.

## **Methodology**

### **Introduction**

The Department of Social Protection provides an in-reach service to women prisoners in Dochas Centre, the Female Prison. This research aimed to evaluate the service and ascertain how it has impacted on the experience of women leaving prison. Reintegration into society can be difficult, but not having a house or a home makes it particularly challenging. Without the service, many homeless women would return to living on the streets and others would be without their first welfare payment. These circumstances could cause a person to return to criminality to provide these basic needs. Professionals who work with women prisoners were interviewed.

### **Research design**

The researcher chose a qualitative method for this study as it provided a rich, in-depth understanding of the information gathered from the interviewees, who had the freedom to give their opinions and allowed the researcher gain relevant data from their knowledge and experience. A qualitative research method can be described as “reasoning and argumentation that is not based simply on statistical relations between ‘variables’”, it could be called “riddle-solving” (Alasuutari, 2000, p. 7). This research method enabled “themes, concepts or similar features” (May, T., 2011, p. 480) to emerge. Much of the information gained from the data backed up what had been collated during the literature review. The term “qualitative” implies quality.

Quality data was elicited from the words and information obtained from the professionals who, in this instance, work with homeless women in Dublin. The interviews ascertained how these women reached that place in their lives and how their needs were met while in the Female Prison. The data gathered in the interviews was varied and measurable against the literature review. Semi-structured qualitative interviews enabled the researcher obtain rich, in-depth data. Interviews are a process of exchanging dialogue and information, and in this case they were useful in eliciting personal opinions, and enabled the participants

bring new ideas and information into the discussions (May, 2011). The informality also permitted them to speak naturally, in their own words, thus enabling direct, honest responses. The same questions were put to each participant, with minor deviations for elaboration of a topic, or to ascertain further data on specific points. Information from the literature review demonstrated the likely progression into homelessness, entry into the criminal justice system, and possible avenues for exiting their situation. The interview questions followed this same process. The experience and knowledge of the interviewees on the subject of homelessness among female prisoners provided valuable information. All interviews were conducted by the researcher.

### Participants

There were 7 participants who were known to the researcher on a professional basis. All were employees of either the Homeless Persons Unit, the Irish Prison Service or the Probation Service. Each of these services comes from a different perspective in relation to the general research question. The Homeless Persons Unit is administered by the Department of Social Protection, who provide a service to various members of society, such as families, those in employment and the unemployed, those with disabilities, carers and pensioners (Dublin City, n.d). The Probation Service's mission is to assess and manage offenders in the community (Probation Service, 2012). An aspect of the mission of the Irish Prison Service is that they aim to rehabilitate prisoners to ensure safer communities (Irish Prison Service, 2012).

All participants were selected as they work closely with women in prison, particularly those who are homeless, and have many years' experience in this field. All were professionals, and due to the small number of participants, their specific role was not recorded in an effort to maintain anonymity.

### Procedure

Informed consent was received from each participant after permission had been received from their employers. Participants were informed that they may end the interview at any time. While they appeared uneasy initially, the interviewees relaxed very quickly and spoke freely. During the process, the interviewer became aware that one participant was becoming uncomfortable, as she considered that the researcher knew more than the participant. The researcher attempted to put her at her ease, reminding her that there were no right or wrong answers, it was solely her opinion, based on her experience, which was being

requested. After the interviewee mentioned this a second time, the interview was gently ended. However, she had shared a great deal of her thoughts on the subject before it was terminated. After the interview, and the recorder was turned off, both parties had a cup of tea and discussed how it felt, to ensure the interviewee was comfortable and relaxed when departing.

Each interview commenced with a non-threatening question related to their particular role. The interviewees were very forthcoming with opinions and information. Each interview was completed in one sitting in the participants work environments. One interview was completed as a group interview, as two participants arrived at the same time. It was agreed by all concerned that they would be interviewed together. Other than that all other interviews were on a one to one basis. Each lasted between twenty and forty minutes, most were at least thirty minutes long.

### Data Analysis

With permission, the interviews were recorded on a voice recorder, which allowed the interviewer concentrate on the replies and the process, and it also facilitated the natural flow of conversation and face to face interaction between each party. They were transcribed onto a password protected computer. The analyst became very familiar with each interview and using Nvivo, they were coded and thematically analysed for similarities and comparisons within the data. The aim of the study was to discuss the needs of homeless women in prison, and how the in-reach service provided by the Homeless Persons Unit endeavoured to meet these needs. This was explained to each participant at the beginning of each interview.

### Ethical Issues

Approval was received from the relevant organisations. Participants were informed that their involvement was voluntary, and the researcher was aware of her obligation to be mindful of ethical and moral issues at all times. These included “respect, competence, responsibility and integrity” (British Psychological Society, 2009, p. 9). It was impossible to assure complete confidentiality as the interviews form the basis of this research project, however, the participants were advised that identity factors would not be disclosed. Although informed consent was received and participants were aware that they may withdraw at any time, the interviewer remained alert to possible discomfort throughout each conversation. As the researcher was an “insider”, being employed in this field, she was aware of the risk of

bias and having preconceived ideas of possible outcomes, or leading the interviewees towards any particular conclusion. Pseudonyms were used to protect the identity of the participants.

No vulnerable groups were involved in compiling the research. As an undergraduate, the interviewer was aware of her lack of experience, and endeavoured to minimise the risk of causing harm to the participants.

## **Findings**

Professionals working with homeless women in prison were asked for their opinions on how the women came to be in that situation, what was done while they were in prison, the service provided by the DSP, and how some of them successfully exited homelessness. Three agencies were asked to participate, two from the Justice sector, the Probation Service and the Prison Service. The third, the DSP is involved in service provision to homeless women in the community.

### Pathways to homelessness

To determine the concept of home, when asked, Amy compared home and a roof over one's head, "I've seen a lot of people lose accommodation, but I haven't seen too many people actually lose a home". This is what generally categorised a woman as homeless in Dochas Centre, she has come from, and will be returning to, emergency accommodation, or have been living on the streets.

All respondents were in agreement that homelessness, women and crime were interlinked,

I suppose women in custody have very complex needs, and homelessness, whether they start off homeless, or end up homeless, it definitely affects their offending and re-offending rates...on the streets...out all day...nothing to do...occupation of time can be a key risk for women...can often be assaulted or abused. So they're very visible, they're more vulnerable even than homeless men (Cathy).

Respondents mentioned pathways to homelessness which included addiction to alcohol and/or drugs, leaving the care system, anti-social behaviour, breakdown in relationships, especially with immediate family, and "poor education" (Gina).

Addiction was considered to be a major factor, Ethel commented, "addiction, huge, huge, huge, it really is huge". Cathy agreed, "their love of drugs is so strong...and alcohol as well, so accessible on the streets".

Breda was the only participant to mention class, “they’re usually the lower class, you know, very basic”. Although all considered family to be fundamental, “women, unfortunately, tend to burn their burn their bridges a lot with family” (Cathy), and, in “relation to family issues and difficulties in the past, some of the women might come and say, because of my behaviour in the past, I’ve been barred from the family home” (Ethel).

Behaviour of the individual woman within her own family was not the only factor, family background and values were also significant, “their family homes were chaotic, and they couldn’t live in them” (Fiona), she included the lack of peer support, especially for younger women, who she noted “don’t have as much family support as they need, and don’t have peers that can help them”.

As children in the latter category may be at risk, they may have been taken into state care. All participants agreed that teenagers leaving care found it difficult to make the transition into adulthood and take responsibility for themselves,

Certainly as teenagers, if they’ve grown up in the care system...a certain proportion of the women that we work with would have been in care of the HSE over the years, when they turn eighteen and they may leave foster care or supported accommodation, it’s very hard for them to make that jump into adulthood, responsibility and sustain accommodation...adopt a very chaotic sort of lifestyle (Cathy).

A future in homelessness could have been predicted based on an individual’s transition through the care system, “the lack of stability has an impact on their future...in some ways that pathway is almost mapped out for those who didn’t have successful placements with the HSE or families” (Amy).

The break-up of relationships was significant, such as from immediate family, from partners and particularly from their children. Addiction was a factor in causing the relationships to break-up. A contribution from Breda contained most of the above, “they’re begging on the street, they’re homeless, and their kids are in care, and they’re dirty...I would say that the break-up of relationships and addiction, parents throwing them out, getting into wrong relationships, homeless”.

Women’s involvement in addiction, crime and anti-social behaviour goes against society’s perception of them being nurturers and carers. Many families stopped supporting their daughters when they became homeless or went to prison, yet they continued to support their sons in these same situations,

You look at the men's visitors, everybody's partners, mothers, cousins...there's a huge contrast...it's very sad when that happens to women...the way women are viewed in society, 'ah well, she's made her bed, she can lie on it, she's a bad mother, she's a bad daughter, she's a bad sister, she's ended up in jail...we'll see her when she comes out'...probably blaming...it's a societal thing (Cathy).

Inability to manage financially was also a factor. On occasions women were evicted from their accommodation because of anti-social behaviour, or their landlord became unhappy with their associates, "they get evicted because they're causing trouble or there's people coming to the house, or they're sex working, or the landlord doesn't like the look of their acquaintances, and they're gone" (Cathy).

Many of these issues were complicated by mental health problems, "the addiction then leads to them being excluded from whatever accommodation they have...a lot of the times mental health issues can, it can be addiction plus mental health" (Gina).

Diane brought in an interesting concept, that homeless itself may be an addiction,

Maybe if there's an addictive component to being homeless, there's something that people like about it. There's bits they get a buzz out of it, it's a bit of an identity...quite resistant to exiting it...it's meeting a need somewhere, that's why people do it.

She also talked about women, homelessness and the relationships made by people in that position,

Freedom, thrill, identity, there's a relationship there, I mean, they are so susceptible to certain relationships with men, sticking with that relationship through thick and thin because the key relationships of the childhood were so absent...there's a real kind of...high, or there's some need being met. The same about bad relationships, some need somewhere is met, even if to us it looks not healthy. Family is their family of other homeless people.

### Within the prison

Homelessness may lead to criminality and to periods of imprisonment, "the vicious circle of them being in prison and having to go back out into homeless accommodation, or being homeless" (Gina). Prison sometimes gave homeless women a break from the chaotic life they were living in the community, "being in custody is a security if they are homeless" (Breda),

The perception that some of our homeless population have is that prison is the only place that I can get comfort, nourishment, medication, care, attention...it is a societal problem and not just a prison and a justice problem (Amy).

Respondents mentioned availing of the opportunity to make "plans for actually leaving prison" (Ethel). "Everything is in one place in the prison, and they have the time, and they have limited access to drugs, and they're kind of more stable" (Amy). In relation to seeking

assistance, they “would ask quicker in here than they would in the community...because everything is on your doorstep in here, and we’re quite good with letting the women know what services are available in here” (Gina).

Women can use the time in prison to learn about “prevention...prevention of homelessness is very important” (Diane). They get support from the “two Addiction Counsellors, and I think that’s working hugely” (Gina). The “introduction of Restorative Practices in the Dochas Centre seems to have a huge impact on the women, that they’re thinking more about their crimes” (Fiona).

The issue of homelessness is not new, but prior to the provision of the service from the DSP, women were reluctant to acknowledge their homeless status, “there’s, for a lot of people, there’s a stigma” (Amy). They were “afraid to mention the fact of homelessness...afraid they wouldn’t be entitled to apply for Temporary Release” (Ethel), but now, “that’s changing” (Gina), “a lot more people would be more forthcoming because they want help” (Gina).

Every respondent was completely positive about the service. When asked if the service was beneficial, “absolutely, in every sense” (Gina). Fiona elaborated,

Hugely beneficial. She goes above and beyond her call of duty. We would refer to [the representative] for medical cards, for homelessness, for their benefits, if they’re having child access visits, to get their name on the housing list, it’s probably one of the most important in-reach services in the Dochas Centre at present.

As the same Community Welfare Officer (CWO) attended each week, she had come to personify the service, which had “been invaluable” (Cathy), the representative has a “sincere depth and breadth of knowledge around issues that particularly pertain to women involved in the criminal justice system” (Cathy), and with “people who keep on failing and failing again, she will treat them with respect and dignity...there’s no judgement, if you fail, come back” (Breda).

“Holistic” (Diane, Breda) was used to describe the service. The CWO’s experience of working between the prison system and the community was vital, “legal matters whereby certain women perhaps can’t return to certain areas because of their offence, because of victim sensitivities, would go the extra mile to try and find them accommodation elsewhere” (Cathy) and “it comes down to stuff like legal knowledge” (Cathy).

An understanding of courts and bail conditions and Temporary Release conditions, statutory issues under the Sex Offenders Act, the link between the different statutory bodies...it's almost like you could do a course on being an in-reach person from the HPU (Cathy).

Many women in prison lack education, and the confidence to approach service providers, however, this service provider is

Good at building people's confidence, navigating social welfare systems, and if they're changing so fast as well, that (the representative) made a point that if it is difficult for professionals who are in the job to know what's going on, not to mention service users trying to access it (Diane).

Women who avail of services and education in Dochas Centre can appear confident, but Diane noted "supporting some people, even who look fairly capable in here, and when they make the transition outside...aren't as confident in the big bad world". The CWO is "very good at helping women to negotiate systems and building their confidence, because it can be so intimidating, when they've been cut off, while they've been away from everything...puts things into bite sized pieces" (Diane).

While society dictates that people who commit crimes may be sent to prison, very few will remain there, practically all will return to their community. All respondents stressed the importance of prison and community inter-agency co-operation. "Inter-agency working, where now we don't work in isolation any more, we all pull together, so the women feel it is easier to come forward to look for help" (Ethel). It is "integrated, she's part of the multi-disciplinary approach here...she links in with the different services" (Breda).

Cathy elaborated in her reply, "it's around that joining up the dots piece in the community, it's about working more effectively together, and linking all the agencies that are involved, more case management...seamlessness from custody to community...organisations being aware when they [the prisoners] come out". However, Fiona was somewhat sceptical about case management, "handing over a case from prison to the community, but that doesn't seem to happen".

Diane re-counted a narrative, the moral of it was "with girls, it's all relationship, relationship, relationship, I feel, she's not talking to me, it's how you feel, what you put in it...that's a big part of our working with them". Ethel reiterated the importance of building relationships, she meets people and builds "a relationship, and the trust, the whole confidentiality thing, it's very reassuring for women".

### In the community

Despite building relationships, having a multi-disciplinary approach and attempting to have a seamless transition from custody to community, all respondents agreed that leaving prison can be a difficult time, “it can be hugely stressful, depending on how long they’ve been here” (Gina), the “stress is how am I going to survive?” (Amy). Yet the process had improved, “the whole area of leaving prison is nothing like it used to be years ago” (Ethel). She recalled “people coming out the gate of the prison with a bag of laundry, they did not know whether to turn left or right”.

The immediate departure “even the first twenty four hours, how they’re going to get from A to B, how they’re going to look after themselves, and how they’re going to have enough money” (Gina). She gave an example of multi-disciplinary working, “a lot of the time, the CWO, when we know in advance that somebody is going home, we can arrange to have their money at the gate”. Again, Fiona went further, “it’s always someone else’s problem when they go outside, I don’t think there’s enough follow on”.

The accommodation is the big issue. We’re sending them out to the accommodation, there isn’t the supports there. I think that’s one of the major issues. In the past, they’ve talked about case management, and handing over a case from prison to the community, but that doesn’t seem to happen (Fiona).

A particular difficulty was highlighted by Ethel,

Sometimes you [the homeless person] will be asked to present evidence that you are accessing the emergency units for accommodation. Again that’s very difficult, because there are people who just don’t want to access the units available to them, if they are trying to stay clean, they don’t want to access hostel accommodation.

The consequence of failing to provide this evidence is “their primary payment could be stopped and suspended, that’s the last thing we want” (Ethel).

The reluctance to reside in certain hostels is one of the issues facing homeless women,

We’ve certain accommodation, eg, Tús Nua and some other emergency accommodation that’s suitable enough, particularly where there are women’s only services, women’s only hostels. But then there is another suite of services that are for mixed gender, emergency accommodation, they wouldn’t be suitable...a lot of services are providing the best they can in the circumstances, but it’s perhaps not good enough. Then outside of Dublin, it’s hard to get a handle on what’s available, there’s a huge gap in terms of private rented, and that’s a broader issue as well, but it’s significant for another cohort of women offenders (Cathy).

There are “units of suitable accommodation” (Ethel), where there are “great staff and support” (Ethel)

The difficulty is there is obviously not enough of these units, sometimes we’re left with the night by night units of accommodation. I don’t feel that it is appropriate for any woman to

have to present for her bed at 9 at night, and get up in the morning and leave. What do they do all day, wander the street? (Ethel)

Amy also discussed the consequences for women being unable to access suitable accommodation,

It's a bit of a catch twenty-two, if you don't have stable accommodation, it's very hard to address the other areas that make you marginalised, or that you marginalise yourself. In order for people to turn their lives around, one of the basic human needs that people need is secure and safe accommodation.

The "service needs to fit the person, not the person fit the service" (Amy), but that there was no point in providing "a brand new three bedroomed semi-detached house like most of us live in, it's still not going to solve the problem if the addiction has not been looked at". Another catch twenty-two situation related to family support,

I think the family unit is one of the strongest things out there for a human being...if a woman doesn't have the support of the family when she is leaving here, she is set up for failure straight away...but it's very hard to get the family support until you prove yourself (Amy).

It was noted that some women had successfully moved from homeless accommodation to their own stable residences. "Maturation" (Cathy) was the starting point, it was "around relationship and support, getting the support you need around the addiction, sustaining the engagement with the likes of, say, Saol, Coolmine" (Cathy).

Diane recognised

There's also personal responsibility. A person is over eighteen...there's a part that has to say, you can do it, and can take that step, and then the next step...the day you grow up is the day you realise not everyone is going to hand me everything all the time.

Again, Fiona did not fully agree, "somewhere along the line, society on the outside has to take responsibility for the women".

Asked if deterrents such as curfews or electronic tagging would prevent women from being involved in criminality, there was unanimous agreement that they would be of little benefit, "I don't think curfew would because...if somebody is going to be doing some sort of criminal activity, they'll just work it around the hours that they are able to be out for" (Gina). Tagging would not prevent women getting alcohol or drugs, "you can get all that stuff delivered to your door" (Cathy).

## **Discussion**

The findings supported the research question, in so far as they demonstrated the in-reach service provided by the DSP may have benefited most homeless women in Dochas Centre. The research related specifically to women in the Female Prison. The respondents, all professionals who work closely with homeless women, acknowledged that the women have many complex needs, which corresponded with Mallicoat's (2012) findings, homeless women were likely to come from impoverished backgrounds, use legal or illegal substances and have physical or mental health issues. The support and assistance they received while in custody should ensure they did not leave without accommodation, although it may not have been the most suitable, as Ethel pointed out, "if they want to stay clean, they don't want to access hostel accommodation".

### **Pathways to homelessness**

All interviewees asserted that family and addiction were consistent factors leading to homelessness. Orford et al. (2010) described how one member's addiction could have negatively affected the entire family. This was consistent with Cathy's comment that they "tend to burn their bridges a lot with family" and "because of my behaviour in the past, I've been barred from the family home" (Ethel). On the other hand, inadequate childhood support could be predictive of homelessness (Anderson and Rayen, 2004). In their research on Bowlby's attachment theory, they observed that homeless women were likely to have experienced negative socialisation as children, as it is primarily within the family unit that children learn what behaviour is acceptable in society. They highlighted the importance of the bond children form with the significant adult in their lives and the harmful consequences to the child when this was not successful. Instead of becoming mature, functioning adults,

children from homes which were so “chaotic, and they couldn’t live in them” (Fiona) lacked the ability to develop supportive relationships and “don’t have as much family support as they need” (Fiona).

This chaotic lifestyle is likely to contribute to these children becoming involved in addiction, and if they became parents, they cannot support their own children. Along with not receiving parental support, many of these children will have endured physical, emotional or sexual abuse, which ultimately may cause them to be taken into state care (Taylor, 2011). This was consistent with comments about addiction causing children to be taken into the Irish care system, made by a number of contributors. It was difficult for children in care to “make that jump into adulthood” (Cathy), and the importance of appropriate “care placement’s” (Amy) was noted. Taylor (2011) mentioned that these children may experience mental disabilities from their parent’s substance use, this is consistent with Amy’s mention of “mental health issues”. Both Diane (2011) brought up domestic violence as a consequence of drug dependence, this was also been mentioned by Taylor (2011).

As a result of the absence of family support, homeless women are likely to turn to their peers for companionship (Visher and Travis, 2003), Fiona noted, they “don’t have peers that can help them”. Diane’s comment on the “family of other homeless people”, echoed Anderson and Rayens (2004) finding that a child rejected by its mother will have difficulty making appropriate attachments and there may be serious consequences, homelessness and addiction fit that category. Diane’s reflection on the “key relationships of the childhood” being absent was consistent with Nyamathi et al’s (2003) conclusion that substance use and an inability to form supportive relationships prevented women making the transition from homelessness. Diane noted that with “bad relationships, some need somewhere is being met”, concurred with Sheehan et al’s (2008) comment on inappropriate relationships. Similarly, Nyamathi et al. (2003) observed a link between poor coping skills and an inability to form meaningful relationships, the cycle continued. The concept that homeless people came to be identified with their place in society may make it difficult for them to make the transition into settled accommodation (Williams and Stickley, 2011) was also recognised by Diane, who said homelessness was “a bit of an identity”.

Cathy’s reflection on society’s condemnation of women who go against their expected cultural role, “she’s made her bed, she can lie on it” reiterated Sanders (2012) double standard, the stigmatisation experienced by women involved in addiction when

compared with their male counterparts. Cathy agreed with Sanders recommendation for gender specific approaches, she commented that some accommodation was “suitable enough, particularly where there are women’s only services, women’s only hostels”. Cathy gave further evidence of society’s double standards, as women prisoners were less likely to receive visits and support from family than male prisoners, “probably blaming...it’s a societal thing”.

Farrell (2012) found that living on the streets became a normal way of life, making it difficult to exit, Diane was in agreement with this, she commented on the “addictive component of homelessness” that people were “quite resistant to exiting it”. All factors mentioned so far in this discussion were similar to McHugh’s (2013) qualitative research on women prisoners in Dochas Centre. Breda’s comment about “the lower class”, and “poor education” (Gina) were consistent with McHugh’s findings that insecure family background, poverty and marginalisation were all relevant.

#### Within the prison

Visher and Travis (2003) noted four significant phases in a prisoner’s life, which were even more relevant for a homeless prisoner. Their life prior to being committed to prison may have been related to the reason for their committal. Nevertheless, the authors recognised the possibility of a period in prison being positive, an opportunity for women to participate in rehabilitative programmes which could assist re-integration into society. Breda pointed out that “custody is a security” and “everything is in one place” (Amy). There was time to reflect, as they were “more stable” (Amy), so may effectively access services. However, even when this group of women have access to support, they often fail to avail of it (Anderson and Rayen, 2004).

Addiction and criminality were often inter-connected (Visher and Travis, 2003), and as mentioned in the previous paragraph, programmes which attempted to address them in the safe environment of a prison may have positive outcomes. It was an opportunity for prisoners to think, and make plans for their release. Diane considered it a chance to participate in courses which encouraged “prevention”, ultimately “prevention of homelessness”. Homeless women were said to be unable to maintain reciprocal relationships as they may be unable to “give”, causing low self-esteem (Anderson and Rayens, 2004). Fiona gave an example of a programme which encouraged them to “give”, to develop some empathy for victims, “Restorative Practices in the Dochas Centre seems to have a huge impact on the women, that

they are thinking more about their crimes”, while Gina was positive about the service provided by addiction counsellors.

International guidelines recommended sentence planning (Reilly, 2009), prisoners should have an opportunity to prepare for their release during their time in prison. An example of this was the inter-agency approach described by Ethel and Cathy, which should have assisted in a more “seamless” transition from prison to the community. The multi-disciplinary approach should have encouraged agencies to co-operate, there should have been “more case management” (Ethel) as organisations were aware “when they [the prisoners] come out” (Cathy). However, Fiona was less confident about this, stating “it doesn’t seem to happen”, women were falling through cracks in the system, as Comiskey et al. had noted in their 2006 article.

The agent from the DSP was described in very glowing terms. Breda noted she practiced inter-agency working in Dochas Centre by her regular interaction with all services already working with her clients. Homeless women had no fear approaching her, Breda stated, no matter how many times they “fail”, she gave them confidence, willingly helped them negotiate the complicated Social Welfare system. Cathy talked about how the “breadth of her knowledge” around the clients, their entitlements, legal aspects and the criminal justice system assisted in this process. The ease with which women interacted with the service provider demonstrated Diane’s theory on the significance of trust and building relationships.

Cathy’s observation about the lack of familial support shown to women when they were in prison again demonstrated the consequences of poor attachment for this group (Williams and Stickley, 2011). Visher and Travis (2003) noted there was more likely to be a positive outcome for a prisoner who was supported by family while in custody, as “the family unit is one of the strongest things out there for a human being” (Amy).

### In the community

Homeless women leaving Dochas Centre hoped to have a roof over their heads, they did not expect to move into a home, as they had not lost a home by coming into prison. Amy had not “seen too many people actually lose a home”, which concurred with Parsell’s (2012) concept of home or shelter being a physical place which they could control, and would provide safety and comfort.

Being sentenced to spend time in prison provided some respite, a chance to address health needs (Van den Bergh et al., 2011), and it gave women a chance to recuperate and receive “comfort, nourishment, care” and “attention” (Amy). “The vicious circle” (Gina) of homeless women serving numerous short sentences drew attention to the fact that the health issues of these women were the responsibility of both the prison and the community. The reasons for admission to hospital within a short time of exiting prison demonstrated the serious issues they were likely to face while in the community (Comiskey et al., 2006).

For an average prisoner, the process of preparing for release from prison was acknowledged as being stressful (Visher and Travis, 2003). For the homeless women being discussed in this study, the situation was exacerbated by their general physical and mental ill health, lack of appropriate support, poor coping skills, and most importantly, being unsure of where they will live. They faced this predicament on many occasions, as they prepared to leave at the end of their numerous short sentences.

Once in the community, Gina considered that “the first twenty four hours” were critical, she highlighted the importance of “sentence planning” (Reilly, 2009). While sentence planning incorporated factors such as education and addiction counselling, it was often the very basic, most immediate needs not being met which could have caused recidivism. The in-reach service ensured women had that most basic need, money, and the allowances to which they were entitled, by arranging to “have their money at the gate” (Gina). It was a small step in the effort to reduce the risk of further criminal behaviour.

“Accommodation is a big issue” (Fiona) to women who were leaving prison to live in emergency hostels. The emergency accommodation available to them was so unsuitable that many people chose not to remain there, even though, by doing so, they risked losing “their primary payment” (Ethel). The units were considered unsuitable as other residents were using drugs, so women chose not to remain in them “if they are trying to stay clean” (Ethel). Vulnerable women (Cathy) may have felt unsafe in mixed gender units. This was not in keeping with the aspiration documented in *The Way Home* (2008) that homelessness and rough sleeping would cease by 2010. The only option open to many of the women was “night by night units of accommodation” (Ethel). By deciding not to remain in unsuitable hostels, women placed themselves at great risk as they were even “more vulnerable” (Cathy) than their male counterparts.

It was acknowledged that alcohol and drug addiction contributed to homelessness, but as Stein et al (2008) stated, social and psychological factors needed to be addressed in order to become abstinent. They commented on how it was much more difficult if the social factor, suitable accommodation, was absent. Cathy noted that, while there were some good services, much of what was available was inadequate and unsuitable. Amy described it as a “catch twenty-two” situation, it was not possible to address addiction and psychological trauma without having a place to call home, and it was not possible to get a home while behaving in a chaotic manner under the influence of various substances.

Personal responsibility and individualism were mentioned by Cronley (2010), there was a view that the state was doing too much. Cathy and Diane also mentioned personal responsibility. “Maturation” (Cathy) was needed for an individual to begin the process of making the transition from homelessness, to work with agencies who were in a position to provide “relationship and support” (Cathy). Diane went further, women had a “personal responsibility” and must “take that step, and then the next”. Maturation meant realising “not everyone is going to hand me everything”, whereas, again, Fiona saw it differently, “society has to take responsibility”.

The idea that the individual can make the transition assumed that they have the ability to do so and that supports were available to them. Alan et al ((2011) described ex-prisoners in Australia as being the most marginalised in the country. This was similar in Ireland, the women working with the interviewees were described as lacking education and were “more vulnerable” (Cathy). Interestingly, no respondent commented that it was not possible for the women to make the transition, they all recommended making appropriate, supported, accommodation available. Having secure accommodation was the first step to be taken before a woman could deal with addiction, but “occupation of time” (Cathy) was also significant, along with “family” support. This was consistent with Visser and Travis’s (2003) research on pathways for desisting from offending, they found occupation, social support and state policies were important.

Alan et al. (2011) found that curfews and electronic tagging reduced the need for hospitalisation among released prisoners in Australia, however, they could not identify the reason for the success. None of the contributors to this study thought curfews or tagging would be beneficial to their clients, a curfew would not prevent criminal behaviour “they’ll

just work it around the hours that they are able to be out for” (Gina). Electronic tagging would not prevent alcohol or drug use, “you can get all that stuff delivered to your door”.

### Limitations

As this small-scale project was compiled by an undergraduate student, it was not possible to interview service users, who may have provided richer and more personal information, as service providers can only have limited knowledge of what being homeless actually entails. It must be noted that while qualitative research elicits productive data, due to the short time available to complete the article, it was only possible to interview a small number of participants, who came with very specific opinions and views. The data gathered was thematically analysed and interpreted from the subjective view of the author.

### Suggestions for further research

Service providers working within the homeless accommodation sector would have valuable information on the service they provide, how it may be successful for some women, but unsuccessful for others. Programmes available in prisons could be analysed, as could the advantages or not of electronic tagging and curfews being imposed. Service providers in treatment centres and agencies providing support to women in the community would supply further information.

The respondents in this article mentioned many different specific aspects of how homelessness affected women, any of these could benefit from further study, such as addiction, family background and support, various health issues, education or inter-agency co-operation. Additional research could include service users who had a history of state care, alcohol or drug use, or have been diagnosed with an illness or disability. The length of time spent in prison could be examined, and the period immediately following release could be separate or combined topics. Gender is another subject worthy of investigation, if homelessness differs for men and women. Being occupied was mentioned as being relevant to exiting homelessness, this could be explored to ascertain what is available and if it actually could make a difference. Peers have a detrimental effect, the truth of this could be investigated.

The addictive nature of homelessness was an interesting concept mentioned by one interviewee which could benefit from further exploration. Another thought-provoking

concept was a person's perception of the meaning of home, what it means to a homeless person as opposed to a person with no knowledge of homelessness.

### **Conclusion**

This aim of this research project was to appraise the service provided by the DSP to homeless women in Dochas Centre. The research proved that the in-reach service may have benefited most women in the Female Prison. The service appeared to meet the immediate needs of women in the prison by ensuring they received financial support and had a place to stay on their first night out of custody. However, in the process of compiling this article, it became obvious that this was not adequate, further assistance was needed in the community. Women came into prison with many complex issues, some of which may have been dealt with while they were in custody, but in many cases, it was apparent that they were not addressed. The numerous short periods spent in prison did not allow time for satisfactory sentence planning, and while there was some through-care, the continuum of care seemed to fall short between the prison and the community. It was evident that much of the accommodation available to the women did not meet their needs, as some were only available at night and there was a shortage of women-only units. Both of these options may have caused vulnerable women to feel unsafe.

However, as all the homeless women being discussed in this article are adults, there is an element of free-will involved in their decision-making process. They may choose this

lifestyle, find it too difficult to change, or it may be that professionals are expecting the women to adapt to their [the professionals] values and expectations.

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## Appendix 1



### **Homeless women leaving prison**

My name is Mary O'Connor. I am conducting research into how the in-reach service provided by the Homeless Persons Unit has impacted on women in Dochas Centre.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is

published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

**It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.**

Should you require any further information about the research, please contact

Mary O'Connor (mcoconnor555@yahoo.co.uk) or Siobain O'Donnell ([siobain.odonnell@dbs.ie](mailto:siobain.odonnell@dbs.ie))

Thank you for participating in this study.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2

### List of suggested questions

Can you outline your role in the Prison Service/HPU/Probation Service?

From your experience, how homelessness affects the women in custody?

- Can you describe their pathways to homelessness?
- Do you know how long they are homeless?
- Would everyone admit to being homeless? Why/Why not?

From your experience, can you say if many women are homeless because of being in prison?

A representative from the Homeless Persons Unit comes to Dochas Centre each week.

- Do you think this has been beneficial?
- Can you describe the service you/they provide?

Who can avail of the service?

What type of issues have you come across?

- How does substance misuse effect homelessness among women?

Research has shown that leaving prison can be a stressful time, can you tell me how it has affected the women leaving Dochas Centre?

Can you say how likely the women are to seek assistance, in prison/in the community?

Research has also shown that family support can be beneficial to people leaving prison, is this a factor in relation to the women in Dochas Centre?

Do you think that imposing conditions such as curfews or electronic tagging would have an impact on successful reintegration of the women?

- From your experience, is enough being done for homeless women in the community/in prison?

Can you say what has been successful in preventing homeless women returning to custody?

From your experience, can you say what will help the women reintegrate into society on leaving prison?

