Snakes and Ladders: Women’s Pathways Into and Out of Homelessness

Sue Casey 1
University of Melbourne

1 Introduction

Women-headed households make up over 70 per cent of the world’s homeless (Mulherin, 1996). Homelessness is not, however, unique to societies with third world economies. It is increasingly a phenomenon experienced by women in societies with advanced capitalist economies. It is estimated that in Victoria between 16 150 and 17 300 women experience homelessness each year (Horn, 1995).2

Single homeless women are often described as the hidden homeless, whilst homelessness itself has been described as advanced marginality (Passaro, 1996) in a risk society (Beck, 1992; Winter and Stone, 1999).

This research provides an analysis of the pathways into and out of homelessness of single women aged 25-45 years without children in their care. The personal experiences of eleven women interviewed for this study are considered within a broader systemic framework.

A reconceptualisation of the categories of homelessness in urban Australia is proposed, utilising three categories: situational, long-term and chronic homelessness. These categories are used to examine different experiences of homelessness: pathways into and out of homelessness and potential points for early intervention.

---

1 The research for this paper is part of a larger work undertaken for a thesis completed for a Master of Arts (Research), with the School of Social Work, University of Melbourne. This research would not have been possible without the active participation of women who participated in the interviews for this study. Their input and assistance is gratefully acknowledged. I would also like to thank the housing and support agencies who assisted me in contacting women for interviews and my supervisor, Dr Fiona McDermott.

2 It is to be noted that the number of homeless single women was not reported in the more recent ‘Counting the Homeless’ based on the 1996 Australian Bureau of Statistics (ABS) census collection and Supported Accommodation Assistance Program (SAAP) data (Chamberlain, 1999). Horn’s (1995) estimate is based on 1993-94 SAAP data and Hanover Welfare services data of 1992-94. It is an estimate only, based on the available data.
2 Definition of Home and Homelessness

Definitions of homelessness are inextricably linked with the meaning and reality of home, as distinct from a house. In Australia, the very definition of home is strongly linked with home ownership and the nuclear family (Paris, 1993).

Kendig and Paris (1987) describe typical housing types over a lifetime as the ‘Housing Career Ladder’ that commences with living with parents as a child through to outright home ownership as an adult, generally considered to be within the context of a nuclear family. The metaphor of a ladder highlights the fact that the climb up the housing career ladder may not always be successful and may include sliding down ‘snakes’ or moving back down the ladder (Paris, 1993: 51).

Some women interviewed for this study who had experienced homelessness since childhood were marginalised to the extent that they have never been on the housing career ladder, others moved off the ladder for extended periods of time and had difficulty re-establishing a home once it had been lost, whilst others moved off the housing career ladder for only short periods of time.

The definitions of homelessness used for this research relate to the physical and social aspects of homelessness. The following two definitions are used.

Homelessness has two interconnected dimensions: a lack of secure affordable accommodation; and the fracturing of relationships with families and communities of origin. (Driscoll and Wood, 1998: 2)

The SAAP³ Act 1994 defines a person as being homeless ‘if and only if, he or she has inadequate access to safe and secure housing’.

Homelessness is caused by housing which:

(a) damages or is likely to damage the person’s health; or

(b) threatens the person’s safety; or

(c) marginalises the person through failing to provide access to:

(i) adequate personal amenities; or

(ii) the economic or social supports that a home normally affords;

or

---

³ The Supported Accommodation Assistance Program (SAAP) is funded jointly by the Commonwealth, States and Territory Governments. It is the primary funding source for accommodation and support services for homeless people in Australia.
(d) places the person in circumstances which threaten or adversely affect the adequacy, safety, security or affordability of that housing. (SAAP Act, 1994: 4)

**Figure 1: The Housing Career Ladder**


Chamberlain (1999) describes three levels of homelessness, with a primary focus on accommodation type and tenure.

Three categories of homelessness are described.

**Primary Homelessness:** People without conventional accommodation, such as people living on streets, sleeping in parks, squatting in derelict buildings, or using cars or railway carriages for temporary shelter.
Secondary Homelessness: People who move frequently from one form of temporary shelter to another. It covers: people using emergency accommodation (such as hostels for the homeless or night shelters); teenagers staying in youth refuges; women and children escaping domestic violence (staying in women’s refuges); people residing temporarily with other families (because they have no accommodation of their own); and those using boarding houses on an occasional or intermittent basis.

Tertiary homelessness - People who live in boarding houses on a medium to long-term basis. Residents of private boarding houses do not have a separate bedroom and living room; they do not have kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have security of tenure provided by a lease. (Chamberlain, 1999)

Chamberlain’s categories have an emphasis on descriptions of the type of accommodation and as such are more useful for quantifying the number of people who are homeless at any particular time and the types of accommodation or lack of accommodation in which they reside. This is particularly useful for counting the homeless.

In contrast, Brown and Zeifert (1990) provide more dynamic descriptors of homelessness, which are more useful for understanding homelessness longitudinally and to assist in an assessment of the types of support services women may or may not require. Three groups of homelessness experiences are described by Brown and Ziefert (1990): chronically homeless, episodically homeless and situationally homeless.

Chronically homeless women are described as being on a low income or no income. They frequently have characteristics that hamper their ability to search for scarce low-income housing, such as substance abuse issues, psychiatric disability and/or volatility. Their lives often revolve around daily survival. A survivalist orientation makes it difficult for them to focus on longer term goals. In order to maintain any level of improvement in the quality of their lives, women in this group require a continuing level of care.

Episodically homeless women are described as being highly motivated to find permanent housing, however, they are typically unprepared for independent living. Due to a range of factors such as substance abuse, mental illness and volatility it is difficult for them to find and maintain independent housing in a market of scarce resources. They often have histories of unresolved crises that have led to their minimal functioning. Frequently they present a picture of resignation and hopelessness. The service commitment needs to be

---

4 It is of note that ‘chronic homelessness’ is often used as a generic term to describe long-term homelessness (Horn, 1995; Chamberlain and Johnson, 2000). Chamberlain and Johnson describe an operational measure of adult chronic homelessness as six months or more.
lengthy, with periods of intensive activity as new crises appear. These women have identifiable strengths, including a personal support network.

Situationally homeless women are described as lacking shelter because of an acute crisis and are usually homeless for the first time. These women respond well to short-term crisis intervention, including emotional support, help setting priorities, advocacy for community support, and concrete help with basic needs. Once they find affordable housing, they move quickly to re-establish independent living.

Brown and Ziefert (1990) argue that differentiating between these groups of homeless women enables one to anticipate and provide the services that particular women need and to better structure these services. Their categories have been developed based on the experiences of homelessness in the United States of America. They are used in this research as the basis for developing categories of homelessness more relevant to urban Australia.

Chamberlain and Johnson (2000) propose a more universal homelessness career specific to adults. In this homelessness career, households can spend extended periods of time at risk of homelessness. There is a critical point where accommodation is lost and homelessness begins. This compares to the homelessness career of youth, where there can be an extended period of being at risk where the young person moves in and out of the family home.

3 Causes of Homelessness

This research is premised on the understanding that the primary causes of single women’s homelessness relate to economic disadvantage caused by low income and inadequate affordable housing (Horn, 1995; DHS, 2000; Watson and Austerberry, 1986). However, some women are more vulnerable to poverty and homelessness than others.

In the later part of the 20th century and beginning of the 21st century, major changes to economic policy, the impact of globalisation and major social changes have led to what can be described as ‘manufactured uncertainty’ in a ‘risk society’ (Giddens, 1996; Beck, 1992; Winter and Stone, 1999).

‘Manufactured uncertainty’ is described as the level of uncertainty in people’s lives in contemporary societies which is not inherent to the human condition, but has direct links with external factors such as deregulation of the labour market and the economy (Giddens, 1996; Winter and Stone, 1999).

Within this ‘risk society’, individuals who are well paid, well educated and have good material and emotional supports from family or friends are buffered against the extreme outcomes of risk taking. Indeed risks may present as a range of exciting opportunities. For those without buffers, such uncertainty of employment, housing or family and social relationships can very easily lead to insecurity and a loss of opportunity and ultimately homelessness (Beck, 1992; Winter and Stone, 1999).
Within this context, poverty and homelessness may be described as the endpoint of a process that comes about following a temporal chain of events, conditions and other stressors that push individuals into areas of risk or aggravate their social marginalisation by making it a permanent condition (Mingione and Morlicchio, 1993; Milburn and D’Ercole, 1991).

The systemic causes of women’s homelessness within the ‘risk society’ may be further understood using Young’s (1990) framework of injustice and oppression as a heuristic device. She describes powerlessness, violence, cultural imperialism, marginalisation and exploitation as faces of oppression. These have resonances with the experiences of homeless women interviewed for this study. However, a detailed discussion of these themes are beyond the scope of this paper.

The outcome of increasing numbers of people on low and uncertain income has led to delays in home purchase and increasing numbers of people seeking out low-cost private rental. The extent of this demand has meant that it is unable to be met. In the face of a relatively unregulated private rental market, the high cost of entry into home ownership and the diminishing availability of public housing, there are increasing numbers of people who are experiencing housing stress, housing related poverty and ultimately homelessness (Burke, 1999; Moriarty, 1998; Winter and Bryson, 1998).

4 Methodology

The primary research involved in-depth interviews with eleven women who had experienced homelessness. The women were between the ages of 25-45 years at the time of interview, considered themselves to be single whilst homeless and without dependent children in their care. Women interviewed were not in crisis and were in a position to reflect back over their experiences of homelessness. At the time of interview women were living in a variety of settings including transitional housing, rooming houses, a residential service, with relatives and in private rental.

Women were asked questions not only about their experiences of homelessness and their pathways into and out of homelessness, but also their views about service provision and what should be done to address homelessness.

5 Categories of Homelessness

Three distinctive groups of experiences of homelessness and the pathways into and out of homelessness, were identified using a qualitative thematic analysis of the interviews. These groups are described as situational, long-term and chronic homelessness. These are a variation of Brown and Ziefert’s (1990) groupings based on urban Australian, rather than the United States experience.

These categories group experiences of homelessness longitudinally, in contrast to Chamberlain’s (1999) categories that have a greater emphasis on accommodation type at
a particular point in time. Many women in this study moved between primary, secondary and tertiary homelessness over time.

These groupings are useful in understanding in more detail:

- women’s pathways into homelessness;
- women’s experiences of homelessness; and
- women’s pathways out of homelessness.

These categories of homelessness - chronic, long-term and situational homelessness – will now be described as they relate to the pathways into and out of homelessness and experiences of homelessness of women interviewed for this study.

6 Pathways into Homelessness and Experiences of Homelessness

Chronic Homelessness

The term chronic homelessness is well and truly part of the lexicon of the homelessness field in Australia. It is often used to simply describe long-term homelessness (see for example Horn, 1995; Chamberlain and Johnson, 2000). However, based on this study, it appears to be too broad to adequately inform service development and case work practice. Based on the findings of this research it is proposed that the term chronic homelessness be separated into two categories, described as chronic homelessness and long-term homelessness.

The term chronic homelessness is used for those women who have been homeless since they were children and had little or no significant experiences of home as adults. Their pathways into homelessness occurred as children and teenagers, rather than as adults and are consistent with the youth homelessness career, rather than adult homelessness careers, described by Chamberlain and Johnson (2000).

Women in this group were Jacinta, Rosie and Annie. None of the women in this group had had paid employment. Only Jacinta, who was in her twenties, talked about gaining the skills necessary for employment in the future. Both Rosie and Annie, who were in their thirties and forties respectively, still needed to establish somewhere to live after a lifetime of homelessness.

Annie and Jacinta spoke about experiencing abuse and neglect as young children that resulted in their going into the care of the state. Rosie spoke of the death of her father as the precipitating factor that led to her and her brothers and sisters going into care. None of these three women could describe a place that they thought of as home except for very short-term experiences. They had all had a lifetime of moving from institutions to temporary accommodation and moving in and out of contact with support services.

Not being able to stay put in one place for any length of time was another key theme for this group. All three women had really struggled to achieve any stability of housing over many years that had started with the inability of their families to be able to support them
as children. They all talked about needing to learn the practical skills necessary to maintain a home. This was a distinguishing factor compared to the other two groups. It went as far as the women identifying difficulties in having a home in comparison to being homeless. This was particularly the case for Rosie and Annie, who were older than Jacinta and had consequently experienced longer periods of homelessness and appeared to have had fewer supports as teenagers.

Brown and Ziefert (1990) included having a survivalist orientation that makes it difficult for women to establish long-term goals as typical of chronically homeless women. Both Jacinta and Annie spoke about long-term goals: Annie getting public housing and Jacinta, who was younger, going back to school. Schooling was something Jacinta had been able to achieve in the past. However, Annie had a number of steps to go before even applying for public housing. Rosie had no plans, although she talked vaguely about having options this time around.

Consistent with Brown and Ziefert’s (1990) chronic homelessness group, Rosie and Annie had significant characteristics that made it difficult for them to search for scarce long-term housing. In Rosie’s case it was her volatility and for Annie it was substance abuse. This may also have been the case for Jacinta. She had had a substance abuse problem in the past and described herself as having a ‘short fuse’. At the time of interview, she had been off drugs for three months that corresponded to the period when she had stopped living on the streets.

Well it’s hard, I’m just learning now to settle down, and to stay in one place for a length of time, unfortunately this place doesn’t really suit me, so I’m trying to stick it out here until the absolute most, until I’m almost ready to commit suicide or something.

(Jacinta)

These factors were further compounded by chronic physical health problems, mental illness and/or disability and being victim to sexual assault and/or violence as adults.

The experiences of these three women, Jacinta in her twenties, Rosie in her thirties and Annie in her forties, provides an insight into the failure of the provision of social services for homeless children across the decades which led to their being homeless as adults. This is consistent with Burdekin’s findings (HREOC, 1989), that care of the state is a key predisposing factor for homelessness as an adult.

In contrast to Brown and Ziefert’s (1990) chronically homeless group, no women in this study experienced primary homelessness indefinitely. This may well reflect the differences in the extent of homelessness in Australia compared to the United States. In Australia, there is a more comprehensive range of services and, in relative terms, greater access to low-cost accommodation (McDonald, 1994). This minimises the number of people who experience primary homelessness on a permanent basis.
Long-term Homelessness

Long-term homelessness is identified as a separate category, rather than episodic homelessness (referring to Brown and Ziefert, 1990) or as a sub-category of chronic homelessness. This group includes Karen, Shaun, Helen, Mary, Brooke and Belinda. All the women in this group, except for Mary, had at some stage, if not for an extended period of time, lived independently in the private rental market. Mary had been able to maintain a room in a rooming house for most of her adult life. With the exception of Mary, the women in this group had all participated in the paid workforce.

The women in this group became homeless following a series of critical events. For example, Karen was in full-time employment, married and renting a house, not far away from purchasing a home. Her first child died soon after birth and she reported that unresolved grief led to undiagnosed post-natal depression following the birth of her second child. What was occasional amphetamine use became a habit once she stopped breast-feeding. Her marriage broke down and her husband left with their child. She felt so unworthy due to her depressive illness that she was unable to accept assistance from her husband’s family. She eventually had to move out of her home, she was too ashamed to accept social security payments and she survived by shoplifting.

Consistent with the adult homelessness career proposed by Chamberlain and Johnson (2000) Karen and the other women in this group were at risk of homelessness for an extended period of time before becoming homeless. Women in this group had experienced primary homelessness for extended periods of time or had lengthy psychiatric hospital admissions or series of admissions, whilst their housing was tenuous. Consequently, the experience of homelessness itself contributed to the perpetuation of their homelessness.

In contrast to Brown and Ziefert’s episodically homeless group, the long-term homelessness group appeared to go on a downward spiral, which resulted in primary homelessness or longer term psychiatric in-patient admissions. Once they had moved too far off the housing career ladder they had great difficulty getting back on.

Going back two or three years ago, what would have helped at the time? (Sue)

Well if I had money of course ... nothing really ... it just all led in that direction; veering off the path; it was just basically a path I got on; that I knew that I would become homeless. (Brooke)

The women in both the long term and chronically homeless groups, when they ‘slept rough’ often slept alone and for reasons of safety in places where they would not be found. This included the verandah of a suburban school, in cars, in people’s sheds and in empty houses in the suburbs. This contributes to the hidden nature of single women’s homelessness.
Situational Homelessness

Consistent with Brown and Ziefert’s (1990) categories, this term is used to describe the group in this study who became homeless in response to a particular crisis. This was the case for Lindy and Aba. In Lindy’s case a mental illness led to her losing her job and accommodation (that was associated with the job). Aba was a relatively new arrival to Australia and when she had to move from living with her extended family, could not afford private rental. She had limited work opportunities due to poor English skills and limited access to English language classes.

Neither woman considered herself to be homeless. They sought support to find short-term or low-cost housing when they were unable to access appropriate low-cost housing through the private rental market. They were both able to access accommodation support services and referral to medium to long-term low-cost accommodation before needing to use emergency accommodation services. Both women required other support services. However, their other support needs did not affect their ability to maintain a home.

7 Pathways Out of Homelessness

The women’s pathways out of homelessness, the types of supports they required and the time it took to get back to having a home or establishing a home were related to their pathways into homelessness and experiences of homelessness itself.

Chronic Homelessness

The group who had experienced chronic homelessness had little or no experience of home. Resiliency was highlighted by the women, who had experienced chronic homelessness, as being the key to simply surviving all that they had experienced.

The women in the chronically homeless group all reported using multiple services over time. This included housing support, health, welfare, mental health, drug treatment services, counselling and educational services. They also required additional support to the other two groups in needing to learn practical skills associated with maintaining a flat or other accommodation.

The women in this group had accessed many services over time and were able to provide valuable insights into the sorts of models that they found most helpful. The most successful model reported by women who had experienced chronic homelessness were services that were respectful and allowed women to contact and engage and re-engage over time.

Only Rosie had successfully engaged with a housing support service over a period of time. This was a service that provided a residential service moving onto transitional housing. She had moved from the residential service to transitional housing, only leaving to move to the country with her new partner. When that didn’t work out she was confident in re-contacting and moving back to the residential service. The only place she identified as home was when she lived in transitional housing for a period of nine months.
Annie had applied for transitional housing at the time of interview. Jacinta was living in a rooming house but was not happy and was hoping to move back to another rooming house where she had lived in the past. Neither Jacinta nor Annie were able to talk about anywhere as having been home.

**Long-term Homelessness**

Women in this group had invariably experienced primary homelessness or extended psychiatric in-patient admissions whilst tenuously housed. Their pathways out of homelessness were not simple. A number of women were homeless for long periods of time before accessing services. For example, Karen spent three years sleeping rough and in other circumstances consistent with primary homelessness. During this period she only approached a crisis service once; as the only immediate option was a private hotel she returned to sleeping out until she eventually went to gaol where she was referred to a housing support service. A number of the other women had very similar experiences. It was only women who had long periods of psychiatric hospitalisation who avoided primary homelessness.

Women in this group, were of particular concern in relation to access to the service system. They had all experienced long periods of homelessness, yet the majority talked about not knowing where to go or how to access services or feeling ashamed of needing to access services or that they should be able to cope, given their past lifestyles where they were able to live independently of welfare type services.

Women in the long-term homelessness group highlighted opportunities and lost opportunities for referral to appropriate services, more timely intervention and potentially shorter period of homelessness. The women’s responses suggest that generalist services need to be more heavily targeted as referral sources for homeless women. This included Centrelink, general practitioners, psychiatric in-patient services, gaols, police, needle exchange services and crisis services. In many ways these were services that women often could not avoid contacting due to their circumstances. When they did access services, they reported often not being eligible due to their age or sex. Alternatively there were long waits for accommodation or the accommodation was unsafe, for example referral to private hotels.

The women in the long-term homeless group all required a range of support services in order to re-establish themselves. All the women utilised more than one service in order to move on from being homeless. These services included housing support, health, welfare, mental health, drug treatment services, counselling and education and training services.

Once women in the long-term homelessness group accessed a housing support program including accommodation they appeared to stay with that service through to finding a home. However, this remains a hypothesis based on a limited sample that requires further investigation. Nevertheless, this did contrast to women in the chronically homeless group who had generally accessed more than one housing support service over time.
A number of women in the long-term housing group commented that the primary cause of their extended period of homelessness was lack of affordable housing. Given that all women in this group had the experience of maintaining their own home, most could probably have managed their own place far earlier, if affordable accommodation had been available more easily.

This was the case for Belinda for example, who managed her own private rental for a period of time whilst still going in and out of a psychiatric hospital for treatment. She moved back with her parents due to an inability to pay the rent.

**Situational Homelessness**

Women in the situationally homeless group were able to access housing and support services before their situations deteriorated to ‘sleeping rough’ or extended periods of institutionalisation. Lindy was living in a women’s rooming house and Aba was in transitional housing. In the longer term, Lindy considered the private rental market an option as she expected to be able to work part time teaching music. Aba was applying for public housing as she simply could not afford private rental on social security payments.

**8 Pathways Out of Homelessness: Common Themes**

Some significant differences in experiences of homelessness have been described using three categories of homelessness. However, the women interviewed for this study had many similar reflections and comments to make about the causes of homelessness and what needs to be done to address homelessness and related issues.

Comment has already been made on the need for women to have access to safe, affordable housing and adequate income as a key to addressing homelessness. In addition, women utilised a range of health, welfare, mental health, specialist drug treatment services, education and training, counselling and other support services to assist them in addressing the myriad of issues that they faced as a result of their experiences of homelessness and pathways into and out of homelessness.

The most successful housing and support model, based on feedback from the interviewed women, was an integrated women-only service that included residential, transitional and rooming house accommodation and support services. In addition, women also accessed drug and alcohol, mental health and counselling services. There was a strong emphasis on referral to employment and training programs, support for education and/or other lifestyle activities.

In terms of transitional housing women expressed a preference for ‘women-only’ services with a one bedroom flat being the accommodation of choice for the majority of women, although two women who lived in women’s rooming houses found their accommodation suitable for their needs. However, other women who lived in rooming houses reported finding it difficult, particularly because of the number of residents who had significant
behavioural problems that impacted on other residents. One woman commented that she thought some women were being accommodated in a rooming house, when they required accommodation with a higher level of support. This also appeared to reflect a tension between the needs of short-term and long-term residents in rooming house accommodation.

The issue of not being able to access crisis and housing support services in a timely manner was highlighted by a number of women. This included long waiting periods and not being eligible for a number of crisis and housing support services due to age and/or sex.

In Victoria, at the time of interview, the turn-away rate for SAAP services was higher for women than men.\(^5\) There were only three relatively small SAAP-funded crisis accommodation services specifically for single women.\(^6\) An additional, small service has recently been funded. There are also three SAAP-funded cross-target crisis accommodation services (AIHW, 2000, Table 2.6). However, a number of women in this study were concerned about violence in cross-target services and/or had experienced or witnessed violence in cross-target services so did not use or attempt to use these services.

The extent of the demand for women’s crisis and housing support services may well be under-represented as unmet demand is only recorded for potential clients who meet eligibility criteria. Therefore if a service for a particular target group does not exist in an area or as suggested by the findings of this study, potential clients do not know of the service then the extent of demand would be under-represented.

A related issue is that women’s services often are not advertised with a sign on the front gate due to security concerns. This serves as a barrier to access that provides a challenge in terms of promoting women’s services in other ways.

Inadequate access to services was an issue for women not only when they were actually homeless, but the period when they were at risk of homelessness and experiencing crises. The findings of this research suggest that prevention of homelessness and early intervention includes the provision of a range of social supports and health and welfare services before women become homeless, in order to support them in staying in employment and in maintaining their housing. In this study, that included access to

\(^5\) The SAAP data (AIHW, 2000) shows that of 10 450 people who were accommodated by SAAP services in 1998-99, 5900 were women and 4550 were men (AIHW, 2000, Table 3.3). However, women were more likely than men to be turned away from a service. In a two week census period, there were 680 people who sought accommodation from a SAAP service who were unable to be assisted, of these 384 were women and 296 were men (AIHW, 2000, Table 5.39). Of these ‘potential clients’, women and men had similar turnaway numbers, 181 and 174 respectively, for crisis accommodation. There were significantly more women (203), than men (122) seeking medium/long-term accommodation who were unable to be assisted (AIHW, 2000, Table 5.39).

\(^6\) This excludes women’s refuges that are specifically targeted for women and women with children escaping domestic violence. There are 15 women only services, of which three are crisis services and 12 men only services of which three are crisis services. However, the average annual cost per agency for ‘women only’ services is $146 384 compared to $349 080 for ‘men only’ services.
counselling, mental health services, specialist drug services, education, employment and training services. This is in addition to the housing related supports identified by Chamberlain and Johnson (2000) that included substantial emergency relief to assist households to maintain their housing when facing housing related poverty.

The other areas commented on by women as keys to their pathways out of homelessness were relationships and personal strengths. Women’s own personal strengths were often highlighted by women as being the key to their moving on from being homeless. Relationships and support particularly from extended family were important. The other key relationship commented on by a number of women was with a particular support worker. This often appeared to be based on the women’s perceptions of genuine concern by that worker.

In summary women’s pathways out of homelessness appeared to rely on the interplay of a range of factors that included:

- inner strength to begin to seek out support;
- access to affordable accommodation/housing in the short and long term;
- access to housing support services which included individual support from workers and referral to other services;
- adequate income in relation to housing costs;
- the development of political awareness, through experiences such as working with the ‘Big Issue’, participation in SAAP advocacy service courses and participating in feminist counselling;
- personal counselling, particularly regarding past trauma, including sexual assault counselling and services such as domestic violence outreach;
- high quality mental health services and drug treatment services;
- support from family including assistance with temporary accommodation and personal support;
- education (including English language classes) and employment and training opportunities; and
- support in pursuing leisure activities, such as athletics and art.

9 Conclusion

In conclusion, this research highlights the fact that homelessness occurs when there is insufficient low-cost housing to meet the needs of people on low incomes. However, within this context the systemic causes of homelessness are not limited to housing injustice and income inequality, but include a range of factors which contribute to the oppression of particular groups leaving them more vulnerable to poverty and
homelessness without the necessary buffers required for survival within a ‘risk society’ (Beck, 1992).

The pathways into and out of homelessness, are not linear as suggested by the typical housing career but are better represented by a game of snakes and ladders (Kendig and Paris, 1987; Paris, 1993). In this case, the snakes are the multiple traumatic events and overlapping oppressions and consequent disadvantage faced by women who experience homelessness. The ladders on the pathways out of homelessness are access to a range of services, adequate income and affordable housing. Women also highlighted the importance of their own personal strengths and resiliency and sometimes the role of support from extended family.

There is a need to understand in greater detail the pathways into and out of homelessness in order to provide more timely assistance based on the different needs and requirements of different women and so prevent and/or minimise the effects of homelessness.

This is a relatively small study, but indicates the need for further research in this area. A greater understanding of the issues raised by this research could be gained through a longitudinal study, involving a greater number of women, who are contacted over a period of one to two years.

This research provides only part of the picture of women’s pathways into and out of homelessness, but I hope makes some contribution towards the amelioration of women’s homelessness.

References

Burke, T. (1999), The State We Are In, Paper prepared for VCOSs conference, 26 March 1999, Melbourne, Institute of Social Research Swinburne University, Melbourne.