Article

The Needs of Women Using Homelessness Services: The Results of Collaborative Research in London

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Abstract: This paper explores the results of a study conducted in collaboration with the homelessness sector in central London and an academic team. Data were collected on 134 women who used homelessness services in an area of central London during a nine-day window. In addition, fully anonymised service history records, covering an average period of 85 months, were reviewed with the consent of another 59 women with lived experience of homelessness. Nine women also agreed to in-depth interviews. Five key stakeholders in policy and practice were also interviewed. The research supports the findings of earlier research into the gender dynamics of homelessness. The results highlight the presence of a high-cost, high-risk population of women who are characterised by sustained and recurrent experience of homelessness, housing exclusion, and deprivation and who make repeated and sustained use of homelessness and other services without escaping homelessness. Strong associations between domestic abuse and women's homelessness are evident in the results of the research, again echoing the results of earlier work. The possibilities of developing new strategic responses to women's homelessness, including specialised forms of Housing First, are considered.

Keywords: women's homelessness; gender dynamics of homelessness; feminist interpretations of homelessness

1. Introduction

This paper reports the results of research into the lived experience of women who were homeless in the London borough of Camden in 2021. The research focused on routes into homelessness, the impacts of homelessness, the intersections between women's homelessness and domestic abuse, and the effectiveness of existing service responses. Women's homelessness has been a relatively neglected subject when compared to the amount of research conducted on lone homeless men with complex needs in the UK, US, Europe, and beyond (O'Sullivan et al. 2020). A new wave of research began to appear in the 2010s (Mayock and Sheridan 2012; Mayock and Bretherton 2016; Bretherton and Mayock 2021) on a subject that had received surprisingly little attention since the 1980s and 1990s (Watson 1983; Wardhaugh 1999; Watson 1999). The reasons for this pattern have been identified elsewhere (Baptista 2010; Busch-Geertsema et al. 2014) and centre on what has been highlighted as a cluster of intersecting factors that have been described as spatial, administrative, and methodological errors in the analysis of homelessness (Bretherton and Mayock 2021).

Spatial errors have occurred because homelessness, in a European and UK context and beyond, has been defined in narrow ways, specifically in relation to a political and ideological narrative that homelessness can only exist in certain spaces, i.e., on the street (people sleeping rough) and in emergency shelters. Women who find themselves living rough hide for the obvious reasons around personal safety (Bretherton and Pleace 2018), and emergency shelters and similar homelessness services tend to be designed on the assumption that people experiencing homelessness are overwhelmingly male (Reeve 2018). Once definitions of homelessness are widened to include hidden homelessness, i.e., a

definition that includes lone women and women with children staying in precarious circumstances with family, friends and acquaintances, without control over their own living space, the nature of homelessness and the number of women involved looks very different (Deleu et al. 2023; Lohmann 2021).

Administrative errors centre on only recording women's homelessness in certain circumstances. The two main issues here arise when women experiencing homelessness make use of refuges and other domestic abuse services where there is a tendency to record their use of those services, but not their homelessness (Baptista 2010). Alongside this, the bulk of what to as family homelessness in the UK and elsewhere is referred mainly involves lone mothers with dependent children, with the main causes being deprivation and relationship breakdown, including a very high frequency of relationship breakdown involving domestic abuse (Baptista et al. 2017). The overwhelming presence of women-headed lone parent households in what we think of as family homelessness also causes a significant undercount of women's homelessness, because they are effectively hidden by the terminology used to describe homeless households that contain one or more dependent children.

The methodological error is the crucial limitation in point-in-time (PIT) counts first identified by Culhane and colleagues in the US decades ago (Kuhn and Culhane 1998). Data collected in certain places, i.e., homelessness services and the street, over short periods of time misrepresented homelessness in two senses. First, PIT counts mainly enumerated men, because they were framed by the same logic that led to the spatial error that ignored hidden homelessness and, by extension, many of the women experiencing homelessness. Second, PIT counts over-estimated the number of men with multiple and complex needs, i.e., what was actually a fraction of the total homeless population was very likely to be homeless whenever a PIT count took place; this included the groups that Culhane and others referred to as people experiencing chronic (long term) and episodic (recurrent) homelessness.

When the whole population experiencing homelessness was looked at in the US and elsewhere by reviewing administrative data for services and using longitudinal methods, a significant population did not have the very high rates of severe mental illness and addiction, usually associated with other support and treatment needs; instead, their main characteristic was destitution (O'Flaherty 2010; Scutella et al. 2013; Bramley and Fitzpatrick 2018). PIT counts, which both informed and were informed by what were actually often incorrect ideas about what homelessness actually is, presented a population that was overwhelmingly male, and which had astronomical levels of mental illness and addiction, neither of which accurately described the bulk of the population—and particularly most of the women—experiencing homelessness (Reeve et al. 2007).

By the 2010s, it was also becoming apparent that women's homelessness, alongside homelessness in general, was not a fixed and consistent social problem. There was evidence that the shape, nature, and, particularly, the extent of social protection systems seemed to be shaping the forms that homelessness took (Bretherton et al. 2016). While the gender dynamics of homelessness were established, the facts that women were much more likely to be homeless because of trigger factors linked to domestic abuse, formed the bulk of what were actually one-parent homeless families, and were more likely to experience hidden homelessness, were also becoming apparent.

Women using services like Housing First presented with patterns of need that were, if anything, more complex than what had been assumed to be a largely male, high-cost, high-risk subgroup of people experiencing homelessness on a recurrent and sustained basis (Bretherton 2017). Issues around access to healthcare, particularly around reproductive health, were being identified, which, like women's homelessness itself, had received very little attention (Kneck et al. 2021; Paisi et al. 2021). Needs arising from the emotional impacts of women's homelessness (McGrath et al. 2023) and their capacity to make ontologically secure homes for themselves (McCarthy 2020) were also considered. Yet, while awareness of the physical, economic, social, emotional, and mental impacts of homelessness among women increases, alongside growing evidence around how their trajectories through homelessness can differ from that of men (Toohey et al. 2004; Johnson et al. 2017; Löfstrand

and Quilgars 2016; Andermann et al. 2021; Granfelt and Turunen 2021), significant evidence gaps remain. This paper draws on the results of a mixed-methods piece of research carried out in collaboration with programmes and services working with women experiencing homelessness in London during the summer of 2021 (Bretherton and Pleace 2021).

2. Materials and Methods

The methods used for this research centred on gaining insight into the views, experiences, and patterns of service use among women experiencing homelessness. The research instruments were developed in collaboration with service-providing partners working with women experiencing homelessness in Camden. The four core elements of the research were: an anonymised short survey; anonymised longitudinal tracking of service use using administrative data; semi-structured interviews with women with lived experience of homelessness; and interviews with key stakeholders in service delivery and policy. The analysis had a practical goal which centred on the development of an integrated cross sector pathway (an integrated assessment model) to enhance service coordination and service effectiveness, centred in the first instance on the London Borough of Camden. Ethical approval was secured through the ethics committee system at the University of York.

2.1. The Anonymous Survey

The anonymous survey was designed to be a short, simple exercise that could be administered through Qualtrics, a cross-platform online survey tool that would run on any Internet-enabled device, including basic smartphones. The survey contained seven questions: age at last birthday; where the respondent spent the last night (e.g., in a shelter, hidden homelessness, or living rough); ethnicity; a validated survey question on general health; whether Camden was their usual place of residence; and whether they had already participated in the survey. Respondents were reminded at the start and mid-point that the data collection was anonymous and that they were not in any way obliged to answer any of the questions. One hundred and thirty-four women responded.

Data collection took place in and around homelessness services and was performed by staff and volunteers, with verbal consent being obtained using a standardised text that explained how the (fully anonymised) data would be used. Checks were included to minimise double counting, and data collection took place using a point-in-time (PIT) approach confined to a single day: 28 July 2021. The typical survey response time was estimated at around five minutes. The survey took place shortly after third-wave COVID-19 lockdown restrictions had been lifted in the UK, which meant homelessness services were operating more or less normally, though some of the effects of the recent lockdown may have still been present. The "Everyone In" programme, which had placed people living rough and in shared-air (communal) homelessness services in hotels—which are relatively unusual in the UK—was also still running at the point at which the survey took place (Cromarty 2021).

The survey was designed to create basic, anonymised data on women experiencing homelessness in Camden. It was not intended to enumerate the scale or nature of women's homelessness, and, based only on women's contact with services on a given day, it would have presented the same limitations as have been reported elsewhere with PIT counts (Drilling et al. 2020; Dyb 2021).

2.2. Anonymised Tracking Using Administrative Data from Services

The anonymised data provided by agencies working with women who were experiencing homelessness in and around Camden removed all identifying information but was again organised on the basis of informed consent being obtained from every women whose data were used. Data for 59 women were shared. All personal data on patterns of service use were rendered anonymous in such a manner that the data subject was not identifiable before being shared with the University. Overlap with the survey was probable, but as both datasets were fully anonymised, they could not be matched or compared, and for

that reason, they were treated as separate parts of the analysis. The anonymised dataset contained 22 variables, including (anonymised) verification from CHAIN (London's shared homeless service database) on whether a woman had been recorded sleeping anywhere in the city; the broad nature of the services they had used; their dates of contact with those services; recorded experience of abuse and violence (not the nature, nor any other detail); presence of addiction (again, no details were shared); and presence of mental illness (again, no details were shared).

The data varied in their nature and length, as they depended on patterns of service use by each of the women. If a woman had made continual use of services, then the picture of her service use would be fairly complete, but there were other women for whom only partial data were available. Time frames covered by these anonymised data, therefore, varied considerably. The data were collected in July 2021.

2.3. Interviews with Women Experiencing Homelessness

We orchestrated and conducted nine semi-structured interviews with women experiencing homelessness in the summer of 2021. A standard semi-structured approach was used, enabling the respondents to discuss and prioritise their experiences in their own way, while the researcher ensured that all subjects of potential interest were asked about. While COVID-19 restrictions had recently been lifted from wider society, university policy still prohibited travel for fieldwork, and this meant that the interviews had to be conducted remotely, mainly using social media apps on phones that offered end-to-end encryption, rather than the usual face-to-face approach.

No questions that collected personal data were asked, and transcripts were double-checked to ensure that no personally identifiable information had been recorded. A limitation of the research was that fewer interviews than had been planned were conducted, and that these had to be carried out remotely. One way in which this may have affected the research was that interviews averaged around 25 min, whereas those conducted face to face (i.e., in person) in earlier research with women experiencing homelessness by the same team and other researchers tended to be somewhat longer (Mayock et al. 2015; Bretherton 2020; Mayock and Neary 2023).

2.4. Interviewers with Key Stakeholders

Interviews were conducted with five stakeholders from five organisations at the core of provision for women experiencing homelessness in and around the London Borough of Camden. These interviews centred on stakeholder perceptions of women's homelessness, the nature of need, and the strengths and limits of existing service coordination and provision. As with the other data sources used for this research, the respondents and their organisations were anonymised, and no material that might have identified an individual or organisation was included in this report of the analysis. Interviews were, again, within university policy at the time, conducted remotely over the course of the summer of 2021.

2.5. Analysis

The data analysis for the survey and administrative data was conducted using a combination of IBM statistics (SPSS) and Excel, the latter mainly for data preparation. The researchers employed encrypted digital recorders in conducting the interviews and employed thematic grid analysis facilitated through NVivo 20 software. The research was framed in the grounded theory approach, i.e., all data were considered in the analysis without restricting the research to specific areas in advance. The qualitative elements were designed to work within a semi-structured framework, which meant that the women participating in the research were enabled to determine, prioritise, and talk about what mattered to them in their experiences of homelessness. Each element of the research was analysed in relation to every other element, using a single framework to explore the ways in which the data intersected and to highlight any points of difference between what the data sources were telling the research team about the nature of women's homelessness in

Camden. Each stage of the analysis informed every other element of access through this iterative process. Once the initial analysis was complete, the research team revisited each of the four sources of data, cross-checking their initial work against what the other data sources had told them.

3. Results

The short, anonymised survey covered 134 women ranging between 20 and 71 years old (mean age: 42; median age: 43) who described themselves as White European (59%), with a quite strong representation from Black British (14%) and Asian British (8%) women and reports of considerable diversity of ethnicity among other respondents. Ninety-seven percent of the women opted to answer questions on their age at last birthday, while 99% chose to answer the questions on ethnicity. Extreme experiences of homelessness were widely reported, with 23% reporting they had slept rough or been in a bus or railway station the night before. Half (50%) were residents of homelessness services, with some experience of hidden homelessness (7%), i.e., staying with relatives, friends, acquaintances and in temporary accommodation (9%). A few women were housed (8%), but were either using housing-led services like Housing First or were still being supported following other rehousing.

Repeated experience of homelessness was reported at high rates, with 74% of women reporting they had been homeless at least twice and almost all the others experiencing homelessness for the first time. Half the women (50%) reported being homeless three or more times (based on a 99% response rate). Overall, 42% of women reported that their health was bad (26%) or very bad (16%). Most of the women who reported "very bad" health had been homeless three or more times (76% of the 21 women).

The anonymised longitudinal tracking of service use produced a sample of 59 women. It is most logical to treat these data as a fairly large qualitative resource, as the numbers are too low to be statistically representative, and it also important to note that this was, in essence, administrative data from services. The women had a mean age of 39 (median: 39) and mainly self-described as White European (64%) and as Londoners (70%). A smaller group of 10 women were from outside London, and this included some women who had been trafficked. The CHAIN database (combined homelessness and information network), which covers most of London's formal homelessness sector (i.e., services commissioned and/or provided by the 33 elected authorities and the Greater London Authority) had recorded 44% as "verified" as having slept rough in London at some point. Around 0.07% of the UK population have had contact with child protection systems in their lives (http://homeforgood.org.uk/statistics (accessed on 17 February 2024)) compared to one-fifth (13) of the 59 women. Services reported that most of the women were regarded as at current risk of violence and that a clear majority had experienced serious trauma (not specified given the nature of the data). Sexual violence and rape data were shared anonymously with consent, with half the women being recorded in service records as having experienced this at least once.

A total of 23 of the women were recorded as having been made homeless as a result of domestic abuse, and, collectively, these 23 women (38%) were recorded as having experienced this 32 times. There were extremes within this; one woman was recorded as having had to move 17 times and another 19 times because of safeguarding issues with the housing or supported housing they were staying in.

While the sample was not large enough to be statistically representative, 43 of the women were recorded as having used illegal drugs (73%), and 26 had served one or more prison sentences (44%). Thirty-five (59%) of the women were presenting to services with one or more documented forms of self-harm. In line with a long history of research on women's homelessness in the UK (Jones 1999; Quilgars et al. 2021; Bretherton 2020), 24 of the women were reported as parents who had been separated from their children. This high rate of separated parenthood, involving women placing their children with relatives when homelessness occurred and their children being taken into care, has been highlighted

by some of the more recent research (Bretherton and Mayock 2021; Bimpson et al. 2022). Patterns of service use among the 59 women often showed long histories of engagement that had not resulted in sustained exits from homelessness. The average period of anonymised data on each of the 59 women was 85 months (just over seven years), with a median of 73 months (just over six years).

Again, it is important to note that these anonymised service use data were not statistically representative, but some patterns were worth noting. The first was that the women's lives were marked by precarity; they were likely to have slept rough, to have used supported housing (which in the UK refers to mainly congregate services with onsite staffing, not housing-led or Housing First models), and to have experienced hidden homelessness. The women were, in line with earlier research (Mayock and Sheridan 2012; Mayock and Bretherton 2016), more likely to report time in supported housing and experiencing hidden homelessness than living rough. International data have repeatedly suggested low numbers of women living rough and in basic emergency shelters. However, the numbers of women recorded experiencing homelessness increase significantly if supported housing and people experiencing hidden homelessness are included in how homelessness is defined (Baptista 2010). In the UK, this pattern of women not being present in great numbers among people sleeping rough and in emergency shelters, but being present in greater numbers in supported housing, was first reported in 1993 (Anderson et al. 1993).

Large, traditional homeless shelters are not a major feature of service provision in the UK. Closure programmes for large emergency homeless shelters that had, in some instances, replaced the workhouses that had preceded them within the original buildings began in the 1980s (Dant and Deacon 1989). By the mid-1990s, smaller-scale hostels, frequently using individual bedrooms rather than shared sleeping areas, had replaced large emergency shelters. There was also increased use of what were called resettlement and floating support services, which supported people directly in settled housing. These were similar to (though less intensive than) Housing First services (Quilgars 2000).

This restructuring of services into supported housing offering single rooms, and towards housing-led, and, in the last decade, Housing First services, meant that COVID-19 rates among people experiencing homelessness were far lower in the UK than in some comparable countries, because there were comparative few "shared-air" shelters (Guise et al. 2022). This said, provision of female-only supported housing services for people experiencing homelessness, particularly outside towns and cities, is not extensive, and this may be linked to high rates of hidden homelessness, i.e., there are not many services to go to (Mayock et al. 2015; Mayock and Sheridan 2020).

What this meant in the context of somewhere like Camden was that women were alternating between supported housing (rather than basic emergency shelters), hidden homelessness, and living rough. Most of the 59 women tended to have spent more time in supported housing than experiencing hidden homelessness or living rough. It was unusual for this group of women to have spent all their time in one situation, i.e., only a small number had been in supported housing, experiencing hidden homelessness, or (least likely) living rough for the whole time they were in contact with homelessness services that took part in the anonymised data sharing. The overarching pattern in the longitudinal data was one of sustained precarity, with women moving between living rough, being in supported housing (in the UK, this refers to fixed-site, largely congregate services with onsite staffing), and experiencing hidden homelessness.

The interviews with women with lived experience of homelessness underlined this impression and also provided some further possible explanation of why women in sustained contact with homelessness services were moving between different situations. The answers centred on the conditions in some services and the lack of safety, control, and security with hidden homelessness and living rough. Three women described their experiences:

> "I just didn't feel comfortable at all. So, then that's when I left the hostel and then started going so, sofa surfing, cos I felt more comfortable being with people that I know, rather than just random people.

I've been in all the hostels in Camden and everything, every hostel you can imagine. Finally getting a studio flat with mould and rat and mice and **** like that. . .It's a ****hole.

I lived rough for a year, some, a year, but then in a hostel, then I was back on the streets for a year, do you know what I mean, back and forwards."

The stakeholder interviews again reinforced the impression of a group of women who were facing very high risks to their wellbeing on multiple levels and who were making extensive use of homelessness and other services that were not able to provide them with sustainable exits from homelessness. While, certainly from the perspective of the women who shared their experiences of homelessness, the services could be very variable in quality, the issues from stakeholder perspectives centred on resources, coordination, and the low degree of strategic integration in responses towards women's homelessness. What this meant in practice was that systems, policies, and strategies were built around a (false) image of "homelessness" as an issue of lone men with complex needs, centring on addiction and severe mental illness and closely associated with high-frequency contact with the criminal justice system. Women were not visible because they were not being looked for, as they were not expected to be present in any sort of numbers; because they hid when living rough and were often in situations of hidden homelessness; and because their homelessness was often categorised as "family" (not lone women with dependent children) and as "domestic abuse" if they went into domestic violence services. Hence, a lack of awareness, a lack of coordination, and a relative lack of services was the result. Two stakeholders commented:

". . .the biggest thing is that the sector has just treated men and women the same and seen the problems of men and women's homelessness as the same and that we were only just, in the last decade but really in the last three or four years, started to think that women's experience of homelessness is different and therefore the responses in how we operate needs to be different. So, the language, the learning, the understanding is, is catching up and we still, you know, there's a lot of women who have been essentially damaged by the systems, but that's also, you know, the criminal justice system, the healthcare system, the benefits system, all of that, and I don't think that's Camden specific problem, I think that's a national problem."

I think one of the bigger, biggest issues is that women's experience of homelessness is very intersectional, so all of those things that you have, have mentioned are, are interlinked and connected and the, in that the, all of those services are individually commissioned and each have their own different approaches, agendas, terminology, expectations, teams, almost all of them are offering a single service so. . .[to] send people off to individual services for each of these things, all of whom have their own rigid set of expectations of that woman, it's hugely unrealistic. So, what we need is jointly commissioned services, in-reach, flexibility, but that's very hard to do when services are stripped back and not funded properly.

4. Discussion

The women who participated in this research were not representative of women experiencing homelessness as a whole. As noted, PIT methodologies of the type employed here do oversample people who are long-term and repeated users of services. For a long time, this has inadvertently projected false images about what homelessness is like, i.e., a population that is likely to be addicted, have serious mental health issues, have frequent contact with criminal justice systems, have limiting illnesses, as well as which was incorrectly thought to be largely male (O'Sullivan et al. 2020). Much of the homelessness in the UK at any one point is female, and it is very strongly associated with poverty and domestic abuse to a high degree with (Bramley and Fitzpatrick 2018). Many of the 69,680 households (63.9% of households in temporary accommodation in England) that contained 142,490 dependent children in England in September 2023 (DLUHC 2024a) were headed by lone mothers. By contrast, around 3898 people were living rough in the autumn of that year (DLUHC 2024b). It is evident that, while the bulk of women's

homelessness probably has drivers that centre mainly on poverty and domestic abuse, women in temporary accommodation do not tend to present with addiction, mental illness, or other treatment and support needs at higher rates than the general population (Bramley and Fitzpatrick 2018).

Nevertheless, a group of women are experiencing homelessness associated with high and complex needs, whose homelessness is sustained, recurrent, and often not resolved by the services that they have access to, services that were seen by key stakeholders as well as the women participating in this study as uncoordinated and as inadequate. One possible solution to these patterns of need is the development of Housing First services for women whose homelessness is associated with trauma and complex treatment and support needs. Housing First, as is now widely documented (Padgett et al. 2016), combines rapid access to housing with an intensive case management model, taking a flexible approach that emphasises co-production (consumer choice) and harm reduction (rather than abstinence).

There is a newly emergent set of services that are specifically designed for women and a parallel development of adding specialist workers for women to existing Housing First services (Oudshoorn et al. 2018; O'Campo et al. 2023). Housing First for women (HFW) differs in design, management, and operation. At the most basic level, these are services designed, built, managed, and run by women working with women who have complex treatment and support needs associated with long-term and recurrent homelessness. While the core of the Housing First model remains intact, i.e., immediate (or at least rapid) provision of settled housing and coproductive, strength-based case management within an operational ethos that defines housing as a human right, there are some further differences. A key operational concern which was not present in the original Housing First model is with safeguarding and wellbeing, in that while the original approach regarded isolation and marginalisation as important risks that needed to be addressed to end homelessness, HFW is also often seeking to protect women from former partners who continue to seek to abuse and endanger them.

The difficulties in implementing HFW in a context like that of Camden in London centre on what the broader environment is like. Suitable housing supply is very difficult to secure in the hyper-inflated housing market of a global city (Atkinson 2021). Sustained shortfalls in health, social services, and other public service budgets since 2010, including deep cuts in municipal (local authority) budgets, mean that a service like HFW can struggle to build connections to the services it needs to collaborate with in order to fully address every dimension of women's needs when they experience these forms of homelessness. For Housing First to work, the long-term neglect of women's homelessness in general, alongside the needs of the groups of women who need services like Housing First, must end, and integrated, sufficiently funded, and, where necessary, women-specific services and strategies must be established.

This research does have some limitations. Some of these were noted in the text, such as the number of interviews that could be conducted with women with lived experience being reduced as a result of COVID-19 restrictions and a reliance on social media rather than face-to-face interviewing. In addition, surveys were a cross-sectional exercise, i.e., they represented the women using the participating services on a given day, not necessarily the experience and dimensions of women's homelessness over time. Equally, the shared anonymised administrative data were based on the services that participated and on the consent of the women involved. Finally, of course, this is one study of women's homelessness in one major city, and the results are not necessarily generalisable or even applicable to women's experience of homelessness in other contexts.

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Data Availability Statement: The datasets presented in this article are not readily available because anonymous participation was on the basis that the data would not be retained or used for another purpose, given the nature and subject of the research.

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