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Women's Homelessness in Camden

Improving Data, Strategy, and Outcomes

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Centre for Housing Policy

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Views expressed in this report are not necessarily those of Fulfilling Lives Islington and Camden (FLIC), the London Borough of Camden or the University of York. Responsibility for any errors lies with the authors.

Joanne Bretherton
Nicholas Pleace

Summary

- This research was designed to build a more accurate picture of women's experiences of homelessness in the London borough of Camden, and to support the development of an effective, integrated strategic response to women's homelessness.
- The nature and extent of women's homelessness has long been misunderstood. Women's homelessness occurs at a greater scale than is generally realised and can often be distinct from that of homeless men. Women are more likely to experience family homelessness as lone parents than any other group. There are much stronger associations between domestic abuse and women's homelessness than is the case for men. Women appear more likely to experience hidden or concealed homelessness than is the case for men.
- Women who were currently homeless were surveyed in Camden, with the support of the homelessness sector and other service providers, in late July 2021. Most of the women were of White European background, were native to Camden, and tended to be in early middle age. Nearly one quarter reported they had slept rough or been in a station the night before they were surveyed (23%), and they reported generally poor health and repeated experiences of homelessness.
- Single day surveys are likely to oversample people with recurrent or sustained experience of homelessness, which is broadly associated with high support needs. The survey did indicate there is a high cost, high risk population of homeless women in Camden whose homelessness is not being resolved.
- Anonymised data were reviewed on 59 women who had used services in Camden, drawing on redacted files that broadly summarised their experiences and trajectories through homelessness. Nine women also agreed to share their experiences in one-to-one semi-structured interviews.
- The women were characterised by high levels of support needs, and recurrent and sustained homelessness, but this reflected their use of homelessness services designed for those kinds of needs. Contact with child protection systems in early life was widespread, as was experience of domestic abuse and poor health. The women were not characterised by one or two support needs; their often long-term and repeated homelessness was associated with a combination of needs, damaging and traumatic experiences, and potential risks.
- Women whose experiences of homelessness were anonymously tracked over time, and who shared their experiences via interview, were characterised by sustained *survival* in often extreme circumstances. While support needs were acute, they were not universal: for example, 29% of the 59 women who were anonymously tracked did not exhibit drug use and 41% did not have problematic consumption of alcohol.

- Experience of living rough and hidden homelessness was widespread, but women were most likely to have experienced multiple and sustained stays in temporary supported housing, hostels, and other homelessness services offering supported, temporary accommodation.
- For many of the 59 women whose experiences were anonymously tracked and the nine women who talked about their experiences, homelessness took the form of prolonged and recurrent instability, which was not often confined to one set of experiences, but included hidden homelessness, living rough, and use of homelessness services.
- Stakeholders working in the homelessness and related sectors in Camden tended to identify patterns of women's homelessness that were very close to the results generated by the survey, the longitudinal tracking exercise, and talking to women about their experiences of homelessness.
- Stakeholders identified multiple systemic challenges around resources and housing supply. They also reported the impact of sexism at a structural level, reflected in both distortions in how women's homelessness was viewed, and in a tendency to downplay the scale at which it was occurring, but noted that understanding was starting to improve.
- In the view of stakeholders, the systemic shift and radical change to strategy, systems and services that would be required to more effectively recognise, respond to and prevent women's homelessness was yet to occur, but they acknowledged that some progress was being made.
- The need to integrate and coordinate domestic abuse and homelessness services was highlighted by stakeholders.

Recommendations

- The human and financial costs of homelessness may be significantly reduced by a more effective response to long-term and recurrent homelessness among women in Camden.
- Housing First can be an effective response for women experiencing long-term and recurrent homelessness associated with high and complex needs, but there is evidence that the approach needs to be modified, particularly in relation to the experience of domestic abuse in many women's lives.
- Housing First is not a solution to women's homelessness in and of itself; an array of other services are needed, for example for women who have low or no support needs. Housing First itself is also dependent on strong links to health, mental health, addiction, social housing and other services in order to work well.
- Prevention of long-term and recurrent homelessness among women is vital, both in the sense of reducing the risk that women in high cost, high risk populations become homeless, and in preventing long-term and repeated homelessness from acting as a driver that pushes women with what were low level support needs into a high cost, high risk group.

- The intersection of domestic abuse and homelessness, particularly domestic abuse as a cause of women's homelessness needs to be fully recognised. Innovative models like the Domestic Abuse Housing Alliance (DAHA) approach, are integral to the effective prevention of women's homelessness. FLIC has also directly supported innovation; for example, a specialist Housing First project, designed for women experiencing high risk domestic abuse, was commissioned and piloted by FLIC, delivered by Solace for 18 months, and had been funded by Islington's Violence Against Women and Girls (VAWG) budget on a sustained basis at the time of writing.
- The differential response to women with and without children should cease - access to systems should be equal whether or not a woman has dependent children with her. This does not mean that limitations of responses to family homelessness (which is disproportionately adult female homelessness) should not also be recognised and addressed, but this research shows there are women with high and complex needs who cannot effectively access housing. The broader prevention and relief duties introduced under the Homelessness Reduction Act are a positive development, while acknowledging there is wider evidence that homelessness policy is not adequately financed. Women with very high needs are not being found statutorily homeless because of the ways in which the law continues to work, however, and this is perpetuating highly damaging forms of homelessness in Camden and elsewhere.

Wider implications of the research

- Women are present in the homeless population, in much greater numbers than is generally assumed. While it has long been realised that family homelessness is highly gendered (being disproportionately experienced by lone women parents), the widespread assumption that lone adult homelessness is predominantly male is almost certainly false.
- The assumption that women are unlikely to experience long-term and repeated homelessness associated with high support needs is, again, almost certainly false. Like rough sleeping, this may be only a fraction of total homelessness, but there is clear evidence that women are experiencing these forms of homelessness at a high human cost, and probably significant financial cost.
- There is no reason to assume these patterns in women's homelessness are unique to Camden.
- Women's homelessness intersects with domestic abuse in ways that are not the case for homeless men. This reality has to be recognised and three further points stem from it:
    - Service models like Housing First will require some modification if they are to properly recognise, respect and respond to women's needs. The evidence to date points to services designed, built and run by women being likely to be the most effective.

    - Coordination between domestic abuse and homelessness services must be highly developed if an effective strategy for women's homelessness is to be built.
    - Prevention of domestic abuse is integral to the effective prevention of women's homelessness.
- An effective response to women's homelessness centres on ensuring recognition and understanding of women's needs, and in being prepared to adapt strategy and systems where needed.

1 Introduction

Background

The Centre for Housing Policy at the University of York, working with Fulfilling Lives Islington and Camden (FLIC), Single Homeless Project (SHP), the London Borough of Camden and other partners across Camden agencies, was commissioned to explore ways in which the strategic response to women's homelessness in Camden could be enhanced.

The research was focused on lone women experiencing homelessness, as data are better developed on family homelessness. When this form of lone women's homelessness becomes sustained or repeated, it is broadly associated with high and complex needs. Lone women's homelessness does not represent women's homelessness as a whole. For example, many statutorily homeless families in London and beyond are headed by women lone parents.

Lone women's homelessness is not confined to women who experience living rough. Rough sleepers only represent a small fraction of the population experiencing homelessness at any one point in the UK. Lone women can be living rough, but are more likely to be living in homelessness services, emergency and temporary accommodation and, particularly, to be experiencing 'hidden' or 'concealed' homelessness[1], i.e. staying in insecure/precarious arrangements with relatives, friends or acquaintances because they have nowhere else to go.[2]

Women experiencing long-term and recurrent homelessness associated with high and complex needs are a subgroup of lone homeless women who are a high cost, high risk population. Women with complex needs experiencing prolonged/recurrent homelessness face human costs and risks to wellbeing that

[1] Bretherton, J. and Pleace, N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology* London: St Mungo's.
[2] Pleace, N. (2016) Exclusion by Definition: The Under-Representation of Women in European Homelessness Statistics in Mayock, P. and Bretherton, J. *Women's Homelessness in Europe*, London: Palgrave Macmillan, pp. 105-126.

are often extreme. The financial costs to society of these forms of homelessness can be very considerable.[3]

Women's homelessness has been neglected. Research has tended to focus on lone men experiencing rough sleeping, a group who do not represent all the realities of homelessness in the UK, as for example they are greatly outnumbered by statutorily homeless families (which tend to be headed by women).[4] Three core errors in how homelessness has been defined and enumerated led to a situation in which women's homelessness was under researched. These intersecting errors are *spatial*, *administrative* and *methodological*.[5]

The spatial error defines homelessness in very narrow terms, i.e. as people living rough and in emergency shelters only, situations which women experiencing homelessness tend to avoid for reasons of personal safety, and to avoid potential abuse in male-dominated environments. Women tend to use informal arrangements, relying on relatives, friends and acquaintances to keep some sort of a roof over their head, including women with complex needs.[6]

The administrative error centres on only recording women's homelessness under certain circumstances and within certain systems. A key point here is that women experiencing homelessness associated with domestic abuse who use refuges and other domestic abuse services may not be *recorded* as people experiencing homelessness, but are instead categorised as requiring support because of domestic abuse.[7] In the UK, statutorily homeless households containing dependent children are predominantly lone parent households in which the parent is a woman, but this form of homelessness is recorded, in headline government statistics, as 'homeless families', which de-emphasises the highly gendered nature of family homelessness.[8]

The methodological error centres on the ways in which homelessness has been researched, using cross-sectional surveys, i.e. surveys with short periods of data collection, that have oversampled men in general, and men with high and complex needs in particular. This links with the spatial error, i.e. the focus was on places where lone homeless men were likely to be, such as emergency accommodation and the street. There was also no consideration of the possibility that men with complex needs - who were unable to exit homelessness because the right assistance was often not in place - would be most likely to be present when a short-term survey was conducted, and would therefore be oversampled. Beginning in the 1990s[9], researchers who looked at longitudinal data, i.e. who was experiencing homelessness over time, found that only a *minority* of people experiencing homelessness had high and complex needs, but this largely, although

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[3] Pleace, N. and Culhane, D.P. (2016) *Better than cure? Testing the case for enhancing prevention of single homelessness in England* London: Crisis.
[4] Bretherton, J. (2017) Reconsidering Gender in Homelessness *European Journal of Homelessness* 11 (1), pp. 1-21.
[5] Bretherton, J. and Mayock, P. (2021) *Women's homelessness: European evidence review* Brussels: FEANTSA.
[6] Bretherton, J. (2017) op. cit.; Bretherton, J. and Mayock, P. (2021) op. cit.
[7] Baptista, I. (2010) Women and homelessness in Europe, in E. O'Sullivan, V. Busch-Geertsema, D. Quilgars and N. Pleace (eds.) *Homelessness Research in Europe*, Brussels: FEANTSA, 163–86.
[8] Fitzpatrick, S. and Pleace, N. (2012) The Statutory Homelessness System in England: A Fair and Effective Rights-Based Model? *Housing Studies* 27(2), pp. 232-25.
[9] Culhane, D.P. and Kuhn, R. (1998) Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia. *Journal of Policy Analysis and Management* 17(1), pp.23-43.

importantly *not* exclusively, male population took up a lot of the available space in homelessness services because they did not exit homelessness or were repeatedly homeless.[10]

Political and media narratives tend to equate homelessness with rough sleeping - for example by focusing on reducing rough sleeper counts - rather than acknowledging the true scale of homelessness, and also by not drawing attention to the scale of (highly gendered) family homelessness. In England, pre-pandemic levels of people sleeping rough were around 4,000 (in 2019), compared to over 80,000 statutorily homeless households in temporary accommodation.[11] Hidden or concealed homelessness has also not been explored, in part because people in these situations are nominally accommodated in housing. The realities are that women experiencing hidden homelessness can have little or no privacy, physical safety or security of tenure, and may be living in highly unsuitable environments, for example being very overcrowded. Women experiencing hidden homelessness are still homeless, i.e. they have no living space of their own and they do not have their own front door.[12]

Women's homelessness is still sometimes described as 'unusual' on the basis that it does not appear to be as common among lone adults as is the case for men. Much women's homelessness is in the form of what is categorised and reported as 'family homelessness', so for example, in 2020, 33,180 households - 27% of the total owed a preventative duty under the homelessness legislation in England - were lone parent families headed by a woman.[13] In the last quarter of 2020, 36,670 of the 95,370 statutorily homeless households in temporary accommodation in England were lone parent families headed by women, with another 10,470 statutorily homeless lone women without children also in temporary accommodation, collectively amounting to 49% of all statutorily homeless households in temporary accommodation being headed by a woman. Alongside this, another 15,310 statutorily homeless in temporary accommodation were two parent households, which would typically include (at least one) woman.[14]

By contrast, women appeared to be underrepresented among people sleeping rough; in the last pre-COVID-19 count of people sleeping rough in England in 2019, women were around 14% of the 4,266 people counted living rough.[15] Research from the UK, within Europe and beyond has questioned the idea that women do not tend to experience the kind of long-term and repeated homelessness, including living rough, that is associated with high and complex needs.[16]

The likely reality is that women, in common with men sleeping rough, tend to try to keep a roof over their heads, and may, as research now suggests, be more likely to try to use informal ways of doing so, staying with friends, relatives and acquaintances. Moreover, some women experience long-term homelessness - with

[10] O'Sullivan, E. (2020) *Reimagining Homelessness for Policy and Practice* Bristol: Policy Press.
[11] https://www.gov.uk/government/collections/homelessness-statistics#rough-sleeping
[12] Bretherton, J. and Mayock, P. (2021) op. cit.
[13] Source: MHCLG https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
[14] Source: MHCLG https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
[15] Source: MHCLG https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019/rough-sleeping-snapshot-in-england-autumn-2019
[16] Bretherton, J. (2017) Reconsidering Gender in Homelessness *European Journal of Homelessness* 11 (1), pp. 1-21.

the attendant risks to mental and physical health, life chances, social support and wellbeing - as an experience of so-called 'hidden homelessness' (living precariously in other people's homes), rather than homelessness as an experience of living in fixed site homelessness services or living rough. At a more basic level, women who live rough tend to hide themselves for safety reasons, which means they are likely to be missed by street counts.[17]

Again, lone women and women with children who react to homelessness by using precarious arrangements with friends, acquaintances and family, staying with them because there is nowhere else to go, are difficult to count. This is because hidden homelessness is much harder to see than men openly living rough or using (often male dominated) hostels, supported housing, daycentres and emergency shelters. The intersecting errors centred on spatial, administrative and methodological flaws in counting homeless women can be summarised as follows:

- Women, including women with high and complex needs, may often not be in recognised 'homelessness spaces' like hostels or emergency shelters.
- Women's homelessness may not be counted as such by administrative systems, which, for example, record (predominantly female lone parent) 'family homelessness' and categorise what is also homelessness as 'domestic abuse'.
- Women conceal themselves for safety reasons, so methods like street counts cannot easily find them, and women experiencing hidden homelessness are difficult to count if they are not in contact with services and systems that record their homelessness.[18]

The research

The research was designed to build a better understanding of women's homelessness in Camden. The goal was to draw on the experience of women who were homeless and those working to support them, to explore the ways in which delivery of an integrated, collaborative strategy for preventing and reducing women's homelessness might be enhanced. This was a mixed methods study, incorporating an anonymised short survey, anonymised longitudinal tracking of women's service use, and semi-structured interviews that were also anonymised for analysis. Key stakeholders in policy and practice in Camden were also interviewed.

The goals of this research were to:

- Draw on existing and unexploited data sources across multiple sectors to develop a more accurate picture of women's homelessness in Camden.

[17] Bretherton, J. (2020) Women's Experiences of Homelessness: A Longitudinal Study *Social Policy and Society* 19(2), pp. 255–270; Bretherton, J. and Pleace, N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology* London: St Mungo's; Mayock, P. and Sheridan, S. (2012) *Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland, Women and Homelessness in Ireland, Research Paper 1*, Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.
[18] Bretherton, J. and Mayock, P. (2021) *Women's Homelessness: European Evidence Review* Brussels: FEANTSA.

- Enhance understanding of the lived experiences of homeless women in Camden.
- Use this analysis to develop an integrated, cross-sector pathway that will enhance the effectiveness of service responses to women's homelessness across Camden, with the view to creating an effective, replicable strategic response to women's homelessness.

Chapter 2 draws on the results of an anonymous survey of women experiencing homelessness in Camden mapping the scale and nature of the issue. Chapter 3 draws on two exercises; the first was a collaborative, anonymised, exercise that tracked the experiences of homeless women in terms of their use of services in Camden over time, providing information on women's trajectories through homelessness; and the second was a series of one-to-one, semi-structured interviews with women experiencing homelessness in Camden. Chapter 4 draws on the results of interviews with service providers and policymakers in Camden, exploring the strengths and limitations of existing systems and strategy.

Chapter 5 brings together the lessons from these data, also drawing on international evidence on the development of integrated, effective homelessness strategies. This chapter also provides recommendations for the development of new strategic and service level responses to reducing sustained and recurrent homelessness among women with complex needs in Camden, and also considers key lessons for London as a whole and the wider applicability of the results.

2 Homeless Women in Camden

Introduction

This chapter provides the results of a collaborative survey conducted with the support of services working with homeless women across the London Borough of Camden. The survey was a short, simple exercise, designed and administered using Qualtrics, a cross-platform online survey tool. The bulk of data collection took place in and around homelessness services, including supported housing and day services, within Camden, with volunteers from the staff teams in these services collecting the data.

The questionnaire collected basic data on women and their experiences, alongside cross-checks to reduce the risk of double counting, the data being collected by services across Camden over the course of a single day. Typical survey response time was designed to be well under five minutes, so only a handful of questions were asked; this was both to encourage responses, and to minimise the time that service providers (who in the context of COVID-19 agreed to administer the survey) spent on data collection. No personal information, such as name, date of birth or any details about the location where the questions were asked was collected, making the data collection anonymous.

The survey date was 28th July 2021, nine days after most government-imposed lockdown restrictions for the third wave of COVID-19 had been lifted, although many people were still sheltering, and services were not necessarily operating normally. The 'Everyone In' programme, which had been used to try to temporarily accommodate people sleeping rough and in 'shared air' services (shared sleeping space) in hotel rooms was also still in place.[19] This meant that the survey was not taking place in what had been a normal situation until early 2020.

The survey was *not* designed as an accurate enumeration of women's homelessness in Camden, nor was it necessarily statistically representative. This was because it only counted lone women using services on a given day, was not systematically applied to statutorily homeless women in temporary accommodation, and excluded any women who were either not homeless at that point in time, or who did not use services working with homeless people on that day.[20] The survey was intended to add data to the picture of the needs, characteristics and experiences of women who were homeless in Camden, as part of a mixed methods approach that also looked at women's trajectories through homelessness and talked to women about the experience of homelessness. In covering a wide range of services working with women experiencing homelessness, the survey sought to encompass the presence of women across an array of homelessness, health, addiction and other services. This chapter starts with broad demographic information, and then explores some of the characteristics of women experiencing homelessness in Camden.

Total homelessness in a borough like Camden is usually expressed in terms of people being assisted under the terms of the homelessness legislation (including people in temporary accommodation), the numbers in supported housing/hostels, and the number of people sleeping rough. The research was focused on representing women who were currently homeless, not those being actively assisted under the homelessness legislation who were in temporary accommodation, or who had received preventative/relief services and were in a situation in which they either had left homelessness, or were en route to, exiting homelessness.

Demographics

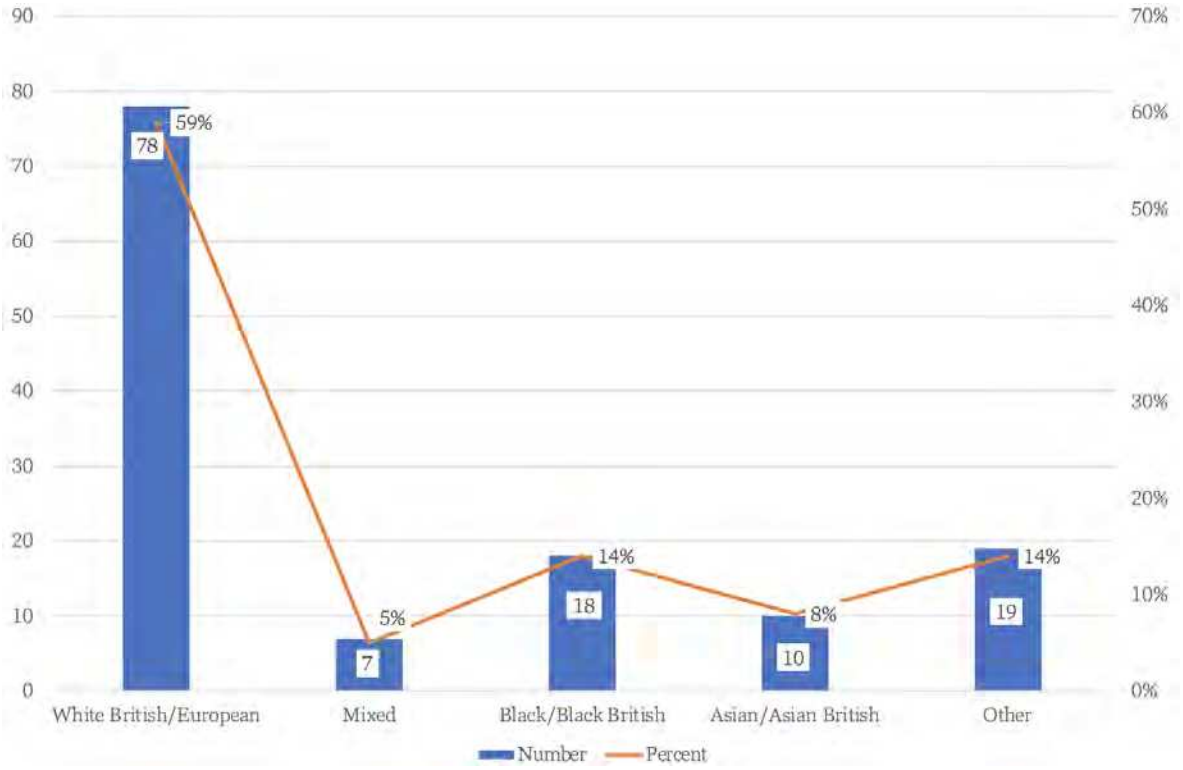
In total, 134 women responded to the survey[21] with 131 choosing to share their age on their last birthday. Ages ranged from 20 to 71[22], with a mean (average) age in early middle age, 42, and a median[23] age of 43. The women mainly described

[19] Cromarty, H. (2021) *Coronavirus: Support for rough sleepers (England)* House of Commons Briefing Paper Number 09057: London.
[20] The responding services included daycentres, hostels/supported housing, a GP, complex needs and addiction, specialist services supporting women working in street-based sex work and outreach services.
[21] A small number were found to have taken the survey twice, responding 'yes' to a final question that checked for potential double counting: "Has someone at this service or another service already asked you these same questions?" The 134 were those women who said they had not been asked these questions before.
[22] Based on 131 women, three opted not to answer the question on their age on their last birthday.
[23] The median is the middle number when all the values are ranked, so for example if every number from 1 to 100 were ranked, the median would be 50. This is used with the mean (average) as it can show if the average is being distorted (e.g. because relatively few very old people would make the average age look higher than was

themselves as people of White British/European origin (Figure 2.1). As can be seen in Figure 2.1, the largest group of lone women experiencing homelessness identified as White British/European (78 women, 59% of respondents), while the smallest group were those identifying as having a mixed heritage (seven women, 5% of respondents).

Almost all the women described themselves as 'from Camden' when asked about their usual place of residence (87%), with only 13% answering that they were not from Camden/did not usually live there. There was limited space in what was a short survey, but it cannot be assumed that this 13% were from outside London; the question asked specifically about Camden and they may have habitually lived in another London borough.

Figure 2.1: Ethnic origin (by number of respondents and percentage)



Base: 133 women (one chose not to answer this question).

Where women were staying

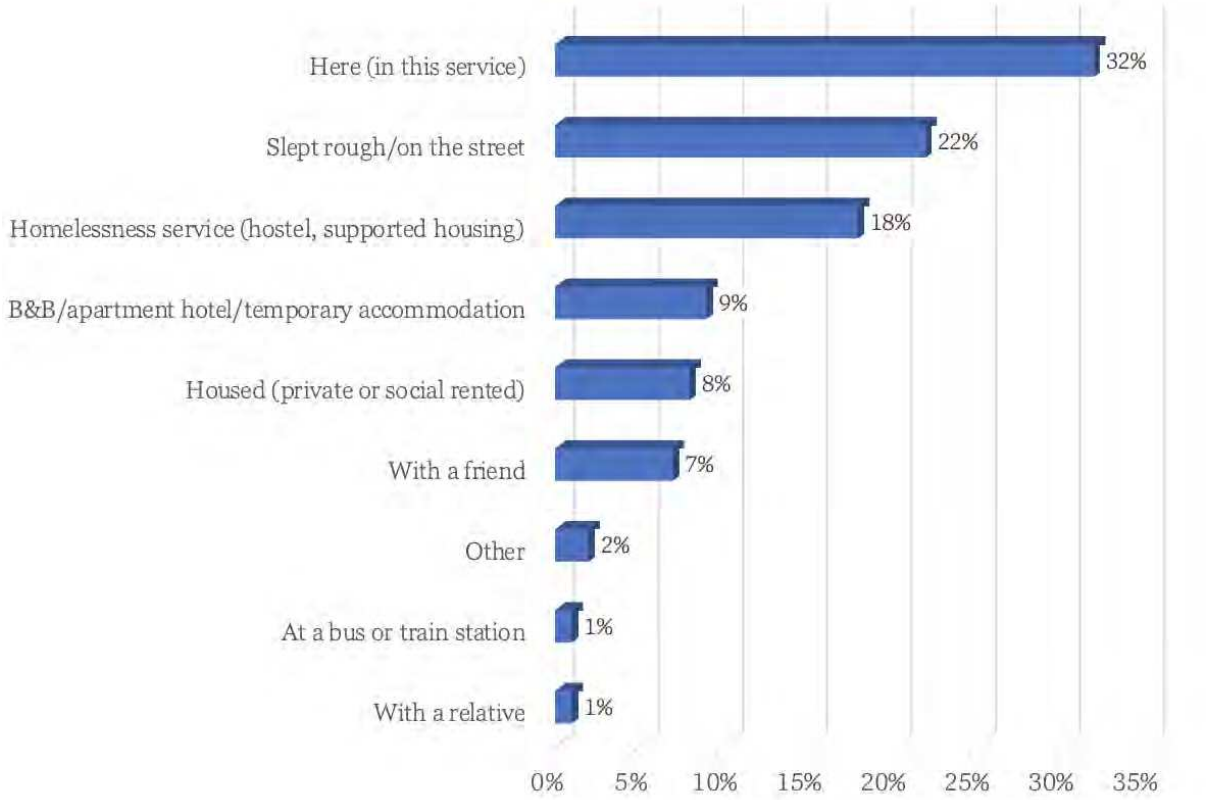
North American surveys[24] explore the dynamics of homelessness by asking where someone stayed the night before they were surveyed, as a way of capturing the broad experience of homelessness. This technique has been emulated for this report. Figure 2.2 shows that many lone women experience extremely precarious situations, with nearly one quarter reporting that they had slept rough or been in a station the night before they were surveyed (23%). Eight percent reported they were staying with a friend or relative, with the largest group being women staying at the service where they took the survey, or another homelessness service offering

representative). If the median and mean are close, that makes it more likely that the average is representative of the population.

[24] https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

accommodation, the night before (50%). A small group were in housing, but were still using homelessness services, e.g. Housing First and housing-led services and/or visiting another homelessness service for support (8%).

Figure 2.2: Where did you stay last night?



Base: 130 women (four chose not to answer this question).

While London has the highest use of local authority-funded temporary accommodation, as part of their duties under the Homeless Reduction Act, the women were not making extensive use of the services which carried out the survey. This may be because there is evidence that women who head many statutorily homeless families in temporary accommodation are characterised by low support needs[25] and are often not accommodated in homelessness services[26], i.e. they would not be using homelessness services and are temporarily accommodated elsewhere, as most homelessness services providing temporary accommodation are designed for lone adults (please see the end of this chapter).

Experience of homelessness and health

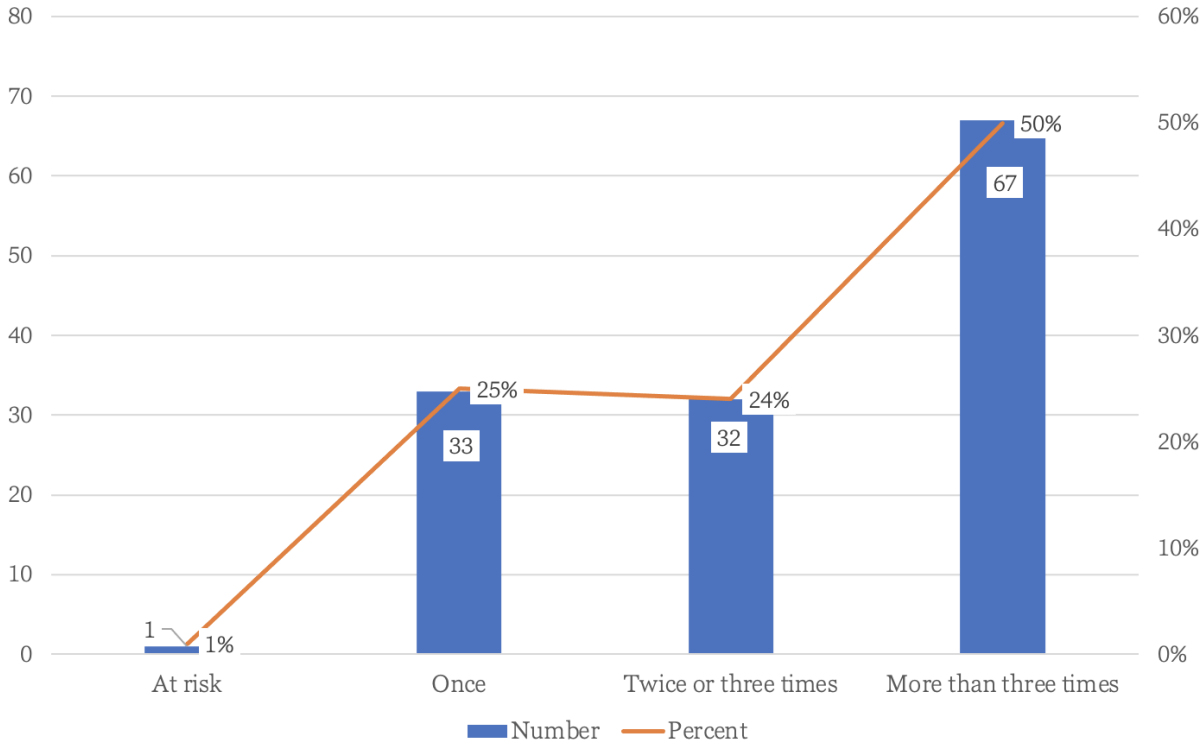
The women were likely to report more than one experience of homelessness (Figure 2.3), with 99 out of the 133 respondents (74%) reporting they had been

[25] Fitzpatrick, S. and Pleace, N. (2012) The Statutory Homelessness System in England: A Fair and Effective Rights-Based Model? *Housing Studies* 27(2), pp. 232-25.
[26] Households containing children are often accommodated in temporarily leased housing, nightly paid apartment hotels, social rented housing (temporarily) and, less frequently in hotels/B&Bs. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004845/Statutory_homelessness_release_Jan-Mar_2021.pdf

homeless at least twice. Almost all the others, apart from one individual who reported being at risk of homelessness, were experiencing homelessness for the first time (24%).

There is some need for caution here. Since the 1990s it has been understood that collecting data on people experiencing homelessness over the course of a single day or another short period of time is likely to *oversample* those experiencing long-term and repeated homelessness.[27] The reason for this is simple. If someone is homeless all the time or is homeless many times, the chances are that on any given day, they are more likely to be using a homelessness service or living rough than someone who is homeless once, for a relatively short period (see Chapter 1). The survey showed a population of women experiencing repeated homelessness in Camden, but it did *not* necessarily show that all women's homelessness is recurrent (see above).

Figure 2.3: Number of times homeless



Base: 133 women (one chose not to answer this question).

There was not a statistically significant relationship between age and the frequency at which women had experienced homelessness. This meant that women under 30 were not significantly more or less likely to have been homeless once, twice, three or more times than women aged over 40, or those aged 30-39. This meant that the women, although they were more likely to be in early middle age than to be under 30, did not appear to be reporting a high frequency of homelessness experiences because of their age.

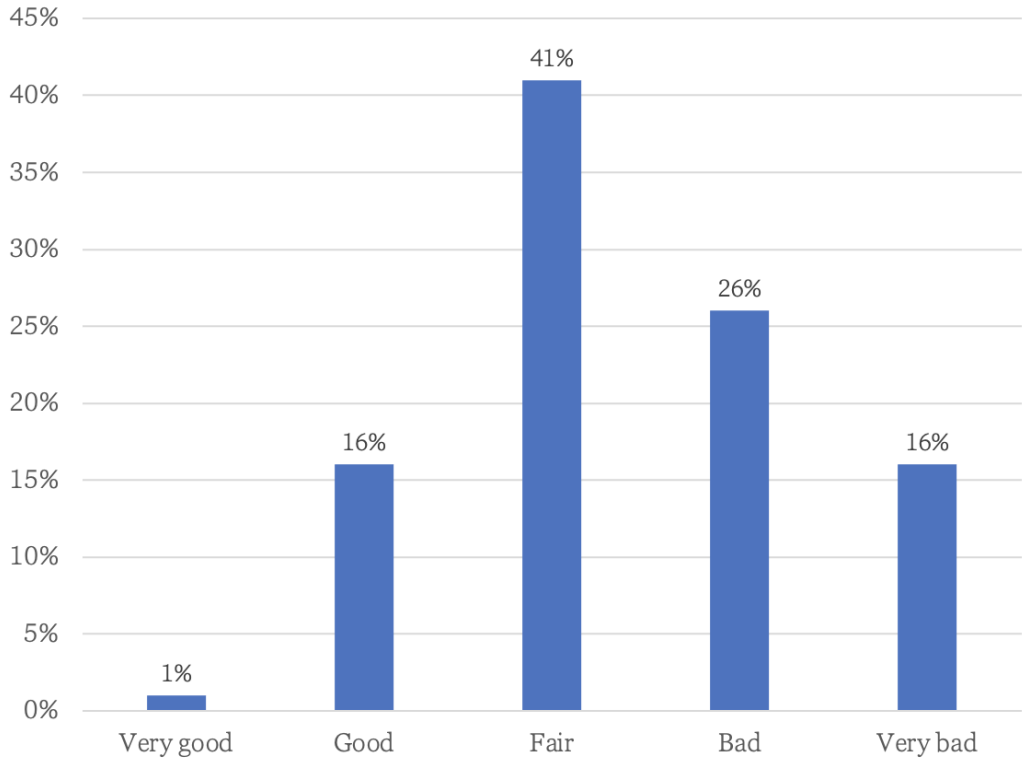
There was, however, an association between this and the patterns of homelessness they described. Three quarters (76%) of those women who reported their health was 'very bad' reported three or more experiences of homelessness,

[27] O'Sullivan, E. (2020) op.cit.

compared to 49% of those reporting their health was 'bad' and 33% of those who described their health as 'good'. Recurrent and sustained homelessness is broadly associated with very poor health: one reason for this is the risk to mental and physical health from experiencing homelessness; another is a longstanding concern within the NHS that people experiencing homelessness can have erratic access to healthcare.[28]

Evidence that poor health is associated with recurrent and sustained homelessness is longstanding. Research indicates that there is not a simple causal relationship in the way that many people assume, i.e. that addiction or mental illness 'cause' homelessness, both in the sense that most people experiencing addiction or mental illness do not become homeless, suggesting other causes are present, and – importantly – that issues around mental and physical health, as well as addiction, arise during homelessness.[29] The interrelationships between homelessness and women's health are not well understood. This is, in part, because medical research has often worked on the assumption that 'homelessness' encompasses lone men living rough and in emergency accommodation.[30]

Figure 2.4: How would you describe your health in general?



Base: 133 women (one chose not to answer this question).

As can be seen in Figure 2.4, the women were most likely to report only 'fair health' (41%) while 42% reported 'bad' or 'very bad' health. As noted, there was not the usual association between age and poor health seen in the general population, as

[28] Pleace, N. and Bretherton, J. (2020) *Health and Care Services for People Sleeping Rough: the views of people with lived experience* The Partnership for Responsive Policy Analysis and Research (PREPARE).
[29] Culhane, D.P., Metraux, S., Byrne, T., *et al.* (2013) The age structure of contemporary homelessness: Evidence and implications for public policy *Analyses of Social Issues and Public Policy*, 13(1), pp.228-244.
[30] O'Sullivan, E., Pleace, N., Busch-Geertsema, V. and Hrast, M.F. (2020) Distorting Tendencies in Understanding Homelessness in Europe *European Journal of Homelessness*, 14(3) pp.109-135.

people in late middle age and particularly experiencing the extremes of later life (being over 80) are much more likely to report poor health, probably in part because most of the women were only in early middle age or younger (only 27% were aged over 50).

The survey, conducted among women using homelessness services on a single day in Camden, indicated the presence of a group of women with often poor health, associated with multiple experiences of homelessness. Again, this was not necessarily, indeed was probably *not*, representative of women's experience of homelessness in Camden as a whole, but that is not really the most important point here. What the survey did indicate is that there is a high cost, high risk population of homeless women in Camden whose homelessness is not being resolved.

Women in temporary accommodation

Using the most recent data available at the time of writing, reported to the Ministry for Housing, Communities and Local Government (MHCLG, renamed the Department for Levelling Up, Housing and Communities in September 2021) by the London Borough of Camden in March 2021, there were 517 households in temporary accommodation[31] being assisted under the terms of the homelessness legislation in England. Of these 517 households:

- 188 were women-headed lone parent families;
- 78 were lone adult women;
- 51% of the households in temporary accommodation were headed by women; and
- Another 55 households were two-parent families, which in most cases would contain at least one woman (11%), meaning that 62% of all households in temporary accommodation contained or were headed by a woman.

One year before that, in March 2020[32]:

- 202 households in temporary accommodation were lone women parents;
- 71 were lone adult women; and
- Women-headed households were, again, 51% of the 536 households in temporary accommodation in Camden.

The available evidence is that women lone parents are not characterised by high support needs. Their homelessness is characterised by economic and social marginalisation, poverty and a broad association with domestic abuse, not by addiction or severe mental illness.[33]

[31] Source: MHCLG (2021) https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
[32] Source: MHCLG (2021) https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
[33] Fitzpatrick, S. and Pleace, N. (2012) op. cit.

3 Women's Experiences of Homelessness in Camden

Introduction

This chapter uses fully anonymised data provided by agencies working with women who were experiencing homelessness in and around Camden. The data tracked the broad patterns[34] of accommodation and supported housing services used by women as they experienced homelessness. Some of the women who agreed to share their data for this exercise may also have been surveyed (see Chapter 2), but as both exercises were anonymised, it is not possible to determine if this was the case.

The data varied in their nature and length, as they depended on patterns of service used by the women. If a woman had been in continual contact with homelessness services, then the narrative of her service use would be fairly complete.[35] There were gaps in the narratives for other women whose patterns of service use were varied, i.e. their situation might not be recorded for weeks or months at a time if they were not using any services. The length of the narrative also varied, as some women were experiencing homelessness for years at a time, while others had shorter experiences.

The chapter also draws on nine semi-structured interviews with women experiencing homelessness in Camden. These interviews had to be conducted remotely, using a telephone or social media, because of the restrictions associated with the COVID-19 pandemic. The transcriptions were anonymised and the contact details securely deleted once these interviews had been completed.

This chapter begins by exploring the characteristics and experiences that women in contact with FLIC, and other services operating in and around Camden, were prepared to anonymously share. The following section provides an overview of their patterns of homelessness, and suggests a broad taxonomy for the trajectories that women with high and complex needs could take through homelessness. The report does not highlight or describe the journeys of individual women, as even with anonymisation, individual patterns of service use might potentially be used to identify someone.

Needs and experiences

The women's homelessness in context

Fulfilling Lives in Islington and Camden (FLIC) is designed to support people facing multiple disadvantage relating to drug and alcohol use, homelessness, offending, and mental ill health. This means the women engaging with FLIC services are not typical of the wider population of women experiencing homelessness, but instead

[34] The names, addresses and any detail on the type of services being used were not included to ensure the data were anonymised and dates of service use were approximate.
[35] Allowing that details of actual services, such as location and name, were omitted to ensure anonymity.

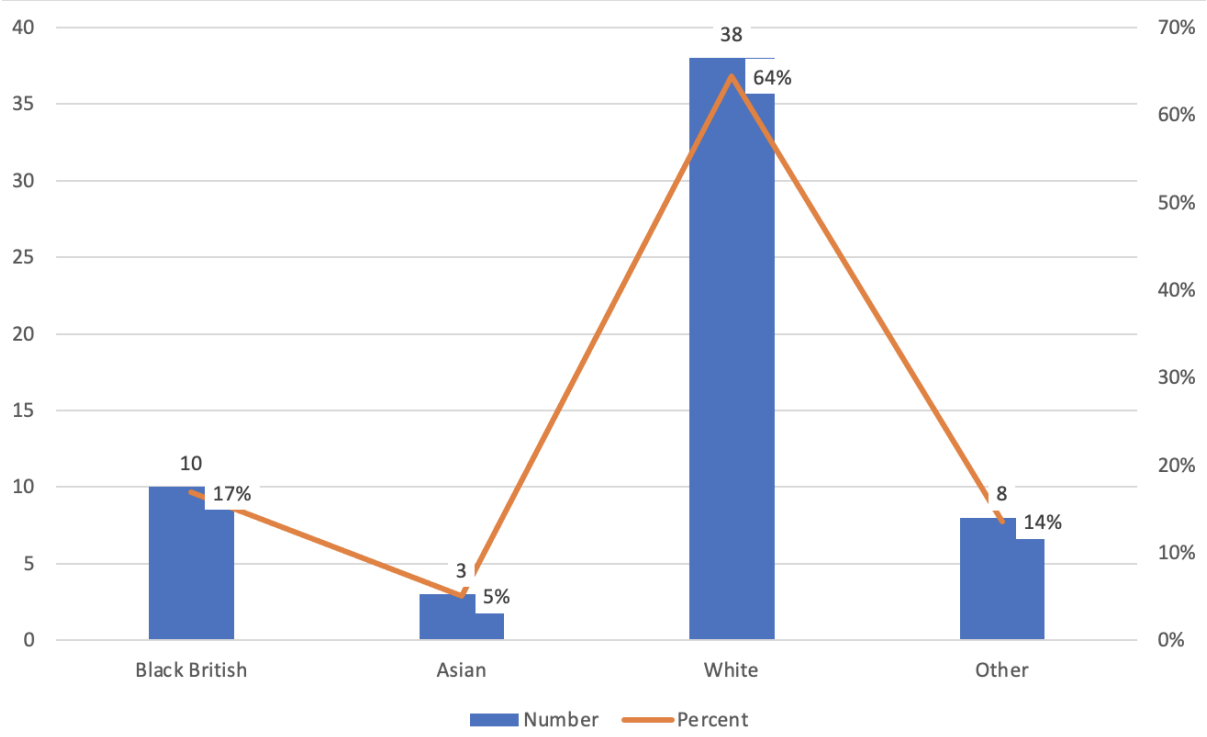
represent women whose homelessness is associated with complex needs, a high cost, high risk population that appears, on current evidence, to be only a small part of women's homelessness (see Chapter 1).

Women's homelessness has typically been underestimated in the UK. It was long assumed that women experienced homelessness as lone adults much less frequently than men[36], and there is evidence of significant undercounting, including of women experiencing homelessness with high and complex needs, because of intersecting spatial, administrative and methodological errors (see Chapter 1).[37] Many European countries effectively undercount women's homelessness by having this administrative (and thus statistical) separation between domestic violence and abuse services, and homelessness services.[38]

The women who shared their anonymised data for this research were part of a much wider experience of women's homelessness; they were women with high and complex needs who approached or who were referred to FLIC and other services because of those needs. Their needs, characteristics, experiences and choices are *not* representative of women's homelessness as a whole. It is important to note that each was an individual, each distinct from the others and, while they shared often traumatic experiences and often high and complex needs, they were no more a single uniform group than is the case for all women experiencing homelessness (see Chapter 1).

Age and ethnicity

Figure 3.1: Ethnic origin



Percentages are rounded.

[36] Jones, A. (1999) *Out of Sight, out of Mind: The experiences of homeless women*, London: Crisis.
[37] Bretherton, J. and Mayock, P. (2021) *Women's homelessness: European evidence review* Brussels: FEANTSA.
[38] Baptista, I. (2010) Women and homelessness in Europe, in E. O'Sullivan, V. Busch-Geertsema, D. Quilgars and N. Pleace (eds.) *Homelessness Research in Europe,* Brussels: FEANTSA, 163–86.

Data were available on 59 women. The women were typically in middle age, with a mean (average) age of 39.3 and a median age of 39[39]. Figure 3.1 shows the reported ethnicity of the 59 women, most of whom were White European (64%). Based on the available data, the majority of the women appeared to be Londoners (70%) who had stayed in the city during the period the data about them covered. A smaller group (10 women, 17%) were from outside London, including a few women from overseas who had been trafficked or who had experienced relationship breakdowns, including domestic abuse and violence when they had immigrated to the UK. This group also included a few women who were British and had escaped domestic abuse from elsewhere in the UK. A smaller group were Londoners who had left the city during the period of homelessness the anonymised data about them covered, but who had subsequently returned. Only one of the 59 women left London on what appeared to be a permanent basis. In essence, most of the women in the group were Londoners.

No details were shared, again to preserve anonymity, but in 44% of cases the women were reported as CHAIN verified, i.e. they had been recorded as living rough and/or using services recorded on the CHAIN database. CHAIN (combined homelessness and information network) is the multi-agency database recording information about people sleeping rough and the wider street-using population in London.[40] CHAIN verification has received some criticism in relation to homeless women as it relies on them being bedded down in semi-exposed locations in order to be found and recorded. A similar criticism has been directed at MHCLG (now named the Department for Levelling Up, Housing and Communities) guidelines on rough sleeper counts.[41]

Experience of the care system

Twenty-two percent of the women had reported they were a care leaver, i.e. had been in the care of social work/child protection services during their childhood, also known as a 'looked after child'. This rate of contact with the care system is far higher than is the case for the general population, where levels (in England) are around 77 children being 'looked after' out of each 100,000 children in the population.[42] This finding is similar to that of much research on people experiencing homelessness with high and complex needs, where care leavers tend to be very heavily over-represented.[43]

The 59 women also reported or were recorded has having experienced neglect and abuse in childhood at high rates. As with other data, this was entirely anonymised and only the presence or absence of these experiences was noted (a simple tick box), with nothing whatsoever being included on what these experiences may have

[39] The median is the middle number when all the numbers are arranged in sequence, if it is very different from the average it means the average may not be representative, e.g. the average age across the 59 women would be pulled upwards if several women had been over 70 or pulled down if several were in their early 20s. Note: these figures are based on 57 women, age was not recorded/shared in two cases.
[40] https://www.mungos.org/work-with-us/chain/
[41] Bretherton, J. and Pleace, N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology* London: St Mungo's.
[42] https://homeforgood.org.uk/statistics
[43] Loft, P. (2020) *Support for care leavers* House of Commons Briefing Paper CBP08429, 31 December 2020.

involved. Overall, 55% of the women reported these experiences, and while there was overlap (all the women who reported being care leavers were also in this group), 20 women who reported neglect or abuse were not recorded as care leavers. While allowing that this did not mean there was not necessarily any social services engagement during their childhoods, 33 out 59 women reported experience of abuse or neglect as a child.

The nine women who shared their experiences with the researchers through interviews had also sometimes had experience of the care system in childhood. These experiences had included what the women perceived as system breakdowns, with assistance that should have been available not being provided.

> *"I was homeless from about thirteen and then I went to Social Services and stuff, but they didn't deem me priority or at risk or anything so they didn't help me, so I was just sofa surfing, and then from sixteen, I tried to get into the* [service] *but they didn't really care, to be honest, and then I just ended up going into custody too, as it was a place of safety and secure accommodation really* [woman with lived experience, 4]."

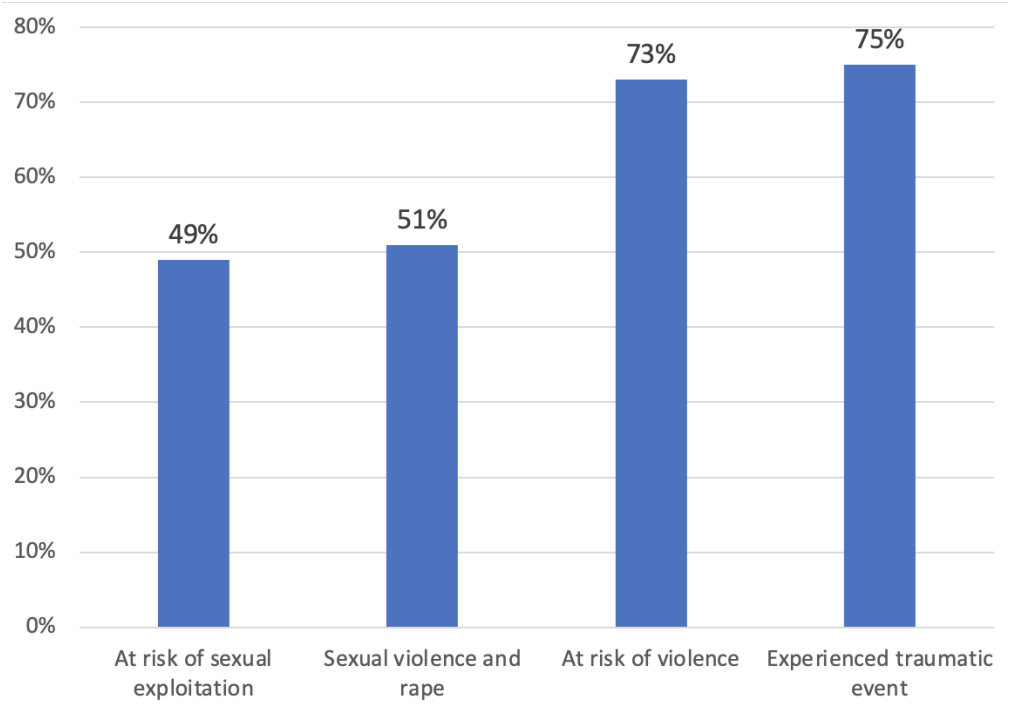
> *"...like obviously I've been in care all my life. Running away from care, running away from care, different family, different family* [woman with lived experience, 9]."

> *"I've had a **** life, it's been very bad, in care all my life, orphanage, children's homes, foster parents, loads of foster parents, I was never adopted, blah-blah-blah* [woman with lived experience 6]."

Violence, abuse and risk

The anonymised data on experience of abuse, violence and the assessed risk (from workers) of further sexual violence and exploitation were stark. The women had experienced abuse and violence, and had been assessed by workers in homelessness services as at ongoing risk of exploitation and abuse at very high rates (Figure 3.2).

Figure 3.2: Violence, Abuse and Ongoing Risks



Percentages are rounded.

Half of all the women (51%) reported that they had been subject to sexual violence and rape, and 75% were recorded as having experienced traumatic events in their lives. Risks of further or new forms of abuse was generally assessed as high, with just under three quarters of women being assessed to be at risk of violence, and 49% at risk of sexual exploitation. As noted above, a few of the women had been trafficked from overseas and eventually became homeless in London.

The broad association between domestic violence and abuse, and women's homelessness is extremely well documented. Domestic violence and abuse is a major factor in the causation of women's homelessness and, while domestic abuse can affect men, it is far less common in the life experience of men who become homeless.[44]

Levels of domestic abuse among the nine women who shared their experiences of homelessness with the research team through interviews were equally high, with most of the women reporting it. The lived realities of domestic abuse, as something that could not only lead to homelessness, alongside causing trauma and distress, as well as direct physical danger, but also as something that followed women as they tried to find a settled home and exits from homelessness, was also apparent.

> [On why women preferred women-only services] *"Because like a lot of females that are coming from like abusive like family or like have suffered like domestic violence or something like that, you're being mixed with men; I think like it just like makes you uncomfortable* [woman with lived experience, 4]."

[44] Bretherton, J. and Mayock, P. (2021) *Women's Homelessness: European Evidence Review* Brussels: FEANTSA.

> *"I've just bumped into my ex, he abused me and now I'm ****ing sitting here scared he's gonna come back… I've got bruises all over me…So I've got to move again* [woman with lived experience, 6]."

Mental and physical health

Data on mental health diagnoses were not available from the anonymised data, but a broad question on whether physical health problems were present (but not any detail on the nature of any problems) was included. In all, 36 women (61%) were reported as having one or more physical health problems.

Substance misuse was quite widely reported, with 35 women (59%) reporting or being recorded as having issues with overuse of alcohol, and 43 women (71%) reporting or being reported as using illegal drugs. In all, 27 women (45%) reported or were recorded as having problematic use of both drugs and alcohol. Twenty-four women out of the 26 who were recorded as ex-offenders (had served one or more prison sentences) were also recorded as having problematic drug use. Overall, the 26 women who had experience of prison represented 44% of the 59 women. Risk of offending, based on worker assessment, was also included in the anonymised data and here, all of the women who were reported as active drug users, numbering 27 in total, were among 33 women (55%) assessed as at risk of offending. Again, it is important to remember that these women were often people with high and complex needs using services designed for people experiencing homelessness with high and complex needs, so this should *not* be read as all women experiencing homelessness having high rates of problematic drug and alcohol use (see Chapter 1).

The majority of the women had been assessed by workers as exhibiting one or more symptoms of self-harm, including eating disorders and risky behaviour. Thirty-five women (59%) were recorded as being in this broadly defined group, which, while indicative of mental ill health is not a reliable indicator of the rates at which the women may have been experiencing mild depression or severe forms of mental illness. As before, this was a high risk, high need group of women experiencing homelessness often using specialist services; this should not be read as all women experiencing homelessness having high rates of mental illness (see the introduction to this chapter and Chapter 1).

Forty percent of the women were reported as being parents who were not living with their children. Other research on services for women with experience of sustained and repeated homelessness associated with high and complex needs have reported similar patterns. The recent evaluation of the Threshold Housing First pilot programme in Greater Manchester - the first service to focus on women's needs - found that alongside high rates of support needs, women were often parents who were separated from children who they had placed with other relatives when homelessness threatened, or who were separated following interventions from child protection services. In that research, women reported high levels of stress and depression associated with separation from their children.[45]

[45] Quilgars, D. and Pleace, N. (2018) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years* York: University of York.

Among the nine women who shared their experiences of homelessness through interviews, there were also stories of sometimes repeated contact with mental health services, some of which had not resolved homelessness. There were also simultaneous experiences of addiction and mental illness. Several of the women also reported poor physical health.

> *"I've been through, that I've been in the mental hospital three times, but more or less I don't think they understand the situation or the person itself* [woman with lived experience, 2]."
>
> *"Well, back then it was like I used substances to block out stuff because I wasn't, do you know like I was just fed up because I was moving from pillar to post, so, and obviously because I was exposed to a lot of drugs and alcohol, so I ended up becoming a, a drug and alcohol addict. I think it, it impacted on me committing crimes a lot in order to fund, do you know, like fund habits and stuff, and also go into custody because I felt safe there, and now I have, I've been diagnosed with a lot of mental health disorders* [woman with lived experience, 4]."

Multifaceted support needs and unrecognised strengths

The women were not characterised by one or two support needs. Their often long-term and repeated homelessness was associated with combinations of needs, damaging and traumatic experiences, and potential risks. The anonymised data on the women were limited, deliberately minimised so that no identifying characteristics, experiences or anything about the specific nature of what had happened to them was visible to the research team. Even these minimal data showed a picture of damaged and damaging lives, however, of abuse, of complex needs, and of ongoing distress.

The tendency to highlight the support needs, the trauma, and the poor health and wellbeing of women experiencing homelessness, alongside drawing attention to behaviours that are sometimes associated with homelessness such as drug use, reflects a broader societal tendency to see women's homelessness (and other homelessness) in terms of 'sin' (addiction and associated crime) and 'sickness' (ill health, particularly poor mental health) rather than in terms of 'systems'.[46] The shorthand for this is to describe homelessness as 'caused by mental illness' (sickness) rather than as failures in mental health care (systems), or to highlight 'addiction' (sin) as a cause, rather than highlight how addiction is associated with profound socioeconomic inequalities (systems). The 'sin' and 'sickness' arguments also break down in the face of two pieces of evidence:

- The supposed 'causes' of homelessness are not always present; indeed, outside lone women whose homelessness is recurrent or whose sustained support needs are not pronounced, i.e. women who experience

[46] The sin, sickness and systems model as a way of describing debates about homelessness was originated by a US academic Teresa Gowan, see Gowan, T. (2010*) Hobos, Hustlers and Backsliders: Homeless in San Francisco* Minnesota: University of Minnesota Press.

homelessness with their children, do not exhibit the addiction and severe mental illness popularly associated with homelessness.[47]

- There is mounting evidence that the supposed 'triggers' of homelessness, such as addiction and severe mental illness often occur during prolonged and recurrent homelessness, rather than preceding it, i.e. homelessness may be the trigger event for the onset of addiction and severe mental illness, and is broadly associated with very poor physical health, particularly if prolonged or recurrent.[48]

Turning these data around, it is possible to report them in another way, for example:

- 41% of women did not exhibit self-harming behaviours such as eating disorders;
- 56% had not been to prison;
- 39% were not reported as having physical health issues;
- 41% were not reported as having problematic consumption of alcohol; and
- 29% were not reported as having problematic drug use.

The differences between the stereotypes of who women experiencing long-term and repeated homelessness are, and the reality, are important. Not everyone had issues with drugs or alcohol, not everyone had experience with the criminal justice system, nor was everyone involved in self-harming behaviour or reporting ill health. Other widespread assumptions, such as the idea that lone women experiencing homelessness tend to be involved in sex work when this is often not the case, also need to be looked at critically, as the lived reality of women experiencing homelessness is much more complex and varied.[49]

The women who had undergone these traumatic and damaging experiences, and who often had complex support needs, were also characterised by their sustained *survival* in highly challenging and what could be actively dangerous circumstances. As is explored below, many had endured sustained periods of precariousness, been unable to find the right mix of services and support, and been unable to find ways to move on from fixed site homelessness services for years. Camden Council was amongst the first to explore Housing First services on the basis that it was realised that women (and men) were becoming 'stuck' in homelessness services because the right service mix was not available, and the borough now has one of the most established Housing First services in the UK.[50]

The risks of reducing women with lived experience of homelessness to vulnerable victims has been highlighted elsewhere.[51] Depriving women of agency, i.e.

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[47] Baptista, I.; Benjaminsen, L.; Busch-Geertsema, V. and Pleace, N. (2017) *Family Homelessness in Europe* Brussels: FEANTSA.
[48] Pleace, N. and Bretherton, J. (2020) *Health and Care Services for People Sleeping Rough: the views of people with lived experience* The Partnership for Responsive Policy Analysis and Research (PREPARE).
[49] Bretherton, J. and Pleace, N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology* London: St Mungo's.
[50] https://www.mungos.org/housing-first-in-action-camden/
[51] Bretherton, J. (2017) Reconsidering Gender in Homelessness *European Journal of Homelessness* 11 (1), pp. 1-21.

approaching them as a cluster of support needs that have to be met and sometimes a set of behaviours that need to be changed, is both disempowering - in the sense that it fails to give the whole picture of who someone *is*, recognising strengths and capacities alongside needs - and, on current evidence, tends to *reduce* service efficiency and strategic effectiveness. Services that seek to take control, banning certain behaviours, prohibiting rather than trying to help someone manage alcohol and drugs, and requiring engagement with treatment, have mixed and sometimes limited results. The obvious point to refer to here is the relative success of Housing First, which is founded on the principle that housing is a human right, and which emphasises choice and control, enabling people experiencing homelessness with complex needs to build the package of support that best suits them, compared to services that try to change and correct someone into a more 'housing ready' version of themselves.[52] Early evidence, in what remains an underdeveloped area, is that Housing First services designed and run by women for women, can effectively manage the realities of women who have complex needs, and who are often trying to move on from abusive relationships, in ways that empower the women they work with.[53]

For the women who shared their lived experience of homelessness through interviews, sometimes the experience was ongoing, frustrating and traumatic. Others had, through the right mix of support, found ways to sustain an exit from homelessness or viewed themselves as moving away from homelessness. This included some women who had high and complex needs while they had been homeless. Women had also experienced service-arranged exits from homelessness that they did not think were safe, satisfactory or sustainable.

> *"Well I've been living in a hostel for homeless people, like vulnerable people, and I was on their section for women only... I've been there for seven months... I ended up there because the COVID, the COVID people put me in there.* [Researcher: So how long have you been homeless for then?] *Altogether, oh for a long time, about maybe eight/nine years* [woman with lived experience, 5]."

> *"Yeah, I've been homeless since I was sixteen and I'm thirty-three now... Yeah, I, I slept rough for ten years* [recently rehoused at point of interview, woman with lived experience, 1]."

> [On having exited homelessness and living for three-plus years in a private rented sector home] *"Yeah, I'm currently studying at the moment to try and get some qualifications like... everything, so everything that should have been done when I was a kid is all being done now...*[woman with lived experience, 4]."

> *"...then eventually when I did get help and then, and then in hostels, so 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* [woman with lived experience, 6]."

[52] Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence* London: St Mungos.
[53] Quilgars, D. and Pleace, N. (2018) op.cit.

Trajectories through homelessness

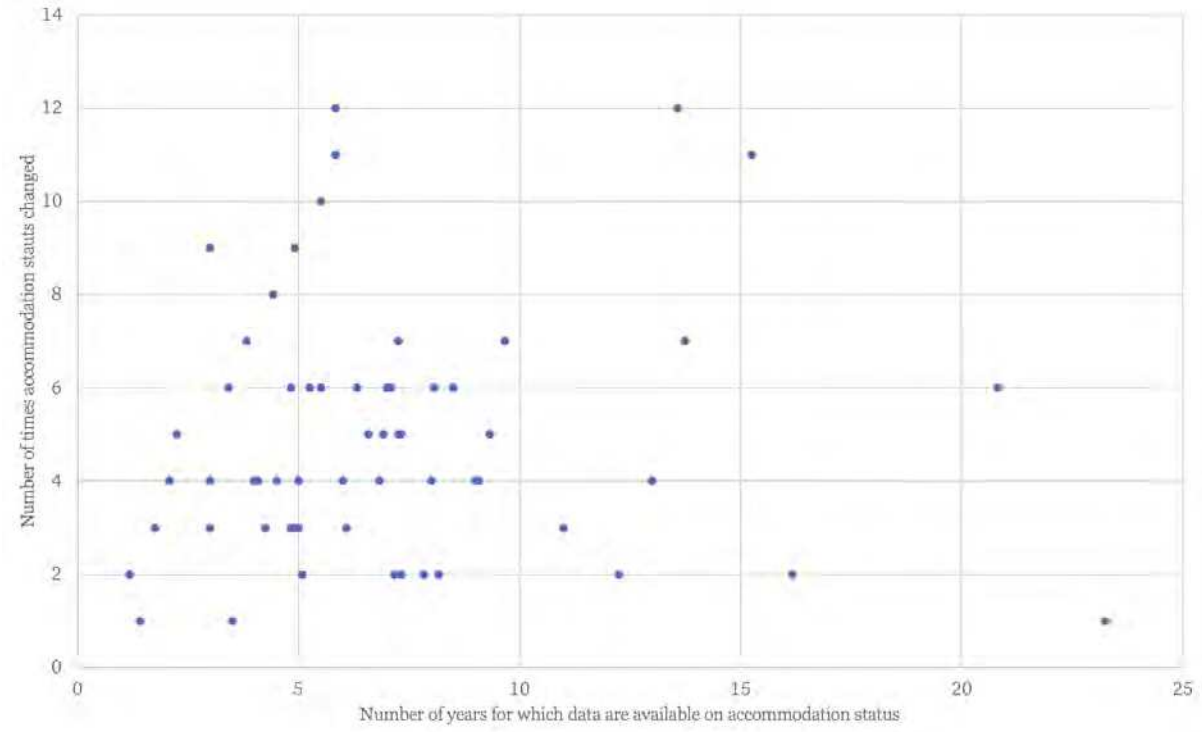
The time periods and number of changes in accommodation status recorded

The anonymised data on the moves that the women had made while they moved through their experiences of homelessness partially depended on what had been recorded, and partially on what contact they had had with services. The mean (average) time for which data were available was just over seven years of the women's lives (85 months), with a median of just over six years (73 months)[54]. On average, the women had made 4.9 moves during the period on which data were available on them, with a median of four moves. There were nine women on whom more than nine years of anonymised data on where they had been living (and periods of homelessness) were available, and eight women for whom three years or less of data on where and how they had been living were available.

Whether or not a woman had experienced many or a few changes in her accommodation situation (including entries and exits from homelessness) was not explained by how much time the data on their accommodation and homelessness covered. For example, a woman who had experienced five changes in where and how she was living was not more likely to be someone on whom five or ten years of data was held, rather than someone for whom only two or three years of data were available.

[54] The median is the middle number when all the numbers are arranged in sequence, if it is very different from the average it means the average may not be representative, e.g. the average time for which data was available on the women would be pulled upwards if several women had records covering 10 years, or pulled down if there were less than a year of data on several women.

Figure 3.3: The number of years for which data were available and the number of changes in accommodation status the women had experienced



Guide to the graphic: Each dot represents one of the 59 women, showing how much time for which data on their accommodation status covered (the bottom row) and the number of changes in accommodation status they had experienced (the left hand row). For example, one woman had experienced four changes and data were available for five years (the dot on the 5 line on the bottom row and 4 line on the left hand row).

As can be seen in Figure 3.3, some of the women who had experienced the most changes in their accommodation status were also those for whom only a few years of data on their accommodation status were available.

Experience of living rough and sofa surfing/hidden homelessness

The women were broadly characterised by spending time in various fixed site homelessness services, including shelters, hostels and supported housing, with some experiences of living rough and, more commonly, sofa surfing/experiencing hidden homelessness. The idea of 'hidden homelessness' has been described as problematic on a number of levels[55], one of which is that it implies a less potentially damaging experience than living rough or experiencing homelessness in basic emergency services, such as a nightshelter, because it occurs within housing. In reality, research is showing that the experience is not a less intensive or damaging experience of homelessness than other forms. A woman who is experiencing hidden homelessness or sofa surfing has:

- No physical control over the space she occupies;
- May lack privacy as a result;

[55] Pleace, N. and Hermans, K (2020) Counting All Homelessness in Europe: The Case for Ending Separate Enumeration of 'Hidden Homelessness' *European Journal of Homelessness* 14 (3), pp. 35-62.

- May be unsafe as a result;
- Has no legal rights, i.e. she can be simply removed at any time;
- May be living in overcrowded and/or physically unfit spaces; and
- May lack access to utilities (bathroom, kitchen etc).

The women were quite *unlikely* to report multiple periods of living rough or sofa surfing during the periods for which data on them were available (11 women, 19%, reported experiencing these forms of homelessness more than once). By contrast, more women (14 in total, 23%) had not experienced these forms of homelessness during the periods for which data were available on them.

Figure 3.4 summarises the number of times the women had experienced living rough and sofa surfing. One point to note here is that only a few women were living rough for prolonged periods of time, many were sofa surfing and, if living rough, were only doing so for some of the time, alternating with sofa surfing.

Figure 3.4: Experiences of sofa surfing (hidden homelessness) and rough sleeping

Duration of experiences of sofa surfing and/or living rough						
Frequency of experiences	Not reported	Up to 3 months	3 to 6 months	Over 6 months up to one year	One year plus	**Total**
Not during time for which data available	14	-	-	-	-	**14**
Once	0	7	2	8	13	**30**
Two or three times	0	0	0	4	6	**10**
More than four times	0	0	0	0	5	**5**
Total	**14**	**7**	**2**	**12**	**24**	**59**

By number of women.

Total duration of living rough was high - just over 40% of the women (24 reported experiencing living rough and/or sofa surfing for a year or more). The mean (average) time spent homeless was 14 months, with a lower median figure of nine months, suggesting that the mean was rather higher than what the typical woman experienced. This was because one woman was reported as having experienced very long periods of sofa surfing and living rough (exceeding nine years), which was much higher than any of the other 58 women.

A popular image in representations of people sleeping rough, particularly in relation to current Government policy and the material generated by organisations working in support of that policy, is the idea of the 'entrenched' rough sleeper. This is someone who is also described as 'hard to reach' or 'hard to engage' because

they face multiple barriers to leaving the street and find it difficult to engage with services.

Thirteen women (22%) were reported as continuing to (specifically) live rough while they were using homelessness services, most commonly in a pattern of having a bedroom or bed-space in supported housing, but sleeping rough for some or most of the time. While this finding indicated that this population of people sleeping rough exists, specifically among women in this instance, like other data on people sleeping rough in London[56], the findings here suggest it may be a small group, i.e. almost four out of five of the women were not continuing to spend time living rough while using other services.

At the time of writing the most recent CHAIN data on Camden suggest a similar pattern in terms of overall rough sleeping. In January to March 2021, 67 new rough sleepers, 107 intermittent rough sleepers and 23 people 'living on the street' were reported.[57] Pre-pandemic, the 2018/19 annual report for Camden indicated that 63% of people seen living rough in the borough were only sighted once or twice, with 8% being seen ten times or more.[58]

Women who shared their lived experience of homelessness in interviews talked about the ways in which different ways of keeping a roof over their head sometimes became unsustainable. This could be because they felt unsafe in a service that also contained men, experienced risk when a former abusive partner found them and had no alternative not to move, or because they exhausted the informal arrangements they were able to make with relatives, friends and acquaintances.

> *"When you ask somebody if you can sleep on their sofa and that comes to that and then you feel uncomfortable because you feel like you're a burden, you're in the way. They then, you get up, you don't feel welcome there so you get up and you move somewhere else, and in the end you just think do you know what, get yourself a tent, at least you've got your own, you're not a burden to anyone...* [woman with lived experience, 7]."

> "[Hostel] *was scary because you have to share the bathroom like, do you know, like basically you have your bedroom but you have to share like facilities, like the bathroom and the kitchen and stuff, and I didn't feel able to go there because there was always men loitering, do you know, in the corridors, etc, and the staff wasn't really on the ball there, like they didn't, do you know, they wasn't really there helping you, so 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* [woman with lived experience, 4]."

[56] https://data.london.gov.uk/dataset/chain-reports
[57] CHAIN Quarterly Report: Camden January - March 2021 https://data.london.gov.uk/dataset/chain-reports
[58] CHAIN Annual Report: Camden, April 2018 - March 2019 https://data.london.gov.uk/dataset/chain-reports

Experiences of other forms of homelessness and accommodation

Figure 3.5 provides an overview of the types of living situation, including various forms of homelessness that the women had experienced. It is not a measure of how *long* they had experienced these situations for, it instead presents the frequency (the number of times) they were reported as living in particular situations.

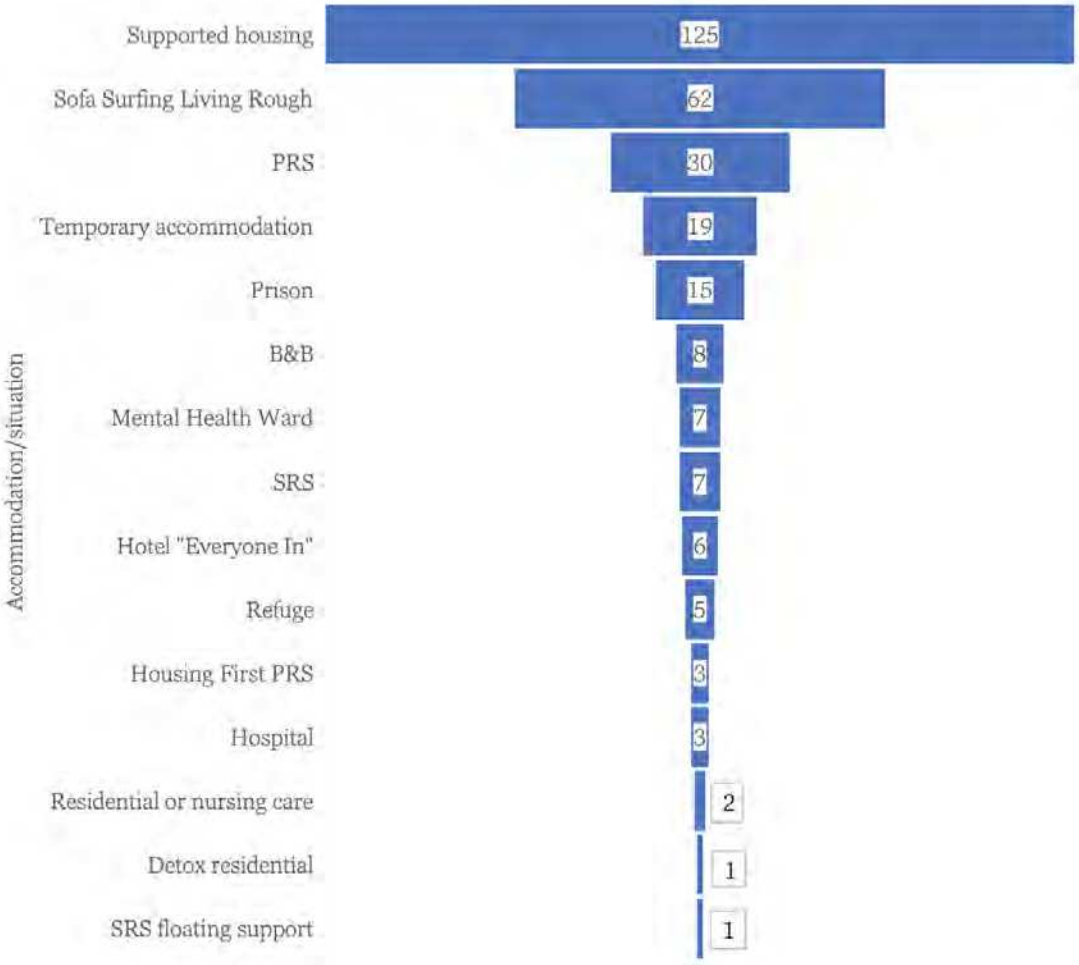
The women were most likely to have experienced supported housing, usually, although not exclusively, within the Camden 'Adult Pathway'. Collectively, the 59 women were reported as staying in supported housing 125 times, compared to experiencing living rough and/or sofa surfing 62 times (Figure 3.5). Camden has a longstanding supported housing strategy that involves outreach teams who are working with people living rough referred into the Borough's 'Adult Pathway'[59], which is designed to support "vulnerable adults who are homeless or threatened with homelessness to achieve and maintain independence" through an interconnected network of supported housing. In order to maintain anonymity the identification of which supported housing the women were staying in was removed, but data on whether (unnamed) supported housing was in Camden was included.

Supported housing can be (broadly) defined as fixed site, congregate services, i.e. residents have their own rooms (sometimes a bedsit/studio flat) within a purpose built/adapted building, with onsite staffing available during the day. Some supported housing offers more specialist and intensive support, including night time cover. There is no clear line between what is a 'hostel' and what is defined as 'supported housing', but hostels may be (again broadly) defined as offering less intensive support. Emergency shelters (including night shelters and direct-access accommodation) for people experiencing homelessness still exist, but have become less common than was once the case. Emergency shelters tend to be communal, i.e. there is shared sleeping and living space, and while there are staff and volunteers on site, they do not tend to offer as much support as fixed site, congregate supported housing services. In London, some 'No Second Night Out' service provision is in this form, but where these services were 'shared air', because of shared sleeping areas, they were closed during the pandemic and their residents moved into hotels under the 'Everyone In' programme.[60]

As can be seen in Figure 3. 5, other experiences were less commonly reported, so there was lower frequency use of private rented sector (PRS) housing, and temporary accommodation (again, these data refer to how often these situations were experienced, not the collective duration of that experience). The role of health and criminal justice services in the women's lives was also shown: during the time data on them was available, the women had stayed in mental health wards seven times, been hospitalised three times, and been in prison (almost always for short sentences) fifteen times.

[59] https://www.camden.gov.uk/hostel-in-camden
[60] Cromarty, H. (2021) *Coronavirus: Support for rough sleepers (England)* House of Commons Briefing Paper Number 09057.

Figure 3.5: The frequency with which the women had experienced different living situations (total number of experiences of each setting)

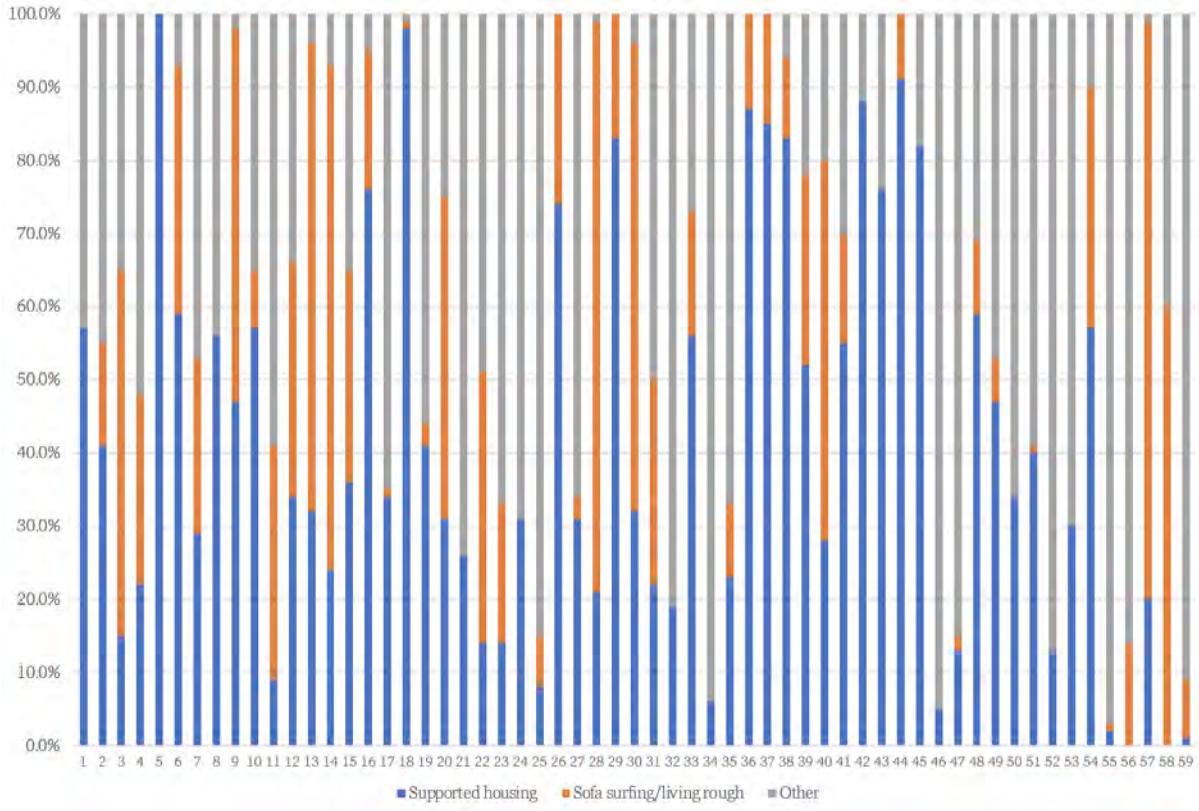


PRS (Private Rented Sector), SRS (Social Rented Sector – local authority or housing association/registered provider). Hotel 'Everyone In' refers to the use of hotels as part of the emergency measures to reduce rough sleeping during the pandemic. The data refer to the number of experiences: for example the 59 women had experienced 125 stays in supported housing, had 62 experiences of sofa surfing or living rough, but had only, collectively, experienced two stays in residential or nursing care.

Figure 3.6 summarises the amount of time the women had spent in two situations, in each instance showing the amount of time they had spent in supported housing as a percentage of all the time for which data were available on their accommodation setting, and also showing the amount of time spent living rough or sofa surfing.[61] As an illustrative example, if data on a woman's living situation were available for 12 months and she had been sofa surfing for three months and in supported housing for nine months, Figure 3.6 would show this as 25% for sofa surfing and 75% for supported housing.

[61] Separate data on living rough and sofa surfing as discrete experiences were not available.

Figure 3.6: Time spent in supported housing and in sofa surfing/living rough and in other forms of homelessness (percentage for each woman)



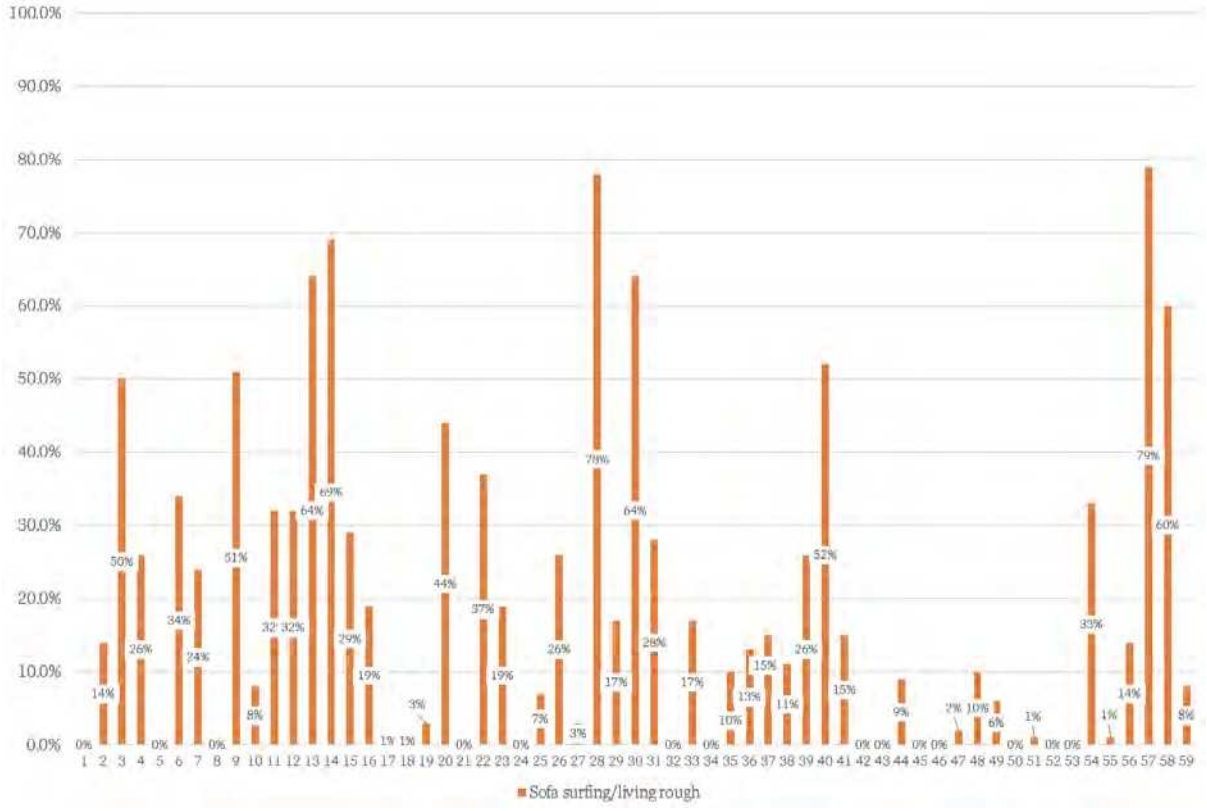
Each column represents one of the women.

Breaking this down further, Figure 3.7 takes one piece of data from Figure 3.6 to show the proportion of their time the women had spent living rough and/or sofa surfing. As can be seen, long-term experience of living rough and sofa surfing was present, but women were more likely to have been recorded as having shorter, rather than longer experiences. Figure 3.8, by contrast, takes another piece of data from Figure 3.6 to highlight the use of supported housing (including hostels), which can be seen was far more widespread, and accounted for more of the time spent homeless than was the case for living rough. Research from nearly 30 years ago, which covered London and other areas, reported the same pattern, i.e. when (using the terminology of the time) 'single homeless people' were looked at, the proportion of men living rough was much higher than women, but the gender balance in hostel accommodation was more even.[62]

As the data in Figure 3.8 show, it was unusual for the women not to have spent at least some time in supported housing (again, including hostels). While explorations of the financial, rather than the human, costs of homelessness have highlighted the costs of long-term and repeated homelessness to the NHS and criminal justice system, some of this work has also highlighted that significant expenditure goes on protracted and repeated stays in services.[63] This point will be returned to in Chapter 5.

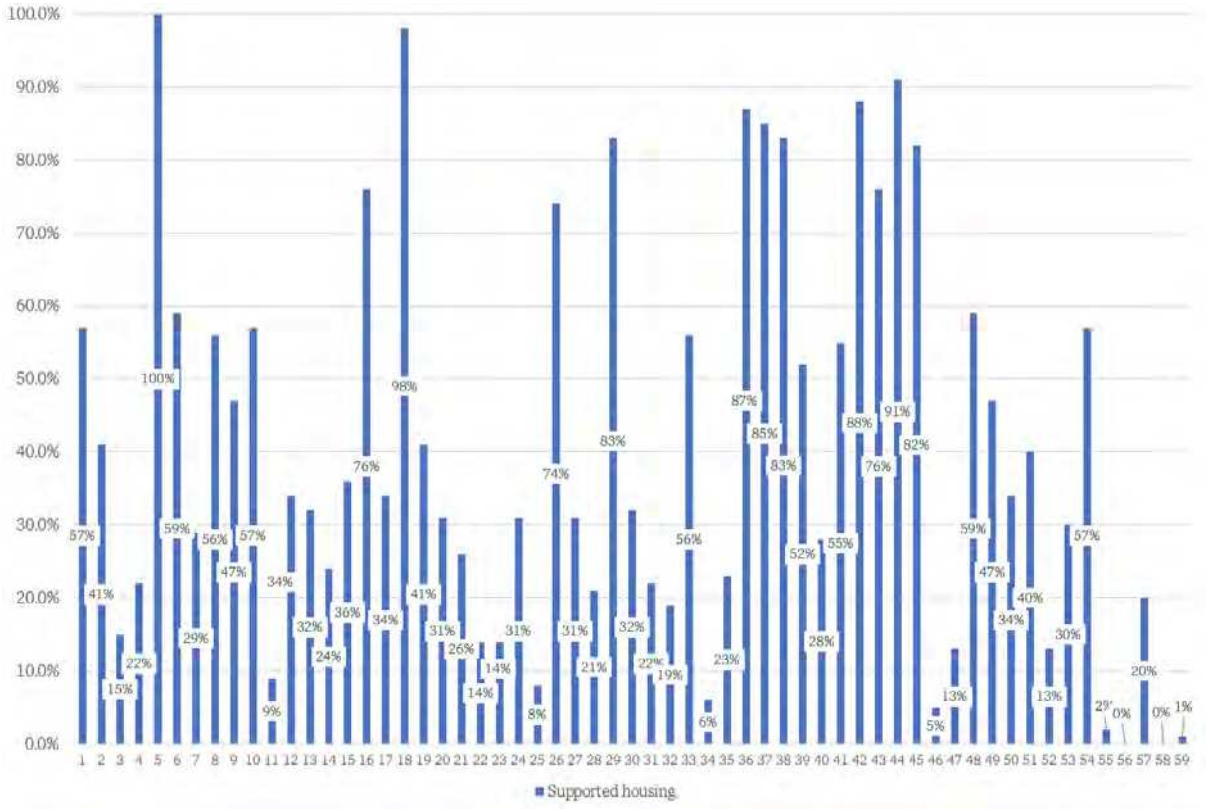
[62] Anderson, I., Kemp, P. and Quilgars, D. (1993) *Single Homeless People* London: HM Stationery Office.
[63] Pleace, N. and Culhane, D.P. (2016) *Better than cure? Testing the case for enhancing prevention of single homelessness in England* London: Crisis.

Figure 3.7: Time spent in sofa surfing/living rough (percentage for each woman)



Each column represents one of the women.

Figure 3.8: Time spent in supported housing (percentage for each woman)



Each column represents one of the women.

The women had typically spent more time in supported housing than living rough or sofa surfing, but the two sets of experiences were close together in terms of the amount of time women had experienced them.

- The mean (average) amount of time women had spent in supported housing was 40% of the time for which data were available on their living situation (a mean or average of 31 months).
- There was some variation: the median figure for time spent in supported housing was 33%, a median of 20 months.[64]
- By contrast, the mean (average) amount of time women had spent sofa surfing or living rough (as noted, time sofa surfing tended to generally exceed living rough) was lower at 20% (a mean or average of 14 months).
- Again, there was some variation with a median of 9% of time spent sofa surfing or living rough, and the median amount of time being nine months.
- As noted above, the mean (average) amount of time on which data were available on the 59 women experiencing homelessness was 85 months (just over seven years) with a median figure of 73 months (just over six years).

In most cases, the combined experiences of supported housing and sofa surfing or living rough accounted for the bulk of the situations that each woman had experienced. For much of time on which data on most of the women were available, they were most likely to be in supported housing and, typically, next most likely to be experiencing sofa surfing or living rough. In overall terms, the women were either in supported housing or sofa surfing/living rough for an average (mean) of 60% of the time for which data were available, with a higher median figure of 64% (indicating that the average may have been slightly below typical experience).

Twenty-two women (37%) had spent more of the time for which data were available in other situations, i.e. neither sofa surfing/living rough nor living in supported housing. For this group, there was no typical pattern, in the sense they sometimes had trajectories that involved prison and hospital, temporary accommodation, supported housing, and sofa surfing, with a comparatively high number of moves being recorded. Women could, however, have spent much of their time in temporary accommodation, a refuge or in a private rented sector tenancy that (eventually) broke down sometimes because of violence, sometimes because of eviction due to rent arrears or other factors.

The nine women with lived experience had often been homeless in multiple ways and in multiple conditions, reported a similar mix of living rough, hostel, hidden/concealed homelessness staying with friends, relatives and acquaintances. Sometimes the environments within homelessness services were described in very negative terms, sometimes in a much more positive way.

[64] The median is the middle number when all the numbers are arranged in sequence, if it is very different from the average it means the average may not be representative, because for example (as here) a few women had spent all or most of the time for which data were available in supported housing, which raises the average to a point somewhat higher than is representative for the majority of women.

> *"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* [woman with lived experience, 3]."

> *"They turned around and said because I have, I'm sofa surfing I don't, I don't need anywhere because I actually have a house because I'm in, do you know what I mean? I'm not on the street, I'm in the house. But I was trying to explain that I can't long-term stay there but they didn't care* [woman with lived experience, 4]."

> *"I was sleeping rough for about, over three years... I was in, I was staying in* [service], *then* [service] *and* [service]; *that was a hell hole (laughs)... there was cockroaches running up the walls*...[woman with lived experience, 7]."

Homelessness as an experience of sustained instability

Many women experienced what might be termed precarious lives, in that they were generally in situations that are seen as precarious, in that they were inherently insecure (such as sofa surfing, where a woman has no legal rights to remain where she is whatsoever) or were designed to be temporary (as is the case for most supported housing).

The women did not, in general, experience *very* frequent changes in their living situation i.e. it was not the case that they were typically experiencing changes to their living situations every few weeks. Their lives were not, however, stable. Twenty-eight women (48%) had moved between four and six times during the period that the data covered, including transitions into and out of sofa surfing and rough sleeping, while another 12 (20%) had moved seven or more times. Only 19 women (32%) had experienced three or less moves.

Contact with homelessness services over the time for which data were available for each of the women was near universal, and only two (3%) had not had at *least* one stay in supported housing. Contact with the statutory homelessness system that resulted in being temporarily accommodated[65] was less frequent, with 15 women (25%) reported as having had at least one stay in temporary accommodation (almost always provided by Camden and/or other London boroughs).

Experience of eviction was widespread:

- 28 women (48%) had been evicted at least once, collectively experiencing being evicted 44 times during the periods for which data were available.
- Eviction had sometimes been experienced from a private rented sector (PRS) tenancy and in a few cases this had been the beginning of the experience of homelessness, i.e. a stable or relatively stable home held for a year or more had been lost. This form of eviction had been experienced by eight women (14% of all 59 women) and accounted for 18% of all 44 recorded evictions.
- Women were much more likely to have been evicted from one or more supported housing services. 21 women (35% of the 59 women) had been

[65] This could have been because a woman had been found statutorily homeless and owed the main duty (access to settled housing because she was in priority need) or because she was owed a prevention/relief duty.

evicted a total of 26 times (59% of all 44 recorded evictions) from supported housing, with four women being evicted more than once from supported housing.

- Other evictions occurred across a range of accommodation types, including temporary accommodation and social rented tenancies (council or housing association/registered provider) but were scattered across accommodation types, with the main pattern being eviction from supported housing, followed by eviction from the private rented sector.
- Three women had been evicted from both supported housing and the private rented sector. Overall, five women had been evicted from accommodation twice, another four had been evicted three times, and one had been evicted from accommodation four times, with the ten women who had been evicted more than once representing 17% of the 59 women.
- The reason for eviction could sometimes be ascertained from the data, although because the data were anonymised no details were available. While it was not possible to build a full picture, the most common reason appeared to be rent arrears and/or service charge arrears (the latter in supported housing).
- Alongside this, there were data available on where a supported housing place or other accommodation had broken down because of criminal activity by a woman, but this was relatively unusual, with four women (7%) being asked to leave supported housing due to criminal activity.

For many women, homelessness was a liminal state, i.e. they existed between two different places, one of which was the street (living rough) and the other of which was a settled home. They were often in a position where they were not living rough, but were homeless, as sofa surfers (experiencing hidden homelessness), and living in supported housing and other homelessness services. That position of 'accommodated' homelessness was not stable, however; not only did the women live in this liminal state – caught between rough sleeping and being housed – but there was further instability, because sofa surfing was inherently precarious and because they could not always sustain themselves in supported housing, as evidenced by 21 women being evicted from one or more supported housing services.

Supported housing arrangements also broke down, i.e. the women left services rather than remaining with them. Again, details on why this was happening were not available in anonymised data, but other evidence suggests that supported housing can sometimes find it difficult to provide the right mix of support to someone with high and complex needs. Camden had identified this issue some years before and introduced a Housing First pilot designed to help people who had become stuck within, or made repeated short-term use of, the hostels (supported housing) within the borough.[66]

Fourteen women were reported as having made an unplanned exit from supported housing, i.e. they had chosen to leave (24%), and within this group, five women

[66] Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A 'Housing First' Experiment in London* York: University of York.

were reported as having made unplanned exits from supported housing more than once. Working with anonymised data, it is not possible to ascertain whether and to what degree this was because certain types or specific examples of supported housing were not meeting women's needs (no details on services were recorded), nor the degree to which these self-exits may have been positive, i.e. the women having found alternative accommodation for themselves that they preferred. This was, however, further evidence that women were often in a liminal state – hovering between rough sleeping and being housed – and that that position was itself unstable, with women leaving supported housing, being evicted from supported housing and, much less often, losing places in supported housing in ways linked to criminal activity.

The continued risk of domestic abuse and violence also created deep instability in the lives of some of the women:

- Twenty-three women (49%) had left accommodation because of violence or abuse, or a risk of violence or abuse and, collectively, they had done so 32 times.[67]
- Women had been forced to move because they experienced violence or abuse 19 times. One woman had had to move twice, another 17 had had to move once.
- Women had moved because of the risk of violence or abuse occurring thirteen times, with five women having to do so once and another four having to move twice.
- A small group of women had reported as having experienced enforced prostitution/trafficking[68] meaning they were likely to have endured sustained, multiple instances of abuse and violence.

As was described earlier in this section, experience of abuse and violence was widespread among the women, with 51% reported as having experienced sexual violence and rape in their lives, and 75% reported as having experienced one or more traumatic events. The risk of abuse and violence added another dimension to the multiple insecurities experienced by the women, their liminal position – caught between rough sleeping and being housed – and that position was itself precarious because of eviction, because they left services, and because of experiences and risks around violence and abuse.

Patterns of instability

The women were all people with high and complex needs who tended to have repeated and sustained experience of homelessness. As has been noted elsewhere, the idea that homelessness is 'triggered' by severe mental illness, addiction and criminality has been shown to have some important weaknesses. This is in part because homelessness, including women's homelessness, exists in many forms, only some of which have a relationships to issues like addiction, but it is also the case that treatment and support needs, such as addiction or severe mental illness, can arise *during* homelessness, rather than happening before homelessness

[67] These data were based on what services had recorded.
[68] A note to that effect, no details were recorded as data were anonymised.

occurs. Women's agency, i.e. their choices and actions, can be also important in explaining their trajectories through homelessness, meaning it cannot be 'explained' by whether they have had certain experiences or illnesses[69].

The women were not more likely to have experienced multiple moves, or to have experienced certain events according to particular characteristics or experiences. For example, women reported as having problematic drug use were not more likely to be evicted, nor were women who had a criminal record (i.e. were reported as having served time in prison during the period for which data were available). The women had all undergone negative and traumatic experiences and they all had high and complex support needs, which meant variations in the number of moves or experiences of certain types of homelessness were taking place against a fairly consistent background. In other words, a woman changing accommodation settings or her situation seven or eight times, was - in the sense of also having high and complex needs – similar to a woman who had experienced changes in her accommodation or general situation three or four times.

Precariousness, the liminal position of the women, generally caught between living rough and actually being housed for years on end, was near universal. Within that, experience of eviction, having to move because of the threat or experience of violence or abuse and other factors showed that the immediate living situations of women were often, at best, temporary and at worst, very insecure.

The average amount of data held on the women was 85 months with a median of 73 months. The time covered by the data was a concise, anonymised history of their patterns of service use and experience of sofa surfing and living rough. Many details were not shared to ensure that anonymity, so whether a woman had used a specific service once, twice or several times could not be established, as no services were named, nor were any identifying details of what those services did. What could be ascertained, however, was what the broad pattern of homelessness was among these women with high and complex needs.

Only four of the 59 women (7%) had exited homelessness at the point when data stopped being shared about them. All four women had been rehoused in ordinary housing, mainly within the private rented sector, and were receiving different types of mobile support. The majority of the women were still homeless. Most were not living rough or sofa surfing, but were instead living in supported housing, temporary accommodation and other interim arrangements. Most had been without their own home - indeed without any sort of settled housing - for years.

[69] Bretherton, J. and Mayock, P. (2021) *Women's Homelessness: European Evidence Review* Brussels: FEANTSA.

4 Stakeholder Views

Introduction

Interviews were conducted with five key stakeholder organisations operating within and, in some instances, also beyond Camden. These interviews focused on the opportunities and challenges that the respondents identified, both in terms of service design and wider strategy towards women's homelessness in Camden. As with other data sources used in this report, the respondents have been anonymised. The chapter starts by looking at the experience of the stakeholders of the needs that women with lived experience could present with, before moving on to report views on the existing service mix.

The needs in Camden

The stakeholder interviews showed what appeared to be a generally high awareness of what the patterns of needs were, particularly among women experiencing long-term and recurrent homelessness associated with high and complex support needs. Strong associations between women's experience of homelessness and domestic abuse, alongside a picture of frequent experience of hidden homelessness, were reported. The stakeholders reported a very similar picture of women's needs and experiences to that suggested by the survey, longitudinal tracking, and the interviews with women with lived experience of homelessness.

> *"The majority of women that we see seem to have multiple needs; so we're looking at mental health, substance misuse, alcohol, sex working, complicated and lay, and multi-layered. And so we do work within housing very closely, because one of the key elements and issues that the women that we have face, the majority of the women that have shown up in the last three months are rough sleeping, and what we've been doing is providing them with an opportunity to not rough sleep while we get them towards some more secure accommodation. Yeah, and that's presented quite differently...historically...the homelessness sector has been quite different in the last six months*[70] *in the respect that a lot of people were inside anyway and, and those that were rough sleeping tended to be more of your hidden homeless population; so people that would have been sofa surfing before...*[stakeholder 1]."
>
> *"Certainly something that we're seeing is an increase in, of females on the street. We're also seeing an increase of complexity of females who are actually rough sleeping; so it's not just the number of girls whose support needs are there, experiencing there, are probably, I would say, you know, it's, it's a lot more complicated. So, you know, in*

[70] Impact of the pandemic, particularly the central government 'Everyone In' providing mass accommodation for people sleeping rough and living in shared air (shared sleeping area) emergency accommodation/shelters, see: Cromarty, H. (2021) *Coronavirus: Support for rough sleepers (England)* House of Commons Briefing Paper Number 09057.

my opinion what we're lacking here is we need more sort of support for, for these females [stakeholder 3]."

"I think generally a lot of women go unnoticed is a big thing; you know, in terms of them being homeless they, they present differently to men. So, you know, a lot of the women that we're aware of or have worked with in the past have, you know, been sofa surfing, engaging in survival sex, you know, living in crack dens; so aren't, aren't as, as visual, I think, as men on the street, so I think that's, that's a problem at first. I think, I, for, for me it's hard cos all of our experience is working with women who have experienced some form of violence so I, I can't, I can only know that that group really. But obviously a lot of women that we work with who have experienced violence are homeless, not necessarily as a direct result but can be, cos obviously they're fleeing a violent relationship. I think often it's a result of, to be honest, directly or indirectly abuse at some stage in their life; so that's what we see a lot, a lot of; and I think that all adds to, you know, huge levels of, of distrust in, in, in all systems [stakeholder 5]."

Existing services

The picture of Camden's services among the stakeholders was that the borough had relatively extensive and well-organised homelessness services. There were reports, however, that resourcing was a challenge, both in respect of whether there were sufficient services relative to need and, related to that, how quickly services were able to react when a woman sought help.

"Honestly, and I'm surprised that I'm saying this, working in the women's sector compared to; so I've worked in [another London borough] *in the, in the homelessness* [sector] *generally previously, I've been quite impressed with the level of support that's available, and the level of different organisations working to support women, and the nature of that work* [stakeholder 1]."

"Well I mean we've got a fantastic Housing First provision[71]*, which is incredible, and we have been lucky enough to have an extra commitment to women specific Housing First provision in this borough. So, you know, it's things like that, yes, that is amazing, but, you know, we could double that and it still not be enough. They are in the process of commissioning a new women only hostel but, you know, is there enough central government funding for that to be commissioned as substantially as it needs to be? So yeah, there are, you know, there's, there's lots of great work being done but I, I think the council* [Camden] *are also limited with what, what they're getting from central government* [stakeholder 2]."

"...what I found frustrating when we've had women turn up and we've been trying to find immediate accommodation for them so they're not rough sleeping, the speed within which that can happen is often

[71] https://www.mungos.org/housing-first-in-action-camden/

very slow, and I don't know if that is capacity from a staff perspective, I don't know if that's a competence from a staff perspective, I, like there's, there's a number of things it could be, but my major frustration is that the systems are there but the execution within those systems takes too long [stakeholder 1]."

Several stakeholders reported a sense that Camden's services were not yet in the place they needed to be in order to more effectively prevent and reduce women's homelessness. There were reports that understanding of the nature and scale of women's homelessness was starting to increase, but that transforming this increased understanding into new systems and strategies was not a process that was fully underway.

> *"I think, to think of it not necessarily in Camden but just broadly, 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 a Camden-specific problem, I think that's a national problem. But yeah, it's that we, the understanding and approaches to working with women are, are only just starting to change* [stakeholder 2]."

> *"So I think if - if we have all the resources that we possibly could - I would say maybe a place where, you know, there's perhaps psychological support, there is maybe a drug service or a nurse maybe on site and maybe somewhere like a hostel that's probably quite small, so you really have like a small number of people in one place, maybe like, you know like less than ten perhaps, so you can provide support for these most sort of complex women* [stakeholder 3]."

Gaps in provision

Gaps in services were reported at two levels. First, there was thought to be a need for more women-only services, specifically services run for women by women. Second, there were reports of shortfalls in women-only spaces/beds in some fixed-site services (hostels, shelters, supported housing). One result of this was greater instability for women who lost places in fixed-site services, as beds/spaces were scarcer, and if a woman lost one place, she might find it more difficult than a man to find another space. Women might also have to avoid certain services because of previous relationships.

> *"...a number of our guys we work with that bounce from hostel to hostel, so you get evicted from one so they put you in another one, and that is more problematic for the women we're working with and there are less options. So they're not given the same opportunities in that respect. If, if they're kicked out of one it takes them a lot longer*

to get a woman's bed or to have availability especially; and then there's the added complication where a number of our women have got issues of prior relationships with particular men in certain hostels [stakeholder 1]."

*"...a small amount of places we refer...to that, that are female-only accommodations...that's also something that obviously we don't currently offer which is a...challenge, because in my experience eighty percent of the females that come to us want to be housed in a, in a female-only space once they move on from us. We have...a few options but the waiting list is through the ******* roof...* [stakeholder 5]."

"...oh God, I mean it's just, it just feels like we're saying the, the simplest things sometimes, but just, you know, in terms of, of risk and getting an appropriate response around where women can safely be housed; yeah, the appropriateness of, of area, the type of accommodation offered. Obviously the vast majority of, if it's supported housing it will be mixed gender, the vast majority of the time, and that's inappropriate for most of the women that we support; not all, because I think sometimes there's an assumption made that women who've experienced, you know, any, any kind of abuse ever need to be in a, you know, a women-only space and, and some of the women don't want that, and that's fine, but there isn't usually an option [stakeholder 4]."

Differentiated service responses linked to gender

Earlier research, both in the UK and beyond, has highlighted evidence of a differential response to women's homelessness depending on whether or not a woman has a child or children with her. One of the original arguments for explaining the apparently lower levels of women experiencing lone adult homelessness was that women were – indirectly – protected from homelessness because systems to prevent child homelessness and destitution also supported them, but that these systems were not available if a woman was on her own.[72] The statutory system, both prior to and following the Homelessness Reduction Act reforms, also sets more ambiguous criteria[73] for a lone adult to be found in 'priority need' (be eligible for temporary accommodation until settled housing can be found) because of an issue like mental illness, than is the case for households containing dependent children. Households containing dependent children need only to demonstrate a local connection, that they are not intentionally (deliberately) homeless, and that children are indeed present.

The data in London and beyond do show an apparent pattern of low levels of lone adult homeless women, alongside lone parent, women-headed households usually being the single largest group among statutorily homeless households.[74] As discussed in Chapter 1, however, much lone adult homelessness among women is

[72] Jones, A. (1999) *Out of Sight, Out of Mind?: The Experiences of Homeless Women* London: Crisis.
[73] Carr, H. and Hunter, C. (2008) Managing vulnerability: homelessness law and the interplay of the social, the political and the technical. *Journal of Social Welfare and Family Law*, 30(4), pp.293-307.
[74] https://www.gov.uk/government/collections/homelessness-statistics

missed for interlinked spatial, administrative and methodological reasons, so it is almost certainly not the case that the true scale of lone adult homelessness among women is properly understood.[75]

The Domestic Abuse Act (2021) additionally places duties on local authorities to provide accommodation-based support to people experiencing domestic abuse and their children in refuges and other safe forms of accommodation. At the time of writing, data are not available on local authority actions under the terms of this legislation. The legislation has potentially wider implications as it creates a new statutory definition of domestic abuse, emphasising that domestic abuse is not solely physical violence, but can also be emotional, controlling, coercive and/or economic abuse.

Although the patterns of women's homelessness may have not been properly understood, the differential nature of services - depending on whether or not a woman has a dependent child or children with her - is something that was regarded by the stakeholders as an issue. Research across the UK and beyond has reported this same pattern, of more comprehensive, immediate and sometimes better quality support being available to a lone woman parent with a dependent child or children.[76] There has also been some research suggesting that many women experiencing lone adult homelessness are parents, but have lost contact with children or seen them taken into care by child protection services.[77]

> *"The women that are pregnant to be honest that's great, as soon as the woman's pregnant everybody rallies round, there's loads of different options, loads of different services, then when the baby is out, and especially if it's been removed, it gets a lot patchier. And if we're talking about women that were, that it's known from the beginning are not going to be allowed to keep that child, and the majority of the women that are in that situation here do fall under that bracket, the options available to them are minimal and a bit depressing, to be honest* [stakeholder 1]."

Stakeholders who highlighted this issue reported another area of concern, as alongside the issue of more support being available for a woman with her child or children, support focused on children and babies when a decision was taken to remove the child from a woman. The child was protected and was emphasised, whereas systems to protect what could be a woman with high and complex support needs were not well developed, or were effectively absent.

> *"I feel like it comes from a perspective of, well she got herself pregnant and the reason that this baby's been removed is her, like it's because of her behaviours and her choices and her decisions, and not thinking about the fact that a lot of the decisions she's making are based off user trauma and that she isn't actually entirely responsible for all the things that have happened to her that have led to this place. And I don't know if that is what the underlying, kinda unspoken*

[75] Pleace, N. (2016) op.cit.
[76] Baptista, I. *et al* (2017) op.cit.
[77] Reeve, K., Casey, R. and Goudie, R. (2006) *Homeless Women: Still being Failed yet Striving to Survive* London: Crisis.

> *prejudice is around the fact that there isn't that much care taken for the woman and it's mainly like, oh you, you know, you've been a vessel to carry this child now* [stakeholder 1]."

This linked to a wider sense that women were judged more harshly, seen as more morally deficient, as more to 'blame' for their situation than was the case for lone homeless men. This resonates with research conducted in the UK and beyond, which has highlighted judgemental attitudes towards homeless women, ranging from a general assumption they will be involved in prostitution, through to more complex, cultural ideas and prejudices, that women 'belong' in the home as a mother/carer, meaning their absence from that role is often seen as more 'unacceptable' than is the case for men, where the idea of a 'bachelor'/'lone wolf' lifestyle is much more 'acceptable' as a life choice.[78]

> *"I think whether you're talking about the Police, whether you're talking about healthcare, whether you're talking about services, the criminal justice system, we know that women are treated much more harshly than men. So we have to be "extra good" to receive our sympathy and our support, but our women, the women of the pathway and particularly the very multiply disadvantaged women, are not in a position to be the good victim and therefore the, the sympathy is just not there* [stakeholder 2]."

Integration of domestic abuse and homelessness services

The stakeholders reported that integration of domestic abuse and homelessness services could be more effective. Stakeholders reported that domestic abuse services were strong, but were not necessarily set up or resourced to support high cost, high risk populations, like lone adult women experiencing recurrent or sustained homelessness. This created a situation in which services were not always easily able to collaborate, and where they could be confronted with needs they could not fully meet, i.e. the domestic abuse sector with regard to supporting homeless women with complex needs, and the homelessness sector with women experiencing homelessness, who frequently experienced domestic abuse, but who could not always access domestic abuse services.

> *"I think domestic abuse in the women's sector do, and the* [domestic abuse] *services across the board, not just in Camden but everywhere, do a fantastic job with particular clients. They are not set up to work with multiply disadvantaged clients…*[homeless] *women who are the most vulnerable in the borough; they're all experiencing* [domestic abuse], *not necessarily intimate partner violence but they're all experiencing* [domestic abuse], *but none of them are truly connected in with our statutory domestic abuse service* [stakeholder 2]."

> *"…although there is some sort of move*[ment]*, progress that I can slightly see, I still think there's a lot of work to be done to make sure*

[78] Hansen Löfstrand, C. and Quilgars, D. (2016) Cultural images and definitions of homeless women: implications for policy and practice at the European level, in Mayock, P. and Bretherton, J. (eds.), *Women's Homelessness in Europe*, London: Palgrave Macmillan, pp. 41–73.

that domestic violence within homelessness is dealt with as a specific issue [stakeholder 5]."

Intersectional needs

Stakeholders highlighted the complex nature of women's needs and, with some exceptions that could provide and orchestrate more comprehensive support, such as Housing First, reported that services were not available in forms that suited the needs of women experiencing homelessness. An array of services were required by women experiencing homelessness, particularly those experiencing long-term and repeated homelessness associated with high and complex needs, but those services were separately commissioned, separately administered, and operated in different ways. There was often not the coordinated, integrated package of support that reflected the intersectional nature of women's needs.

> *"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. So it's, you know, the, it's a rock and a hard place and it's our women that are stuck in the middle of that* [stakeholder 2]."

> *"I mean the only thing for me, like I said, is back to sort of specific services for women, people that can't go into PRS shouldn't have to go straight into a, a sort of chaotic hostel environment....There needs to be...more of an option for people, women with support needs, that can get them support but* [does not] *put* [them] *into accommodation that's not actually that suitable for them as well* [stakeholder 5]."

Intersectional and inherently complex needs among some women experiencing homelessness, particularly those who were long-term or repeatedly homelessness, were also seen as requiring a mix of services, rather than a single response to homelessness. Innovations like Housing First were useful and could be effective, but a comprehensive response required an array of services according to some stakeholders.

> *"So, you know, we know that Housing First doesn't work for everyone, for example, we know it's highly successful but it doesn't work across the board. So do you think there is a need to have, you know, sort of communal, congregate, fixed site housing as well as Housing First and, I'm just trying to think of... how the balance of that would look* [stakeholder 5]."

Housing supply

Stakeholders identified the usual problems with affordable, adequate housing supply in London, highlighting the shortage of decent homes within the lower cost end of the private rented sector, and a level of need, relative to the supply of social housing, that meant it was effectively unavailable to most women experiencing homelessness. As has been very widely reported, central London boroughs like Camden are only rarely able to provide settled housing within their boundaries, and can even struggle to provide temporary accommodation that is not located in another borough or outside London altogether.[79]

> *"So I think there is a lack of housing for even those not in our situation, there's a lot, like there's, when we're talking there's a lack of housing; this is an attractive place to be, which I think means that Camden has more of an issue than other places as a result of that. And I do think the communities that we're working with sometimes don't understand that. Like I know you want to be in Camden, so does everyone else...*[stakeholder 1]."

The pandemic

The pandemic has drawn attention to some forms of homelessness in new ways, and produced debates about what may be feasible in terms of ending homelessness because of the perceived early successes of the 'Everyone In' programme, which ended rough sleeping at scale and began, in some cases, to address people's support needs and find settled accommodation.[80] These stories about ending homelessness were exaggerated by mass media, which tends to equate homelessness only with rough sleeping, portrayed in terms of lone men with complex needs who made bad life choices, particularly around addiction, both failing to recognise the actual scale and nature of homelessness in general, and the experience of women in particular (see Chapter 1).

The stakeholders reported shifts in women's experience of homelessness. One of these was an apparent increase that seemed to be linked to women finding it more difficult to arrange staying temporarily with relatives, friends and acquaintances.

> *"I think part of the reason we've seen an increase...is because of Covid. I think...when people are sofa surfing, maybe staying with friends or kind of acquaintances or whatever, I think when Covid hit that was no longer possible because maybe people are staying at home a lot more, maybe they were afraid to have more people in their house; so I think it has increased the number of women that we saw over the last year* [stakeholder 5]."

Operationally, stakeholders reported that there had been challenges for services working with women with lived experience of homelessness. The usual range of

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[79] Wilson, W. and Barton, C. (2020) *Households in temporary accommodation (England)* House of Commons Briefing Paper Number 02110, 26 November 2020.
[80] Harrison, J. (2020) *Manchester Emergency Accommodation Evaluation: Interim Report* Manchester: Riverside; Neale, J. *et al.* (2020) *Experiences of Being Housed in a London Hotel as Part of the 'Everyone In' Initiative Part 1: Life In The Hotel* London: Kings College London.

services, the capacity to help women transition from a bad situation into a better one, and eventually, hopefully, to their own, adequate, safe and secure home had been reduced during the lockdowns.

> *"...one of the things I think is, is, has been difficult for us is that our focus as an organisation has always been about women exiting a situation and...picturing what your future is, we talk basically to get you out, where you're not gonna have to engage with the system again. But when COVID came then that opportunity had gone, 'cos we're not in a position to talk to you about getting a job, and one, there aren't any, and two...their whole world's completely gone...and also you can't leave your hostel. I'm, so legally not in a position really where I should be encouraging you to come here because we're in a lockdown situation...*[stakeholder 1]."

5 Building an Integrated Homelessness Strategy for Women in Camden

Introduction

An integrated strategy that reflects the varied needs of people experiencing homelessness, and that is both housing-led and co-productive is, on current evidence, the most effective response to homelessness. Such a strategy is focused on finding suitable, adequate, affordable, safe and legally secure housing as the primary goal in meeting the needs of each person experiencing homelessness; and one that also builds the support each person thinks they need, in the form they request, respecting their experiences, strengths and choices. Individual services, like Housing First, can be an important part of such a strategy, but they should not be seen as representing a 'strategy' in and of themselves, because needs, preferences and experiences vary, meaning that no one service model will suit every person experiencing homelessness. Where Housing First has been most successful is where it is nested in an integrative, co-productive, housing-led strategy that encompasses prevention, supported housing, housing-led/floating support, Housing First itself (or similar services), and active participation by health, social care, social housing and other services.[81]

Both service design and strategic thinking have long been captured by the idea that 'homelessness' is a largely lone, male experience, associated with high and complex needs, particularly addiction and severe mental illness. In reality, as more recent research has shown and this report has illustrated, the experience of homelessness is much more varied, being both wider, in the sense that it is emphatically *not* just people (usually men) sleeping rough, but is experienced by women. As this report also shows, Camden has a population of women who have

[81] Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's.

high and complex needs that are not always being met, who are characterised by sustained and repeated homelessness. This is not all of women's homelessness, as, for example, more than half the people in temporary accommodation are women, but these women are a group of particular concern, because the human cost of repeated and sustained homelessness is often high.

This final chapter draws on the results of this research and wider evidence to consider what is needed to enhance the response to homelessness in Camden. The discussion begins with the context, looking at logistics and resources, and issues around images and sexism in responses to homelessness. The chapter then moves on to look in more detail at meeting women's needs and to consider the wider implications of the research.

Recognising the context

Logistics and resources

The context is a difficult one, in Camden, in London as a whole, and across much of the UK. While there are significant variations in the degree to which homelessness strategies are developed at a national level - for example, Scotland arguably has both a clearer national strategy which is better resourced than England and Wales, and has also led innovation in emphasising prevention - the general picture is one of chronic, severe undersupply of adequate affordable housing, particularly social housing, and cuts to the resources available to homelessness services. By some estimates, over £1 billion has been cut from homelessness services, i.e. the reduced spend on local authority-commissioned services following 'austerity' cuts to local government budgets by central government, since 2010.[82] Social housing building and the development of 'affordable' homes, by social and private sector developers, is at much lower levels than is required, within a general shortage of all forms of housing in many areas, creating artificially high prices and rents. [83] There is also significant misdirection of resources, as the lack of affordable, adequate homes means that people found statutorily homeless and other people experiencing homelessness often have to wait for prolonged periods in temporary and supported accommodation, because it is difficult to transition to ordinary housing because so little affordable stock is available. This problem is at its most acute in London, where hundreds of millions is spent annually on temporary accommodation - over £663 million in 2014/15, according to one 2016 estimate.[84] In 2017, the National Audit Office estimated that, in England, homelessness costs the public sector in excess of £1 billion a year, with more than three quarters of that (£845 million) being spent on temporary accommodation.[85] Typically, around 60% of all temporary accommodation use in England is in London.[86]

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[82] Thunder, J. and Bovill-Rose, C. (2019) *Local authority spending on homelessness: Understanding recent trends and their impact* London: St Mungo's and Homeless Link.
[83] Wilson, W. and Barton, C. (2021) *Tackling the under-supply of housing in England* Housing of Commons Library Briefing Paper Number 07671, 14 January 2021
[84] Rugg, J. (2016) *Temporary Accommodation in London : Local authorities under pressure* London: London Councils.
[85] https://www.nao.org.uk/report/homelessness/
[86] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004845/Statutory_homelessness_release_Jan-Mar_2021.pdf

There is very often not enough affordable, adequate settled housing for the general population, which both acts as an engine generating homelessness, and makes the resolution of homelessness more challenging. These problems of housing undersupply are particularly acute in London, and are at their most severe in central London, where Camden is situated.

Imagery and Sexism

Earlier research and the findings from the discussions with the stakeholders have highlighted challenges around the images of homelessness in a broader sense and the images of women living with homelessness. One point here is the negative imagery that can surround women who are homeless[87], whose behaviour and choices are framed as being 'self-destructive' and as the cause of their homelessness, rather than emphasising the , and perhaps homelessness itself may have led to that addiction is not considered.

Another point centres on the failure to recognise the nature and extent of women's homelessness, such as the assumption that women were less likely to be homeless, because they were not present in specific types of location, i.e. living rough and in emergency shelters. This neglects their over-representation in what has been labelled 'family' homelessness and, in particular, does not account for what looks increasingly like a greater tendency to rely on family, friends and acquaintances for, often inadequate and precarious, accommodation.[88] Women were often present in research that looked at lone adult homeless populations, with families being less often researched, but there was a tendency to note what proportion of a population were women and to measure the same characteristics across genders, rather than look specifically at women's needs.

Sexism and imagery come together to create more negatively judgemental interpretations of the causation of women's homelessness and, simultaneously, a failure to properly consider and thus to recognise, count and respond to women's homelessness effectively. These assumptions - that women's homelessness was always about individually self-destructive behaviour, which made it similar to what was also assumed about male homelessness; and that women's homelessness was, in any case, much less common than male homelessness – have had detrimental effects on service design and strategic development. These can be summarised as:

- No separate consideration or little detailed consideration of women's needs in respect to service design. The idea that Housing First might need to work in a different way for women, for example, arrived some decades after the model was first developed.
- A tendency not to consider women's needs in strategy and policy. A good example is the disconnect between domestic abuse strategy and services, and homelessness strategy and services. Domestic abuse and women's homelessness intersect with one another at a profound level, with domestic abuse being far more frequently associated with women's experiences of homelessness than is the case for men. Another example is how child

[87] Hansen-Lo¨fstrand, C. and Quilgars, D. (2016) op. cit.; Bretherton, J. and Mayock, P. (2021) op. cit.
[88] Bretherton. J. (2017) op.cit.

protection systems and women's homelessness often intersect. This relates to women being in what may be a quite different position if they have dependent children with them compared to if they are on their own, and because there is some evidence suggesting lone women experiencing long-term and recurrent homelessness are often parents who are separated from their children[89].

Housing First was designed on the basis that there were women with high and complex needs experiencing long-term and recurrent homelessness, but that their needs were akin to those of men in the same position, i.e. centred on addiction, severe mental illness, stigmatisation, and economic marginalisation. As the needs of women experiencing these forms of homelessness began to be understood more clearly, it was recognised that there were important differences, one of which was the experience of domestic abuse among women, and another was the ongoing risk of domestic abuse. This meant that safeguarding women using Housing First was often more central to providing the right service mix than was the case for men. [90]

Finland, which is globally recognised as having one of the most developed, integrated housing-led strategies for preventing and reducing homelessness, and which has brought down homelessness (including long-term and repeated homelessness) to very low levels, did not, in the first instance, include detailed specific consideration of women's needs.[91] As with Housing First, Finnish strategy was an example of a progressive policy, built like Housing First on broadly co-productive principles, drawing on 'experts by experience' (people with lived experience of homelessness) and, like Housing First, following a model that respected and empowered people experiencing homelessness, in how services were designed and delivered. Later, Finnish policy did move towards a clearer focus on women's needs, but the point here, like with Housing First, is that women's needs were not considered in much depth from the start.

Women with no recourse to public funds

A woman has no recourse to public funds when they are 'subject to immigration control', under section 115 of the Immigration and Asylum Act 1999. A person who is subject to immigration control cannot claim public funds, which includes welfare and housing services and homelessness/housing related support services. Women in this situation can be at heightened risks around domestic abuse because they cannot access assistance, and the homelessness sector and other service providers are unable to provide them with support. Risks around domestic abuse and associated homelessness can be acute, but their needs may go unmet and not be systematically recorded or counted.

Building a strategy to meet women's needs

While the evidence is only starting to be gathered on women's homelessness, the complex and multifaceted needs of women - and crucially, the distinctive nature of

[89] Bretherton, J. and Mayock, P. (2021) op. cit.
[90] Quilgars, D. and Pleace, N. (2018) op.cit.
[91] Pleace, N. (2017) The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness* 11(2), pp. 95-115.

women's needs - indicates that generic systems designed without consideration of the gender dynamics of homelessness as a whole, and in relation to long-term and repeated homelessness in particular, are unlikely to be effective. There are several reasons for this:

- Women's needs are distinct in relation to long-term and repeated homelessness. Rates of trauma, experience of violence and abuse, and multiple risks to wellbeing are the lived reality of women whose homelessness is associated with high and complex needs. This is not to say that men in this position are not vulnerable, nor that their needs are not complex, but in many respects the needs of women can often be *different* and the risks they face even *higher*.
- The trajectories of the 59 women explored in this research are evidence of sustained homelessness associated with repeated service contact that has not provided a route to a stable, secure home. This is not to suggest that the supported housing, prevention and other homelessness services operated in and around Camden are not generally effective, but there are a group of women whose needs are *not* being met by existing provision, indicating a need for a new strategy, new approaches, and a women-focused pathway out of long-term homelessness in Camden.
- Women's trajectories through homelessness can be different to those of many men, with women making more use of relatives, friends and acquaintances, and sofa surfing, probably being less likely to sleep rough, and perhaps avoiding homelessness services where men predominate, for reasons of personal safety. Current strategies at a national level in England tend to focus on 'people living rough' which downplays the nature and extent of prolonged and recurrent homelessness among women with high and complex needs who, while they may often sofa surf or stay in supported housing, do *not* sleep rough. Homelessness is often being understood and processed around the image of 'entrenched rough sleepers', which alongside being a dubiously evidenced idea in relation to lone men with complex needs, is clearly not representative of how women with complex needs experience homelessness.

Long-term and recurrent women's homelessness in Camden

The research showed a group of women were experiencing *prolonged* homelessness in Camden. They were women characterised by repeated use of services that had generally not, during the time for which data were available on each woman, provided her with a sustainable exit from homelessness.

The story of the women experiencing long-term and repeated homelessness in Camden is often one of living in a liminal state, not sofa surfing or living rough on a prolonged basis, but also never reaching settled housing with the right mix of support. Their contact with services is extensive, frequent and sustained, but often has not resulted in a clear trajectory away from homelessness.

The women are a high cost, high risk population on multiple levels. The human cost of their homelessness, the risks they are exposed to, including but not confined to abuse, violence and exploitation is one aspect, but it is also probable that the

financial cost is also considerable. A woman living in supported housing might be costing £300-£400 or more a week, when rent, enhanced housing management costs, and support costs are taken into account. If a woman has been using supported housing in Camden for two years, for example, staying for 730 nights over a three to four year period, alongside spells sofa surfing, perhaps time in hospital or in perhaps in prison, the supported housing element alone will have cost in the order of £31,200 to £41,600 (or more).[92]

One finding from this analysis is that building a strategy to meet the needs of women with high and complex needs must recognise that those needs can only be met through an integrated approach. The women had needs around abuse, addiction, multiple and ultimately unsuccessful contacts with services and systems in their attempts to exit homelessness, histories of offending, self-harm, and poor physical health, which could, quite literally exist alongside one another in a single individual.

Housing First is changing the debates around homelessness in high cost, high risk populations. In part, this is because it was built on the argument that there were issues with systems not functioning correctly and/or not being equipped to deal with certain combinations of need, rather than individual behaviour or characteristics. Thus, a woman with high and complex needs like addiction and severe mental illness is not, from a Housing First standpoint, homeless 'because' of her addiction and mental health problems, rather she was homeless because of systemic failures, alongside whatever roles her experiences and choices have also played. From this viewpoint, repeated use of homelessness services that has limited effectiveness is not because the woman using it is not 'engaging' or is 'difficult to reach', but because that service is not designed to offer the package of support that person needs, including the right housing options.[93]

Camden supported the early introduction of Housing First in the borough as a way to support people who were repeated or sustained users of the existing homelessness system. As with other Housing First services, Camden's experiments have met with some success, reflecting a broader picture of Housing First services successfully housing individuals with hitherto recurrent and sustained experience of homelessness[94]. While the evidence on Housing First designed by and run by women is still coming together, the indications are that it is equally effective for women with high and complex needs, and long-term or repeated experience of homelessness. Services designed by women, run by women, that recognise and respect the strengths and choices of the women they work with can be effective. It is imperative, however, that Housing First for women needs to be attuned to domestic abuse in a way that was not recognised when Housing First was first developed.[95] The evidence base also indicates that Housing First must be part of an integrated strategy, working in combination with an array of preventative, housing-led and supported housing services, in order to be effective. The Finnish

[92] Pleace, N. and Bretherton, J. (2019) *The cost effectiveness of Housing First in England* London: Homeless Link.
[93] https://housingfirsteurope.eu/guide/
[94] Wilson, W. and Loft, P. (2021) *Housing First: tackling homelessness for those with complex needs (UK)* House of Commons Briefing Paper Number 08368, 8 March 2021
[95] Quilgars, D. and Pleace, N. (2018) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years* York: University of York.

strategy which uses a broadly defined Housing First approach is a successful example.[96]

Three recommendations are:

- The human and financial costs of homelessness may be significantly reduced by a more effective response to long-term and recurrent homelessness among women in Camden.
- Housing First can be an effective response for women experiencing long-term and recurrent homelessness associated with high and complex needs, but there is evidence that the approach needs to be modified, particularly in relation to the experience of domestic abuse in many women's lives.
- Housing First is not a solution to women's homelessness in and of itself; an array of other services are needed, e.g. for women who have low or no support needs, and Housing First itself is dependent on strong links to health, mental health, addiction, social housing and other services in order to work well.

Building up prevention within an integrated strategy

Stopping women's homelessness from occurring in the first instance is vital, as the evidence is that when homelessness becomes prolonged or repeated, the impacts on health, wellbeing and life chances, alongside the costs of providing a sustainable exit from homelessness, all increase. Many services in Camden, including the borough's own activities in delivering duties under the Homelessness Reduction Act and the Camden Hostels Pathway, help prevent homelessness. The systems around the homelessness legislation also generally stop the extremes of family homelessness from occurring, albeit that there are major challenges in providing rapid access to settled housing, waits in temporary accommodation can be prolonged, and standards in temporary accommodation highly variable.[97]

This research indicates that providing clear and effective routes away from homelessness for people with complex needs, which as the evidence suggests, need to focus on integrated, housing-led approaches like Housing First, is an area worth examining. This is both in terms of preventing long-term and recurrent homelessness from occurring in situations where women's support needs might trigger these forms of homelessness, and in respect of stopping women's homelessness more generally. This second point is an important one. North American research clearly indicates that long-term and repeated homelessness associated with high support needs does not necessarily begin with someone who has high needs becoming homeless. Instead, addiction, severe mental illness, poor physical health, stigmatisation and marginalisation can arise *after* homelessness occurs, becoming *more likely* should that homelessness become prolonged or be experienced repeatedly.[98]

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[96] Y Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland* Helsinki: Y Foundation.
[97] Rugg, J. (2016) op.cit.
[98] Culhane, D.P., Metraux, S., Byrne, T., Stino, M. and Bainbridge, J. (2013) The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy*, 13(1), pp.228-244.

Three recommendations are:

- Prevention of long-term and recurrent homelessness among women is vital, both in the sense of reducing the risk that women in high cost, high risk populations become homeless, and in preventing long-term and repeated homelessness from acting as a driver that pushes women with what were low level support needs into a high cost, high risk group.
- The intersection of domestic abuse and homelessness, particularly domestic abuse as a cause of women's homelessness, needs to be fully recognised. Innovative models like the Domestic Abuse Housing Alliance (DAHA) approach, are integral to the effective prevention of women's homelessness.[99] FLIC has also directly supported innovation; for example, a specialist Housing First project, designed for women experiencing high risk domestic abuse, was commissioned and piloted by FLIC, delivered by Solace[100] for 18 months, and had been funded by Islington's VAWG budget on a sustained basis at the time of writing. Other projects include WiSER, a consortium led by Solace, which provides trauma-informed support to women experiencing domestic abuse, alongside independent domestic violence advisors (IDVAs) operating in the borough, which are seen as another example of innovative partnerships working.
- The differential response to women with and without children needs should cease - access to systems should be equal whether or not a woman has dependent children with her. This does not mean that limitations of responses to family homelessness, which is disproportionately adult female homelessness, should not also be recognised and addressed, but this research shows there are women with high and complex needs who cannot effectively access housing. The broader prevention and relief duties introduced under the Homelessness Reduction Act are a positive development, allowing that there is wider evidence that homelessness policy is not adequately financed.[101] Women with very high needs are not being found statutorily homeless because of the ways in which the law continues to work, however, and this is perpetuating highly damaging forms of homelessness in Camden and elsewhere.

Wider strategy in Camden

In building a homelessness strategy for women in Camden, there are a number of challenges that it is important to be realistic about in considering how to take things forward:

- Housing-led and Housing First services require a supply of adequate, affordable and secure housing in order to work effectively. Housing solutions need to be appropriate to the needs of women with complex needs; they cannot be risky in any sense, ranging from security of tenure through to physical safety of the home and its location, nor can housing

[99] Bretherton, J. and Pleace, N. (Forthcoming) *An evaluation of DAHA accreditation: Final Report* York: University of York.
[100] https://www.solacewomensaid.org
[101] https://www.insidehousing.co.uk/news/news/government-cuts-have-led-to-1bn-hole-in-homelessness-services-charities-warn-61149

be unsustainable because it is unaffordable, i.e. there is after-housing cost poverty once the rent and utilities bills have been paid. Camden can only fire-fight women's homelessness while severe and sustained undersupply of social housing in particular, and other affordable, adequate homes, continues. No homelessness strategy, even following the latest thinking in prevention and service design can work if there are not enough suitable homes for women who need them.

- An integrated strategy is necessary, which means involvement and commitment from domestic abuse, drug and alcohol, mental health, social care, criminal justice (probation) and other support services outside the homelessness sector. Coordination with these services is essential to an effective preventative approach, and to enable services like Housing First to work well for women, reliant as they are on joint working. While all these services are important, strategic integration with domestic violence services, including refuges, sanctuary schemes and other services, is vital.
- There is a group of women who are a high cost, high risk population experiencing sustained and recurrent homelessness in Camden. While the human and financial costs of these women's homelessness must be addressed, this is one aspect of women's homelessness in the borough. Women are also disproportionately represented as lone parents among statutorily homeless families, including those in temporary accommodation.

An example strategy

The specifics of a strategy for women's homelessness in Camden are a matter for the local authority and partner agencies, but it is possible to provide a broad illustration of the broad form that a strategy can take (Figure 5.1). The core elements of a strategy are as follows:

- Unified, shared referral processes across agencies likely to encounter women who are homeless or at risk of homelessness. A shared database, with an information-sharing GDPR-compliant protocol in place, should underpin this network.
- Housing providers should act as part of this chain of referral points within a shared framework. There is evidence that DAHA Accreditation can be an effective part of preventing homelessness associated with domestic abuse, and this is recommended for all housing providers working in the borough.[102]
- A unified joint assessment system, built and run by women, with participation from social housing, housing support, health and mental health, addiction, social work and social care services, criminal justice (including probation), domestic abuse services and other related agencies should be at the core of an effective strategy. Routes for women, and women with children who are homeless, and those who are at risk of homelessness, should be identical, i.e. all women approaching the local

[102] Bretherton, J. and Pleace, N. (Forthcoming) *An evaluation of DAHA accreditation: Final Report* York: University of York.

authority for assistance should automatically receive a joint assessment to determine whether they have unmet support, treatment or other needs in addition to requiring assistance to avoid or exit homelessness.

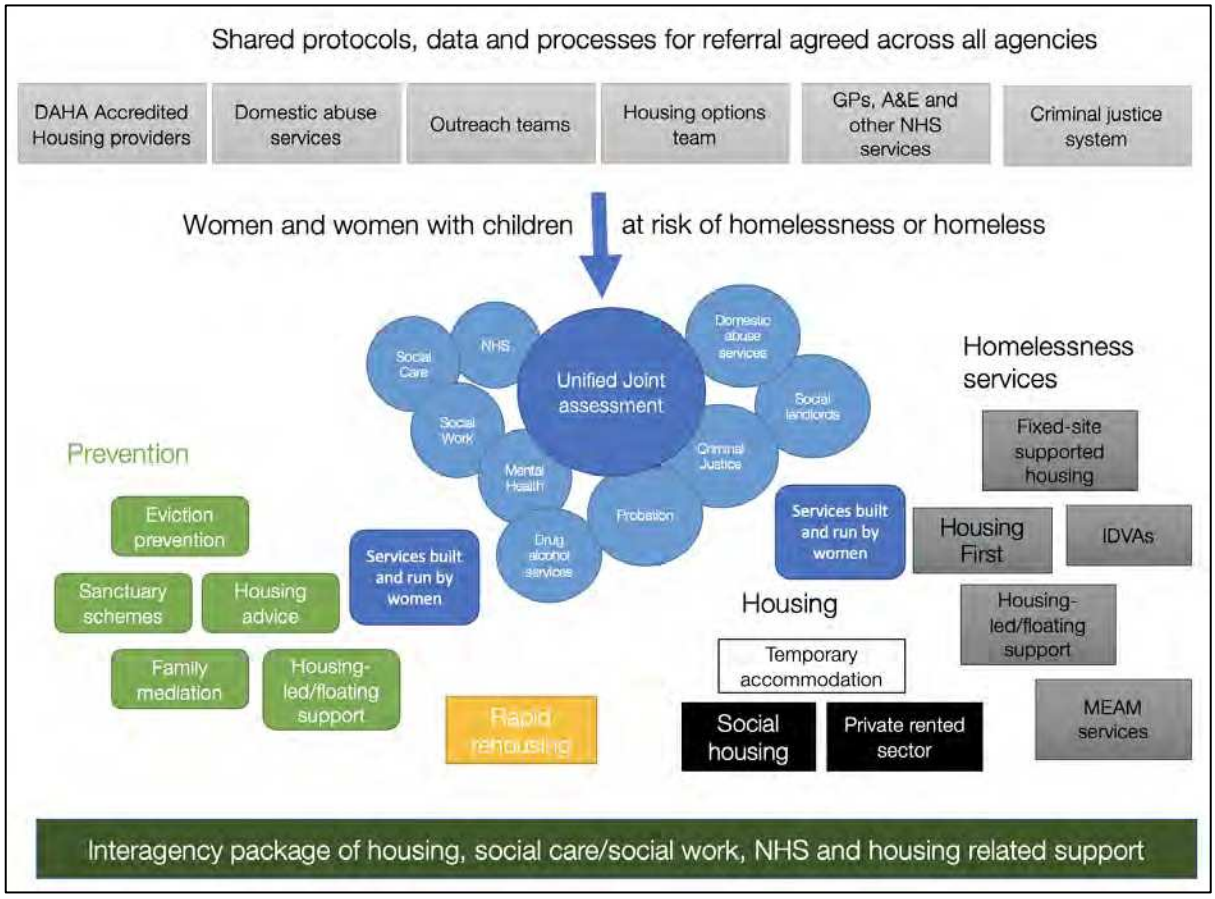
- Prevention and rapid rehousing services should not be seen as being a low support intervention. Sometimes women will only require low level support, or just housing advice and assistance with retaining or rapidly accessing settled housing. An effective preventative response will also integrate access to sanctuary/target hardening and offender management schemes, and access to whatever support and treatment may be needed to prevent or rapidly end homelessness. For example, the most effective response for a woman with complex needs who is at *risk* of homelessness might be to provide rapid rehousing combined with support from a specialist Housing First service.
- When homelessness has occurred, the available evidence base indicates that homelessness services for women, which have been built by and are run by women, are likely to be the most effective.[103] There is a strong evidence base around Housing First, with some research also indicating that Housing First for women, which is modified around issues that include effective management of domestic abuse, can be a highly effective model.[104]
- Some areas of women's homelessness are less well understood than others, as less attention has been paid to the gender dynamics of homelessness than the experience of lone homeless men with complex needs until relatively recently.[105] Broader evidence suggests that a housing-led, integrated strategy that offers multiple forms of support which can cross refer to one another is likely to be the most effective way to prevent and end homelessness. In an integrated system, for example, a Housing First service can be used as part of preventative strategy and can both refer 'down' to lower intensity forms of housing-led support, and refer 'up' to fixed-site services that can provide better monitoring and more intensive support for someone with very high needs. Equally, integrated strategies can provide an array of fixed-site (hostel and supported housing), housing-led and Housing First services, alongside integrated packages of required social care, social work, health, mental health, addiction and other support and treatment. This increases the chances that an effective route to preventing or ending homelessness can be found.[106]

Some elements of strategic development require further evidence in order to be fully confident around issues like the extent to which effective homelessness systems and strategies require separate pathways and services for women. Clearly, the evidence base that exists at the time of writing,[107] shows crucial differences between female and male experience, an obvious example being the prevalence of

[103] Bretherton, J. and Mayock, P. (2021) *Women's homelessness: European evidence review* Brussels: FEANTSA.
[104] As above.
[105] As above.
[106] Allen, M.; Benjaminsen, L.; O'Sullivan, E. and Pleace, N. (2020) *Ending Homelessness in Denmark, Finland and Ireland* Bristol: Policy Press.
[107] Bretherton, J. and Mayock, P. (2021) *Women's homelessness: European evidence review* Brussels: FEANTSA.

domestic abuse in women's homelessness, not simply as a cause, but very often as a set of ongoing support, safety and other needs. Alongside this, there is the evidence that women may avoid services which are mixed gender because they feel uncomfortable or unsafe, which suggests, even if it cannot be directly evidenced at present, that mixed gender referral systems might also present barriers to women in need of assistance to avoid or exit homelessness.

Figure 5.1: Overview of an example strategy



Broader lessons from the research

There are issues here that will be specific to Camden, alongside shared challenges that exist across London and particularly for the inner boroughs like Camden. London faces unusual pressures on its housing markets, and has a longstanding problem around affordable housing supply that is more acute than in many other areas of England and the wider UK. Urban areas more generally may have higher levels of long-term and repeated homelessness compared to some rural and suburban areas, but as the survey of women experiencing homelessness showed, areas like Camden are not necessarily 'importing' homelessness - they may have more of this homelessness simply because they have more people. As to the relative scale of women's homelessness, it is difficult to say how representative Camden is of London and the wider UK, but looking at the question another way, Camden is not very different from a lot of other areas within London.

The broader lessons from the research, which might be applicable to the wider UK and beyond, can be summarised as follows:

- Women are present in the homeless population, in much greater numbers than is generally assumed. While it has long been realised that family homelessness is highly gendered (being disproportionately experienced by lone women parents), the widespread assumption that lone adult homelessness is predominantly male is almost certainly false.
- The assumption that women are unlikely to experience long-term and repeated homelessness associated with high support needs is, again, almost certainly false. Like rough sleeping, this may be only a fraction of total homelessness, but there is clear evidence that women are experiencing these forms of homelessness at a high human cost, and probably significant financial cost.
- There is no reason to assume these patterns in women's homelessness are unique to Camden.
- Women's homelessness intersects with domestic abuse in ways that are not the case for homeless men. This reality must be recognised and three further points stem from it:
    - Service models like Housing First will require some modification if they are to properly recognise, respect and respond to women's needs. The evidence to date points to services designed, built and run by women being likely to be the most effective.
    - Coordination between domestic abuse and homelessness services must be highly developed if an effective strategy for women's homelessness is to be built.
    - Prevention of domestic abuse is integral to the effective prevention of women's homelessness.
- An effective response to women's homelessness centres on ensuring recognition and understanding of women's needs, and in being prepared to adapt strategy and systems where needed.