“Violence Under Quiet Conditions”:

Initial Enquiry into Women and ‘Rough Sleeping’ within Birmingham

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This report presents selected findings from Phase 1 of an exploratory research and learning project carried out in Birmingham, UK, between July 2020 and March 2021. The findings contained within this report are tentative; providing initial insights and a baseline for further, in-depth, and structured research.

Acknowledgements:

This project takes its title from a line in Jacqueline Rose's recent monograph *On Violence and on Violence Against Women* (Faber & Faber, 2021), which itself takes inspiration from the writings of Rosa Luxemburg. This phrase seemed to best acknowledge the multi-faceted nature of the structural, systemic, and interpersonal modes of harm experienced by women within society, and how these are often hidden and a 'routine' part of life for many of the women who are the subject of this report. It is hoped, in some way, that this initial enquiry will help to bring these multiple modes of violence and harm into the light and add voice to a momentum for change.

Heartfelt thanks must go to the 5 women who gave up their time to share their experiences with me. I salute you, and your courage, insight, and generosity. I hope I have done your experiences the justice that was so often missing from your own 'journeys' through homelessness.

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1. Background to the Work:

The focus of the fieldwork for this report coincides with the Rough Sleepers Initiative (RSI) funding for women-specific services commissioned through the West Midlands Combined Authority (WMCA) from March 2020-21[1]. The main point of focus was on the activities of the female outreach worker employed by Spring Housing, who were one of the three recipients of the women-specific RSI funding stream. However, whilst the activity surrounding this funding provided a 'jumping off point' for enquiry, this small research project is not intended to perform any evaluative functions. It does not comment directly on the design or function of any organisational programmes involved in the women-specific RSI funding stream; nor does is make any broader judgements about the overall efficacy of the funding programme, as designed, and distributed, by the WMCA. Instead, a formalised, 'women-specific' funding stream has provided a valuable opportunity to begin close observation and analysis of some of the needs, experiences, and pathways of women 'rough sleeping' or at risk of doing so, and the interrelated experiences and challenges faced by, particularly, street outreach and accommodation-based services.

In addition, it is important to note that the government-funded three-year Housing First 'pilot', within the West Midlands Combined Authority (along with Greater Manchester and Liverpool City region), was in continued operation in Birmingham during the course of fieldwork for this report. However, whilst there were inevitable overlaps in client groups and some joint-working with mutual clients, this report does not seek to provide detail or commentary on this initiative.

Violence Under Quiet Conditions in part follows up on initial findings from an evaluative research project, *Places of Safety* (Raisbeck, 2020: 61-68), carried out in Birmingham during 2019 and 2020. This work, although not focused specifically on the experiences of women 'rough sleeping' or 'at risk' of doing so, revealed some initial insights into women within this cohort who were approaching a domestic abuse charity for assistance with housing. Although without the scope and framework to pursue this facet in any depth, the initial insights revealed that many women were seemingly being 'missed' or 'failed'; not by the charity itself, but by the surrounding systems and structures that make up the wider homelessness 'landscape'.

[1] This funding formed part of Year 3 of the Rough Sleepers Initiative (RSI). The RSI was first announced by the Conservative government in March 2018. The Initiative is a series of measures, with cross-government support, intended at that time to form part of the government's 2017 Manifesto commitment to '*halve rough sleeping by 2022 and eliminate it altogether by 2027*'. The RSI continues to form part of the current Conservative government's more ambitious 2019 Manifesto plans to '*end the blight of rough sleeping by the end of the next parliament*'.

Methodology:

The research methodology was designed in light of the central aim: to add narrative, experiential detail and understanding to an under-researched and under-developed area of policy and practice. In particular, the research was designed to:

Develop a richer understanding of the needs, experiences and 'pathways' of women who are deemed to be 'rough sleeping' or at risk.	Understand how women with experience of rough sleeping conceptualise the notion of 'safety', and the potential implications of this within housing and support contexts.
Understand the views, experiences and perspectives of stakeholders involved in the provision of services to women rough sleeping or at risk of rough sleeping.	Gather initial insights into practices, organisational philosophies, and understandings of female homelessness within the City; and the potential implications of this for women accessing help.
Highlight gaps, barriers, and good practice within this area. This element sought to address both accommodation provision and support provision.	To make any recommendations for service provision, practice, and further research.

Methods:

In line with its preliminary purpose, the project took a flexible, iterative, and exploratory approach; aiming to understand some of the key experiences faced by women broadly defined as, or deemed to be, 'rough sleeping' in Birmingham, alongside those of the frontline workers and accommodation providers who work most closely with them.

One of the foundational principles of the work was the intention to foreground the 'wisdom' of more marginalised and neglected voices and forms of knowledge; within both homelessness systems overall, and within research literature and policy-based narratives around 'women who sleep rough'.

As such, and taking into account the small projected cohort of funding stream client-recipients, the project was designed to privilege experiential narratives over statistical data. However, in order to apply additional meaning to, and begin to contextualise these experiences, the project aimed to understand and analyse some of the emerging, higher level sectoral 'narratives' around what is acknowledged to be an often poorly, if not entirely *mis*-understood, phenomenon. In this way, the project aimed to capture some of the potential cultural, organisational, structural, and systemic attitudes towards women who are deemed to 'sleep rough' or be at risk of doing so, and the possible implications of this for future funding streams, ongoing frontline practice, and further research.

It is important to note that this research project did not receive external funding and had no anticipated 'outcomes', or targets attached to its completion. This allowed for a more open-ended piece, and for preliminary consideration of some of the potentially less 'popular', or at least potentially less fundable,

notions surrounding female homelessness, such as gender socialisation, stigma, and structural and systemic oppression.

In pursuit of these wider aims and intentions, a combination of open-ended semi-structured interviews, close 'conversational partnership' with outreach workers, and attitudinal data from online surveys were the primary methods employed.

The full methods used were:

Regular close informal discussion with outreach workers: predominantly the key outreach worker for the WMCA-funded RSI project, and in later stages, the 'Protect' outreach worker (see below for description of the Protect Programme).	Semi-structured interviews with 20 'expert' stakeholders in the homelessness sector.
Semi-structured interviews with 6 rough sleeping outreach workers in the homelessness sector.	Semi-structured telephone and Zoom interviews with 5 women with recent, or current, lived experience of rough sleeping.
Case studies of women who were 'recipients' of the RSI programme, developed with the RSI and Protect outreach workers employed by Spring Housing.	An online, self-selecting 'general' questionnaire on women and 'rough sleeping', and wider homelessness, within Birmingham.
An online, self-selecting questionnaire for accommodation providers within Birmingham.	Rapid literature and policy reviews of women and rough sleeping and wider 'female homelessness'.

Covid-19 and Ethical 'Moments':

The ongoing COVID-19 pandemic inescapably affected the scope, breadth and nature of the research activities carried out during the fieldwork for this report. The RSI funding that formed the main focus of research activity was separate from, and planned prior to, the onset of COVID-19 in the UK. However, the increased and overlapping activity around rough sleeping as a result of the pandemic meant that some of these activities and targeted 'cohorts' overlapped, leading to something of an inevitable elision between workstreams[2]. This meant distinctions between projects and their recipients were not always possible, or even desirable. Nonetheless, the increased funding and targeted activity around rough sleeping in Birmingham did create an interesting additional dimension to the work, allowing for initial observations of the potential impact on both women with lived experience and relevant stakeholders of such intensive, multiple, and overlapping workstreams.

In addition, the Protect Programme of funding, in Birmingham, significantly overlapped with the women-specific RSI funded activities. The £15 million Protect funding was announced by the government on November 5th 2020, and following on from the earlier 'Everyone In' programme, aimed to give areas with high numbers of rough sleepers *'extra targeted support to provide accommodation for*

[2] For details about the 'Everyone In' funding programme visit: https://www.gov.uk/government/news/3-2-million-emergency-support-for-rough-sleepers-during-coronavirus-outbreak

those currently sleeping rough, working with councils to prioritise the clinically vulnerable [to COVID-19]' (MHCLG, 2020).

Spring Housing received Protect Programme funding to 'target' a small cohort of women identified through their existing women-specific RSI outreach activity. In this way, the research project was able to gather experiential insights from both initiatives due to the strong overlap in client bases.

A Temporarily Altered Landscape?

It is possible to suggest that the effects of the COVID-19 pandemic will be long-lasting and far-reaching, and in many ways will not be known for some time to come. In fact, it may be that our notion of what is 'usual' in terms of homelessness and rough sleeping 'patterns' and 'pathways' will take time to fully revert back to the pre-pandemic landscape, if at all.

In this way, it seems an obvious point to state that the 'landscape' of rough sleeping and wider homelessness in Birmingham during the course of fieldwork was not 'typical' or 'usual', due to the increase in targeted funding and accommodation options, and the notion that the COVID-19 pandemic may have temporarily altered the choices and 'pathways' of people at risk of homelessness.

In particular, this project initially intended to carry out extensive work into the potential 'pathways' of women who sleep rough or are at risk of doing so, in order to better understand 'how' women might 'sleep rough'. However, due to the ongoing pandemic, it was both more difficult for women to access homelessness and support services due to disruptions caused by COVID-19, and also more difficult for the researcher to access women for qualitative interviewing and in-depth research work; to access relevant services to observe activity, and to gather narrative research detail.

The project employed a Feminist ethics of care[3] and aimed to ensure any research activities did not cause harm or distress to women experiencing 'rough sleeping' or homelessness, and prioritised care and compassion over pragmatism. This notion was particularly relevant when carrying out qualitative research during a pandemic, when face to face and observational methods were largely excluded as a possibility.

In addition, it was imperative that any fieldwork carried out did not disrupt or jeopardise the careful and often painstaking work carried out by street outreach workers, in an attempt to build rapport and meaningfully engage female clients who often led very transient, fragmented, and complex lives. For this reason, a decision was also made not to ask the key female outreach worker from Spring Housing to carry out preliminary survey work with women she was currently engaging under the funding stream. Whilst this would have been 'useful' data to gather in order to determine any commonalities in experience and begin to develop a baseline of needs and personal histories, its 'usefulness' was outweighed by the potentially detrimental and harmful effects on both the women themselves and the outreach workers' professional practices.

[3] This is a feminist approach to ethics. It challenges and problematises traditional moral theories as male centric, as they omit or downplay values and virtues usually culturally associated with women or with roles that are often cast as 'feminine'. It privileges the concepts of care, vulnerability, and responsibility.

Due to issues around access and 'social distancing' during the lifetime of this preliminary project, it was not possible, as originally intended, to engage in ethnographic participation with outreach workers and relevant homelessness services[4]. This method can be useful for 'reaching' women who are more marginalised by engaging them through less formalised interactions. It is also helpful for building up 'thick description' (Lincoln and Guba, 1985) of the contexts and environments within which relevant participants are engaged. However, it is intended that this method will form a key part of further, in-depth research into this area of policy and practice.

Early on during the project a decision was made to only interview women with lived experience over Zoom or telephone if they had a requisite 'distance' from their experiences, and/or had been judged by relevant support or case workers as suitable to engage in this type of interaction. This was particularly relevant for women who were currently sleeping rough or in very transient housing situations, where difficulties around mental health, trauma, and substance misuse meant it was not always possible to adequately establish whether they were able to give informed consent to be interviewed, or to ensure that these women had access to a support or outreach worker after the interview, should they need additional help or support. Instead, detailed anonymised case studies were created in collaboration with female outreach workers, built up over numerous detailed, open-ended, conversations.

Scope and Limitations:

The research upon which this report is based was small scale, preliminary, and largely bound by its immediate contexts. Caution should be taken when applying or communicating its findings. The experiences conveyed are not intended to be representative of all women who 'sleep rough' in Birmingham and should not be generalised to wider homeless populations.

It is also crucially important to note that the women-specific RSI funding stream around which the research activities cohered did not specifically cater for women with No Recourse to Public Funds (NRPF). Women subject to this rule were part of a separate funding stream administered by the WMCA and there was little overlap between the two projects in terms of research enquiry. In addition, time, and funding constraints, alongside the more practical limitations of carrying out primary research during a global pandemic, largely dictated the sample of women interviewed for this research, and the detailed case studies presented. The sampling method was borne from convenience. The sample largely represented the women who were being interacted with by outreach workers at a specific point in time, or those women put forward by local homelessness services, who were at that time unusually busy and pressured, and so unable to prioritise the demands of an external research project. This has mean that the experiences conveyed were not able to sufficiently interrogate notions of intersectionality, including the impact of race, class, and disability on women's overall experiences of homelessness and 'rough sleeping' practices and systems.

[4] This method involves a researcher 'embedding' themselves within a field site of study in order to closely document the lives, behaviours, practices, and interactions of a community of people.

However, this report acknowledges these 'gaps' and uses this research project, in part, to open up and assert the importance of areas for further enquiry.

A Note on Terminology

This report uses the terms 'rough sleepers' and 'rough sleeping' throughout. These terms are presented in inverted commas, unless referring to government initiatives, or to the phenomenon of rough sleeping more broadly. This was intended to acknowledge the 'slipperiness' around the term 'rough sleeping' in general, and to women's experiences in particular.

This project acknowledged, as a theoretical point of departure, that female-centric research and specialist practice often challenges the prevailing notion of rough sleeping as 'visibly bedded down on the street', deeming it a masculinist concept, and thus limiting to our understanding of women's experiences. Employing fixed or rigid definitions at the outset of this project would have impeded an ability to interrogate the notion of 'rough sleeping' as it applies to women's experiences and would have acted as a barrier to a more open-ended, fluid exploration of the ways in which women with lived experience and relevant stakeholders experience, conceptualise and narrativize this phenomenon.

Similarly, the terms 'women' and 'female' are used throughout. This is largely for purposes of conciseness and brevity, but with the knowledge that a singular focus on 'women' risks the tendency to conceptualise women as a homogenous category. This has the potential to be just as detrimental and re-traumatising for many women as completely marginalising or ignoring the 'separateness' of experiences based on sex and gender. Nonetheless, the preliminary, and tentative, focus and interrogation of attitudes, assumptions and priorities contained within this report seeks to create a space within which these nuances and intersections can be developed.

2. Women and Rough Sleeping: what we know about what we don't know?[5].

This section provides a brief overview of previous research and understanding around women and 'rough sleeping' in England; interrelated notions of 'female homelessness', and associated accommodation-based issues. For a more comprehensive overview of this area of research and policy, *Women and Rough Sleeping: A Critical Review of Current Research and Methodology* (Bretherton and Pleace, 2018) is recommended.

'Rough Sleeping'

Local authorities across England take an annual snapshot of people sleeping rough over a 'typical night' between October 1st and November 30th. Authorities can choose whether to use a 'count-based' estimate of people visibly 'sleeping rough', an 'evidence-based' estimate meeting with local agencies, or an evidence-based estimate meeting which includes a 'spotlight count' (MHCLG, 2020).

Nationally, in 2019, there were 3,534 men (83 % of the total) and 614 women (14 %) sleeping rough during the estimated 'count'. Gender was 'Not known' for 118 people (3 %). In Birmingham there were 8 women (15%), 41 men (79%) and 3 (6%) 'not known' counted on one evening. Although the COVID-19 pandemic will inevitably have affected the 'count' figures for Autumn 2020, over one evening between the relevant dates, there were estimated to be 2,277 men (85 % of the total) and 377 women (14 % of the total) sleeping rough on a single Autumn night in England. Gender was 'not known' for 34 people (1 %). In Birmingham there were 3 women (18%); 12 men (71%) and 2 (12%) 'not known'.

People sleeping rough are defined as follows: People sleeping, about to bed down (sitting on/in or standing next to their bedding) or bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes' which are makeshift shelters, often comprised of cardboard boxes). The definition **does not include** people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.

Bedded down is taken to mean either lying down or sleeping.

About to bed down includes those who are sitting in/on or near a sleeping bag or other bedding.

Figure 1: The definitions of 'rough sleeping' used by local authorities to create the annual estimated 'snapshot'.

[5] This section largely draws upon, and builds on, background literature and policy reviews completed for a previous publication '*Places of Safety*' (Raisbeck, 2020), available from: https://www.birmingham.ac.uk/schools/social-policy/departments/social-policy-sociology-criminology/research/projects/2019/places-of-safety.aspx

It has long been an established notion within homelessness research, policy and practice that women do not 'sleep rough' in the same numbers, or with the same frequency, as men. The 'official' rough sleeper counts quoted above have only disaggregated statistics by sex since 2016, and they are widely viewed overall to represent an underestimate, within a flawed methodology (Greenfield, 2019). The government's current rough sleeping strategy itself acknowledges the gaps in our understanding about the needs and experiences of women, and a recent comprehensive review of research and practice around female experiences of 'rough sleeping' similarly stated that the evidence we have is 'patchy' and often small scale (MHCLG 2018; Bretherton and Pleace, 2018; 13). Women are thus often seen to be at a disadvantage within practice and provision due to a prevailing notion of rough sleeping based largely, or only, on the experiences of men.

This has led to a framework of discussion and analysis which problematises two key issues around our understanding and attitudes towards 'rough sleeping', how women may experience this phenomenon, and the extent to which they do so. First is a focus on the way rough sleeping is defined and counted. Second is the perceived tendency within homelessness funding, research, policy, and practice to apply a 'hierarchy of extremity' to forms of homelessness which neglect to understand how the 'ways' in which women experience homelessness can be just as brutalising, dangerous and 'extreme' as, for example, 'sleeping in a shop doorway' (Reeves, 2011; Groundswell, 2020).

Research and practice have suggested that women tend to have greater reliance on informal networks and exhaust any informal options before they will consider sleeping rough; thus, being much more likely to form part of 'hidden homeless' populations (Reeve, 2011). Alongside this, there is a sense that women sleep rough 'differently' from men. Due to their 'vulnerability', women may seek out spaces that are less visible to the public and are thus far less likely to be 'counted' or engaged with by outreach services. Women are deemed less likely to be "*sleeping, about to bed down…or actually bedded down*" within the current government counting methodology (see Figure 1, above and MHCLG, 2010) and may instead often ride on buses, walk the streets, or stay in 24-hour areas such as hospitals or fast-food establishments rather than be visibly present on the streets at night (St. Mungos, 2019).

There is also evidence that women will transition in and out of patterns of rough sleeping, interspersed with periods of 'hidden homelessness' or insecure accommodation, within a broader experience of homelessness (see Bretherton and Pleace, 2018). However far too little, still, is known about women's 'pathways', and trajectories through 'rough sleeping' and wider forms of homelessness.

<u>Violence, Trauma and Abuse</u>

A recent critical Evidence Review of women and rough sleeping stated that "*every study in the last 30 years or more has reported that women who become homeless often do so as a direct result of domestic violence and that, while it is not always direct cause of homelessness, experience of domestic violence and abuse is near-universal among women who become homeless*" (Bretherton and Pleace, 2018: 13). Similarly, other recent studies have highlighted the bi-directional relationship between female homelessness and abuse, and the way a woman's experiences of *being* homeless can often lead to further and new experiences of violence, trauma, and abuse (Bretherton and Pleace, 2018). This

reciprocal connectedness between homelessness, trauma and abuse has most often been articulated through studies of 'single' homeless women accessing non-specialist homeless services, or through a wider lens of 'multiple disadvantage' (see Agenda, 2019).

Those studies that have focused specifically on the experiences of female 'rough sleepers' have highlighted consistent historic and current experiences of trauma, exploitation, and abuse, alongside the constant threat and presence of violence and abuse *whilst* rough sleeping. A study by Moss and Singh in 2016 found that 62% of survey respondents were worried about violence on the street, with 31% having been 'grabbed' or raped. Similarly, a survey by the charity Porchlight in 2019 revealed that 73% of women rough sleeping who were surveyed experienced violence and abuse or sexual assault. Although violence and insecurity are devastatingly common experiences for many who are rough sleeping (see Sanders and Albanese, 2016), it is difficult to ignore that this has a gendered element, and that women are far more vulnerable to sexual abuse and rape. Similarly, although rough sleeping can be deemed a 'risky' activity for both men and women, gendered perceptions of risk, and strategies for managing risk differ (McDonald, et. al., 2020; Huey and Berndt, 2008).

Aligned to this, there has been some enquiry into how women 'move through space' in homeless contexts, with suggestions that women are far more likely to be constantly 'on the move' than men, and far less likely to be static both on the streets and in and around homelessness centres and drop-in services due to the increased perception, risk, or actuality of harassment, violence, or abuse. This also incorporates the potentially stigmatising and moralising concept of women visibly present 'on the streets' (see Macdonald et. al, 2020). These notions clearly have potential implications for outreach workers' ability to identify, engage with and retain contact with women who are, or may be at risk of, 'rough sleeping'.

Overall, 'violence' and 'abuse' in the context of female homelessness have most often been conceptualised or understood as domestic violence / abuse or interpersonal violence, with data on other forms of violence, abuse and harm, and the intersections between them, lacking. Similarly, analysis of women's experiences of 'rough sleeping' and homelessness has often lacked identification, understanding, and analysis of the continuum of violence, abuse and harm faced by women, often on a daily basis, due to their structural and social position *as* women[6]. This includes structural and systemic harms such as racism, sexism, ableism, and classism, alongside the ever-present fear of violence or abuse, which can impact upon the way women move through space, the choices they make, the relationships they form, and the way they present themselves.

Women's experiences of 'rough sleeping', homelessness, and associated practices and systems are more often presented as individual manifestations of wider structural contexts, or reduced to a 'fear of male violence'. Whilst the seemingly ever-present fear or threat of male violence is an integral consideration to an understanding of women and rough sleeping, it is important that wider structural constraints and oppressions are incorporated into our understanding and analysis. As McDonald et. al. notes, "*fear is a consequence of gender inequality*", which "*perpetuates the social exclusion of women*".

[6] See Kelly, L 1985

It is also important to note that attaching notions of 'vulnerability' and 'trauma' to women's experiences of homelessness as a point of departure or the 'default-setting' when engaging with women who have experienced 'rough sleeping' has been met with caution by some commentators, who have guarded against inadvertently treating women as 'passive subjects' or labelling them as 'victims', who lack agency and autonomy. Rather, and following Wilkinson and Ortega Alcazar's work on the impacts of the Shared Accommodation Rate of Local Housing Allowance, and particularly female experiences of sharing with strangers, it is perhaps more useful to identify and acknowledge how societal structures and systems cause vulnerability, rather than personalising and individualising this notion.

Homelessness Provision

Repeated studies have suggested that women can be 'invisible' in more 'generic' homelessness provision, as they will actively avoid services that appear designed, and dominated by, the needs of men (Macneish and Scott 2017; Agenda 2019). This may be particularly pronounced for the many women who have experienced male violence (Bretherton and Pleace, 2018). Aligned with this are the experiences of women placed into mixed-sex homelessness accommodation. Available evidence consistently reveals that mixed-sex provision can be retraumatising for some women and expose them to further incidences of violence, exploitation, and abuse. (Young and Hovarth, 2019; Women's Aid, 2019).

Repeated studies into female experiences of accessing homelessness services have also revealed that women tend to enter such services at a later stage than men and are likely to have problems that are more entrenched or have escalated significantly. This can mean such women are less 'ready' to begin any journeys to safety, recovery, and stability (St Mungo's, 2019). All of this can mean that staff are underequipped to deal with the particular experiences and traumas of these women, as specialist knowledge of their separate and intersecting needs is lacking. In addition, important distinctions between 'women only' services and 'specialist women only services' have been drawn, suggesting that to provide effective services for such women, understanding must go beyond 'sex segregation' to include gender socialisation and relational theory (Agenda 2019).

There has so far been little enquiry into how women experience and are treated within homelessness accommodation settings, beyond a growing movement towards establishing female-only, trauma-informed models as best practice. There is a lack of analysis of gendered norms and assumptions about 'female behaviour' and how transgressing these may impact upon women's experiences of, and ability to 'sustain', homeless-type accommodation. Similarly, as Harris and Hodges note, there is 'surprisingly little' evidence specifically on what women need to sustain their accommodation and tenancies' (2019). One of the few studies that has investigated this area suggests there is some evidence that if women conformed to more 'expected' gender roles within homeless accommodation, they experienced more positive relationships with staff (Mayock and Sheridan, 2020).

'Multiple Disadvantage'

In the last few years, policy-focused work on women experiencing 'severe and multiple disadvantage' has increased. This has revealed that women often experience a 'constellation of disadvantage', incorporating the trauma of abuse, homelessness, involvement in prostitution, mental health issues, having children removed from their care, and substance misuse, among others. Such research has also revealed that women with extensive experience of violence and abuse are much more likely to experience disadvantage in other areas of their lives (Sharpen, 2017). The 2015 report, *Hard Edges,* is viewed a landmark publication on multiple disadvantage ('complex needs'). This study concluded that 80% of those experiencing 'multiple disadvantage' were men. A follow up report by three of the original authors in 2020, *Gender Matters*, sought to investigate this issue further by considering how *'*disadvantage might cluster differently in the lives of women', to ensure that the **'***Hard Edges'* definition of 'severe and multiple disadvantage' did not inadvertently become known as the 'only definition'. The commonly used primary domains of homelessness, offending and substance misuse were changed in this study to poor mental health, experiences of interpersonal violence and abuse, homelessness, and substance misuse. By using an alternative definition of multiple disadvantage and different data sources from *Hard Edges*, *Gender Matters* concluded that 70% of those experiencing multiple disadvantage were women (Sosenko et. al, 2020).

Women with experience of 'rough sleeping' are, broadly, more likely to be experiencing multiple forms of disadvantage. They are 'likely', or 'significantly more likely' to report mental health issues and experiences of losing children; often through social care intervention (Bretherton and Pleace, 2018). Women's experiences of 'sleeping rough' have also been shown to have links to prostitution, or 'transactional' sex (Macneish and Scott, 2014). However, linkages between the two are not always strongly in evidence, and should be treated with caution, lest 'automatic' or erroneous assumptions are made that only serve to reproduce stigmatisation and form a barrier to women accessing help (see, e.g., Bretherton, 2020).

Particularly pertinent to a consideration of 'multiple disadvantage' and 'rough sleeping' for women is the inherent danger of reproducing stigma, shame and negative stereotypes when basing perspectives and approaches to practice on a still relatively small evidence base. As Bretherton points out: 'a comparative absence of data may also be leading to assumptions that are not backed up by robust data' (2020: 5). It is certainly the case that the small evidence base on women and 'rough sleeping' has many consistencies, but there are gaps and absences of focus that surely require further investigation and analysis.

Previous Enquiry: Birmingham

One of the motivations for this current research study, which the RSI women-specific funding stream presented the opportunity to continue, was initial insight into a cohort of women identified as 'rough sleeping' or 'at risk' of doing so for the 2020 report by this author, *Places of Safety*. This involved case file analysis of women presenting to a newly formed Domestic Abuse Home Options Hub in Birmingham, part-funded by the local authority.

It is useful here to reproduce some of these findings, as it gives a broader picture of some of the circumstances of women who are not necessarily engaged with formal 'street outreach worker' activity but have had recent experiences of 'rough sleeping' or have been in dangerous or retraumatising transient housing circumstances. It is acknowledged that the women from the case file sample reproduced below were approaching – most often after being directed by another homelessness service – an organisation that assists women who are at risk of homelessness and experiencing domestic abuse. It is acknowledged that the high levels of recent abuse and violence faced by the case file sample may have been influenced by this factor.

Similarly, due to the nature of the service, which was contracted by the local authority to carry out the 'Prevention' and 'Relief' functions of the Homelessness Reduction Act, interactions with clients were very process, information, and data-driven. In this way, staff may have gathered more information and insights into women's overall circumstances than other homeless support or accommodation finding agencies. This is of benefit to an overall aim of understanding the circumstances and experiences of women within a broader aim of widening and clarifying our conceptualisations of 'rough sleeping'.

Home Options Hub: Case file analysis

As the challenges presented by this cohort of women emerged as such a salient issue for the charity under study, and without the ability within the project to carry out any qualitative or engagement work with this group, the decision was made to analyse 20 case files of women that could be identified as rough sleeping at point of access, in conjunction with follow up conversations with staff. 10 complete profiles of these women are first presented below, along with analysis of the domains of disadvantage their presenting needs fell under, using the criteria developed by Sosenko et. al. (2020) as a framework. These domains are: Homelessness; Violence and Abuse; Mental Health and Substance Misuse.

Homelessness	10 women (100%)
Violence and Abuse	10 women (100%)
Mental Health (including one or a combination of PTSD; self-harm, anxiety, depression, paranoia, schizophrenia, OCD and ADHD)	9 women (90%)
Substance Misuse (mainly heroin, some crack cocaine use, chronic alcoholism and 1 heavy 'mamba' user)	5 (50%)

[Graphic taken from Places of Safety (Raisbeck, 2020: 64)]

A significant proportion of these women had histories of repeated presentation at, and engagement with, more 'generic' homelessness services and provision within the City. They displayed trajectories 'in and out' of periods sleeping on the streets, interspersed with time 'sofa surfing' or in inappropriate accommodation. Several women were currently fleeing a violent partner, and often reported walking the streets at night, changing clothes to avoid being recognised, and fleeing shared accommodation due

to feeling at risk. Many women who presented had histories of exclusion from commissioned homelessness accommodation services, or were presenting with severe substance misuse, or apparent mental health issues; both of which served as an additional barrier to accessing suitable accommodation. There was, also, often an inability to keep women engaged for the length of the appointment as they were distressed or intoxicated, with several leaving half-way through the interview.

Devastatingly, around one third [of 20] disclosed to staff that they had recently been sexually assaulted, raped or otherwise abused as a consequence of their time rough sleeping or living in transient accommodation.

Overall, the key barriers to accessing accommodation for this cohort of 20 women were:

- Histories of exclusion from commissioned homelessness accommodation services
- Heavy drug use (particularly heroin and 'mamba')
- Severe mental health issues (formally diagnosed or not)
- Cannot / will not live with men.

Key Themes from 20 case files and follow up discussions with BSWAID staff:

- **Women were displaying severe signs of trauma, with possibly undiagnosed mental health issues, but were repeatedly 'underneath' the threshold for Adult Safeguarding** and had often been excluded from many other non accommodation-based support services, or were not currently in a position to engage with them in any meaningful way.
- **Staff were often unable to retain women for the length of the appointment, or lost contact with the woman shortly after the initial appointment**: Women were often anxious, unsettled, and desperate for their situation to be 'resolved'. Several 'popped to the shops' or for a cigarette part-way through an appointment and never returned that same day, if at all, despite repeated attempts to re-engage. Some women made several visits to the Hub without prior arrangement before staff were able to effectively engage with them to begin any work.
- **Violence and abuse were often both a cause and a consequence of women's' ongoing experiences of homelessness and multiple disadvantage:** Women were experiencing new incidences of violence, often through non-specialist, mixed sex accommodation they had been placed in after fleeing a previous violent relationship. Women with additional needs, that were often a consequence of living with prolonged trauma and abuse were often eventually excluded from commissioned, and often non-commissioned, services, due to their 'behaviour'. This included in some cases from specialist refuge provision. This had forced all women to sleep rough for periods of time, which often lead to further experiences of abuse.

This small analysis of women presenting at a very specific service coheres in many ways with the existing research and knowledge base around 'women and rough sleeping': that violence, trauma and abuse mark women's lives and experiences both prior to, and during, homelessness; and that substance misuse and mental health issues are prevalent and can form a barrier to sustaining or achieving suitable accommodation.

Birmingham: Exempt accommodation

Any contemporary analysis or consideration of homelessness and supported or short-term accommodation in Birmingham cannot avoid a focus on 'exempt accommodation'. There is insufficient space within this report to more than touch upon this area of policy and practice, but several publications by this author analyse the issue in greater depth (see Raisbeck, 2018; 2019; 2020).

'Exempt accommodation', as understood by stakeholders for this research and the City, refers to shared accommodation that is not commissioned under local authority homelessness or social care funding, or under specialised supported housing (SSH) arrangements, and which utilises the 'exempt' provisions of current Housing Benefit and Universal Credit Regulations. In such accommodation, rental levels far in excess of private sector Local Housing Allowance Rates can be yielded, merely by such providers meeting a loose regulatory requirement to provide a level of 'care, support or supervision' to claimants. The 'exempt' provisions of Housing Benefit have been in place since 1996 and are an established mechanism of funding, primarily, the housing-related costs of a wide range of supported housing schemes, including specialist refuge provision. However, in Birmingham, there has been a particular growth in, predominantly, residential conversions into multiply occupied housing leased from the private rented sector; either to Registered Providers of Social Housing or to charitable bodies, and which utilise the exempt regulations of Housing Benefit to accommodate a wide cross-section of often multiply excluded and disadvantaged groups (Raisbeck, 2018; 2019). Two previous studies by this author for Spring Housing have looked in depth at this issue in Birmingham. This research concluded that this form of provision suffers from a series of 'risk gaps', sitting within an overall 'accountability' deficit', which is causing a risk of harm to residents. Of particular salience in both reports was the concept of 'risky mixes': the proficiency of providers to manage support needs; and to identify and respond to actual or emerging issues of harm within small, lightly monitored shared units of accommodation. (Raisbeck, 2018; 2019).

Despite the fact Birmingham Safeguarding Adults commissioned the first report into exempt accommodation due to Adult Safeguarding concerns and evidence from local Domestic Homicide Reviews, and whilst the needs and experiences of women were incorporated into both of the aforementioned publications, the issue has not been analysed in any depth as a 'separate' issue in terms of women's particular experiences.

Whilst this report is not focused on 'exempt accommodation', where possible it has attempted to shed further light on this area in relation to women's experiences of 'rough sleeping', and the experiences of exempt providers when catering for, or attempting to cater for, this cohort.

Unintended Consequences? A focus on 'rough sleeping'

"The problem we have with everything and all this activity is that those structural issues are so needed but all everyone wants to speak about is rough sleeping" (Expert stakeholder, Birmingham)

The fact much previous enquiry on women and 'rough sleeping' is small scale and qualitative in nature in no way diminishes its importance or quality but, as this short review of previous research and local contexts has shown, still not enough is known about the experiences of women within this broader cohort. There is, undoubtedly, still a lack of research. There is, particularly, a lack of longitudinal research into the social, structural, and systemic factors that influence women's trajectories into, through and out of 'rough sleeping' and wider homelessness, and how they manage their safety within this. This, perhaps, speaks of a broader issue of the availability of funding for less 'popular' or easily 'translatable to practice' topics. So, too, of the self-perpetuating nature of a continued funding, policy, and practice focus on 'established' or 'traditional' conceptual approaches to rough sleeping. This has the potential to continue to marginalise or mask women's experiences, and thus repeat the unqualified notion that 'women do not sleep rough', and that therefore further funding for research enquiry or service provision is not required.

As a case in point, the Conservative government's 2018 Rough Sleeping Strategy, which continues to form part of the current government's longer terms plans to 'eradicate' rough sleeping, acknowledges the gaps in understanding about the needs and experiences of women. However, if central government homelessness policy and funding continues to focus the bulk of its attention on a narrow definition of 'rough sleeping' as visible bodies to be 'counted' on the street, and as rough sleeping as the pinnacle of an artificial hierarchy of brutality and extremity, then all evidence and reporting on these initiatives will likely continue to obscure the nature and extent of women's experiences.

Several years prior to the onset of the COVID-19 pandemic, a Conservative policy priority to 'eradicate' rough sleeping had governed a large proportion of funding and strategy around homelessness in England. The pandemic has only served to intensify this focus on the 'visible', and to some, more 'extreme' form homelessness. This of course leaves an unanswered question as to the effects of such a narrow funding and policy priority on those groups who fall outside of this more typical, visible, or 'understandable' form of homelessness, such as women, groups from minority ethnic backgrounds, and disabled populations; but who are nonetheless potentially living in no less 'extreme', difficult, unstable, or detrimental circumstances.

Sectoral commentary on the government-funded 'Everyone In' (EI) scheme highlighted that the numbers who were accommodated or 'brought inside' by local authorities were often significantly higher than 'rough sleeper counts' had indicated. This, surely, points to the inadequacies within the official counting and reporting measures and to the notion that people who are 'rough sleeping' or otherwise in extremely detrimental and transient housing circumstances are a far wider population than a narrow focus on those 'bedded down' would suggest.

In terms of women accommodated through the EI scheme, perhaps unsurprisingly, in Birmingham and across many local authority areas, women were in the minority of those accommodated (Homeless Link, 2020). Within Birmingham, there was no separate accommodation options for women within the scheme, with the majority, as in most local authority areas, placed initially in hotels within the City. This is not a criticism of local authorities, who had to mobilise incredibly quickly once 'the call' from central government was given. However, it does, perhaps, speak to a wider and more pertinent issue about existing levels of knowledge and intelligence of women who are, or are at risk of, rough sleeping and how this can affect an ability to provide bespoke models of 'emergency' accommodation.

Good practice example: Leeds

Cases studies within Homeless Link's *Learning from the Ending Women's Homelessness Fund* provide some valuable examples of the ways in which local authorities did, or did not, account for the needs of women during the early stages of the COVID-19 pandemic. The example of Leeds City Council is reproduced below:

"Leeds City Council has embraced the need for gender specific services and was the only Authority in this study to provide a women-only hotel, set up with the support of Simon on the Streets and providers in the Women's Lives Leeds partnership. The hotel was in a convenient but quiet location and staffed to ensure their safety". (Homeless Link, 2020; 6)

https://www.homeless.org.uk/sites/default/files/site-attachments/EWHF%20Case%20Study%20Report%20Aug%202020.pdf

This knowledge of the separate needs and women and ability to swiftly mobilise appropriate and safe emergency accommodation may, in part, be attributed to the knowledge and experience of organisations within Leeds around sex work, sexual exploitation and multiple disadvantage, and an understanding of the 'ways' in which women in the City 'sleep rough' which have been gathered through the dedicated practice of specialist women's services.

3. Sector Attitudes and Understandings

This section presents findings from a general, preliminary survey on the topic 'Women and Rough Sleeping'. This electronic survey was distributed, via several central mailing lists, to the homelessness sector in Birmingham. The survey received a relatively small number of responses (56) and respondents self-selected to participate. As such, the findings make no claim to be representative or in any way 'definitive' of attitudes and perspectives towards this topic within the homelessness sector in Birmingham. However, due to the themes and issues arising from the literature review above, it was important to begin enquiry into some of the attitudes, perspectives, and experiences of 'women and rough sleeping' as an area of policy and practice. This is particularly the case for an area of research and practice that is largely underexplored, under-evidenced and without fully established 'best practice'.

This section also incorporates insights from semi-structured interviews with outreach workers and key stakeholders in the sector where relevant; and where themes or insights from these interviews cohere, or indeed conflict with, the survey findings.

Summary Profile of Respondents[7]:

The majority of survey respondents identified as female - 84% (n=47). The largest number of respondents worked for a 'homelessness charity' - 39% (n=22), with the two second largest organisations recorded as 'Housing Association' - 27% (n=15) and 'specialist women's organisation' - 18% (n=10). The three job roles with the highest number of respondents, making up 68% of the total profile, were 'frontline / support worker' – 44% (n=24); manager – 15% (n=8) and 'outreach worker' – 9% (n=5).

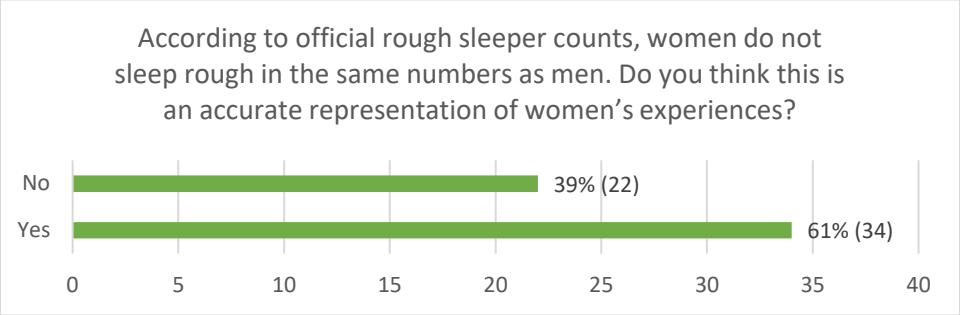
Whilst it is difficult with an initial, small survey such as this to make any conclusions or assumptions about the profile of survey respondents, it is worth noting that the relatively high proportion of respondents from a 'specialist women's organisation'.

Similarly, there may be numerous reasons for the high proportion of female respondents overall. This could indicate that women are more likely to work more closely with female clients, and so are more likely to feel they have knowledge and perspectives to offer. It may, equally, indicate a higher proportion of female staff working within relevant organisations, particularly in frontline roles. However, it is also the case that women are perhaps more likely to respond to a survey focussed on women's experiences; or that male professionals are less likely to identify with the subject, or feel it is not 'their area', and so be less likely to have interest and engagement. Whilst this small survey cannot 'answer' or

[7] Full datasets available upon request

adequately interrogate these notions, they are certainly initial considerations for planned longer-term work into 'whole-sector' responses to female 'rough sleeping', and homelessness more widely.

Perceptions of Rough Sleeping:



All 22 respondents who answered 'no' to this question qualified their answer in the free text box.

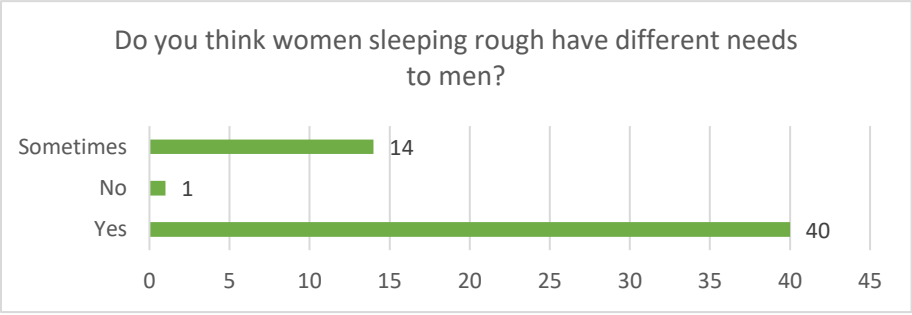
The key themes were:

- Women do experience rough sleeping, but we only define rough sleeping as visibly sleeping on the streets, despite the fact that sleeping on strangers' sofas, engaging in sex work, living in squats or sofa surfing are still dangerous and leave women open to exploitation.
- Women are less likely to be visible due to increased risk, fear of violence, and a fear of men.
- Women are more likely to spend time sleeping in 'public toilets, shopping centres etc.', during the day and be hidden or constantly 'on the move' at night, including 'riding on buses' or 'in McDonald's'.
- Women will often spend shorter periods rough sleeping, interspersed with time in other transient settings, and are thus less likely to be 'picked up' by outreach workers.
- Women are less likely to seek out formal help, and less likely to present themselves in a way that they can be identified by outreach workers.

The 34 people who answered yes to Question 8 (above), where then asked to qualify they think it is that women do not sleep rough in the same numbers as men. The key themes were:

- The streets are too dangerous for women so they will try every other route possible before resorting to rough sleeping.

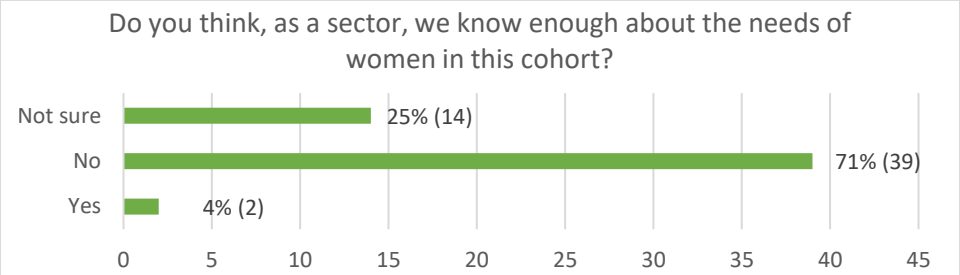
- Women are more likely to have wider friendship networks and informal sources of support, and will rely on these for accommodation needs.
- Women are more responsive to accessing support and are more open to expressing how they are feeling and what they want.
- Women are seen as more at risk when sleeping rough, so there is more support, and quicker support, available for them.
- Women will stay in abusive relationships to avoid rough sleeping, or form new exploitative or abusive relationships, to have a roof over their head.
- Women are more likely to be victims of violence and abuse so will get help and support that way.
- Women are more 'protected' from rough sleeping. This is due to their likelihood to be the primary carer for children, and because they are more likely to be deemed 'vulnerable' and so access statutory homeless support.
- Women are more likely to remain in the family home after a relationship breakdown, whilst the 'male becomes homeless'.

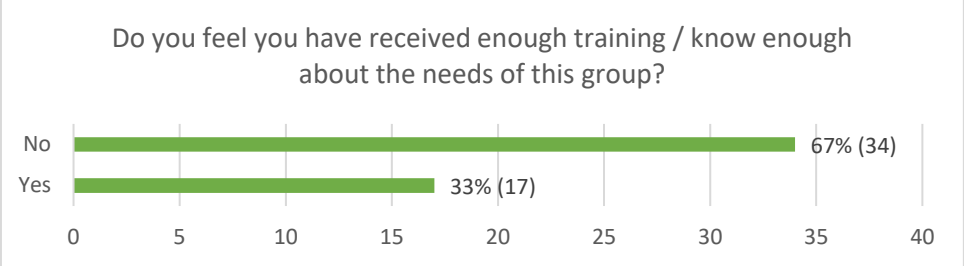


38 of 55 respondents who answered this question added additional comments. The key themes were:

- A higher risk of abuse, exploitation, and danger from men.
- Menstruation and personal hygiene.
- Experiences of past and current trauma, violence, and abuse.
- Personal safety has to be considered at every point.
- More stigma and shame due to gender bias, expectations, and stereotypes.
- Sex work and survival sex work.
- Having children in care or fostered / adopted, or issues around access to children.

One respondent qualified their response by saying that, although women do have distinctly separate needs, '*we must guard against stereotypes and generalisations when designing services*', which chimes with some concerns in research evidence around making broader assumptions based on small evidence bases.





20 (of 34) who answered 'no' when asked if they had received enough training qualified their answer in the free text box. The key themes were:

- More information about the barriers women can face when accessing help and support.
- Reducing gender stereotypes.
- The specific and separate needs and vulnerabilities of women.
- Psychologically Informed Environments (PIE) and Trauma Informed Care (TIC)
- Sex work / prostitution and how to support women involved in this.
- Effective ways to support women fleeing, or in, a violent relationship.
- Links to exploitation and trafficking.
- More engagement with people with lived experience to help inform practice.

One comment was perhaps particularly telling:

"I have received a lot of training around rough sleepers in general, but never anything on women specifically".

Commentary

"Definitions, Fear, and Safety"

Although the majority of respondents thought that rough sleeper counts and the notion that men sleep rough in far greater numbers than women is an accurate depiction, those who felt this was not accurate generally qualified this with notions that cohere with existing research and evidence bases on the broader topic of 'women and rough sleeping'. Particularly, an acknowledgement of definitional concerns around 'rough seeping' and how these may impact upon women; gendered notions of fear and safety affecting the 'visibility' of women on the streets, and that women's 'patterns' of homelessness are more likely to include shorter periods of rough sleeping interspersed with time spent in other forms of precarious accommodation.

One-to-one interviews with stakeholders in the homelessness sector also drew upon these notions when describing the gaps in our understanding and practice around women 'rough sleepers':

"Our experience over the years is that women don't rough sleep in that traditional sense, they are in crack houses, they are sofa surfing, staying with men".

"Women in cars seems fairly frequent. I think there are women we are not seeing that are hidden away so like sleeping in her car, this one woman we saw she kept missing the calls and then every time you speak to her, she says I need to move my car now and we haven't managed to see her. She's somewhere".

"We need to stop doing this. We try to apply the same tools and rules and strategies to women and rough sleeping women as we do to our males and I think they need to be separated, rough sleeping women can present in a different way to men, finding them and reaching out. If they perceive you are a mainstream service coming to them with the same old offers…I feel like they won't engage as much, and we have to try and think of a very different way of doing that piece or signposting when we encounter women. It HAS to look different than how we do it with single men. It's really not the same and I do believe that. There's no point if we try too hard to apply the same approach."

"We need to reach more women and we try to be visible but we're covering such a small area and a lot don't want to be found, so won't necessarily know we are around, and we aren't everywhere with big t shirts on saying we are here to help, and I guess it's just working with other agencies, broadening the partners and it's about networking and intelligence."

"I don't think the services for rough sleepers are set up for women – it's a general one size fits all…basically just 'you are homeless.'"

Several interviewees also suggested that, since the COVID-19 pandemic, there were fewer voluntary services providing food and 'informal outreach' on the streets in the evening. This served to make it even harder to 'detect' women who may be rough sleeping, or on the periphery of doing so. Stakeholders suggested that they had in the past frequently observed women in attendance at such

'soup runs', quite often in the presence of groups of males, and had made some initial attempts to understand their situations and 'reach out' to help them. However, since the pandemic, such opportunities to try and understand how women may be experiencing rough sleeping had diminished, and such women were in some senses now felt to be further 'hidden'.

"Contradictory assumptions: How women behave"

There was, however, one explanatory theme that arguably relied much more heavily on gendered notions of 'typical' female behaviour: the idea that women are less likely to seek out formal support when sleeping rough. It is important to note that, conversely, some of those respondents who thought women do not sleep rough in the same numbers as men suggested this was because women are actually *more* responsive to accessing support and more open to expressing their feelings and needs.

These initial responses suggest that embedded, albeit often unconscious, biases and assumptions made about 'typical' gendered behaviour may impact upon both policy, strategy, and practice in an area in which so little is felt still to be 'known'. It is still too early, in what will be a longer-term research enquiry, to analyse further how such attitudes may impact upon a sectoral ability to 'see' women as 'rough sleeping' and thus impact upon service delivery and targeted interventions. Nonetheless, these notions do cohere with a broader qualitative theme of 'stigma and shame' that will be explored later in this report.

"Vulnerability and Protection"

A key overarching theme that respondents used to qualify why they believed women do not rough sleep in the same numbers as men was the notion of female bodies, and lives, as sites of 'vulnerability', and how this guided both women's willingness to sleep rough, and the treatment and 'protection' afforded to them by formal sources of support. The streets were conceptualised by respondents as a profoundly dangerous place for women, and one of 'last resort'. However, women's reasons for homelessness and their particular experiences as women meant that they were often seen to be 'reached' more quickly, or at an earlier point, by statutory and third sector agencies or otherwise 'protected' by them from resorting to rough sleeping.

Firstly, this was characterised as women being far more likely to experience violence and abuse, and so catered for at an 'earlier point' by specialist Violence Against Women and Girls (VAWG) agencies. Secondly, this was characterised through a conceptualisation of women as 'mothers' or primary care givers, and so likely to receive statutory support; and as women overall being viewed as inherently more 'vulnerable' than men by statutory processes. This 'vulnerability' meant that women were more likely to be picked up and quickly 'dealt with' by street outreach teams, and more likely to receive statutory homelessness assistance[8].

[8] Under homelessness legislation, a person is in 'priority need' for accommodation if they are vulnerable as a result of old age; mental illness, learning disability or physical disability; having been looked after, accommodated or fostered and is aged 21 or more; having been a member of Her Majesty's regular naval, military or air forces; having been in custody; ceasing to occupy accommodation because of violence from another person or threats of violence from another person which are likely to be carried out; or any other special reason.

The notion of women being 'protected' from more extreme forms of homelessness by statutory interventions has a long-history in critical policy analysis. However, it is certainly worth noting that women who could be deemed to be exhibiting more 'complex' needs such as drug and alcohol abuse and mental health issues are often unable – or indeed in some cases unwilling – to access formal domestic abuse assistance. This is particularly the case for refuge provision across the country which is often vastly underfunded and so unable to provide the level of support required (see Sharpen, 2017). In 2019, data from Women's Aid's annual audit revealed there were only 3 refuges advertised through their database 'Routes to Support' that catered specifically for women with substance misuse issues or other 'complex needs'. By 2020, this had reduced to only 2 (Women's Aid, 2020; 31)

The traditional view that women with children are in some sense 'cushioned' from the sharpest effects of homelessness due to the likelihood of obtaining 'priority need' status looks increasingly shaky, due to the explosion in temporary accommodation placements by local authorities, which are viewed as increasingly expensive but vastly unsuitable, harmful, or inappropriate (see Garvie, 2020),

In addition, the notion that women are 'protected' from hardship or rough sleeping due to their status as 'mothers' does not bear out through the high proportion of women sleeping rough who have experienced the trauma of having children removed from their care.

"Training and Knowledge"

The survey results exhibited a strong understanding that women will often have 'different' needs to men, with a corresponding belief that as a sector, not enough is known about these needs. Alongside more 'typical' areas that have repeatedly been identified in research and practice around this topic, respondents frequently cited menstruation, sanitary products and personal hygiene as key needs and considerations for women. Concepts of shame, stigma and gender bias, and gendered expectations and stereotypes, were also strongly represented in responses; a concept that is somewhat underexplored in previous research and may in part reflect the high proportion of female respondents.

The survey results certainly suggest there is a potential 'gap' in awareness and training for, particularly, frontline homelessness workers around the specific needs and experiences of women. This was a theme that also emerged from one-to-one interviews with local stakeholders in the homelessness sector, with a suggestion that training, and awareness, must go beyond basic needs to incorporate structural forms of oppression and gendered assumptions and biases:

> *"I think there needs to be specialist training for all staff around women's issues as standard across the board and by women's issues I mean to go as far as some specialism to understand the equalities element, the structural elements, how you address and speak to women in ways that don't reinforce the perception that women are lesser. There are some very engrained attitudes and behaviours that exclude women like me and you, let alone women who are at the extreme end of things and very vulnerable. I also think there is training around that, that everyone would benefit from and that women should be communicated with in a way that works".* [Homelessness sector CEO]

The contradictory assumptions about how women 'behave' exhibited in the survey findings is an indicator that further training and awareness of women's experiences of homelessness, embedded within a broader structural context, is of potential benefit to a more coherent and considered approach to this cohort. This may help guard against basing practice and approaches on pre-conceptions about how women 'behave' or viewing 'being a woman' as a 'support need' rather than a structural condition.

4. "On the Streets": the view from dedicated outreach

This short section details some of the experiences of the two dedicated female outreach workers employed under the women-specific RSI and Protect funding streams of performing their outreach role. This is in line with the overall purpose of this project: to a gather experiential, narrative detail on the experiences of catering for, or attempting to cater for, a female client group, and to provide a close 'view from the ground', which is often absent from wider evidence bases.

This section does not apply any 'outcome based' framework to an analysis of the female clients engaged with over the lifetime of the RSI funding stream, aside from some basic data on the number of women interacted with. Instead, it focuses on the experience of providing, or attempting to provide, targeted interventions and support.

Throughout the lifetime of the funding streams (March 2020-April 2021), 32 women engaged with the project. 13 of these women were 'rough sleeping' at certain points, with the remaining 14 deemed 'at risk' of doing so. 3 of the women deemed to be 'rough sleeping' in some form, were also intended recipients of the more intensive, bespoke 'Protect' funding stream.

<u>'Time on the streets'</u>

During the lifetime of the funding streams, both outreach workers were performing their roles in a part-time capacity. This had the effect of leaving the outreach workers feeling that they were not always able to be as flexible and responsive as required. The lives of the women who were present on the streets were characterised as incredibly transient and unpredictable. Women's visible presence on the streets or in 'known areas' – and thus the ability to engage with them – fluctuated. Such periods of 'visibility' were interspersed with 'disappearances'; where the women were non-contactable for periods of time; 're-emerging' but not always willing to speak about where they had been in the interim.

The women the outreach workers were engaging, or attempting to engage with, were seen to 'cover a lot of ground' during the course of their days. The outreach workers were responsive to this and similarly attempted to be flexible, and travel to reach the women where they were. However, there was a sense that due to capacity, both in terms of the part-time nature of the roles and the small number of dedicated workers, meant that priorities could sometimes be 'split' and the time for additional intelligence gathering and attempts to establish a wider picture of how, when and where women 'sleep rough' was limited.

"It is so spontaneous and sudden. So, I was out doing outreach for [one client] and then I had a call saying we've found [another client]; she's lost her key and for someone to have found her in that moment I have to go and react to that as I might not see her again for ages".

This also had the additional impact that the rapport, trust, and relational continuity that the outreach workers were attempting to establish with a view to longer-term, 'meaningful', engagement work was potentially impacted by an absence for half of the week, during which the clients were sometimes engaged with by other outreach workers from concurrent, but less targeted, or 'women-specific', rough sleeper activity within the City. Whilst this is not necessarily a negative occurrence – and the consistent presence of outreach workers and concerted, multiagency approaches are necessary to engage with and 'reach' rough sleeping populations - there was a potential concern that differing organisational or individual approaches to the women could have the effect of alienating them; and fracturing the 'constant' needed to build up trust.

This notion of 'intense', outreach activity, 'mutli-agency' working, and overlapping funding programmes will be drawn on in greater depth in the next section as a key theme from interviews with stakeholders, but it is worth noting this was an element touched upon by women with lived experience:

"You get so many workers, around, coming to you, you have no idea who is for what or who you can speak to and it makes you want to give up".

"It's like, so what are you for, now, and they all have their different agendas, and it feels alienating. It can do."

The short-term, almost 'opportunistic' nature of engagement with the female client group; a sense of 'catching them while you can', marked many of the client-worker interactions. As the women's lives were so transient and marked by 'disappearances', and disengagement, workers felt they were often performing small, practical, time-sensitive pieces of work with the women when they were able to do so:

"These ladies disappear, and that's the thing I always see. With [one client] I can leave it two days and she's in a completely different situation, place, mindset".

I do small bits of work with the women when I catch them…if this was my only role, I could spend all the time chasing people up. I don't feel like, the lead".

"So, with my clients we see this constant trigger response, this trauma response and eventually they just freak out and you lose them."

This could have the effect the outreach workers were not always able to fully establish the backgrounds and contexts of the women's lives and ensuing choices and priorities, and it was not always appropriate or ethical to do so when practical tasks (such as looking for housing, arranging appointments or providing essentials) seemed more imperative – and at that time wanted – by the clients. This sense of balancing the 'practical and emotional' was sometimes challenging:

"I have been focusing on practical stuff and as I get very short windows of time with them, as it is just catching them and saying 'oh do you want to be signed up for this, we need to quickly do this' it is hard to open any conversation up with [one client]. They say she has capacity, but I would certainly question that, it is hard to open up that conversation. With [a second client] it is different, I just haven't had chance as everything has been so busy."

It was unclear whether this affected the clients themselves: often they were seen to, quite naturally, be focused on their own basic needs and priorities at that time. However, there was a potential that these 'gaps' in understanding could affect the workers' approaches, but that there was an unanswered question of how 'necessary' it was to have a full history of the women to, particularly in the earlier stages of interaction, provide a meaningful and useful service. This theme will be returned to in the proceeding section, 'On the Streets'.

However, it was clear that the consistent engagement by the RSI and Protect workers – and their ability to be tenacious, sensitive and to personalise their work and approaches - meant that they were often able to gather understanding and context by applying an open, non-judgemental, and relational approach. Similarly, the funding contracts did not apply a stringent 'outcome-based' framework, and there was a sense the work was not wholly focused on 'getting people off the streets' as a guiding principle above all other considerations but could incorporate a relational element of providing a safe space for women to engage in a way that suited them.

The sense that, perhaps inevitably or 'logically', the corollary of rough sleeping outreach approaches is a culture of 'getting people off the streets', was something also reflected on by stakeholders engaged with for this research project. Several felt that immediately asking women if they wanted accommodation, and then 'continually chipping away' at them until they accepted something was not necessarily always the 'best' approach. This was particularly the case for women, where it was clear many had experienced time in accommodation that they had been referred to that was dangerous or, as they felt, unsafe and so were wary of any interactions that led with the offer of a referral to another potentially unsafe or difficult accommodation placement:

"It all seems very housing focussed, getting bodies off the streets without understanding why women make the choices they do, when there's often not the time spent to know enough about the context of their lives".

"Sometimes women's choices [around accommodation] don't seem logical or rational to frontline workers."

"It becomes a one cap fits all, I look at what would I want, how would I want someone to approach me. How do I open up that conversation? No point just going 'do you wanna come indoors'? I mean, some women can't get in anywhere as they've been excluded from everywhere – chaotic behaviour getting in trouble, kicking off, allsorts, or had DV, pimps, aren't safe."

However, this was balanced with an awareness that when outreach workers encountered a woman, it was an opportunity to offer them housing; because then there was theoretically a 'base' to locate them more easily and start to 'stabilise' them, in the hope that some of the longer-term work could take place:

"If you get a chance with people you have to take that chance and get them somewhere and then if they do have a base and a place you know they will be you are able to start doing more meaningful work with them and don't have to spend half your time trying to find them".

This notion of acting swiftly and sometimes reactively, was seen to have implications for developing multiagency 'pathways' for women and 'feed them into' other services that were, particularly, part of the women-specific RSI programme. There was a sense that, as women's lives were so transient and marked by disappearances and wide traversing across the City, it would be unlikely they would arrive if 'sent' to another destination such as a drop in or for housing support:

"I can't meet someone and then send them somewhere else that they might not ever get to."

"There's literally so much going on for these women, so many other priorities that are <u>their</u> priorities, not those of services who often want a 'box', an outcome. They don't always trust services and so to send them here and there, it won't work."

<u>"Traumatic Histories"</u>

As the previous sections have shown, the trajectories and activities that surrounded women's time 'on / near the streets' often impeded a full understanding of their life histories and current circumstances. This had the potential to impact upon working practices and approaches, relationship-building, and accommodation placements. Nonetheless, although the two outreach workers from Spring Housing did not necessarily know the 'full' details of the women's lives, it seemed clear that they had all experienced some form of trauma, violence, or abuse. This included childhood sexual abuse, domestic abuse, sexual assault or coercion, and the trauma of having children removed from their care. Alongside this, all women had issues with substance abuse, and often what appeared to be undiagnosed mental health problems.

As part of the overall purpose of, and ethical approach to, this project, the trauma in these women's lives will not be replicated here as 'case studies', or as a constellation of disembodied traumatic symptoms. Nonetheless, highlighting the commonalities in experience helps to elucidate a pivotal point. Previous research and good practice have continually suggested that it is crucially important for an effective approach to women who are at risk of 'rough sleeping' and experiencing multiple forms of disadvantage – both in terms of engagement, ongoing work and housing options and support – to have an awareness of the <u>likelihood</u> of trauma and abuse in their lives.

The proceeding section will analyse this issue in more depth, alongside the ensuing concern from some stakeholders that as a sector we 'victimise' women by 'assuming' they have experienced violence or abuse. Whilst this is potentially a misunderstanding of trauma informed approaches to female homelessness, it is worth noting here how there is a marked ambivalence in the sector as a whole around both how we 'categorise' women who are experiencing homelessness, and whether practitioners are focusing on the 'right' thing:

"Are these women rough sleepers? Yes, sometimes, but that's not how we should view them: they are victims of abuse."

"Is the common issue rough sleeping? Or is it about the substance misuse, the awful situations that have brought women to where they are now. That's the commonality maybe."

"I feel it is quite disconnected [women's services], my perception may not be the reality. How I feel about Birmingham is we put an awful lot of stock into expecting that all women who are homeless have experienced domestic abuse and then are shocked when they don't fit in that route and that impacts how cohesive we are as a pathway for women in the city".

"How much are you working with a housing, homelessness and rough sleeping issue and how much are you dealing with abuse and where is the crossover?"

Women 'at risk' of rough sleeping or outside of 'formal categorisation'

One perceived benefit of a dedicated women-specific outreach worker not 'tied' to pre-exiting outreach programmes and activities was the ability to 'stick with' and follow up on women who were not necessarily 'picked up' on monthly counts or consistently present on formal outreach lists.

It is also important to note that at least three of the women who were being engaged with who were spending time 'on the streets' actually had their own accommodation; usually sourced by the RSI outreach worker. One woman had been resident in a social housing tenancy for over a year but was still spending the majority of her time on the streets or in transient circumstances. The notion of some clients with a history of rough sleeping who have secured housing 'choosing' to return to the streets for periods of time may be of no surprise to professionals who consistently work with such client groups. However, it raises an important point around the stakeholder perception that women would only 'sleep rough' as an absolute 'last resort' and only 'need' accommodation to protect them from this. The case studies from the Protect and RSI programme in Section 5 highlight this issue in more depth.

Over half of the women engaged with as part of the women-specific RSI outreach funding programme were deemed to be 'at risk' or rough sleeping, rather than actually visibly present on the streets or known to be 'rough sleeping' in some form. This largely took the form of referrals from supported or otherwise 'temporary' accommodation providers who were no longer able to accommodate certain women, or where women had expressed that they could not stay in the accommodation and would '*rather be on the streets*'. This was often due to problems with active substance misuse, behaviour in the property, problems with other housemates or because they did not feel safe in the accommodation:

"So, what I am also seeing is a lot of referrals from other providers, so a lot of exempt aren't able to provide the support to the client groups so will refer them on to other places as you could say they only want to do the minimum and these people are too much work for them". [Female-only accommodation provider]

"It's hard to find women housing in the first place, to get them what they want. Some women who are rough sleeping are very specific about what they want, really detailed and it's almost like they've been in such bad times and bad accommodation for so long then they won't settle…that's usually women who have been rough sleeping for while." [RSI worker]

"I think I was very lucky, when I see homeless people on the street and that wasn't my life for long, it was lucky that the place I went to for help, they helped me in the way I needed to and that is what it is sometimes just the right thing at that time. Call it luck maybe? It must be as I know so many women don't achieve that." [voice of lived experience]

It is arguable whether a definition of 'at risk' helps or hinders an understanding of the needs of, and most effective ways to reach and help, women. There is a common understanding, as evidenced in the opening literature review for this project, that women may sleep rough 'differently' from men and that current 'street-based' practices are not always able to fully interrogate or provide robust 'evidence' around this concept.

However, there is certainly potential for a definition of 'at risk of rough sleeping' to be stretched beyond useful meaning. Nonetheless, much of this notion of women 'at risk' here turns on what appears to be a failing of current forms of accommodation, and related referral systems, to adequately cater for women as a whole, and particularly women with 'entrenched', 'higher', or more 'complex' support needs. It may sound a simple point, but this is of course not a 'failing' of the women themselves; despite the fact such women are often individualised – or sometimes collectivised - as 'cohorts' of rough sleepers or women 'at risk'.

During the course of the initial stages of this longer-term project it was not feasible to gather sufficient evidence of the more 'hidden' ways that women 'sleep rough', or to provide a robustly evidenced challenge to the most accepted or traditional definition of 'rough sleeping'. Nonetheless, the evidence around women inhabiting unsuitable accommodation and 'at risk' of rough sleeping or returning to rough sleeping as a key point of referral into the women-specific RSI programme appears a valid site of further focus and enquiry.

5. Case Study: RSI Programme: Longevity, Consistency and Building up Trust.

Lou has been known to the Rough Sleepers' outreach team since November 2019 and had been a long-standing repeat rough sleeper for several years previously. It is believed that Lou has had several tenancies over the years but has been unable to maintain these due to 'antisocial behaviour' and rent arrears.

Lou was deemed to have a history of 'non-engagement' with services and had previously been identified as a 'prolific beggar' in the City Centre. Lou has suffered with very poor physical health and several years ago refused medical treatment for ulcerated legs due to heroin use. At that time, Lou was deemed to have capacity and so Adult Safeguarding would not intervene. Lou has only recently started to engage with health services and, until recently, also did not engage with any support for her heroin addiction.

Lou had been rough sleeping in the City Centre but, due to pressure from enforcement agencies to move her on at the close of 2019, moved away from that area. In early 2020, Lou was found by rough sleeper outreach teams to be sleeping in a tent in a suburb of Birmingham.

Lou was referred to the women-specific RSI project in the Spring of 2021. Initially, and for many months, she would not engage with the female outreach worker. Lou insisted she did not want any help and instead was adamant that the outreach worker should focus on other women who 'deserved' the help.

After slowly building a relationship and increasing trust over a period of time, Lou began to open up and engage with the female RSI outreach worker, and began to discuss accommodation options. Lou was adamant she would only accept self-contained accommodation and only in the area where she was currently rough sleeping. Whilst options in the private sector (via Spring Housing) were being sourced, Lou agreed to stay in a hotel in the same area where she was already rough sleeping.

The RSI outreach worker has expressed that the hotel staff have been incredibly helpful and adaptable during Lou's stay. They have been offering her emotional support and have gone 'above and beyond' in order to help her; including being extremely flexible around extending her stay until her new flat is ready.

A self-contained property was sourced for Lou by Spring Housing and, whilst this is being prepared for Lou, she remains in the same hotel she has now resided in for several months. Since Lou moved into the hotel, she has continued to make improvements, both physically and mentally; something that has been noted by other outreach teams within the City. Lou has also started to engage with drug and alcohol services and has expressed an interest in being 'scripted' for her heroin addiction.

Lou has been given a smart phone through RSI funding and the outreach worker has also purchased jewellery and art making supplies to enhance Lou's wellbeing. She has also started to save money and collect items for her new flat and has said that she is finally feeling positive and 'like she is starting to get her life together'. ['Lou' is a pseudonym]

6. Case Study: Protect Programme: "It doesn't end with housing"

When Addie joined the Protect funding programme she was well known to rough sleeper outreach services, including the female outreach worker funded through the women-specific RSI stream. Addie had ongoing issues with substance misuse and, although without formal diagnosis, appeared to be suffering from mental health issues, including delusions. Addie was not interested in engaging with substance misuse support, which impeded an ability for mental health services to intervene and provide an assessment and diagnosis. Addie had also been known to be sex working.

Addie had previously been living in shared accommodation but was struggling to maintain this due to issues with substance misuse and hygiene issues, and so was funded through the Protect programme to move into a spacious, clean flat in her area of preference. The flat was well-supported and with 'stable' neighbours in the surrounding flats.

It soon became clear that Addie was having trouble maintaining her tenancy. There were often 'friends' or acquaintances of Addie's (individuals who were usually rough sleeping) staying within or near the property, with evidence of drug use and waste being left near the property.

Addie's dependence on drugs continued to be the largest barrier to her maintaining her tenancy, and the outreach worker reported that the flat was continuously in a poor condition; with faeces, needles, mouldy food, and piles of belongings around the flat. Due to the repeated poor condition of the property and the antisocial behaviour caused by visitors to Addie's flat, the housing management team were soon requesting that alternative accommodation was sourced for Addie. Due to the complex issues around Addie's ability to 'maintain' her flat and tenancy, the Protect Outreach worker expressed that the bulk of her role became about advocating for Addie to remain in her flat, rather than carrying out work to seek effective support and 'really get to know who Addie is'.

The Protect worker also remarked that Addie had lost the key to her flat at least three times, which led to her sleeping rough or 'going missing' for days at a time. It was often hard to re-locate Addie to provide her with a new key, and Addie was reluctant to disclose where she had been when she was re-located. Addie had several outreach workers who engaged with her at this time, and all faced similar barriers in terms of her 'disappearances', and substance misuse.

As the 3-month Protect funding was drawing to a close, Addie was referred to the Housing First programme. It was not feasible for her to remain in her current property, and so a suitable Housing First property is currently being sourced for her. The Protect worker is concerned that Addie will have similar issues when she enters a Housing First tenancy, and feels the fracturing of support through short-term funding streams such as Protect, means that the 'rhythm' she was beginning to develop with the other outreach workers and the understanding they were developing of Addie's patterns of 'visibility' and of engagement and re-engagement, would be lost. Although a whole 'history' of Addie was not possessed by the Protect worker, she felt Addie's patterns and behaviours were rooted in trauma, and that the outreach workers were beginning to understand this, and felt Addie would engage and open up more as time went on.

The Protect worker also remarked upon the 'continual handing over' of support for Addie that had occurred over the past year or so, meaning that a lot of information, understanding and relational intelligence was repeatedly lost. ['Addie' is a pseudonym]

7. "On the Streets": In-depth enquiry

This section presents key themes around engaging with women 'on the streets', from semi-structured, one-to-one interviews with stakeholders in the homelessness sector; dedicated female outreach workers, and a small cohort of women with lived experience of rough sleeping.

'Building up Trust':

As outreach and homelessness support workers recounted their experiences of interacting with women who were potentially 'rough sleeping' or 'at risk' of doing so, they consistently referenced the issue of 'trust'. This was characterised as an often-profound lack of trust in services exhibited by women who had experience of rough sleeping or, more broadly, what could be termed 'multiple disadvantage homelessness'. This was seen to impact upon an ability to effectively engage and retain these women in services. Similarly, this could impede the ability to gather sufficient contextual detail to enable practitioners to work most effectively with, and offer the safest and most sustainable options to, this client group.

This absence of trust was often linked to experiences of trauma and abuse in female clients' personal lives, but was also linked to perceived 'poor' or 'non-specialist' treatment by services that such women had accessed in the past. This was characterised as women being 'judged' or 'stigmatised' by the attitudes of services, and sometimes individual practitioners, or being continually referred into accommodation or services that failed to understand their needs, or had retraumatised them.

"*They are so insecure and unsafe – to build up some trust, it takes a while. Some women reject and refuse any support but after a [while] and trying and a few colleagues trying they might start to say 'yes' and look at the possibility of support. But not always, and it takes time, especially when you might not see them for ages"*
[Homeless drop in worker]

"We do try to refer to [a domestic abuse charity] directly if there are domestic abuse issues – but with a lot this is all hidden and we need to build relations before they will even speak to us about these problems if at all".

"So, the system doesn't work for a lot of women – they feel and have felt that if they access help, they lose control "

Additionally, past experiences of 'official' or statutory services - most often social care – were seen to mark the lives of many women; particularly those who had lost custody or guardianship of a child; or had become pregnant whilst rough sleeping or living in insecure housing circumstances. In this way, accessing or engaging with services could often feel like a loss of control for women, and something they would try to avoid:

"The system has destroyed some of these women. Lost their kids, judged, rather than helped. Why would you go back to that?"

"One woman, she sleeps in a tent in X area, and she hasn't really engaged with me and once when I asked her what she wanted she just said 'I don't want to wake up tomorrow, I just want my kids back' so I haven't really been able to engage with her."

And when the women get pregnant on the streets – it's happened a few times – they can almost go into hiding, know they'll have social care involved, know what's gonna happen."

Lived Experience: Reflections on Trust

"When I was in that situation, I built up some trust with one worker from one place and after a while thought, 'OK, that was alright', and was able then to engage with another service. You just feel like you're stuck on a database, it's all too impersonal, formal".

"I had a breakdown from the trauma. It is very hard for me to trust people. I start to trust and then that worker moves on or moves you onto the next worker. In my old house, I see people bullying and so in this new place I do keep myself to myself more and I was so scared and still have so much from my past too when I was a kid".

"I'd never been able to rely on anyone. No trust there. My family, relationships, all ended up hurting me one way or the other. So why would I trust some random person who says they're gonna solve it all?!"

Whilst it is possible to suggest that many marginalised, or more 'entrenched' groups or individuals, will often be reluctant to engage with formal sources of help, it is clear here that an understanding of the 'separateness' of women's experiences was seen as vital to developing forms of assistance and engagement that would 'work'. The lack of trust and ensuing lack continuity and engagement, often fostered by previous experiences of personal or systemic abuse, and the additional work often required to 'identify' women who require assistance, surely has strong implications for both funding regimes and their associated 'outcome' frameworks.

Indeed, due to a prevailing sense that female clients were often distrustful or fearful of service engagement and intervention, some services felt that they went 'above and beyond' for their female clients in order to foster trust and connections. This was often translated as 'doing more than the funding contracts pay for' but could have the adverse effect of creating 'dependency'. In addition, there was a concern of what would happen once the funding ceased, and women were left feeling 'abandoned': mirroring their previous experiences:

"These women just don't trust people anymore as they've had so many bad experiences and so there is a huge amount of trust we need to build up and to be honest we do go way above and beyond to try and get the trust but then it's like they expect us to do everything for them and it's drawing back in a safe way for them so that is a challenge".

"In some ways I feel like I'm only just beginning to make those connections with the women, it takes a lot of time, intensive work, and the thought that the funding ends soon and so does the project end soon? And it's like ripping that away from those women and how many times has this happened to them before? It's not quick results and you can't look at it that way".

Persistence or Coercion?

Outreach workers often spoke of the concern that the persistence required in attempts to build up trust and relational familiarity could become – or be perceived by women as - being coercive.

"I think sometimes some people want to push the women too much, if they say they don't want help, you have to be persistent in a way, but not push people and I'm not sure we always get that right…and also I don't want to step on other outreach workers' toes and there are so many people working in this area."

"I think…it can be overwhelming, yes. So many services have their own [priorities and are those necessarily the women's priorities? Not really. So, it's a case of 'who really wants this, the service or the woman?"

This notion of coercion and loss of control also came out strongly through the interviews with women with lived experience:

"I felt a lot like someone else always had control of the process and it was horrible. I just stopped feeling. You get pulled along and I was numb, felt like I couldn't do anything for myself. I even got angry I couldn't end my own life. It makes you feel helpless. Useless"

"My advice to practitioners? Ask and ask again because sometimes you can be asked so many questions, you can end up agreeing to anything on the day, you feel pushed into things, so many people - [professionals] need to go back and revisit that again more than once. Like, is it my choice or was it theirs?"

"I feel like I am being pushed around into decisions because of what each service wants me to be".

Three of the interviewees with lived experience indicated that it was the constant of one worker, that they were able to build up a trusting relationship with over a period of time, that 'made the difference' and helped them to move forward towards recovery and healing.

One woman was assisted by a well-established, sustainably and well-funded, charity in the City, who she felt she came across by accident rather than design, and another found the help of a substance misuse social worker:

"I think I was very lucky, when I see homeless people on the street and that wasn't my life for long, it was lucky that the place I went to for help, they helped me in the way I needed to and that is what it is sometimes just the right thing at that time. And they have continued to help me all the way along. Call it luck maybe? It must be as I know so many women don't achieve that."

"In the end for me it was a social worker. She got it, that made the difference and she worked with me and became like the centre of things."

Multi-agency or 'just lots of people'?

"Now there are literally more people whose job it is to do outreach than there are rough sleepers on the streets today…and that is the challenge."

Due in part to the increased funding and activity around rough sleeping instigated by the COVID-19 pandemic, and a perceived central government focus overall on rough sleeping, all stakeholders and women with lived experience commented on the sometimes seemingly 'crowded' nature of outreach activity.

Objectively, many stakeholders suggested that increased funding, joint working, and a variety of workers with separate specialisms and remits was a positive thing. However, many felt that this tended to, ironically, fracture support avenues for women and leave them feeling alienated, creating stagnancy. This was particularly the case where clients were perceived as 'difficult' or 'hard to reach':

"With these clients, I feel like, everyone is looking to everyone else to lead and we have so many workers which is great if we're talking about wrap around support, that is great, but I feel people often look to me to want to know what's happening and I am looking to other people to try and find out what is happening, and it creates this kind of stagnant environment."

"I went to see [a client] and I went out with a CPN and a navigator and the conversation was exactly the same as the week before – I wonder what we can do and I am looking to them who have been working with her a lot longer and then it's like they are looking to me and I am trying to not fall into the mindset that there is nothing else we can do but I feel like people think that".

"Is it multiagency or does it just mean many services? It makes it very complicated. Not just for the women but for professionals, too"

"*Women are often passed from organisation to organisation and ten different people who are or have supported her in the past, as services are led by a prevailing issue, and there are so many hands in the pot, so how do we make it, so people work together more?*"

"Multi agency approaches ? People get bombarded with people – you'll have a load of workers and a worker for each issue, but the women don't even know where to start and there needs to be one person working one to one and building up the trust and then it can move out once the processes have been explained and that woman is ready to introduce multi agency working. It needs to be consistent, have one constant and let it grow organically, that trust building that rapport is the most important part of it."

I have an entrenched rough sleeper, complex needs, drugs, sex work, and she receives help from me, and three other workers [from separate agencies]. I decided myself to take a step back. I said 'we are going to overwhelm her' and she'll start pulling back so I've just said 'I'm here if needed' and once we have established her situation, what she wants and needs then I can maybe get involved around the housing but at the minute she's not engaging well"

"Depending on the needs of the women, it can be overwhelming and they dunno who is doing what and there's different approaches that people have, and I am really alert to that".

Several stakeholders referenced the common experiences of trauma and abuse in the lives of the women they were trying to support and engage. Many felt there needed to be better links and multi-agency approaches between homelessness and VAWG sectors, but that competing priorities or focuses could act as a barrier to effective joint working:

"There's not enough joined up working - homelessness services, specialist women's services and rough sleeper teams linking up".

"We approach anyone we think might need help and we explain we are nurses and if it is housing needs or more for [VAWG] then we'd refer and it depends on how much they tell us, how much history they are willing to give and just try really and find out who is the best person to engage with them and almost might be like passing them on if we can't help, so then they might be like 'well I've told her everything and she's just passed me on, I don't want to speak to anyone else…almost like building up the trust and then we can't go any further as it's not our remit"

Lived Experience: Multi-agency approaches:

"It's amazing how they had loads of different workers involved with me or saying a different thing. So, it would be like, you know, I'd have one worker saying to me, 'I can't understand why they want to take your children off you, because I worked with heroin addicts who've still got their children', then other agencies focusing on how bad it was. How bad I was".

"And I had the police tell me when I ran away with my children after the abuse, they said 'to be honest, I've got three at home, I would have done exactly the same thing', but then gave me a final warning and so I had to come home. I just had lots of different workers involved in my life, for different things. So, substance misuse, family support. I can't remember who they all were actually, and I'd be thinking, 'who wants to share or have a say in different things?' and them giving me different types of advice and half the time, I didn't know who the bloody hell half of them were, so I got lost and gave up!"

"I really wish I just had that one worker who could have advocated, been an advocate just for me. Instead of half of the time on this thing, someone else half on that"

Backgrounds of Trauma and Abuse

A high proportion of stakeholders interviewed for this project referenced that they felt many, if not all, of the women who were experiencing rough sleeping or 'at risk' of doing so had past, or current, experiences of violence, exploitation, trauma, or abuse. These experiences were often characterised as 'domestic violence or abuse' and guided concerns about how women were approached, interacted with and how suitable accommodation placements would be for them. Several stakeholders had concerns; that sufficient levels of understanding and awareness of violence against women were not established within the sector, and that this could impact on the quality and sustainability of interventions offered to women.

"Every single one has been abused in one way or another, financial, physical, sexual and with that people should have the knowledge to provide that level of support so we have Progression coaches and we have basically provided a counselling service cos the stuff we deal with and do is not nice, and none of these women think that anyone cares about them at all".

"Domestic abuse issues – it depends on the individual whether we would address these issues with them at the time or it would happen later. We have a psychotherapist on our team and she's the one trained to do that but there would need to be a level of stability first before any of that work starts cos you might not get hold of them again for a couple of months, so you don't wanna open that up, see if they are ready, whether practical things need to be put in place first. What they want really." [Outreach CPN]

However, and as referenced in Section 3, there was a concern that seeing women automatically as 'victims' or assuming all homeless women have experienced abuse could be detrimental to them:

"My perception is that when we start to talk about women and homelessness, they are victims. Or violent abuse, domestic abuse, sexual abuse. They are always victims and there is a massive difference between how we approach and view male homelessness and female homelessness. Yes, men can be vulnerable. but women are victims and that is the impression I always get from the discussions I have and for a woman coming into our services you must sense that, that reaction you have probably been a sex worker, you have probably been beaten up by a partner or controlled by a man, all of these things must have happened to you. And overwhelmingly the women will have experienced that, but you don't need that reinforced when you walk through the door."

Alongside this was a concern that, perhaps, rough sleeping or homelessness and 'domestic abuse' were often more 'separate' as issues, and that the 'interfaces' between the two were not always as apparent as some suggested:

"So, how much are you working with a housing, homelessness and rough sleeping issue and how much are you dealing with abuse and where is the crossover?"

"Does she necessarily want that formal domestic abuse support? Possibly not at that time, but like there's nothing in between"

<u>'Compartmentalising Trauma and Abuse':</u>

Whilst, in the main, stakeholders characterised the abuse and trauma experienced by women under a framework of domestic or sexual abuse, women with lived experience pointed to the tendency of services to 'pigeonhole' their experiences as of domestic violence/abuse:

"It's really important to think about protection and keeping safe in those services – it's definitely important and not something you really have through your journey…people that are involved with people that have, you know, housing difficulties or other difficulties kind of don't understand how important safety is particularly for women. No, not unless you're living in a domestic violence situation right here, right now, you know…[then] they're going to jump in and move you. Services, they look at it very

immediately; what's happening right now, rather than looking at what safety might mean in the whole kind of context of your life and your past and yeah, yeah. And I do think that's something that needs to change".

"So, back then, I would NEVER have thought 'I'm a victim of domestic abuse'. I just wanted my own place, to feel safe and to get clean. Mine was a lot of family stuff in my past which now I've done the work, I see where those behaviours came from, but back then? Nah. Not in the middle of it"

'Women only spaces':

Those women with lived experience who had reached a level of 'stability' in their lives reflected on the benefits of 'women only spaces'. This was quite often linked to subsequent assistance they received away from homelessness systems, such as treatment for drug and alcohol addiction:

""After so long, I only started getting the help I needed once I went into [drug] treatment as they recognised men and women's needs are different."

"Having the women only drug meetings and the spaces to stay that is so helpful. Yeah, I wasn't sure about who I was, and I'd have no boundaries, personal boundaries, so that certainly helped me to build up my confidence and make me feel like I was worthy".

"A bit later it was really good to be around women who had been through similar things, not always the same thing but share that space and those experiences. And NA really helped cos there were loads of women who lost kids, had kids removed, and these women are just failed. Nothing to help them once their kids have been taken away and women are judged far more harshly than men."

Two women reflected on how homelessness 'spaces' are not always set up to understand that women might not feel comfortable around men, and that just being asked about this element was appreciated, but that it could leave women feeling they were someone unusual or not 'normal' for their natural and understandable responses to previous abuse:

I wouldn't have gone to [a homeless drop-in centre] when I was in the madness, with all them men, no way."

"[A homelessness service] had a women's day and they ask us what we would like – I think it is important that we are asked that question and that it is not assumed we will be happy and grateful to just accept whatever there is you cannot avoid men – there are gatherings and communal activities in lots of services even if they have a women only part of the day, and I am realistic that I cannot live my life just with women but I think people think we need help to control our emotions - not all men are evil and nasty abusers or something like that. We know that but it takes time to get to that place."

"When you have lost your hope and everything, it does feel like you are not normal, and I want to be a normal person and to be a normal person you cannot live without men. We are taught we have to forgive and forget but I don't know what that means. But it is always in my mind, the safety, being scared, and that is how people twist you. Still a lot of work for me to do."

Couples

Aligned to experiences of trauma and abuse experienced by women 'rough sleeping' on 'on the streets' was the high incidence of 'couples', or men and women in some form of relationship whilst rough sleeping or otherwise vulnerably housed. These relationships were often seen to be abusive or coercive in some way, or at the very least deemed 'chaotic' or 'toxic'; often with drug and alcohol abuse adding further issues. There was also an acknowledgement, and something that is similarly well-established in wider research and practice evidence, that many women would 'partner' with a male whilst homeless for 'protection'.

Several outreach workers had developed careful strategies in order to attempt to engage women who were often seen with a male partner, but where it was clear that partner did not want them to engage with services. On the whole, outreach workers seemed to understand the dynamics of these relationships and often worked swiftly and innovatively when they saw an opportunity:

"*It's difficult, a very softly, softly approach so we try and split them up with different support workers with different agencies like military precision, so we'll arrange to meet them at the same time in different places to get them on their own safe environments and do some work with them".*

"And things like – well most of the time it's the male who is the negative influence, a couple of times it's been the female but not that often, but often it'll be like the male goes into custody for a while so this is our chance to work with the woman so we have one young female adamant she wasn't leaving her partner, he wanted to stay on the streets but as soon as he was taken into custody she was probably at her most vulnerable then, I mean he only went into custody, not prison, but if gives you a chance to intervene and we were able to get her into accommodation. We've had a couple like that, it's taking those opportunities."

Outreach workers would often try to involve the male partner, with the woman's consent, if this was perceived to be a barrier to the woman engaging with a service:

"Sometimes we have to involve the partner too, so they might feel like the female is getting all the attention so even if they aren't our age group, we will try to involve them, if it's a meaningful activity, do you want to join in? At least have conversations with them let them see we aren't trying to take her away or push him out, but it is very difficult"

However, outreach workers acknowledged that there was no 'right' way to approach working with couples. 'Strategies' and good practice were developed as they went along, but practice remained 'tricky', and all work was carried out with respect for the wishes of the woman, as far as this could be established, and with a view to not putting her in danger:

"We often get men in the background There's this couple come out on the handover a lot as she is pimped out to him and they are both drug users and I am so mindful of that, in terms of speaking to her as you don't want her to then have to deal with the repercussions of speaking to us and that is such a tricky, delicate thing to manage so professional would want to check her wellbeing but not cause any issues for her as a consequence of that"

Workers who were away from frontline outreach but who had rough sleeping or homeless couples accessing their services felt that, perhaps, staff were not always trained enough to know how to engage most effectively with, particularly, the woman without causing difficulty or danger to her:

"We need better expertise for engaging with couples so we will have people turn up with their partner and it's like 'how do you handle this?' and sometimes it's about arranging something when the partner isn't around, and staff don't know how to cope with these situations, do you need to be flexible? What can you ask without scaring her off."

"The copper who rang me called to say she'd got a couple, and they'd got smashed, had a sesh, so I couldn't engage with them but then the copper spoke to the female separately and she wants to engage, is desperate for support but the partner says no, he is stopping her and that happens a lot. And then how do you handle it?"

"Couples, I'd say it is quite tricky for our staff really, especially if we can see it is a vulnerable woman and will do some initial work to see she is safeguarded with the male as there are cases where the male is predatory or controlling but she doesn't feel comfortable disclosing and it is difficult as we don't always get consent from the woman to speak to her individually and often will say she won't speak to us without him there… it is tricky and we do try to build trust but if we push them too hard you are in danger of losing them and at least when they are with us we know they are safe so we try to go at their pace as much as we can"

Stakeholders often felt ambivalent about involving more specialist domestic abuse services in these processes and interactions, particularly at the early stages of contact and trust-building with women who presented as part of a couple. There was a sense that many women did not currently, and perhaps were not yet ready, to see their relationship as abusive, or did not want to end the relationship or be 'away' from the male.

"Take DV for example, half the women don't want to recognise or admit at that point that they are experiencing DV and a lot of women don't want to go down on paper, scared of giving their details, experiences of social services and stuff.

There is perhaps something of a misconception here that specialist domestic abuse services 'only' work with women who have left or want to end an abusive relationship. Nonetheless, it is pertinent to appreciate that many women encountered will not currently recognise their relationship as abusive or controlling, and so intervention by a formal domestic abuse service may not be wanted and may even serve to fracture any trust or relationship-building an outreach service is attempting to build.

It would certainly appear that specialist advice and training by VAWG services on interacting with women who remain in controlling, exploitative and abusive relationships and on the dynamics of domestic abuse and coercive control would be of benefit to practitioners in the wider sector.

Similarly, the **Homeless Couples and Relationships Toolkit**, developed by St Mungos, is a valuable tool for practitioners and organisaitons to use: https://www.mungos.org/publication/homeless-couples-and-relationships-toolkit/

Stigma and Shame

There was a tendency for 'higher level' stakeholders, as opposed to frontline workers, to reflect in more depth on the impacts of stigma and shame on women's experiences of accessing help and support, although some outreach workers also commented upon this element during the course of interviews. There were suggestions that the way homelessness services are designed, with 'labels' appended to them, act as a barrier to women accessing them:

"The hubs are problematic because they have labels on them, don't they? You go to a place that has a label. Why would you go there? Unless you knew [there was a] woman who was trained and based at these hubs at a certain time so women knew they could pop to these hubs. And, actually see someone who gets it".

"We put people into categories, and I definitely think women feel that more than men. The shame of going somewhere you are known as this or that. Of being seen as a 'rough sleeper'. The fear of being judged, most definitely".

Concepts of gender socialisation, associated notions of stigma and shame, and the ensuing assumptions made about women were also seen as a barrier to them receiving adequate levels of support and engagement. This was particularly linked to how homelessness sectors as a whole characterise 'rough sleeping' and motherhood, and how traumatic pasts also engendered deep feelings of shame and self-blame in women:

"It can be the case women feel shame more than men there is stigma and it's like saying I need to go to this place cos I've got a problem and I need to sort it out. No, you want somewhere safe to stay.".

"Stigma and shame of women I there. I think, potentially, I think that society lays out different expectations for men and women and this plays out in their homelessness and other risk factors. We have to remember what those factors are and how society might perceive these women and where they are at the moment and their sense of self. Children. It shouldn't make a difference, but the judgement levelled at a woman if a woman's biological children are in care vs a man, there is a lot more judgement and I think they feel uncomfortable having those conversations and disclosing those things about their background and history and that is just another barrier to support if you feel like you have to talk about those things to be accommodated or whatever it might be".

"The shame. Yes, women have said that to me and especially that one in hospital at the moment, cos of what's she's done in the past she is ashamed and needs to be punished and that was sexual abuse, nothing she did and there are other women we work with and they have broken down and said I don't know how to act like a woman, don't know what a woman is supposed to do which is when they've had a really traumatic past and don't know what is normal and not in society and where she fits into that."

"There's that massive to stigma of homelessness anyway but then not conforming to the stereotypical ideal of femininity – you're on the streets, you're dirty, whatever else, the way women are verbally abused and denigrated, it has that gendered element to it, yes."

"The spectrum is wider, not just you are a rough sleer, you are not a rough sleeper and if you don't identify as a rough sleeper why would you ask for help in that area, why would you reach out to a service for help…the stigma completely stops people asking for help."

The RSI outreach worker also made some very pertinent observations about the way women she was supporting were treated by members of the public.

"Every time I am with [a female client], usually they let rough sleepers on the bus for free I didn't have my mask on and was just getting it on and [the client] doesn't have a mask and he turned to me in front of her and said to me 'can you make sure she has a mask on as I don't know what she's got' and I said 'well she's less likely to have anything as she is always outside' but this was right in front of her.

Also, I was with her in Primark and it's quite normal if we go in shops security will follow them round and I had to say to the guy to stop following us as we were trying to shop, and I had asked a shop assistant like say 'where are the pink jeans?' and she went 'oh yeah they are down there' but then said 'is it for her?' and looked at [the client] and I said 'yes', and she said 'oh well the cheaper ones are down there'.

So quite often I will be with a woman in a shop and a security guard or member of staff will come over and say 'are they bothering you?' and I know it is an issue as people will come in and beg but it just made me think about what it must be like to live through that every single day, especially if you are trying to get a fresh start and turn your life around when people constantly make digs at you and say you are not worth anything

And I will ask the women when this happens if it has happened to them before and they say it happens all the time, it's just part of life, and I think people are less intimidated by women so particularly men they don't think the woman might hit them or attack them so they can just treat them like dirt."

Women with lived experience also spoke about being judged and labelled by services during their time rough sleeping:

"Oh, women are treated terribly, women are blamed for these situations they're in, you know. I remember a social worker telling me that it was my fault my children got abused. Outside social worker said, how could anybody like me be worthy of being a mother? I mean, I must admit, if I'd have been 15 years younger 10 years younger, I probably would've committed suicide because of the whole deal because the way they made me feel. Yeah".

"Women are judged more harshly for lots of things, like offending too, Victorian attitudes, sexism even going back to that rubbish that girls mature quickly than boys, expected to take a lot more on, they can cope, girls keep it together, keep the family together, do the right thing. I think there is a lot more layers with women."

"It's amazing, the people with the power, how they have the power to read your situation, and it was amazing the amount of people when I was rough sleeping, thought I was on the game, yeah got to be on the game and they even put that in some report saying I was a prostitute and that is what they expect I was doing, not what I was doing, but that sticks with you"

"I'm just a poor victim to a lot of these places. Got myself into a poor situation and they make up their own priorities around that."

Commentary

This exploration of the experiences of stakeholders and women with lived experience around initial – and ongoing - engagement has revealed several key but interrelated points.

Women's experiences and backgrounds – both personally and in relation to services - often appear marked by trauma, abuse and feelings of coercion and control, stigma, and shame. Such experiences, along with the way women 'move through space' whilst on or around the streets means that developing supportive relationships can be challenging.

It seems clear that developing consistency, and relational constants, for women who are experiencing rough sleeping / at risk is of benefit to a full understanding of need, and to foster choice, autonomy, and control. However, it is inescapable that there are, as one stakeholder described it, 'no quick wins'. Developing trusting relationships, along with the clear need for consistent, personalised, and longer-term housing-related support surely necessitates longer-term, consistent, and personalised funding. Alongside this, funding regimes that do not privilege short-term practical 'outcomes' over longer-term stability and recovery are required.

There is one perhaps inevitable, although unintended, consequence of intense and overlapping funding streams and focused activity around 'rough sleeping'. This is the presence of multiple workers who may be pursuing different – and sometimes competing – organisational priorities and funding 'outcomes'. The presence of multiple workers and multi-agency working is certainly not a negative occurrence and, realistically, women whose lives are marked by transience and a fluctuating 'presence' on the streets will naturally encounter different workers as they move in and out of visibility. However, there is surely a requirement for a consistency of approach to women, and for this to be embedded within an understanding of women's needs, and their specific and separate needs and challenges within society, and within systems, as women. This also speaks to the concerns of some stakeholders around 'labelling' all homeless women as victims of abuse. On the one hand, this can possibly be viewed as a misunderstanding of gender-specific, trauma-informed approaches. However, this does raise a valid concern about how we conceptualise and understand 'violence and abuse'. Women's experiences do not automatically fit into neat 'remits', and a wider understanding and conception of the multiple and intersecting forms of interpersonal, structural and systemic violence, harm and abuse women face – beyond a more simplistic understanding of 'current domestic abuse' - is required across the sector.

8. “Off the Streets”: In-depth enquiry

This section provides thematic detail from semi-structed interviews with outreach workers, stakeholders in the sector, and women with lived experience, around the issues of accommodation-finding and accommodation options for women who are rough sleeping or ‘at risk’ of doing so. It also presents findings from an online survey aimed at homelessness accommodation providers: ‘Women and Homelessness – Accommodation Needs’. This survey was created after initial analysis of one-to-one interviews, in order to follow up and draw out the emerging themes around accommodation with some of the organisations who actually provide this accommodation.

It is particularly important to analyse some of the issues around accommodation finding, placement, and sustainment for this cohort of women, not least because any rough sleeping outreach programme will have a key goal or outcome as obtaining accommodation for clients. It is also important specifically for this research project due to a key finding from the work of the women-specific RSI women’s outreach worker: that the majority of women referred, or otherwise identified as ‘at risk’ of rough sleeping, were unable to sustain, often, shared or ‘exempt’ accommodation. This appeared most often due to active substance use, mental health, or ‘behavioural’ issues; otherwise ‘high’ or ‘complex’ needs; an inability to share accommodation with other housemates, or due to not feeling safe.

Similarly, previous enquiry into exempt and shared accommodation, and available accommodation options for women ‘rough sleeping’ or experiencing ‘multiple disadvantage’ in Birmingham suggested women often struggle to access or sustain such accommodation for similar reasons (Raisbeck, 2020).

Many stakeholders interviewed expressed surprise that no women-specific accommodation had been commissioned by the local authority during the most recent funding round. As the following sections will show, it is not necessarily the case that merely providing a ‘women-only’ accommodation service alone is sufficient to address the phenomenon of ‘rough sleeping’ or wider homelessness. Nonetheless, it does suggest a possible de-prioritisation of gender-specific and gender-informed service provision, at a time when local and national evidence bases indicate the to the contrary.

<u>Safety and Harm</u>

The majority of stakeholders interviewed referenced the issue of safety for women accessing accommodation: particularly shared environments. Several recounted instances where women they were supporting had been placed in inappropriate accommodation, which had led them to feel unsafe or ‘retraumatised’ them:

“We had a client, and she was urinating in her bedroom as she was too scared to go to the toilet and another woman, she was getting men knocking on her door in the night as they’d come in with another woman who was sex working and would be trying to get back into the wrong bedroom”.

“Women want that feeling of safety and it’s not a lot to ask really, is it? But it feels like it is!”

"A lot of the time there are males in the background and sometimes they have tried to get away from a male. And they may as well go back to what they had before, the abuse, [because accommodation is so awful]".

"So, I had one woman referred who was a DV victim, was put in a shared house, and felt really threatened and unsafe, there were men walking round with no tops on, sexual suggestions and she hated it."

There was also a sense that, even when 'female only' accommodation seemed to have been secured for a client, the accommodation did not always remain female-only. This was attributed to a perceived imperative by accommodation providers to 'fill bedspaces', and they would shift their remit or referral criteria in line with this:

"We had one that [a statutory agency] sent to a female only exempt house, and she had just come from [a secure psychiatric unit] so this incredibly mentally unstable woman, and then the next day a new resident turns up and it's a man in a supposedly female only house and it was just the two of them in this house so [the agency] were like 'argh!' do you have any contacts? I've seen that over and over that sense 'we'll keep it female only if you can put five other women in there, which I can't always do and so they'll have anyone to fill the bedspaces".

"We'll have organisations saying we'll keep it women only if you can find more women to fill the place up. I mean, it's women only or it isn't, surely? But it's not about the women, is it? It's about the rent"

<u>Lived Experience: Safety and Harm</u>

"I was put in a really rough hostel where I was massively at risk as I was too complex to be in a women's refuge so yeah with men there, the absolute rough end of the rough. I was already rock bottom, extremely vulnerable and that's where they stuck me. I got into allsorts there and I think this happens all the time, don't think about a woman's history and what she's gone through before they just say, 'here will do'. It's all wrong".

"It's really important to think about protection and keeping safe in those homeless services – it's definitely important and not something you really have through your journey [through homelessness]".

"People that are involved with people that have, you know, housing difficulties or other difficulties kind of don't understand how important safety is particularly for women. You're just not asked."

"Still now I am fearful of anywhere with multiple occupants, living with men. I did have the chance to go into rehab, but it was a shared house, mixed, and I couldn't do that."

"My nerves are shaking sometimes to see my next-door neighbours. Though it is all ladies here. I cannot stay with men. I have nightmares around men".

Inappropriate Accommodation Perpetuating Homelessness and Abuse

The seeming lack of available options where women would be – or feel – safe led to a sense of women 'cycling round' accommodation in an attempt to find somewhere that would work for them. This often led to new instances of homelessness and insecurity:

"And to be honest quite a few of the women I have had to house and rehouse several times as they just aren't happy and it isn't working so they call me back the next day and say I just can't be here and I do respond to that and it might be I want female only, the area isn't safe, or I can't share". [RSI outreach worker]

"They'll move from one to the next. First one, no good, they feel threatened or there are male residents, or male workers, move to another, the support and understanding isn't there. It seems endless sometimes". [Outreach worker]

"We have women coming to us who have been placed in bad accommodation and been made homeless again or contact us as they feel at risk of harm and need our advice. It's often the case women have even placed by other agencies in places that just aren't suitable due to the other people in there, or even the staff, and so we sometimes have to double up and provide our own support worker as these generic places can't provide the specialist support". [Specialist women's organisation]

Some stakeholders felt women who were deemed to be more 'complex' or had long histories of trauma and associated 'difficult behaviour' struggled to find suitable accommodation and were often 'serially excluded' from more suitable types of accommodation. Others felt that commissioned homelessness accommodation services had 'got better' at accepting and working with clients with histories of exclusion, but that women's histories of trauma, mental health and substance misuse acted as a barrier to access and sustainment. This was attributed to a lack of specialist understanding and knowledge about how to appropriately support women with these experiences:

"Not so much now with females excluded now it just seems to be really poor mental health, not engaging with any services around that and not been through many services - so much trauma, lots of trauma and a lot is sexually related".

"I don't think the sector understands this and I say that because I thought I knew a lot but this training I had, my God, I learnt so much about all the abuse, exploitation and so it's not understood at all".

Referring Agencies and Suitable Placements:

A lack of consideration or understanding by some referral agencies around women's needs, and particularly their safety, was also a key theme for stakeholders, and an element that was seen to contribute to repeat homelessness, and rough sleeping:

"Referring agencies have no sense of what is safe for women. What do we need to support this woman, to keep her safe, whatever issues she might have potentially, what can we do to make sure she is safe as we support this woman rather than just shove her anywhere and this is why women feel safer in a phone box, or on the streets or wherever, because in hostels they're more at risk of exploitation. There's just nothing, nothing".

"*Are women expressing the issues with accommodation? Not always. Sometimes. But, I think it's better to ask the question, than to assume, to check [the accommodation] is OK and comfortable – as women think they have to take what they are offered. So, we do need to be asking those questions: will they feel safe? I think women will be more vocal about areas, but type of accommodation, it's hit and miss if they disclose whether they feel safe".*

"There should be a form of routine enquiry. Do you feel comfortable with men, the size of house etc., really go into what sharing will entail and how that fits with their needs and backgrounds. We should ask everyone but females especially, yeah".

Women-only Accommodation: Shared Principles and Understanding

Accommodation options for, particularly, women with more 'complex' or 'multiple' needs who were rough sleeping or perceived to be at risk of doing so, were seen to have an added complexity. This was the notion that even if a service deemed itself as 'women-only', this did not guarantee that it would be a safe, nurturing, or productive environment for women.

Stakeholders suggested that even long-established, usually congregate, women-only accommodation could be problematic. Labelling a service as 'women-only' was not felt to guarantee that it would be trauma-informed and with a specialist understanding of how to engage with, and manage, female residents. This was attributed, firstly, to a lack of commitment to the commissioning of specialist women-only services, and to a lack of understanding and joint principles within the sector around what women-only accommodation does – and should – mean.

This has led to something of a schism within provision between 'accepts only women' and 'is specialist women only provision', which referral and support agencies could find difficult to navigate:

"*We need to be gender responsive rather than just saying we will have as service for women. You can't just adapt male programmes to fit women, let's just tweak it and put the word women in and it'll be fine. It doesn't work*".

"I think they don't have the resources to do trauma-informed training and I think they [a women-only hostel] have one staff member sometimes in the office who hides away as she was too scared to come out. If you only have a few staff in a larger unit, women will run amok, it won't be a safe environment, not conducive at all and then the smaller [exempt] HMOS, some of which are appalling, which don't give the support they should, or provide two hours a week with no knowledge of what catering for women looks like, which doesn't cut it at all does it?"

"[One women-only service] is full of women openly misusing drugs, I don't think the support is particularly good. It just doesn't look nice, and it felt awful. Obvious sex working going on and the staff not really monitoring properly".

"I've not come across many that truly specialise in women, but there are some who <u>say</u> their houses are female only".

"It's not trauma informed, most haven't even done a safeguarding course, or know about risks to women. No proper training, just basic generic support with the word 'women' in there"

"Like, a women-only house and all the workers are male, clearly issues with boundaries, no knowledge of gender issues and how to work with abuse and trauma. It would be laughable if it wasn't so dangerous."

Alongside the lack of specialist, gender responsive and trauma informed practices, there was the additional facet that 'having too many complex or troubled women' in one setting was difficult to manage, and required intensive, dedicated support that was not always apparent:

"A six-bed house and you make it women only, you put six troubled women together without support workers on site it isn't rocket science to know within a week it won't be a nice environment, recipe for disaster really."

"And even the bigger places, the more established ones, can be awful. You are safer on the streets than there. All women hostel but no expertise, same old thing, getting the people in, give support for housing benefit and the tick box bits to' move you on', but nothing with what is actually happening for you. You can't pile a load of troubled, traumatised women in together without the proper dedicated expertise and support".

<u>Funding and Adequate Provision:</u>

Women who had more 'complex' needs, and who often had experience of sleeping rough or were at risk of doing so were not only largely viewed as needing specialist, gender responsive and trauma informed environments. Such client groups were also deemed to require higher levels of intensive, flexible, and personalised support; in order to provide an adequate level of provision, but also to enable organisations to safely manage the challenges of 'groups of women living together'.

The availability of dedicated funding for both specialist women-centred accommodation and support services, and the increased levels of staffing and resources required for women with 'multiple' or 'complex' needs, was seen to largely be absent in the sector:

"*We are only commissioned to provide 2 hours of support a week but half an hour of that is classed as arrival so technically only 1.5 hours and the level of support we are providing is so, so much higher, to the point we need to recruit because the women need it. So for now we are having to get volunteers in to help with stuff to free staff up for the support and I really feel like it's closer to care than support with a lot of them and I think that isn't just Covid, it's always been like that for this cohort, like supporting women who have been raped, and victims of domestic violence who are seriously traumatised and ill due to that so essentially I wouldn't say its light touch support at all, we are caring for them*"

"And a lot say to be I feel like just robbing a bank or committing suicide or like I could do anything cos no one cares but the low-level support we send them to, is not gonna fix that is it?"

"The decent organisations, the ones who know how to provide the specialist services for this group, they won't do it for the level of funding as they know it's not enough, won't cut it, and that that could be worse than not doing it at all. So, it's the ones who don't have the expertise, think anyone can provide services for complex women, that end up doing it".

There was an ensuing concern that the lack of agreed principles or sector-wide understanding around 'women-specific accommodation', coupled with a lack of structured and longer-term funding, meant that it was a concern if the 'need' for women only accommodation was made known, as this would attract the less salubrious providers who would provide a cheap, non-specialist service, and that this

could, theoretically, be worse for women than being in well-run, well-funded mixed sex accommodation:

"I'm worried about saying we need more female only accommodation, even though we do, that it'll bring loads of dodgy people out of the woodwork, all saying, 'we can do that' and as its cheap as its all paid for through Housing Benefit then they'll just go with that and that is seriously not what women need, could make things far worse."

Some organisations felt that in order for their female clients to be safe, and be able to sustain, non-specialist forms of accommodation, that they in essence had to 'double up' the support provided through their own resources. This often all seemed to entail such support services 'taking the lead' and guiding accommodation providers in how to manage and retain their residents. Whilst this does point to a gap in funding, and arguably, a gap in specialisms for/in women-only accommodation services, there were instances of good practice, where agencies were able to help their clients successfully sustain accommodation and move forward, even if this was not the 'ideal' scenario:

"The majority of women are able to maintain their tenancies with [two providers we work with] – a couple of women who have almost jeopardised it, but we have such good relationships with the providers and if a woman is at risk of eviction we will have a multiagency meeting and come up with a plan for sustainment. So, whereas the support workers at [one organisation] aren't necessarily as trained and expert as they could be, we work so well with them that it is working for the women and they are majority female workers there which is good, a few men".

Case study: safety and exploitation

Adele has a history of rough sleeping and was sleeping on the streets with a male partner when she was engaged with by the female RSI worker. Adele has experienced prolonged childhood sexual abuse and domestic abuse, and her current partner is very controlling and 'jealous'. They had been evicted from shared accommodation settings previously due to drug use and the upkeep of the property. Adele does not appear to have any friends that she is able to talk to but has opened up about some of her history and feelings with the RSI worker.

Shared accommodation was sourced for the couple, as this was their preference. However, a short while later Adele was distressed, and spoke to the RSI worker about a situation in the household. Her partner, Johnny, had been threatened by other male housemates and there was a lot of 'tension' in the house. This resulted in one of the male housemates coercing Adele into a sex with him by threatening to assault Johnny if she did not. Adele said she just 'wanted the tension to stop' but is now filled with guilt, and this has also triggered past trauma from her childhood.

Survey Results: Women and Homelessness – Accommodation Needs:

This survey, targeted at accommodation providers, was distributed via several central mailing lists to the wider homelessness sector in Birmingham. The survey received responses from 31 organisations, and those respondents self-selected to participate. Similar to the general sector survey cited in Section 3, the findings make no claim to be representative or in any way 'definitive' of attitudes and perspectives towards this topic within homelessness accommodation provision in Birmingham.

Nonetheless, there has been no previous enquiry with, particularly, non-commissioned accommodation providers in the City, around their experiences and understandings of catering for female clients. This is despite the fact women's difficult experiences in homeless and supported accommodation have consistently emerged as an issue within previous research reports by this author that require further investigation (Raisbeck; 2018; 2019; 2020). Similarly, qualitative interviews with stakeholders and women with lived experience completed for this research report have suggested unsafe or otherwise unsuitable accommodation can cause traumatisation, repeat homelessness, and place women 'at risk' of rough sleeping.

"The survey is seeking to understand the perspectives of accommodation providers and their frontline staff, and is focused on 'women and rough sleeping'. For the purposes of this research project, the definition of 'rough sleeping' includes the following circumstances:

1) Women who have been, or are, rough sleeping (on the streets or any other outdoor setting) and women who are at risk of doing so
2) Women who have been, or are, living in transient and unsuitable temporary environments (including 'sofa surfing', squats and cars) and women who are at risk of doing so.

This survey is open to anyone working in both commissioned and non-commissioned accommodation catering for those who are homeless or at risk of homelessness".

[Figure 2: How the cohort under enquiry was defined for survey respondents]

Respondent Profile:

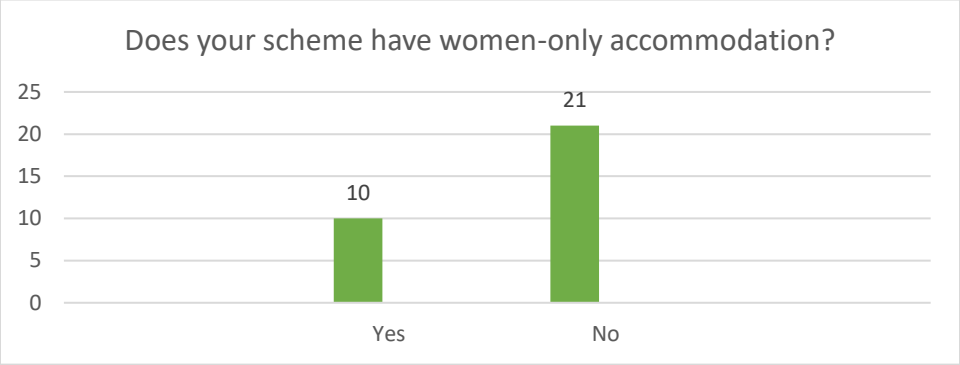
As with the general sector survey in Section 3, the majority of respondents identified their gender as 'female': 77% (n=24) female to 23% (n=7) male.

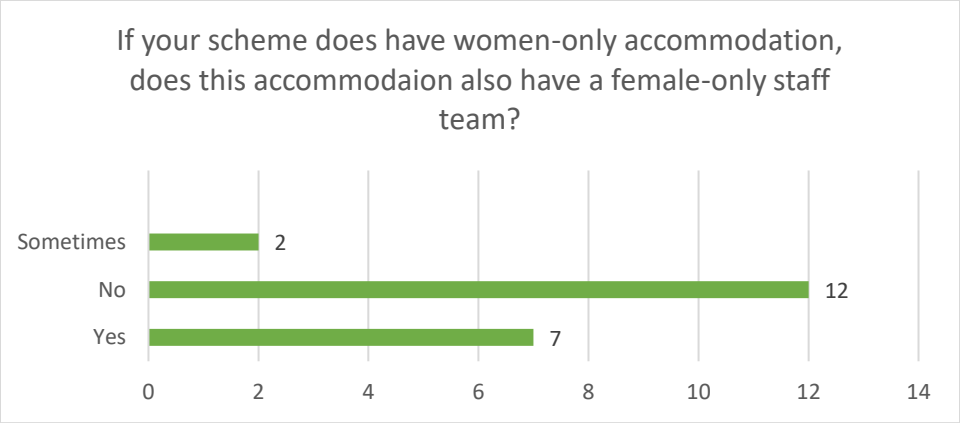
71% (n=22) of respondents identified their organisation as 'exempt' or 'supported exempt' accommodation; with 13% (n=4) belonging to a 'Housing Association' or Registered Provider, 6% (n=2) from a 'Specialist women's organisation'; 6% (n=2) from a local authority and 3% (n=1) from 'a third sector organisation'

19% (n=6) of respondents said that their accommodation service was commissioned by Birmingham City Council, with a further 10% (n=3) saying that some of their services or stock were commissioned in this way.

In terms of respondents' job roles, 35% (n=11) were a CEO or from senior management; 29% (n=9) a team leader and 26% (n=8) a frontline/support worker.

Women-only Services: General





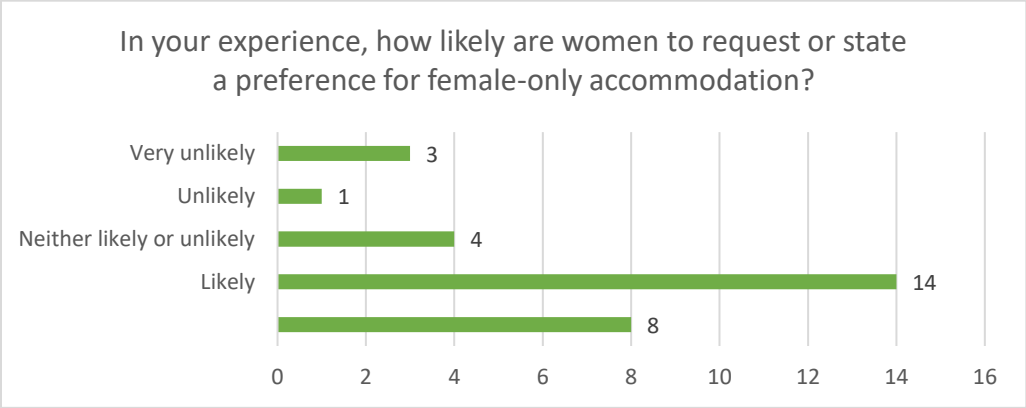
If your scheme does not have female-only accommodation, please comment below why you think this is (20 responses of a possible 21)

The key themes in this area were:

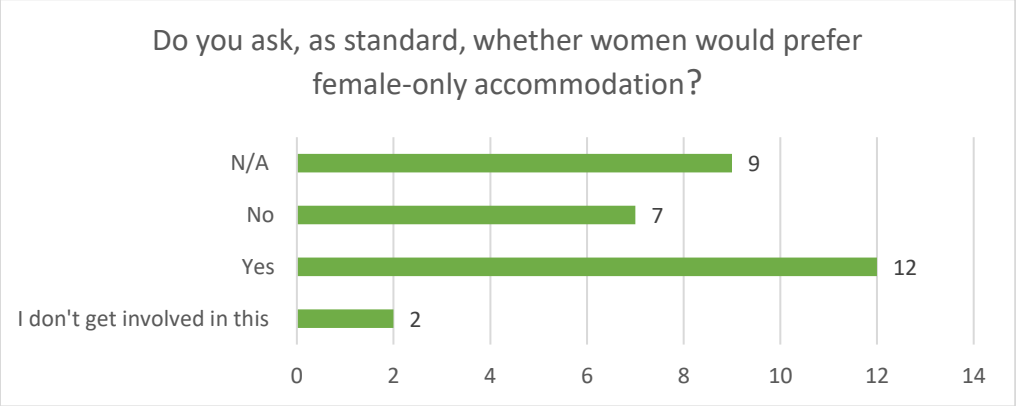
- Insufficient demand at present.
- Lack of resources and funding to carrying this out safely / adequately.
- We only seem to receive referrals for men.

- We are looking to expand in this area as there is a need for it.
- We are looking to develop this area but want to ensure we have a genuine occupational qualification / training for staff first.
- We would rather refer to other specialist women's services in the area.

Referrals:

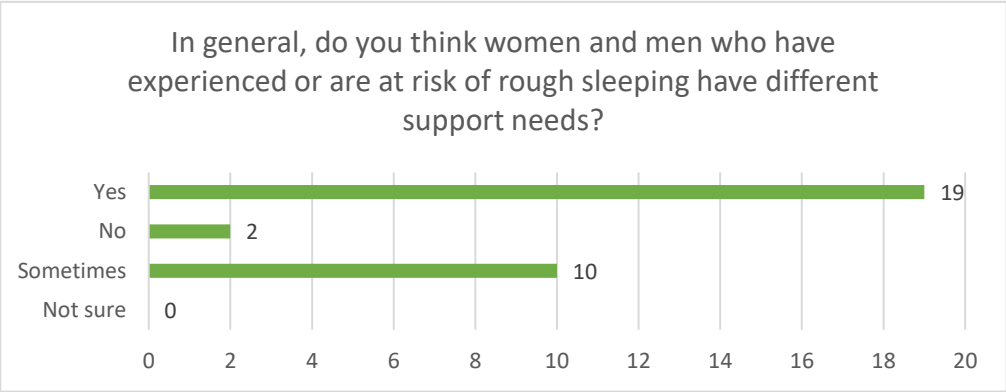


(30 responses of a possible 31)



(30 responses of a possible 31)

Knowledge and Understanding:



On a scale from 1 (none at all) to 5 (a vast amount), please rate how much knowledge and understanding you feel you have of the female client group under study.

(29 responses of 31)

Rated 1: 3% (n=1)

Rated 2: 17% (n=5)

Rated 3: 34% (n=10)

Rated 4: 28% (n=8)

Rated 5: 17% (n=5)

Weighted average: 3.38

What do you feel are the key features any accommodation scheme accepting this client group should have? This does not need to be the same as what your organisation currently offers. (Please tick any that apply).

(29 responses of 31)

Key feature	Percentage	Number
Staff understanding/training in domestic and sexual abuse	100%	29
Staff understanding/training in sex work or sexual exploitation	97%	28
Staff understanding / training in Trauma Informed Care or Psychologically Informed Environments	97%	28
Staff understanding /training in drug and alcohol awareness	93%	27
Staff understanding / training in complex mental health issues	93%	27
Staff understanding / training in gender socialisation	79%	23
Female only clients/residents	76%	22
Female only staff	62%	18
None of these are key features	0%	0

Other, please specify 17% (5 comments)

Female staff available at all times and separate sleeping and washing facilities.

Understanding of asylum and immigration.

Women should have a choice if they want to live in an all-female community and some do not want that and may feel happier in a mixed community. Ideally, they should also have a choice of male or female support workers.

Staff should be level-headed. It is important that just because we aim to empower women, we do not 'man bash' Staff should be presenting equality at all times.

If the service/scheme is not 'female clients only', then at the very least it should be self-contained accommodation and not shared.

Considering your answers to Question 7 above, which feature(s), if any, would you consider essential for an accommodation-based service catering for this client group? (You may choose up to three if you feel there is more than one essential feature)

(29 responses of 31)

Essential feature	Percentage	Number
Staff understanding / training in Trauma Informed Care or Psychologically Informed Environments	66%	19
Staff understanding/training in domestic and sexual abuse	66%	19
Female only clients/residents	55%	16
Staff understanding / training in complex mental health issues	55%	16
Female only staff	41%	12
Staff understanding of sex work / sexual exploitation	41%	12
Staff understanding / training in gender socialisation	21%	6
None of these are essential	3%	1

Other, please specify: 6% (2 comments)

Choice is essential.

These are all very essential and should be in place to provide effective support in a project for rough sleepers.

Qualitative Questions and Responses:

Please describe the main barriers for this cohort of women when accessing your accommodation

23 responses of a possible 31

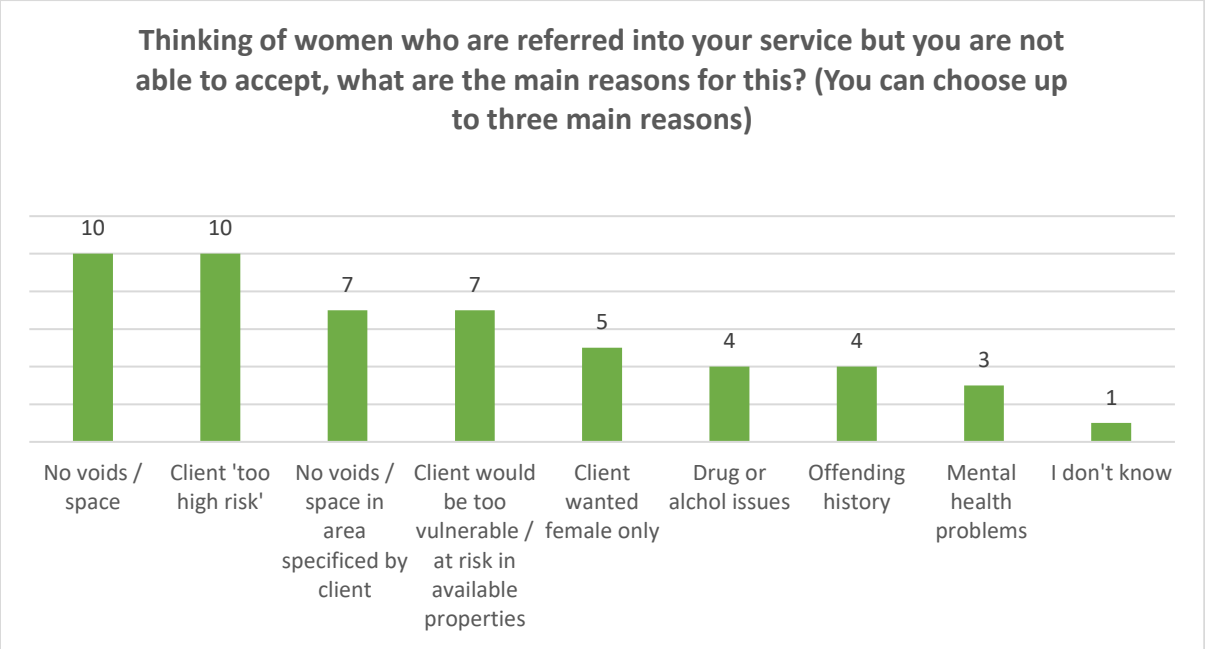
Key themes:

Safety

- Women not feeling they will be safe.
- Staff judge woman to be 'too high risk' (domestic abuse and exploitation issues).
- Locations available would put woman at risk (domestic abuse and exploitation).
- The client actually needs specialist domestic abuse support but there are no spaces/availability. We cannot manage this safely.
- The woman would be too vulnerable with other residents (often male).
- Cannot guarantee safety due to high support needs vs our organisational capacity.
- Issues around sex work – unable to guarantee safety of other occupants.
- Unsuitable male to female ratio in within current accommodation client bases.

Client needs vs Organisational Capacity:

- Needs are too high / referred female client too 'complex'. Most often characterised as active substance misuse and/or 'significant' mental health issues.
- Lack of funding, resources and/or organisational and staff expertise to support needs properly.
- Lack of training and funding to cater for and manage issues around trauma, abuse, and PTSD.
- Client wants female only – unable to accommodate request.
- History of problematic behaviour / 'being unable to follow rules' / adhere to curfews.



28 responses of 31 (90%)

Other, please specify (5 responses of 28 given):

We have too high a percentage of sex offenders in our regular client group and this would be too much risk.

Lack of additional warp-around support from external agencies to enable us to manage the level of need.

Previously excluded from schemes for violence against staff or other residents.

We have always accepted all women referred in.

We work with all women, regardless of their circumstances.

Please describe the main barriers to this cohort of women sustaining / keeping their accommodation

(24 responses of 31 (77%))

'High / too high needs':

- Drug and alcohol issues (including a lack of adequate external support for this).
- Unmet mental health support needs.
- Needs turn out to be too high to manage.
- Staff not trained and skilled enough for problems that arise which were not known at referral.

'Issues with male residents or 'visitors'

- Male visitors / males 'hanging around' and causing problems.
- Coercive control or exploitative relationships with men who cause problems [this is either other male housemates or external acquaintances].
- Male associates visiting, males 'cuckooing' and women having male guests they have been coerced into letting stay.

'Abuse, associated trauma and safety':

- Lack of continued external support for domestic abuse.
- Feeling unsafe with other housemates (mixed sex accommodation).
- Being bullied or abused (female only and mixed sex settings).
- Judged to be too 'at risk' in shared accommodation.

Engagement and tenancy 'rules':

- Unable to stick to tenancy 'rules' / rights and responsibilities.
- Not engaging and being absent for several days at a time.
- Non-payment of service charges and inability to manage budgets.

(29 responses out of a possible 31)

Other, please specify: 4 responses of 29 (14%)

We are usually unable to accommodate women for long due to safeguarding reasons.

High levels of mental health needs.

Mental health needs.

We see all of these a lot.

Please describe overall what you feel to be the biggest challenge(s) for effectively catering for this client group.

(22 responses of 31)

Understanding 'complex needs': and having staff having staff that are able to effectively manage complex needs and the specific 'complex needs' of women.

Being able to offer the level of support needed by this client group. This included being able to offer able to offer 24-hour support if required, and support at the weekend.

Lack of long-term funding: to provide adequate specialist training for staff, and to provide the level of longer-term interventions this group require. Current funding does not allow for the intensive levels of specialist support needed.

A lack of trauma-informed practice as standard: managing behaviour arising from past trauma… entrenched issues and trauma that has not had treatment for years, makes engaging and supporting too difficult / generic, low-level supported environments cannot do this.

Inefficient or non-existent partnership work: women need comprehensive, holistic, and wrap-around support and current services seem unable or unwilling to do this. This also included observations that external, specialist support needed to give the best 'package' to women took too long to access.

A lack of self-contained accommodation: this was often seen as something that was most appropriate and effective for many women over shared environments, but was not always easy to acquire, or find for available for women.

Safeguarding and managing risks and vulnerabilities: several respondents felt that the particular safety needs and vulnerabilities of women who have often experienced, and were at risk of, further abuse.

Lack of commitment in the sector to addressing gender inequality: respondents expressed that women's needs and inequalities were not given sufficient attention, and that an investment in raising awareness and understanding was not apparent. Several respondents also pointed to the stereotypes, biases and assumptions made about women that increase their inequality.

Mental health services: availability and understanding: respondents felt women often had complex mental health needs but that the availability of services to help address this was too limited. Alongside limited availability, there were suggestions that mental health services are too 'generic' and are not set up to deal with female trauma.

Unrealistic expectations by some accommodation providers: some respondents felt that too many providers 'think' they can manage and cater for this client group but are unable to do so. This serves to further entrench women's issues and needs, creating repeat homelessness and making it difficult for any provider to then effectively cater for them.

What, if anything, do you think should be done to improve accommodation and support options and outcomes for this cohort of women?

(23 responses of 31)

Increased, longer term funding specifically for women: this included provision of 24-hour support, intensive, specialist and holistic support models and effectively trained staff.

A commitment within the sector to truly gender and trauma-informed principles and services: including a strategy in place for commissioned and non-commissioned services that adopts shared gender informed principles that all providers work within and are measured against.

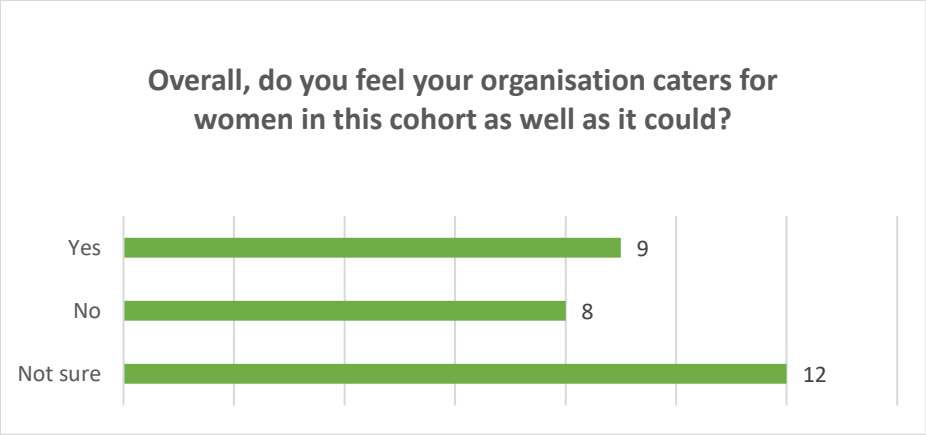
A commitment to commissioned services for women as standard: Many respondents pointed to the absence of any commissioned services specifically for women, believing this was essential.

Increased provision of self-contained accommodation: this was most often linked to the increased risks for women in shared environments.

Wider understanding and awareness of the needs of this client group: this included notions of abuse and trauma, sexual exploitation, gender inequality, and Safeguarding.

More 'lived experience' input when designing training, schemes, and interventions.

A commitment to a multiagency approach for women at the point of referral: This collaborative venture was seen to be able to offer the best accommodation and support options for women at the point of entry, and also to embed choice and control into referral pathways.



Added additional comments highlighting gaps in provision:

Where we have had female residents, it has presented immense challenges with regards to maintaining a safe environment for them when in mixed accommodation due to male attention from other residents.

I don't really feel that the additional vulnerabilities of rough sleeping women are recognized to the level that it should be. It's much more common for women to become involved in abusive relationships as a way to protect themselves during this period, which just further increases likelihood for further support needs to take hold.

Where women are unable to share, we endeavour to support them with self-contained accommodation or Women's Aid refuge accommodation where appropriate. The impact of Covid19 has meant an increase on our reliance in budget hotel accommodation - although women can benefit from self-contained hotel rooms, this creates problems where there is limited access to kitchen facilities. We would

benefit from collecting data about how many customers require single sex accommodation to inform policy and practice.

We only have 1 female frontline worker who works on a different project meaning that there is limited female staff to be accessed. We are looking to tap into period poverty work more to support our women.

Our staff team are of a very similar demographic which is white, male, over 50 and similar career backgrounds. We are diversifying our team so that we are more demographically representative.

There is a lack of focus on female only provision despite the evidence of its necessity particularly with complex needs.

Due to the limited space and resources of our project, we work with who is referred, we do not actively promote that we work with women.

Accommodation is new to us and we have mainly worked with males as there are significantly more males than females. It was not deemed appropriate to mix sexes as most of the women we work with have experiences sexual and other abuse from males or have very transient, often intense relationships with males within the homeless community which would be disruptive to the household and could be traumatic and/or damaging to rehabilitation.

We will refer women to other women only projects in the area and engage with them for other areas of support whilst they are accommodated wherever that may be in the area.

We would be open to all female supported accommodation but only if it is a viable option. Within our less recent operations we have had all female provision and these locations have not always worked, being quite volatile and confrontational (we have a criminal justice client group).

Commentary:

This investigation into the perceived needs of women 'rough sleeping' or 'at risk', and the barriers to accessing and sustaining accommodation, has highlighted several key issues.

Firstly, the additional considerations around safety and the risk of harm to women in, particularly, shared accommodation settings were viewed as a key site of concern. The perceived lack of consideration for, and expertise in, this area led to women being unable to sustain accommodation; meaning the homeless system itself often became a site of traumatisation or re-traumatisation, and of repeat incidences of homelessness or instability. This was linked most frequently to a lack of commissioning principles, sustainable funding, city-wide strategies, and shared understandings about how to most effectively, and safely, cater for this cohort of women.

Although the sample of women with lived experience of rough sleeping engaged with for this research report was small, and the views of stakeholders could, in some senses, be just that, these findings in many ways cohere with previous research and good practice work in this area.

Whilst the concerns by some stakeholders that perceiving all women as 'victims' as a default position could have implications for equitable service provision, choice, and autonomy, an effective

understanding of gender inequality and a dissemination of trauma-informed principles would possibly serve to help address this concern.

The overall lack of awareness and understanding of women's separate needs when accessing and sustaining accommodation was extended beyond accommodation provision to incorporate referral agencies. Here again, investment in training and awareness around the separate needs of women may help to, in part, address this issue. Nonetheless, the imperative to 'keep women off the streets' or 'get women off the streets' and into accommodation coupled with a lack of coherence, clarity, and current availability of suitable options indicates that the two must be developed and addressed in tandem.

Currently, it appears the system as a whole is continually trapping women in poor, unsuitable settings which are unconducive to safety, sustainability, and growth. There is certainly early evidence to suggest that part of the question of 'how women sleep rough' can be answered by looking to accommodation systems, which are putting women at risk of rough sleeping, or leading to brief periods on the streets as they 'cycle around', attempting to find somewhere that will 'work' for them.

Relatedly, is important to note that it does not appear, currently, 'routine' for referring agencies or accommodation providers to address issues of safety, mixed sex settings and choice with prospective clients. Despite the fact 57% (n=17) of respondents said in their experience that women were likely or very likely to state a preference for female-only accommodation, only 40% (n=12) asked this question as standard. It is currently unclear how 'routinely' this question is asked by referring agencies, but stakeholder experience suggested it did not appear to be a frequent consideration. However, it is inescapable that the aforementioned lack of clarity and coherence around what 'female-only' accommodation is actually offering, along with the perceived lack of suitable options for women means that, even if this question were asked, it would not always be guaranteed that the requirements could be adequately fulfilled.

Accommodation providers' survey responses broadly aligned with those of stakeholders and women with lived experience. Issues of safety, 'high or complex needs', and the inability to manage and understand these within current funding arrangements and organisational practices were cited as key barriers to women accessing and sustaining accommodation. The absence of agreed principles and a City-wide commitment to raising awareness and implementing requirements around gender-responsive and specialist models of accommodation and accommodation-based support were also similarly highlighted by accommodation providers as key barriers to effective service provision.

Some survey respondents felt there was insufficient demand for women-only services, whilst conversely, others recognise a need, but acknowledged their organisaiton was not currently in a position to offer this safely, and well. Whilst this is encouraging in terms of a seeming acknowledgement by some providers that catering for a female client group requires time, funding, and specialism, it still leaves an unanswered question of how – and when – these services will be developed.

The ability to ensure safety for women was often linked by accommodation providers to the unavailability of suitable shared accommodation, and the often coercive or abusive activities of male housemates, partners, or acquaintances. The issue of 'cuckooing' was frequently cited by survey respondents. However, it is pertinent that whilst providers acknowledged they did not have adequate

funding, staffing levels or expertise to safely manage these issues, it often led to the woman losing her accommodation, which highlights a further injustice and the bi-directional relationship between female homelessness, and exploitation or abuse.

Accommodation providers highlighted the issue of problematic substance misuse more frequently than stakeholders, and also the lack of accessible mental health support, particularly for women who had experienced abuse and trauma. It often did not appear the case that 'safety' or 'harm' was not prioritised, but that this concept was assessed on a 'whole household' level, which again often resulted in the individual woman losing her accommodation. In addition, it was often felt that the models of joint-working for women with more 'complex needs' were not well-established, or that external services were not currently flexible enough, or understanding of women's needs and their (in)ability to adhere to fixed appointments within formalised service provision.

The underlying sense that women are 'harder to manage' and thus often unable to 'fit into' or sustain existing models of accommodation perhaps speaks to a broader issue of the tendency to individualise wider structural and systemic issues. It could equally be suggested that women are not 'harder to manage' but that our services and systems are based, predominantly, on traditional models of 'generic' or 'male' homelessness and that fostering gender equality, and developing funding cultures and practices that recognise and address this, are the issues that are, currently' 'harder to manage'.

9. Conclusions:

A 2006 report into female homelessness commissioned by the charity Crisis was entitled *Homeless Women: Still being failed yet striving to survive* (Reeve, et. at., 2006). Fifteen years on from this publication, this framing still appears apt.

Whilst the commentary sections within this report have provided focused analysis on the issues and themes that have arisen during this research, it is too early in the course of proposed longer-term enquiry to arrive at definitive 'conclusions'. Nonetheless, it is clear that there are consistent themes and experiences within this initial enquiry that bear repeating:

- The frequent levels of past and current abuse, trauma and exploitation experienced by women 'rough sleeping' or in transient housing circumstances.
- The absence of an understanding of the above experiences within overall practice and provision
- Inappropriate or inadequate accommodation is perpetuating instances of exploitation, abuse, and homelessness.
- Sectoral concerns around stigmatising or 'victimising' women by working under a 'blanket assumption' that women have experienced 'domestic abuse'.
- A current focus on 'traditional' conceptions of rough sleeping is penalising women and neglecting their needs and experiences.
- The absence of a coherent and agreed strategy for gender-specific services across the City
- The apparent 'gap' between the level of service required for women in this cohort and the current availability and levels of funding.
- The time it can take to foster trust and develop 'stability' within this cohort means that tangible 'outcomes' or 'KPIs' are often unrealistic within the short-term and often piecemeal or uncoordinated activity around rough sleeping and wider homelessness.

There is, certainly, much more work required to understand the pathways women take through and around 'rough sleeping' and wider homelessness, and their ensuing needs and requirements. However, the remainder of this report will present a series of 'learning points' and good practice examples, to prompt further enquiry and to assist with the development of strategies across the City.

Lessons Learnt: Enhancing Our Understanding

Intelligence and Evidence

It is important for any attempt to understand the wider experiences of women who may be, or have experience of, 'rough sleeping' that information and data is gathered from a range of points that women may access to seek out help, advice, or information. This is in order to build up a picture of the trajectories and pathways of women beyond a narrow focus of 'consistent presence on the streets'. This includes services beyond more formalised 'homelessness' settings, to include mental health services, drug and alcohol services, policing, sexual and domestic violence charities, and voluntary outreach activity. The evidence gathered by the Home Options Hub (see pages 15-17) highlights the merits to this approach for widening our understanding of women's needs and the challenges they currently face. If we are to try and prevent what often appears to be women's sporadic, or short-term, patterns of 'time on the streets' from becoming more entrenched, and to truly engage with women in the way that they need instead of silo-ing off 'obviously rough sleeping' as a separate phenomenon, then a co-ordinated strategy for gathering this evidence is surely required.

Rough Sleeping or Multiple Disadvantage?

The concept of women as 'rough sleeping / rough sleepers' perhaps detracts from the pivotal issue. This is the failing of current systems and structures to recognise, and cater effectively for women, and particularly women who have more 'entrenched' or 'multiple' needs.

A sharp focus on 'rough sleeping' or 'visibly bedded down on the streets' inescapably misses some of the equally as 'extreme' and brutalising circumstances that many women experiencing rough sleeping or homelessness are facing. As this report has suggested, this traditional notion of rough sleeping is seemingly experienced by a relatively small number of women. It appears that what women's experiences cohere around more strongly is a notion of 'multiple disadvantage homelessness'. This may, of course, merely serve to add another 'slippery' definition on top of an already existing one. However, a focus on the much larger number of women who experience the definition of 'multiple disadvantage' developed by Soseko et. al. (2019) may help to mitigate for the notion that women are 'penalised' through a central government fixation on 'visible' street homelessness, and provide an opportunity to develop coherent and robust strategies of support and funding across the City.

The Framing of Violence, Trauma and Abuse

In order to avoid the perhaps natural tendency within homelessness services to equate 'trauma or abuse' with 'domestic violence from which a woman needs to escape', it is more ethical, and equitable, to encourage a strategy within the sector which reframes these issues as a standardised consideration of women's safety.

Trauma-informed approaches are not about automatically assuming a woman is 'traumatised' or a 'victim'. However, it is inescapable that, at least in the initial stages of engagement with women who are experiencing 'rough sleeping' (or perhaps 'multiple disadvantage homelessness'), it is certainly not always ethical, or necessary, to be 'opening up' women's traumatic histories. Instead, an understanding of the structural position of women in society, and the standardisation of a consideration of 'safety', is a more productive approach to ensuring women have choice and autonomy within homelessness processes and interactions. This is particularly important within accommodation placements and referrals.

The 'Tendency to Generalise'

Whilst good practice evidence suggests a gender-informed, specialist, women-led service can often yield the best outcomes for women who are homeless or rough sleeping, it is important to retain flexibility within outreach models. A women-specific service can help to foster the relational constants and trust that many women require in order to sustain engagement and move towards stability and healing. However, lest systems and services become an arm of further coercion and control within women's lives, there must be space for women to assert their own choices and preferences. This is a clear strength of 'multi-agency' approaches, as long as principles of safety, autonomy and choice guide practice and decisions, rather than individual organisational outcomes and remits.

Appropriate Accommodation is Key

Policy, practice and rhetoric around homelessness and rough sleeping can often cloud the very basic point that homelessness and its 'solution' is based, fundamentally, in a right to safe, stable housing. Current accommodation options for women are clearly in many cases failing to adequately and safely cater for their needs, lives and circumstances, leading to women 'cycling' around inappropriate forms of housing, interspersed in some cases with 'time on the streets', in an attempt to find somewhere that 'works' for them.

Unsafe accommodation that is not set up or adequately funded to provide the specialist, gender-responsive environments needed is perpetuating trauma, abuse, exploitation, and homelessness for many women within the City. This clearly requires a concerted and targeted strategy based on agreed principles and good practice evidence.

Funding and Strategy

Related to the issue of inadequate accommodation provision is that of funding. It is clear from the engagement activity by outreach workers from the RSI and Protect programmes in particular that developing trusting relationships with women, and ensuring that when accommodation is secured that specialist, intensive, wrap-around support is in place remains a challenge, and a barrier to 'ending' homelessness for the cohort of women focussed on for this report.

In essence, short term interventions, and services governed by short-term priorities or remits, are unable to effectively engage with the history and trajectory of women's lives and provide the longevity of interventions that are so often required. Addressing this necessitates consistent, longer term, gender-responsive funding based on clear and agreed principles. As expert stakeholders have observed, there are often no 'quick wins' with this cohort of women, and the abrupt severance of funding streams can serve to reaffirm to women that their lack of trust in services and their inclination to 'disengage' is warranted. Funding, along with service provision, must be gender-responsive and trauma-informed; based on lived experience, choice and autonomy, rather than superficial 'outcomes'.

Pathways

The reactive, 'opportunistic' nature of engagement with women who are 'rough sleeping' or at the 'sharpest end' of multiple disadvantage homelessness has been evidenced within this report. This often means that outreach workers' interactions with women can be sporadic, reactive, and governed by the clients' immediate needs. A seamless 'pathway' for women experiencing or at risk of rough sleeping would be a welcome development, not least to avoid women 'falling through the cracks', or experiencing continued 'journeys' of fragmentation and systemic failure. Nonetheless, it seems inescapable that the 'trajectories' of women's lives, and their 'trajectories' through, in or around rough sleeping are often inconducive to seamless referral pathways between services. This is not to say that an established 'pathway' cannot, or should not, be a longer-term development, but that often in the earlier stages of engagement with women, outreach workers invariably must prioritise work with women 'in the now'. More 'therapeutic' interventions and services, alongside the need for women only spaces in order to foster reflection, safety, recovery, and healing, are valuable and needed additions to the landscape. However, it again feels inescapable that until safe, adequate accommodation options and intensive wrap-around support within and around this is firmly committed to and established, that many women will not be 'ready' or able to begin to engage with a wider 'pathway' of interventions.

Training and Awareness

Overall, there is a clear gap in understanding and awareness across the sector of the separate and intersecting needs of women who are 'rough sleeping' or experiencing 'multiple disadvantage homelessness'. Investment in training, awareness, and development within the sector will, of course, not automatically resolve or address the myriad of structural and systemic issues faced by women and should never seek to be an 'easy answer', above investment in longer-term, gender-responsive, specialist modes of commissioning, intervention, and support. However, from this initial enquiry, there is a clear need for investment in this area.

Good and Emerging Practice

Standing Together Against Domestic Violence and St Mungo's: Safety by Experience: creating survivor informed homelessness services:

"This partnership project aims to better equip homelessness services to safely accommodate and support survivors of all forms of Violence Against Women and Girls (VAWG). Collaboration with survivors of VAWG and homelessness will develop a new approach, reviewing existing tools and resources used in the VAWG sector, and piloting new ways of working in St Mungo's frontline outreach and accommodation services. Learning will be shared across the VAWG and Homelessness sectors and beyond".

See: https://www.homeless.org.uk/safety-by-experience-standing-together-against-domestic-violence

Encompass South West: 'Women First'.

This project is designed to support women who are rough sleeping, sofa surfing or living in temporary accommodation. The project is designed to provide support to women on a variety of issues, as a 'one off' or as part of longer-term casework. Support includes finding safe and secure accommodation; providing on-going tenancy support that is focused around the individual woman; providing support to recognise controlling and abusive relationships, and help to address any anxiety issues around housing and relationships.

Women First also holds a weekly, women-only drop in at the Barnstaple Museum. The service offers drinks, cakes, and the chance to be involved in activities such as art therapy and beauty treatments such as massages and manicures. The team also provide practical support such as toiletries, sanitary products, and food parcels.

The service is designed with women in mind, and was developed in consultation with a variety of women who have experienced rough sleeping and homelessness. Encompass have also set up a "peer network" where women support each other to help change the way they are supported across all agencies.

See https://www.bpag-encompass.org.uk/projects/women-first-partnership/

St Mungo's Homeless Couples Toolkit

"The St Mungo's Homeless Couples and Relationships Toolkit is the first of its kind. Based on the Couples First research carried out by the Brighton Women's Centre, it offers pioneering advice for anyone working in the homelessness sector. With support from Tower Hamlets, Mayor of London, City of London, the new toolkit raises awareness of the barriers faced by homeless couples; providing guidance for staff working with couples, requirements for accommodation options for people, and outlining recommendations for supporting couples".

See: https://www.mungos.org/publication/homeless-couples-and-relationships-toolkit/

Durham Action on Single Housing: Vulnerable Women's Project

"This innovative project provides accommodation and a supportive environment to vulnerable women who have multiple and complex needs. The project was established in 2014 for women with entrenched lifestyles which form a barrier to them accessing housing and other support services.

At full capacity, the shared accommodation can house up to 8 women and is staffed 24/7, 365 days a year, with another 4 women accommodated in transition spaces in preparation for move-on. The women we accommodate, and support have complex needs and may have issues such as physical and mental health, child welfare, family and relationship breakdown, offending behaviour, historic abuse, bereavement, substance misuse, sexual exploitation, domestic violence, childhood trauma and/or self-harm.

The support we provide is based upon the initial assessment of needs which we carry out and the support plan which is developed between our staff and each resident. Our services can also involve supporting women to attend appointments, linking in and coordinating with other agencies/services, arranging activities and other day to day assistance to help the residents repair their lives and move on".

See: https://www.dashorg.co.uk/vulnerable-womens-project/

Westminster VAWG Housing First Project

"In 2017 Standing Together Against Domestic Violence and Westminster City Council were awarded MHCLG funding for a Housing First and Homelessness Coordinator role. The Coordinator spent a year laying the groundwork for establishing a Housing First project for women who have experienced homelessness, any form of VAWG, and multiple disadvantage. Further funding was secured for a partnership project between Westminster City Council, Solace Women's Aid and housing associations including Women's Pioneer Housing, L&Q, Peabody, and Southern Housing. The partnership, known as the Westminster VAWG Housing First project, started taking referrals in Spring 2019 and was one of the first Housing First services in England to be delivered by a specialist domestic abuse support provider in the women's sector (Solace Women's Aid). The Westminster VAWG Housing First project was a small pilot with the capacity to support 5 women with connections to the local authority of Westminster, and 5 women from other London boroughs".

See: https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf

During the pilot in 2019 there was a team of two caseworkers supporting 11 women. During 2019/20 it expanded to support 22 women with the addition of 3 new full-time staff. The service continues to be commissioned and funded by Westminster City Council and the Ministry of Housing, Communities and Local Government, and delivered by Solace Women's Aid

See: https://www.solacewomensaid.org/our-services/housing-first

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