Homeless Women: Homelessness Careers, Homelessness Landscapes

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Crisis is the national charity for single homeless people.

We have a vision of social integration and work year-round to help vulnerable people and marginalised people to get through the crisis of homelessness, fulfil their potential and transform their lives.

We develop innovative services which enable homeless people to progress through education and creativity and we campaign for a more inclusive society.

We regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.
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1. Introduction

As women move through their homelessness journey they frequently fall through the net, failing to access appropriate accommodation and failing to access the support they require. They find themselves in situations and places of danger at times when adequate intervention may have kept them safe. And engaging with services, or accessing temporary accommodation, is rarely the end of the story. Homelessness is a dynamic, and non-linear, process. The trajectories women take into, out of, and through homelessness are influenced by a complex range of processes, events, actions and interactions. This report attempts to chart this ‘landscape of homelessness’ and in so doing, the very complex and multi-faceted nature of women’s experiences of homelessness is illuminated and the many influences on their homelessness trajectories illustrated.

In 2006 Crisis commissioned the Centre for Regional Economic and Social Research to research the situations and experiences of single homeless women, culminating in the publication of a report entitled *Homeless Women: still being failed yet striving to survive*. In that report, a wide range of issues are explored included the causes and consequences of women’s homelessness, patterns of service use, and the survival strategies which homeless women employ to manage and cope with their situations. The hidden nature of women’s homelessness is highlighted, as is the prevalence of rough sleeping and the detrimental impact of homelessness on women’s health and well being. It reveals that homeless women often resort to unwanted sexual liaisons in order to put a roof over their heads and frequently fail to access the assistance they need.

The recommendations from that report fell into five categories: improvements and changes to local authority homelessness assessments, decisions and practices; recognising that gender does influence homeless women’s situations; addressing current gaps in service provision; harnessing the important role that non-homelessness places and public facilities play; and developing and expanding our ‘thinking’ about, and our approaches to, women’s homelessness. A summary of the first report can be found in Appendix A.

This report builds on the previous report and helps us understand the issues raised in the context of individuals’ lives. The material is drawn from the same study but focuses attention specifically on one aspect of the analysis of the data gathered, namely homeless women’s trajectories through homelessness – an aspect to which only limited attention could be paid in ‘still being failed yet striving to survive’.

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1 The definition of ‘single’ employed refers to women without dependent children. Women in relationships, both heterosexual and homosexual were, therefore, included as were women with children not living with them.

2 Available from the Crisis website at: www.crisis.org.uk/researchbank
The research was conducted between January and July 2006 with data collection focused on two principle tasks:

- a questionnaire survey of 144 homeless women across 19 towns and cities in England, ranging in age from 16 to 59 and 30 per cent of whom were from minority ethnic groups;
- in-depth interviews with 44 homeless women, covering the same range of ages and ethnicities, living in Leeds, Sheffield, London and Norwich.

For the purposes of this report, the biographies of 29 of the 44 women interviewed in-depth were plotted and analysed\(^3\). This involved comprehensively mapping each woman’s housing and homelessness situations, any significant events and experiences in their lives, and their engagement with services along three parallel timelines, identifying correlations and relationships between these three realms of their life. Much of what follows in this report is based upon this analysis but evidence from the remaining in-depth interviews and the questionnaire survey is also drawn on in places.

The report begins by explaining the concept of a homelessness landscape - a landscape which extends far beyond women’s housing and homelessness situations. We then begin our exploration of this landscape by focusing initially on women’s homelessness careers: on providing a relatively descriptive account of the housing-related element of the homelessness landscape women inhabit. This provides the foundation from which we begin to build a picture of the way in which women’s housing situations interact with other realms of their lives. This is achieved, in the first instance, by exploring in some detail the homelessness journeys of three of the women interviewed: Marie, Anna, and Katie. Following on from this discussion, in a series of short sections, we spotlight some of the issues raised by these journeys and experiences, and by those of the other women who participated in this study. Finally, we identify some critical points in the lives of women who have experienced homelessness before pointing to a series of lessons learnt from the issues raised in this report.

While acknowledging that some of the issues discussed and conclusions drawn in this report may apply, to varying degrees, to homeless men, we refer throughout to homeless women (as opposed to homeless people more generally). This reflects that the study was focused exclusively on homeless women and in recognition of gendered experiences of homelessness.

Where names are used in this report, they have always been changed.

\(^3\) Information obtained about the remaining 15 respondents was not comprehensive enough for their histories to be plotted in detail with confidence, hence this exercise was only carried out with 29 of the 44 respondents.
2. Understanding Homelessness Experiences

Homelessness is not merely ‘an experience’, or a sequence of temporary accommodation situations. Journeys through homelessness are not comprised of a series of disjoined events and experiences, and they are not determined solely by the choices and decisions women make, or the individual circumstances they find themselves in. Rather, homelessness is a dynamic, and non-linear, process. The trajectories women take into, out of, and through homelessness are influenced by a complex range of processes, events, actions and interactions. They encounter structural forces (poverty, the housing market, the labour market); institutional bodies and processes (housing legislation, service provision, organisational rules and remits); personal issues and experiences (substance misuse, mental ill health, parenthood, divorce, bereavement); and within this ‘landscape’ they exercise choice and make decisions.

This report attempts to chart this landscape of homelessness. In doing so the very complex and multi-faceted nature of women’s experiences of homelessness is illuminated and the many influences on their homelessness trajectories illustrated. In particular, we focus on three key realms of homeless women’s lives – their housing situations; their interactions with services; and experiences and events in their personal lives – and show the ways in which these combine, interact, and influence each other to form, what we have termed, a landscape of homelessness. These three realms co-exist and interrelate, with an experience, situation or event in one impacting on another.

Figure 1: The Landscape of Homelessness

![Diagram of the landscape of homelessness]
For example, engagement with a homelessness service either does, or does not, result in a change (for better or for worse) in a women’s current temporary housing situation. And the housing situation in which a woman lives can impact on her capacity to work, to study, to address personal difficulties such as drug dependencies, and so on. This interrelation between these three realms of women’s lives is expressed in figure 1 above.

This approach, then, seeks to capture the changing set of relationships and interactions that homeless women experience through time, uncovering the ways in which their individual situations and actions link with wider structures and processes. This has been achieved by plotting in detail, chronologically, the landscapes of homelessness (housing situation, service engagement, and life events and experiences through time) inhabited by 29 of the homeless women interviewed for this research. Supplementary information is also drawn from a further 15 in-depth interview respondents and from a questionnaire survey of 144 homeless women. A key benefit to plotting homeless women’s trajectories through homelessness is that the longer-term consequences and impacts of their experiences and of the actions and inactions of service providers are exposed. Particular situations and experiences which women encounter can be traced back to defining moments in their lives, where, crucially, it is possible to see how different actions, or interventions, could have taken these trajectories in a more positive direction.
3. Homelessness Careers

3.1. Some Facts and Figures

In this and the following two sections we focus just on the housing realm of the homelessness landscape: on women’s ‘homelessness careers’. The term homelessness career is intended to denote the sequence of accommodation situations which homeless women move through and can include settled accommodation situations where these occur immediately prior to an episode of homelessness or between two episodes of homelessness.

Beginning with women’s first experience of homelessness, the most common reasons provided by survey respondents for leaving their last settled home were family breakdown (26.1 per cent), escaping abuse from a partner (14.2 per cent) and eviction (13.5 per cent). In total over 20 per cent of survey respondents became homeless because they were experiencing violence from someone they knew, whether a partner, family member or local people from whom they were suffering harassment.

Many women first became homeless at a young age, some before they had reached independence. In fact, more than one in four survey respondents first became homeless before the age of 16, although some did not experience their first episode of homelessness until their 30’s or 40’s. Repeat homelessness was also common with more than half (50.8 per cent) having experienced more than one episode of homelessness.

Survey respondents were asked to indicate all the housing situations in which they had ever lived. The results, presented in table 1, show that the most common homelessness accommodation situations upon which women rely are rough sleeping, staying with friends, and staying in voluntary sector hostels. The wide range of accommodation situations presented in table 1 can be usefully categorised into four main ‘accommodation types’.

**Hidden accommodation situations**: accommodation not provided by services such as staying with friends, with family members, squatting, and sleeping rough. In total, 70 per cent of survey respondents had lived in hidden accommodation situations, and at least one of the last four places in which 64 per cent had lived was a hidden situation.

**Service-led homelessness accommodation**: encompassing emergency voluntary and statutory sector provision such as B&Bs and night shelters and other forms of temporary accommodation such as hostels and refuges. There are significant differences between these but a defining characteristic of all is that women living there are, by definition, in contact with a homelessness service and ‘within the system’. Of these, night shelters were least commonly utilised by respondents but over 30 per cent had stayed in a B&B - nearly as many as had lived in a local authority hostel.
Both hidden and service-led provision, then, feature in most women’s homelessness careers, a fact corroborated by experiences of the in-depth interview respondents, 22 out of 29 (75 per cent) of whom had been in both hidden and service-led homelessness accommodation situations.

**Institutions and similar residential environments:** including prisons, young offenders’ institutions (YOI), hospitals and psychiatric units, children’s homes and rehabilitation centres. What these have in common is that the provision of accommodation is partly incidental, arising from a response to other issues (criminal activity, drug and alcohol misuse, risk within the home). These feature less commonly in women’s homelessness careers but a significant proportion have, never the less, resided in institutions. Survey respondents were not asked whether they had been resident in children’s homes or hospital since their first episode of homelessness but over 23 per cent had been in prison, YOI, or rehabilitation centres. Of the 29 respondents whose careers were plotted, nearly half had lived in institutions (including hospitals and children’s homes) since their first episode of homelessness.

**Settled, or secure accommodation:** encompassing non-homelessness and non-institutional accommodation such as social or private rented tenancies and owner occupation. Table 1 shows that women were more likely to have slept rough, stayed with friends or relatives and in hostels than they were to have had their own private or social rented tenancy. They were also more likely to have lived in a B&B than in their own social rented tenancy.

### Table 1. The housing situations in which respondents have lived (n=137)

<table>
<thead>
<tr>
<th>Accommodation situation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homelessness situation</strong></td>
<td></td>
</tr>
<tr>
<td>sleeping rough</td>
<td>62.2</td>
</tr>
<tr>
<td>with friends on a temporary basis</td>
<td>51.1</td>
</tr>
<tr>
<td>in a homeless hostel not run by council</td>
<td>43.7</td>
</tr>
<tr>
<td>with relatives on a temporary basis</td>
<td>37.5</td>
</tr>
<tr>
<td>in a homeless hostel run by council</td>
<td>36.5</td>
</tr>
<tr>
<td>in a bed and breakfast</td>
<td>31.4</td>
</tr>
<tr>
<td>with a partner on a temporary basis</td>
<td>28.7</td>
</tr>
<tr>
<td>in a refuge</td>
<td>22.1</td>
</tr>
<tr>
<td>in a squat</td>
<td>21.3</td>
</tr>
<tr>
<td>in a night shelter</td>
<td>19.9</td>
</tr>
<tr>
<td>in a prison/young offenders institution</td>
<td>15.4</td>
</tr>
<tr>
<td>in a residential detox/rehab centre</td>
<td>15.4</td>
</tr>
<tr>
<td>in a bail/probation hostel</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Settled accommodation situation</strong></td>
<td></td>
</tr>
<tr>
<td>private rented tenancy/house</td>
<td>33.1</td>
</tr>
<tr>
<td>council or HA tenancy</td>
<td>29.4</td>
</tr>
<tr>
<td>supported housing for people with mental ill health</td>
<td>9.6</td>
</tr>
<tr>
<td>own tenancy with floating support</td>
<td>6.7</td>
</tr>
<tr>
<td>owner occupied</td>
<td>2.9</td>
</tr>
</tbody>
</table>
A Typical Homelessness Career

Women’s homelessness careers are diverse, complex and varied. No two women move through the same accommodation sequence over the same timescale. However, a ‘typical’ route through homelessness does emerge from analysis of the homelessness careers of the 29 respondents whose homelessness was plotted in detail. This is presented in figure 2 and described in more detail below.

Women become homeless from all and any settled housing situation, at all and any stage in their life course. However, figure 2 shows that many women become homeless directly from the family home or soon after their transition to independence. The majority (17) of the 29 women whose housing histories were mapped were living in the parental or guardian’s home immediately prior to their first episode of homelessness and a further five became homeless just one move away from living at home.

The first ‘port of call’ is usually a temporary arrangement with friends or family or another hidden accommodation situation such as squatting or rough sleeping. This was true of 23 of the 29 women whose homelessness careers were plotted in detail. Amongst the full sample of in-depth interview respondents, rough sleeping was the most frequently cited situation into which they moved on first becoming homeless, while this applied to ten of those who homelessness careers were mapped. The length of time women remain in this ‘hidden’ stage of their homelessness careers varies very widely but it was not uncommon for respondents to spend several months, and sometimes years, staying with other people or sleeping rough. Women tend to move through at least two (and often many more) hidden accommodation situations during this early phase of their homelessness careers.

At some point most go on to access service-led homelessness accommodation, moving several times ‘within the system’, and usually including at least one hostel residency. There does not appear to be a clear pattern regarding trajectories through service-led provision during this phase of women’s homelessness careers: some respondents began and remained within hostel provision, or within B&B provision for several moves; some accessed a B&B and then moved into a hostel; and others took a ‘downward’ trajectory from a hostel into emergency provision such as a night shelters or B&B. Again, the length of time women spent in service-led provision, or moving between different forms of service-led provision varied widely from a week or so to a year or more.

Despite having accessed service-led homelessness provision, most women subsequently return to hidden accommodation situations once again. There is little to distinguish this phase from women’s first experience of hidden accommodation situations (phase 2 in Figure 2): respondents tended to move at least twice, between different hidden accommodation situations, and many slept rough. Drawing on the experiences of all 44 women interviewed does suggest, however,
that the option of staying temporarily with family members lessens, but that squatting becomes more common.

At this point, women’s homelessness careers start to display greater divergence. **Some develop an ‘episodic’ homelessness career** where they move into settled accommodation but become homeless again, sometimes several times. This was true of approximately half (15) of the 29 homeless women whose homelessness trajectories were plotted in detail. Some returned to the parental home but many had secured their own tenancies, usually in the social rented sector, which were not sustained. Typically these tenancies and ‘settled’ situations do not last long – a few months or a year at most and sometimes just a matter of weeks. Following on from a period of settled accommodation, most women slept rough or stayed with friends, just as they had done in the early phase of their first episode of homelessness.

**Other homelessness careers continue more or less cyclically**, moving between hidden and service-led homelessness accommodation. The women to whom this type of homelessness career applies have usually been homeless for a couple of years or more, unable to find a route out of homelessness but unable to remain in any one temporary accommodation situation for long. As the cycle progresses, women tend to remain ‘in the system’ for shorter time periods of time than they did earlier in their homelessness careers, making fewer consecutive moves through service-led provision and relying more heavily on hidden accommodation situations.

In both episodic and cyclical homelessness careers other forms of accommodation **sometimes begin to feature** – notably rehabilitation centres, prison and, to a lesser degree, hospitals and psychiatric units, which punctuate their cyclical and/or episodic housing trajectories.

Residential environments such as these tend to feature later in women’s homelessness careers, once they have moved through a range of hidden and service-led homelessness accommodation situations. However, it is important to recognise that homeless women can move through the four phases of homelessness outlined above (leaving settled accommodation, hidden accommodation situations, service-led provision, and a return to hidden accommodation situations) at relative speed and so institutions do not necessarily feature **temporally** late in their homelessness careers.

It is very rare for women to develop homelessness careers exclusively within service-led provision but some do **develop an entrenched homelessness career within hidden accommodation situations**. For some this involves moving endlessly between different friends, family members, and squats, and sleeping rough when these options are exhausted or unavailable. Others become, what is often termed, an ‘entrenched rough sleeper’.
Figure 2: A typical homelessness career

1: Settled Accommodation
- Parental/guardian home (most commonly)
- 'Marital' home
- Sole tenancy

2: Hidden accommodation situations
- Rough sleeping
- Staying with friends/family
- Squatting

3: Service-led homelessness accommodation
- Hostels
- B&Bs
- Night shelters

4: Hidden accommodation situations
- Rough sleeping
- Staying temporarily with friends or family
- Squatting

5. Diverging Homelessness Careers

Episodic homelessness
Settled accommodation appears in homelessness career, interspersed with homelessness situations

Cyclical homelessness
Moving between hidden and service-led accommodation situations

Entrenched homelessness within hidden accommodation
No further service-led provision appears in homelessness career. Continual rough sleeping is common
3.3. Key features of Women’s Homelessness Careers

Drawing on the typical homelessness career outlined in the previous section, and the experiences of all the women participating in this research, a series of assertions can be made about the characteristics of women’s homelessness careers.

- It is common for an experience of homelessness to occur very early in women's homelessness careers, sometimes before they have even reached independence.

- Many women's first experience of homelessness is as a rough sleeper.

- Accessing service-led homelessness accommodation does not generally represent a sustained route out of hidden accommodation situations.

- Securing settled accommodation does not necessarily represent the end of women's homelessness career, or a permanent route out of homelessness.

- Women’s homelessness is frequently characterised by ‘hidden’ situations. The first ‘stop’ on most women’s homelessness careers is a hidden accommodation situation and women return to hidden accommodation many times throughout their homelessness careers.

- Women do not move up a ‘ladder’ of increasing security as they move through their homelessness career. They do not, for example, move from rough sleeping to emergency homelessness accommodation, to hostel provision and, finally, to a settled home.
4. Journeys through Homelessness: Marie, Anna and Katie

4.1. Introduction

The preceding sections have concentrated solely on the housing related element of women’s homelessness experiences – on their housing and homelessness careers. However, this does not begin to capture the extent of the homelessness landscape within which women are situated – a landscape which encompasses every realm of their lives and in which they interact with other individuals, with social structures, and with service provision. In turn, these interactions and relationships, as well as the choices and decisions women make, influence their trajectories through, and experiences of, homelessness.

In an effort to build-up a picture of this homelessness landscape and demonstrate the ways in which women negotiate their way through their homelessness, this section presents a type of ‘life map’, or homelessness journey, of three homeless women: Marie, Anna and Katie. Each homelessness journey, presented visually, is then followed by discussion. The discussion is focused on the particular situations of each of these three women but the issues which arise are illustrative of the experiences of many of those interviewed: Marie, Anna and Katie are not atypical. Attention is paid to the ways in which their homelessness developed, the influences on their trajectories through homelessness and on identifying key points at which particular actions or interventions may have resulted in a more positive outcome for them. Each of these women are different. They are different ages, their routes into homelessness vary, and their journeys develop in different directions. However, the same issues arise again and again and in each case key correlations between their housing situations, their personal life experiences and their patterns of service use are clearly evident.
4.2. Case Study One: Marie’s Homelessness Journey

**Life events**

- Late 1980s
  - Marie’s child dies of cot death
  - Has a stroke and her health deteriorates
  - Divorce

- 1989
  - Tries to rent a bedsit but has no deposit

- 1995
  - Voluntary sector hostel

- 1997
  - Starts a new relationship
  - Moves in with partner

- 1998
  - Partner becomes very violent

- 2002
  - Wants to leave partner

- 2003
  - Starts drinking heavily

- 2004
  - Evicted from Rehab for drinking

- 2005
  - Doing peer education programme & made contact with son

**Housing situation**

- Living in the marital home
- Sleeps rough and stays with friends
- Voluntary sector hostel
- Sleeps rough
- Rehabilitation centre
- Stays with a friend in their hostel room
- Night shelter
- Vol. sector hostel

**Service contact**

- Uses day centres for daily necessities
- Rough sleeper outreach workers approach Marie
- Approaches LA. Told there is nothing the LA can do to assist
- Approaches LA, but told there are no places for women at present
- Staff in friend’s hostel realise she staying there

(arrows indicate causality)
Marie’s homelessness journey began with the death of her youngest child and the onset of ill health. The combination of these events took their toll on Marie’s marriage and her husband filed for divorce, successfully applying for custody of their children on the grounds that Marie’s ill health prevented her from caring for them. Without custody of the children, and with no independent financial means, Marie had to leave the family home. She had no experience of homelessness, no knowledge of homelessness services, and no awareness that the local authority has a remit to assist homeless people. She assumed that the private rented sector was her only option but without funds for a deposit and no awareness of rent deposit schemes she was unable to secure a tenancy. So, in 1989, Marie ended up on the streets, staying with friends when she could.

Like many homeless women then, Marie went directly from settled to hidden accommodation and spent time sleeping rough during the early phase of her homelessness career. Also like many of the women interviewed, the reason why Marie failed to access service-led provision at this time stemmed from her very limited awareness of homelessness services and the assistance available to her. In fact, throughout this phase of her homelessness career Marie had no contact with any support services nor with any housing or homelessness services.

### Issues Arising:

- **Personal difficulties can influence trajectories** into homelessness, an issue we return to later when we explore women’s routes into homelessness

- **Women’s role within a family** (homemaker, childcarer) and related financial dependence can increase the likelihood of homelessness following separation from a partner

- The very **limited awareness** amongst many women of homelessness services and potential eligibility to accommodation within the terms of homelessness legislation can result in women sleeping rough, sometimes for years, and relying on other hidden accommodation situations.

- **Rough sleeping as the first experience** many women have of homelessness

- **Accessing private rented accommodation** is extremely difficult for women with limited financial means
After approximately four years of rough sleeping and sofa surfing Marie was informed by a homeless friend that if an outreach worker sees someone sleeping rough in the same location for three consecutive nights they are able to assist access to a hostel place. Like many of the women we interviewed Marie had been sleeping in places where she was not visible, as a means of protecting herself from danger but, armed with this new information, she slept out, visibly, and duly came to the attention of an outreach worker. She explained that “I thought ‘right, I’ve got to sleep out in the open’…I was scared but I had to sleep out in the open so that’s how I first got in touch with the outreach team”. The outreach worker quickly found Marie a place in a hostel. Coming to the attention of homelessness service providers – whether outreach workers, day centre workers or other organisations – who refer women to homelessness accommodation providers was a key way in which many of the women we interviewed made the transition from hidden accommodation situations to service-led provision, effectively moving from stage 2 to stage 3 of the typical homelessness career outlined previously. Staff in the hostel began to work with Marie to secure settled housing. Meanwhile, however, she embarked on a new relationship and decided to leave the hostel to move in with her partner.

Before long Marie’s partner became violent towards her and she suffered physical abuse for many years. She reported this to the police and they took the matter seriously enough to prosecute, unfortunately without success. In an effort to escape the relationship and the abuse Marie approached the Local Authority in the hope they could help her find somewhere else to live. She was told they could do nothing to help her and, rather than return to her violent partner, Marie started sleeping rough once again. She explained that “Rather than suffer the domestic violence, it sounds silly, but I felt safer on the street….so that’s what I did. I upped and left”.

Marie was by no means the only woman interviewed who had made this very difficult choice. Women experiencing violence have no hope of persuading their partners to leave the property and few have the financial resources to rent or buy alternative accommodation. If the local authority and other services cannot assist them, if they are unaware of help available, and if they have no friends or family to turn to then they face a choice between violence and rough sleeping. Some eventually decide that the streets are a safer place to be than their own homes. As one commented “I’d rather live on the streets than ever live with him again.”

Marie was one of the respondents, then, who had experienced an episodic homelessness career. Unusually, after her first episode of homelessness, Marie remained in settled accommodation for several years before experiencing another episode of homelessness. This reflects that Marie’s repeat homelessness was the result of domestic violence rather than, for example, a limited capacity to cope with independent living or personal difficulties (such as dependencies) which made it difficult for other respondents to sustain tenancies for longer than a year.

5 It is unclear whether this occurred prior to or after the introduction of the Homelessness Act 2002 which extended the priority need categories to women escaping violence. Local authorities have, however, always had the scope to award priority need to women escaping violence on the basis that they are vulnerable.
Issues Arising:

- **Access to temporary homelessness accommodation** is very often dependent upon coming to the attention of staff within another agency, who provide an access route. However, the hidden nature of women’s homelessness means it can be many months or, as in Marie’s case, even years before women find their way into homelessness services and begin the journey into service-led provision.

- It is often only by placing themselves in danger, for example by sleeping rough in visible locations, that women come to the attention of service providers able to refer them to appropriate homelessness accommodation.

- Settled accommodation following an episode of homelessness is often not sustained but moving into such accommodation represents a point at which women lose contact with the services working with them. A halt is called to any plans and processes in train at that point, as occurred when Marie moved out of the hostel to live with her partner.

- Despite coming to the attention of agencies, women do not always receive the advice and assistance they so obviously require. Marie was known by the police service and the courts to be a woman suffering violence yet was never offered information about organisations and refuges for women in such situations.

- Limited service use is not necessarily an indication of a reluctance to engage with agencies. Women are often all too eager to accept (appropriate) assistance once they find out about available services or when help is offered.

- The consequence of a ‘failed’ approach to a local authority (i.e. not resulting in provision of temporary accommodation) is frequently that women sleep rough, sometimes for many years.

Marie slept rough and stayed with friends where she could for the next couple of years, just as she had in the very early phase of her homelessness career. During this time her alcohol consumption escalated and, resolving to address her dependency, she obtained information about an alcohol project through a local day centre she frequented. The alcohol support service worked with Marie and helped her access a place at a residential rehabilitation centre but after one month she lapsed and was told to leave the centre. With nowhere to go, Marie started sleeping rough once again. She had no further contact with the alcohol support project that had originally helped her. She did approach the local authority, however, but failed to access accommodation through this route. She explained what happened:

“They did try [to help me]. I filled in one of their housing forms and that, but at that time there was no places, no hostel places for women”.
Marie heard nothing further from the local authority and believed that there was little else they could do to help her. A year or so later, Marie started staying with a friend in their hostel room, sneaking in at night when no-one would see her. Eventually she was caught by staff in the hostel. Aware than Marie had nowhere else to go, they contacted an outreach worker who informed her about a women’s night shelter operating over the Christmas period. The night shelter also offered advice and assistance to women and helped Marie access a place in a women’s hostel. She has her own flatlet in the hostel, where she can remain for up to two years.

She has a key worker who is helping her with her housing and other issues. With the help of her key worker she made an application to the local authority as homeless. Benefiting from the assistance and expertise of her key worker Marie’s application has been successful, she has been awarded priority need and has been advised that the local authority will soon be offering her a tenancy. She has regained contact with one of her (adult) children who plans to move in with her when she is allocated a tenancy by the local authority. Her alcohol consumption has decreased dramatically and she has embarked on a peer education course.

**Issues Arising:**

- The impact of rough sleeping on health and well being. Marie developed an alcohol dependency, partly as a result of trying to cope with life on the streets

- The impact of appropriate and relatively stable homelessness accommodation on women’s lives – an issue we return to later in this report. This is the first time during Marie’s homelessness that she has been able to embark on training and it is also the first time that we see aspirations and goals for the future emerging. We will see later in this report that there is a clear correlation between women’s residency in appropriate and relatively secure homelessness accommodation and positive developments in their lives and attitudes towards their futures.

- The importance of assistance or advocacy: throughout her homelessness, Marie’s attempts to secure accommodation without an agency to assist or advocate for her, have met with limited success. The temporary accommodation in which she has stayed has always been accessed by outreach workers or other staff members and her current application to the local authority (the only approach which has not been met with resistance) was facilitated by workers in the hostel where she is currently staying.
4.3. Case Study Two: Anna’s Homelessness Journey

<table>
<thead>
<tr>
<th>Life events</th>
<th>Housing situation</th>
<th>Service contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops a drug dependency</td>
<td>Housing Association tenancy</td>
<td></td>
</tr>
<tr>
<td>Accrues £120 rent arrears Apr 2002</td>
<td>Prison</td>
<td>Probation Service</td>
</tr>
<tr>
<td>Evicted for rent arrears on release from prison</td>
<td>LA hostel</td>
<td>Approaches LA as homeless</td>
</tr>
<tr>
<td>Feb 2003</td>
<td>Council tenancy</td>
<td></td>
</tr>
<tr>
<td>Accrues rent arrears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 2004</td>
<td>Evicted</td>
<td>Approaches LA which refuses to accommodate her</td>
</tr>
<tr>
<td>Her son goes to stay with his father</td>
<td>Rough sleeping and staying with various (drug using) friends</td>
<td>Approaches hospital claiming to be suicidal In hope of obtaining accommodation</td>
</tr>
<tr>
<td>Drug use escalates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finds hostel a difficult environment, and leaves</td>
<td>Hostel for people with mental ill health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rough sleeping and staying with friends</td>
<td></td>
</tr>
<tr>
<td>July 2005</td>
<td>Voluntary sector hostel</td>
<td></td>
</tr>
<tr>
<td>Jan 2006</td>
<td>Prison</td>
<td>Probation service</td>
</tr>
<tr>
<td>Begins a methadone programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 2006</td>
<td>With ex-partner</td>
<td></td>
</tr>
<tr>
<td>April 2006</td>
<td>Voluntary sector hostel</td>
<td></td>
</tr>
</tbody>
</table>

(arrows indicate causality)
Anna’s Homelessness Journey: Discussion

Where Marie’s homelessness journey followed the ‘typical homelessness career’ outlined earlier relatively closely, Anna’s story is a little different, demonstrating that homeless women’s careers can and do vary. Anna’s journey does, however, highlight several key features of many women’s homelessness careers, such as the cyclical nature of homelessness careers and the presence of institutional environments within these.

Anna was a single parent in her mid 30’s living in her own housing association tenancy when she received a custodial sentence in April 2002 and placed her young son temporarily in the care of close relatives. Anna had a drug dependency but had managed to control this for some years to successfully manage her tenancy and care for her son. She was approximately £120 in arrears with her rent when she went into prison and no further arrears accrued while she served her sentence: she was in receipt of housing benefit and her rent continued to be paid. However, Anna explained that being in prison prevented her from “sorting out” the existing arrears, not being offered any housing advice service which might have enabled her to do so, nor actively seek such advice. As a result Anna had no contact with the housing association while in custody and was unaware of the correspondence arriving at her fixed address advising her that possession proceedings were taking place.

Anna served three months of her sentence, was released on licence (and placed on probation), and was evicted from her tenancy that day in June 2002. Now being homeless, Anna was consequently unable to fetch her son from the care of relatives but she approached the local authority as homeless immediately and they responded by placing her in a hostel until they could offer her a tenancy. On this occasion, then, the local authority played a key role in resolving Anna’s immediate housing crisis (rooflessness) and providing a route out of homelessness which allowed Anna to reunite with her son.

Anna was relatively unusual in that she moved directly from her last settled home into service-led homelessness provision, spending no time at all in hidden accommodation situations. Two key factors help to explain this. First, Anna knew to approach the local authority for assistance with her housing crisis and did so immediately upon becoming homeless. Secondly, Anna’s status as a parent was (unusually) acknowledged by the local authority even though her son was temporarily being cared for by others. As a result the local authority had a statutory duty to accommodate her immediately and then provide her with settled accommodation in due time.
Issues Arising

- **The role of prison in trajectories into homelessness.** It is very unlikely that Anna would have become homeless at this time had she not gone into prison, and her homelessness could so easily have been prevented if only she had been offered some housing advice while in custody.

- **The role of landlords, such as housing associations, in trajectories into homelessness.** The housing association’s response to Anna’s rent arrears could have dramatically changed her trajectory into homelessness.

- **The role of prison in fostering engagement with other agencies.** Being in prison prompted Anna’s engagement with the Probation Service – the only service which Anna was in contact with.

- **Many women are not receiving the support and assistance they require.** Prior to becoming homeless Anna had no contact with any agency despite potentially benefiting from support and assistance, particularly in relation to her drug dependency.

- **The role of the local authority in assisting homeless women and resolving their housing crises.** This local authority took what our data suggests is a rare step and awarded Anna priority need status on the basis that she had a dependent child, even though that dependent child was not in her care at that time. This effectively prevented Anna from being separated from her child and moving into hidden accommodation situations.

Anna quickly accrued rent arrears in the tenancy she was allocated by the local authority. The precise details are unclear (Anna was in receipt of benefits and so her rent should have been paid directly to the local authority, thereby avoiding the potential for arrears to accrue) but she alludes to a connection between her drug dependency and her arrears. It was not long before Anna was evicted from her tenancy. Like Marie, then, Anna also has an episodic homelessness career but their routes into homelessness (the first and second time) were very different and the length of time their settled accommodation was sustained also differs. This demonstrates that although women’s homelessness careers do often follow similar paths their experiences as they move through homelessness can diverge widely.

Once again, Anna approached the local authority homelessness department immediately upon becoming homeless. She explains what happened next:

“They weren’t willing to help me. They said ‘we’ll put your son into care’ basically. Or in their words ‘we’ll put your son into accommodation but we can’t help you’”
The active involvement of the local authority in Anna’s homelessness journey ends there but the consequences of officers’ decisions and actions with regard to Anna’s case were far reaching. With nowhere to live, and fearful that her son would be taken into care, she placed him with his father until she could resolve her housing crisis. More than two years later, and still homeless, Anna remains separated from her son and is increasingly concerned that the more time which passes, the less likely she is to live with him again. With nowhere to go Anna began sleeping rough and stayed with friends. Anna was keen not to impose her lifestyle on friends who were not drug users and so stayed primarily with other drug users. As a result of the difficulties associated with coping with rough sleeping, and increased contact with drug users, Anna’s own drug use escalated. At one point, desperate to avoid sleeping on the streets she approached a hospital claiming to be suicidal in the hope they would detain her under the Mental Health Act and then help her access accommodation when she was discharged. She explains:

“At one stage I went to the ’ospital and told them I was suicidal so they would section me, yeah, cos this girl reckoned they’d get me into a hostel. And they did, they got me into this hostel with, like, all these nutters, do you get me? I couldn’t live [there] because it was for people with mental health problems, d’you know what I mean? And there’s a lot of alcoholics there as well….it’s wasn’t for me. I left there cos, it just wasn’t, I couldn’t cope with it”

**Issues Arising**

- **The desperate measures women resort to in order to avoid rough sleeping**: in this case making concerted efforts to be detained under the Mental Health Act as a potential route to hostel accommodation.

- **The far reaching consequences of the actions of service providers**. The local authority’s decision not to assist Anna set off a train of events, and there are various developments in her life which may not otherwise have occurred including: Anna’s separation from her son; sleeping rough; the escalation of her drug use; and being detained under the Mental Health Act.

- **Settled tenancies following a period of homelessness can break down relatively quickly** suggesting that support and assistance (whether practical or emotional) may be key to tenancy sustainment. Anna, for example, may have benefited from the input of a drug support worker and from advice and advocacy when her rent arrears began to accrue to help her negotiate with her landlord and prevent possession proceedings.
Having left the hostel for people with mental ill health Anna once again stayed in a series of hidden accommodation situations until she managed to secure a place at a voluntary sector hostel. The precise details of Anna’s route into this hostel are not clear but she implies that she approached the hostel directly and they accepted her. While in the hostel Anna once again received a short custodial sentence\(^6\) and in January 2006 went into prison. While in custody Anna embarked on a methadone programme which she was still complying with when we interviewed her approximately four months later. On release from Prison in March 2006 Anna once again found herself with nowhere to go – her hostel place was no longer available to her – and she went to stay temporarily with her ex-partner. In the meantime, however, Anna’s probation officer was working hard to find her somewhere to live and a month later she was offered a place at another voluntary sector hostel. Anna is very satisfied with this accommodation and is currently being assisted by hostel staff to secure her own tenancy and succeed in her efforts to combat her drug dependency.

**Issues Arising**

- **Prison can represent a time at which women lose their accommodation** (Anna has lost both settled and temporary accommodation as a result of being in custody) but it can also represent a place where women receive the assistance they require. In Anna’s case prison provided the means through which to address her drug dependency and engage with services (Probation) which subsequently helped her access satisfactory homelessness accommodation.

- **Engagement with services is often sporadic**, coinciding with times of crisis. There is no evidence in Anna’s journey through homelessness of consistent, ongoing assistance or support. Her engagement with services is very limited and tends to occur when it is imposed upon her (in the case of her engagement with the probation service) or in times of acute crisis.

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\(^6\) Anna appeared reluctant to tell us what she had been convicted for in 2002 and 2006 and we did not want to press her on this matter. However, based upon comments that she made and the relatively short sentences she received it is likely that these were offences relating either to possession of drugs or to theft.
4.4. Case Study Three: Katie’s Homelessness Journey

<table>
<thead>
<tr>
<th>Life events</th>
<th>Housing situation</th>
<th>Service contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 13: Physical and sexual abuse from parents</td>
<td>Parental home</td>
<td>Social Services find her</td>
</tr>
<tr>
<td>Age 14: Runs away, sleeps rough and in a squat</td>
<td>Children’s home</td>
<td></td>
</tr>
<tr>
<td>Age 15: Runs away, sleeps rough and in a squat</td>
<td>Voluntary sector hostel</td>
<td>Approaches LA as homeless</td>
</tr>
<tr>
<td>Age 16: Finds it difficult to cope in her own tenancy. Has no support, no furniture, and abandons the flat after six weeks</td>
<td>Council tenancy</td>
<td>Applies for a community care grant to furnish flat but is refused</td>
</tr>
<tr>
<td>Age 17: Starts taking heroin and crack cocaine</td>
<td>Sleeping rough and staying with friends</td>
<td>Approaches LA and is found intentionally homeless</td>
</tr>
<tr>
<td>Age 21: Is raped by a male resident and leaves</td>
<td>Night shelter</td>
<td>Outreach workers approach Katie</td>
</tr>
<tr>
<td>Age 16: Voluntary sector hostel</td>
<td>Spends four years sleeping rough, in squats, and staying with friends</td>
<td>Uses several day centres and soup kitchens</td>
</tr>
<tr>
<td>Age 17: Women’s night shelter</td>
<td>Women’s voluntary sector hostel</td>
<td>Outreach worker approaches Katie</td>
</tr>
<tr>
<td>Age 21: Stops using heroin</td>
<td></td>
<td>Embarks on education course</td>
</tr>
</tbody>
</table>

(arrows indicate causality)
Katie’s Homelessness Journey: Discussion

Katie had a very difficult and disrupted childhood during which she suffered sexual and physical abuse from her parents and had little interaction with other children. She explained that her parents regularly failed to send her to school, with the result that “I’d miss that… interaction with other children” and that “we weren’t allowed to play with other children”. At the age of 13 she ran away from home, sleeping rough and in a squat, before she came to the attention of social services and was placed in a children’s home. Anna recounted how she felt about this environment:

“I wasn’t happy, it used to be horrible in children’s, being in a children’s home is horrible… it may look as pretty and as happy as it wants but there’s just no love. Cos I’d a bit of a problem with interaction with other children….. I just didn’t like it at all. It just seemed loveless, so cold and clinical in there. You wouldn’t get help if you [needed it]. You know, social workers aren’t there to help really, they think they’re a help but they’re not really at all”.

Katie’s unhappiness in the children’s home prompted her to run away, once again sleeping rough and in squats. When she turned 16 she approached the local authority and was referred to a voluntary sector hostel until, six weeks later, she was allocated a council tenancy. Like many of the women who participated in this study, then, Katie first became homeless long before she reached adulthood and the first stage of her homelessness career was characterised by rough sleeping and other hidden accommodation situations.

Issues Arising

- **Abuse in childhood**, particularly when this has not come to the attention of others, can directly lead to homelessness

- **Women who become homeless before they reach adulthood have few options** but to sleep rough, stay with friends or in squats, there being virtually no homelessness accommodation services available for women under the age of 16.

- **Being placed in care can be a difficult and traumatic experience**, even amongst those who have faced abuse in the parental home.

- **Women’s upbringing and experiences in childhood can influence their ability to settle** into, and manage the accommodation situations in which they later find themselves. In Katie’s case, her limited interaction with other children made it difficult for her to settle into the children’s home.

- **Local authorities can have a positive influence** on women’s homelessness trajectories by resolving or averting their homelessness.
Also in common with other homeless women interviewed, Katie’s access to settled accommodation did not represent the end of her homelessness career. Katie moved into her council flat but quickly realised that she had no experience of independent living, no possessions, and had no means of furnishing her property. She had never been responsible for paying bills or organising the connection of amenities and no organisation was working with Katie at this time to assist her. She did apply to the Benefits Agency for a grant or loan with which to purchase furniture but this was refused. She explained:

“They just, they gave me the keys and the tenancy and said sign there……so I just had this big empty flat…. I was 16 years old and they just said ‘here’s your council flat, off you go’……..It was just awful, they just dumped me out in this council flat and then when I applied for a community care bond to furnish it they turned me down. I just couldn’t believe it, I just went ‘oh well there’s no point living here is there, I won’t get any furniture’ [and] I just left it.”

Katie slept rough for a few months – just as she had done immediately following her first episode of homelessness - and then approached the local authority again but was deemed intentionally homeless. She had also accrued rent and Council Tax arrears on the flat for the period of time since she had abandoned it, having ceased to sign on. Katie spent the next four years sleeping rough, staying with friends and in squats and, during this period of time, developed dependencies on crack cocaine and heroin. Early in this phase of her homelessness Katie spent a night in a shelter, was raped by a male resident, and left immediately. It was another four years before Katie sought a place in a shelter or hostel, being too fearful to stay in such accommodation. Her only contact with services during this time was the day centres she used to wash, keep warm and eat cheaply.

Issues Arising

- **The ramifications of a routine every day decision** (such as refusing a grant/loan) can be very far reaching and severely detrimental.
- **A lack of support or practical assistance for young women** in their first tenancy can result in homelessness
- **The impact of a lack of communication between different agencies**: when Katie approached the housing department at the age of 16 she was, officially, still the responsibility of the local authority although she was not in contact with social services at this time, having run away from the children’s home. This was not picked-up, but should have entitled Katie to leaving care support in the form of supported accommodation and a leaving care worker. She may also have been entitled to the community care loan/grant she applied for.
- **A negative (or in this case very traumatic) experience within one particular service can deter women from using any other service of this kind.**
- **The inappropriateness of mixed sex night shelters** for homeless women
After five years of hidden accommodation homelessness, a rough sleeper outreach worker approached Katie and informed her of a women’s night shelter. Staff at the night shelter then referred Katie to a voluntary sector women’s hostel where she has a key worker to help her secure settled accommodation and assist her, or refer her for assistance, with other issues in her life. Katie reported feeling safe and relatively settled in this hostel and, as a result, is able to start thinking about the future and working towards her goals in this respect. She has stopped using heroin, and has embarked on a course run by a local homelessness organisation to help her build up an art portfolio so she can apply to a local college to do a fine arts degree.

Katie’s homelessness journey, then, demonstrates that night shelters can represent both a place of danger and trauma as well as the starting point of a trajectory into more stable accommodation from which women move forward positively in their lives.
4.5. Critical points

There are some critical points when action could have been taken to prevent Marie, Anna and Katie’s homelessness journeys from developing in the way they did:

- **Approaching the local authority** represents a critical point in all three women’s stories. If it had become apparent, for example, that Katie had been a looked after child on her 16th birthday it is unlikely she would have been allocated an unsupported flat and she would have received leaving care support. If the local authority has accepted that Marie was vulnerable as a result of experiencing domestic violence then she may not have become homeless and had to sleep rough. And if the local authority had assisted Anna rather than suggesting they place her son in care then she may not have had to sleep rough, remain estranged from her child, and increased her drug use.

- **Transitions from one situation to another**, including: Katie’s transition to independence, and lack of support in her first tenancy; Anna’s lack of support in the council tenancy she obtained following her prison sentence, in which she quickly accrued arrears and was evicted.

- **Divorce**: if Marie had had greater awareness about the assistance available when she had to leave the marital home following her divorce (such as housing advice centres, rent deposit schemes, and the local authority homelessness department) her homelessness may have been prevented.

- **Refusal of practical or financial support**: if Katie’s application for a community care grant or loan had been authorised, or if Katie had been provided with information about alternative sources of support (other grants, furniture charities, advice centres) then she may not have abandoned her tenancy.

- **Going into custody**: if Anna had not gone into prison (or had received housing advice and assistance while in prison) she may never have been evicted from her housing association tenancy.

- **Residency in inappropriate environments**: if the night shelter in which Katie stayed had been for women only, or if male and female residents were segregated, or if better safety procedures were in place then Katie may not have suffered a sexual attack which resulting in a four year period of rough sleeping and hidden homelessness. This in turn may have prevented Katie from developing drug dependencies.
4.6. Conclusions

In this section we have worked through the homelessness journeys of three homeless women and in doing so have attempted to illuminate the process of homelessness, the many influences on women’s homelessness journeys, and correlations between their housing situations, their personal life experiences and their patterns of service use. We have seen how women’s relationships (with parents, with individuals and with service providers), their decisions, and the actions of those who interact with this journey, move them forward in one direction or another. We have seen that homeless women respond to their situations and to the way others interact with them, resulting in particular choices and actions:

- when they face abuse they run away;
- when they feel they have been treated badly by an organisation they reject service provision;
- when they cannot cope they walk away from their tenancies; and
- when they are traumatised they may seek solace in drugs and alcohol.

This, in turn, influences how others perceive and treat them subsequently. We have also seen the way in which the ‘typical’ homelessness career outlined earlier in this report plays out in the lives of the women who move through it and the way in which this typical journey masks a host of variable and individual experiences.

In the following sections of this report we briefly spotlight some of the issues highlighted in Marie, Anna and Katie’s homelessness journeys and experiences and highlight further issues and features of the homelessness landscape.
5. Homelessness Landscapes

5.1. Looking Back, Looking Forward

Women arrive at a point in time with history, and their experiences at that juncture have consequences reaching far into the future. Yet their interactions with individuals and service providers are rarely situated by those involved within this wider process. As a result, women’s homelessness is all too often perceived as the result of their own actions and their own actions only, with no acknowledgement of the systemic failures or actions of others, which may have contributed to this process or the broader homelessness landscape in which they are situated. This section highlights the way in which service providers’ actions can fail to consider women’s histories – how and why they arrived – as well as the potential long-term consequences of their actions.

When a woman behaves in an anti-social fashion in her (settled or temporary) accommodation, for example, and is evicted there is rarely a clear picture or understanding of the trajectory which brought her to this point, nor of the complex interplay between the various experiences, relationships and interactions – often over a long period of time - which have culminated in her current behaviour and actions. We can illustrate this with reference to ‘Helen’s’ experiences. Helen was in late 20’s and staying in a homelessness hostel when she was interviewed for this study but her trajectory into homelessness had begun several years earlier. An excerpt from her homelessness journey is presented in the box below.

The events leading to Helen’s eviction from her council tenancy

Helen, a woman in her early 20s, was living in her own council tenancy. She became pregnant three times in quick succession but each baby was still-born. She explained that “I just couldn’t handle it any more….I didn’t know what crack was like or anything but….I went out of my way to find people that did it and…just started doing it. Cos I couldn’t handle the pain any more”. She became dependent upon crack cocaine and developed a relationship with a man who she described as ‘controlling’. Before long local drug users were visiting her flat frequently and neighbours began to complain. The council issued eviction proceedings but Helen did not attend the court hearing, being too wrapped up in her situation and, in any case, unable to cope with being in her flat any longer. She explained that “there were different people coming in every day and all kinds of stuff. And then I got evicted for being a nuisance. I think they call it an ASBO now”. Helen began to sleep rough until staff at a local day centre offered her assistance with finding somewhere to stay and referred her to a hostel.
This is not necessarily to criticise landlords, social housing providers, hostel providers and so on for evicting women – often their actions are perfectly understandable. Housing providers have a responsibility to other residents, they operate within policy, contractual and legislative systems, and have organisational responsibilities to secure rent. However, as long as women’s situations are viewed as a snapshot in time the chances of them receiving the support they require to address the personal problems and difficulties that brought them to this point in time are very limited. Helen did not receive, nor was she offered support regarding the death of her three children or her subsequent drug dependency because the focus of intervention in her life at the time was squarely on her anti-social behaviour, and on this behaviour only.

The question arises, then, did Helen become homeless because she started using drugs and engaging in anti-social behaviour, or because she was let down by services which collectively failed to identify the distress she was experiencing?

One aspect of women’s lives where their history is acknowledged is with regard to past evictions or tenancy abandonment. Women who have been evicted or abandoned their homes frequently find that they are subsequently deemed ‘intentionally homeless’ by local authorities who then discharge their duty to accommodate. In these cases, women’s housing histories are being acknowledged (to their detriment) but there can be a failure to appreciate the chain of events culminating in their actions.

Figure 3: Extract from Katie’s Homelessness Journey

We saw earlier that Katie, at the age of 17, found herself in such a situation. She had sustained her first tenancy for just six weeks following a childhood characterised by violence and abuse. With no support, no furniture, and no experience of independent living Katie found it difficult to cope and abandoned the property. After six months of sleeping rough and sofa surfing she approached the local authority but was found intentionally homeless.

The application of the intentional homelessness ‘rule’ implies that Katie is perceived as to blame for her homelessness: that she because homeless because she abandoned her tenancy and not because agencies failed to appreciate that as a vulnerable 16 year old she was likely to require some assistance in her first tenancy.
Julie’s story is similar. She was allocated a council tenancy when she became pregnant at the age of 19. She explains what happened next:

“I had a flat when I was about 19…and I were pregnant wi’ twins and I ended up losing them [miscarried] and I got really depressed and that, and I just put the key through the door and walked off…I didn’t get the help I needed”

Now 27 years of age, Julie is still homeless. She has developed a drug dependency and works as a prostitute. On various occasions over the past eight years Julie has applied to local authorities and been found intentionally homelessness on the basis that she abandoned this tenancy.

There are two particularly interesting points arising from Julie’s experiences. Firstly, her choice to leave was made within a context of mental ill health – something which in certain systems (for example the criminal justice system) may prompt a judgement that her actions were not rationally intended. Secondly, as she points out, Julie is not the only person implicated in the decisions and choices she made. She had, effectively been failed by services at a particular point in time. The blame, however, is laid squarely at her door, just as it was at Helen and Katie’s, resulting in continued refusals to assist her when she needs it.

Perhaps more important than understanding how women arrive at a certain point in their homelessness journey, is recognising how far reaching the consequences of service providers’ actions can be for their future. When a woman approaches a local authority and is not provided with effective advice or assistance, or when she approaches an organisation and is deterred from entering because the service feels unwelcoming, or when she asks for specific help (e.g. counselling) and is offered something else (e.g. medication) the knock-on consequences of these interactions can continue for many years, reaching all aspects of her life. This has already been illustrated in Anna’s journey where we described the chain of events following her second (unsuccessful) approach to a local authority: she began sleeping rough and sofa surfing; without accommodation she was unable to care for her son who went to live with his father; the experience of rough sleeping and increasing contact with drug-using friends resulted in an escalation of her drug use; and she ended up in prison.

In some cases it is not the actions of a particular individual or agency which has the most impact but a collective failure to make appropriate provision available, or the absence of particular actions and interventions. Thus, a woman reluctant to use mixed-sex services in an area where no women-only provision is available may sleep rough which, in turn, may result in a deterioration of her mental health or an experience of assault. Similarly, we reported that Katie was raped in a night shelter and several other respondents reported sexual assaults in similar environments. This did not follow from a particular action but may not have occurred if certain actions had been taken, or interventions put in place: if women-only night shelters had been available, or if men and women had been more effectively segregated, or if better safety procedures had been in place. Instead, Katie was too scared to stay in homelessness accommodation for a further four years and spend much of this time sleeping rough.
A clearer collective appreciation of just how significant actions and decisions can be on women’s homelessness journeys, and of the role and responsibility of agencies in women’s homelessness, could result in positive outcomes (or fewer negative outcomes) for homeless women.

5.2. Routes into Homelessness

Like Katie, who we introduced in the preceding chapter, many women’s routes into homelessness can be traced back to their childhoods. The majority of the women participating in this research, and 22 of the 29 whose homelessness journeys were mapped, recounted difficult or traumatic childhood experiences. This ranged from violence from parents, to neglect, abandonment, bullying at school, bereavement, to very conflictual relationships with parents or step-parents.

The relationship between homelessness and these early life experiences is now relatively well documented. Less attention, however, is paid to the link between homelessness and experiences of sexual abuse (in childhood and adulthood). This is certainly recognised, not least by front line service providers, but is rarely explicitly discussed or explored in literature about women and homelessness. Nearly one third (nine out of 29) of the women whose lives were mapped reported having suffered sexual abuse in childhood, usually from parents, step parents or other family members and, with one exception, always from male perpetrators. This being a particularly sensitive subject and one which the study team did not directly question respondents about, it is likely that we have not captured the full extent of such experiences amongst our sample.

The experiences women have in childhood or adolescence can lead directly to homelessness. Women run away from home, for example, to escape abuse. But it is frequently far more complex than this, with the relationship between traumatic experiences and homelessness mediated by women’s (emotional and psychological) response to their situations. Women suffering violence or sexual abuse, for example, or who experience the death of a loved one, do respond to this trauma. They respond emotionally, psychologically and behaviourally and look for ways of coping with (or blocking out) the pain which results.
The experiences of Angela and Jackie, presented below, are illustrative of this fact. These responses, or coping strategies, typically include drug or alcohol abuse, the onset of mental ill health, and challenging behaviour (perceived by others as ‘going off the rails’ or ‘going wild’). Such experiences can also undermine women’s self-esteem, their confidence, and can result in feelings of worthlessness. Some respondents reported developing a self-destructive attitude towards their life, simply ceasing to care - about themselves or where their life was heading. Women’s relationships then deteriorate (or deteriorate further), friends and family find they are unable to cope, and women run away from, or are asked to leave their homes.

This is compounded by women’s very limited contact with services during this (sometimes lengthy) period of time. It was striking that respondents had rarely received any support (such as counselling, befriending services) to help them cope with their distress, few had received interventions regarding their alcohol and drug use or mental ill health, and families appear to have received little by way of assistance (for example family mediation or respite care) to help them through this difficult time. Some respondents had come to the attention of social services and, in cases where they were at risk, were placed in the care of the local authority. However, where no effective support was put in place to help them address their emotional trauma (as was reportedly the case for many of our respondents) their life trajectories appear to have continued in much the same way as those not placed in care.

**Angela**

Angela’s father died when she was 11 and her mother, in a state of acute distress, effectively stopped caring for her children. Angela explained that “*I was lookin’ after meself basically*”. Around the same time her grandfather started sexually abusing her, a situation no-one else was aware of. The combination of these two experiences led Angela to start drinking heavily and to attempt suicide. At this point, Angela explained, her mother “*couldn’t cope [with me] any more, you know what I mean*” and asked her to leave, at the age of 14.

Some women whose abuse within the home went unnoticed, or who were not at risk, did also have contact with social services departments. This contact tended to be initiated by social services rather than by the respondent and usually occurred at the point at which they were *responding* to trauma, displaying various forms of challenging behaviour. However, women did not generally interpret this as an offer of help but as ‘enforcement’ and, consequently, this intervention appears to have little positive impact on their lives.
Not all the women interviewed who described difficult childhoods became homeless directly from the family (or care) home. Some had successfully made the transition to independence and sustained settled accommodation for anything up to a decade. However, their early experiences could still be seen to impact significantly on their homelessness trajectories:

- despite successfully making the transition to independence and sustaining a settled home for a period of time the scars of their childhood remained and manifested, albeit more slowly, in the very same responses described above. This in turn impacted on their housing situation and contributed to homelessness later in life.

- women who suffer disrupted and problematic childhoods, particularly where this related to issues within the home (violence, abuse, neglect, parental abandonment, death of parents and so on) do not have a familial safety net to fall back on when they encounter housing difficulties later in life. These respondents effectively had no family home to return to temporarily when they become homeless, and could not draw on the financial support of parents (as many people do) to secure a new tenancy.

Jackie

“I had a lot of problems, that was why I started using alcohol when I was young. My mum went on holiday and said she was going away for six weeks and six weeks later sent us a telegram saying she wasn’t coming back. We was all on our own, me and my two brothers. I was 14, my brother was 13 and my younger one was 10. So I was taking care of my brothers……and we all flipped, we all went mad. looking at it now, I went off started drinking, my middle brother killed someone and then my younger brother….. set fire to his school. So there was a lot of dysfunctional behaviour going on with all three of us……and there was dysfunctional behaviour going on [before that]….I was sexually abused by a family member and a friend of hers when I was young…..but it was when she’d [mother] left us that the dysfunctional behaviour started coming out…… I was just acting out, big time… I was 14, I was acting up big time, I was drinking, became an alcoholic……so I left and I ended up sleeping rough.”

Although disrupted childhoods could be seen to represent the start of a route into homelessness in the majority of cases there were many examples of traumatic experiences playing a very similar role later in women’s lives. The trajectories of these women differ a little from those who became homeless at a younger age following traumatic experiences in their childhood – they are evicted from a tenancy rather than being asked to leave the parental home, and the range and nature of the distressing events they experience varies a little - but stark similarities are evident. Separation from children as source of trauma is more common, the sexual abuse they experience is more commonly perpetrated by a stranger or acquaintance rather than family member, violence from partners is more common and reproductive health issues
become more pertinent. However, violence and abuse is key, women’s responses to their experiences are identical, and homelessness results. Importantly, like many of those who became homeless following disrupted childhoods, they too appear to receive very little by way of help or assistance during their initial period of distress, or immediately upon becoming homeless.

5.3. First Experiences of Homelessness

The typical homelessness career presented earlier in this report showed that women rarely move from their settled home into service-led homelessness accommodation when they first become homeless. In fact, with nowhere else to go, many are forced sleep rough. The question arises, why are women failing to access assistance which could result in a more positive outcome at this time of crisis in their lives? Exploring the experiences of the 29 women whose homelessness journeys were mapped in detail, some explanations emerge:

- limited knowledge or awareness of homelessness services, of their eligibility to apply to the local authority (as homeless or on a waiting list), or that any organisations exist to assist homeless people. Amongst the survey sample, nearly 40 per cent did not approach any service for assistance when they first became homeless, many because they were unaware that such help was available;

- an absence of current contact with services (of any kind) to whom women could readily turn, which might have signposted them to relevant housing and homelessness agencies;

- a negative experience of an approach to an organisation (typically the local authority) which does not result in effective or appropriate assistance.
To pick up on the last point above, and echoing the stories recounted by Anna, Katie and Marie at various stages in their homelessness journey, facing homelessness for the first time some of the women participating in this study were aware of one agency, and one agency only, which could help them resolve their housing crisis. That agency was the local authority housing department, which respondents duly approached for assistance. At this juncture, the response of a local authority has the potential to dramatically influence the development of women’s lives from that point onwards. In many cases, however, respondents reported not receiving the assistance they had hoped for. Their experiences, and the responses they reported receiving from the local authority varied but included:

- being turned away by reception staff who informed women that they would not be eligible for assistance, without an application being made;
- being told by housing officers that they were not eligible for assistance, typically because they were ‘not vulnerable’ to qualify for assistance under the terms of the homelessness legislation, or because they had made themselves intentionally homeless, and no further assistance being offered;
- being told by staff that ‘there is nothing we can do for you’;
- being provided with a list of private landlords and/or emergency accommodation providers which proves useless because women cannot access the necessary funds to secure a private rented tenancy, because the emergency housing providers they telephone have no places available, or because the lists are out of date.

With no knowledge of the homelessness legislation, no understanding of their rights under this legislation, and no awareness of appeals procedures women typically readily accepted the local authority’s response to their situation and turned to friends and family members for temporary accommodation, or began to sleep rough.

**Limited awareness of homelessness services**

“*I didn’t know there were agencies to help. I didn’t think about it at all. I wasn’t aware that anyone could help. I had the idea as well that it was all down to me, you know, that I should sort myself out*”

We also saw earlier in this report that most women do, eventually, negotiate access to service-led homelessness accommodation. Some gradually accrued knowledge from other homeless people about available services, others were advised by friends or family members about advice services, and some were approached by outreach workers or came into contact with staff through other avenues of their lives (e.g. college tutors) who signposted them to a relevant organisation. Occasionally, women sought out hostels (on the internet, in the telephone directory) and continued to contact these until a place finally became available. Often, however, it was only when respondents (rough sleepers in particular) become aware of day centres as places where they could meet their daily needs (washing, eating and so on) that their route
into service-led homelessness accommodation really began. The presence of information in the form of leaflets and posters, of internet access, and of staff able to offer advice provided a context through which women could escape their hidden accommodation situation and access service-led provision such as hostels.

5.4. Correlations between Hidden Accommodation Situations, Personal Difficulties, and Service Engagement

Figure 6: Extract from Anna’s Homelessness Journey

<table>
<thead>
<tr>
<th>Life events</th>
<th>Housing situation</th>
<th>Service contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2004</td>
<td>Evicted</td>
<td>Approaches LA which refuses to accommodate her</td>
</tr>
<tr>
<td></td>
<td>Her son goes to stay with his father</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug use escalates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rough sleeping and staying with various (drug using) friends</td>
<td></td>
</tr>
</tbody>
</table>

Exploring the relationship between respondents’ housing situations and their patterns of service use strongly suggests that women are less likely to engage with services when living in hidden accommodation situations. This appears to be particularly true during times when women are staying with family, with friends they knew prior to their first episode of homelessness, or in squats. Day centres and public services such as libraries and art galleries are utilised by women sleeping rough, and some women also appear to retain contact with the Benefits Agency and NHS health services (for example a GP) during time in hidden accommodation situations. On the latter point, however, it is however notable that respondents were less likely to be claiming benefits while staying in hidden accommodation situations, particularly during times spent sleeping rough.

Exploring the range of services which women engage with at different points in their homelessness careers suggests that it is employment agencies, education and training services, and specialist support services such as those offering drug, alcohol and general counselling, or for people with mental ill health, which women are particularly unlikely to engage with while in hidden accommodation situations.

Yet, living in these kinds of accommodation situations also correlates with an increase in difficult personal circumstances and can represent a time when women need this support the most. It was not uncommon for women’s drug use, for example, to escalate while in hidden accommodation situations. Some women reported that the friends they stayed with were also drug-users or the squats they lived in were frequented by drug users and dealers. Ever more in this environment and within this
‘social circle’, brought with it the temptation to use, a point illustrated earlier by Anna’s experiences. She explained:

“I used to sleep in ‘ospitals, toilets …..I did have friends but a lot of my friends was users and I just found that I was using more and more….and it was just getting me into more trouble”

Others reported misusing drugs or alcohol in order to cope with the experience of rough sleeping and as a means of keeping warm. This was highlighted by Marie’s homelessness experiences but was also true for others:

“a lot of people say ‘why do people drink when they’re on the street?’, I just turn round and say ‘well you spend a week on the street, find out why we drink when we’re on the street’. Helps you sleep…[and] blocks it all out” (Marie)

“….not being on drugs it’s a lot harder [being on the streets].…. I was literally losing it, I’d just had enough, I was getting drunk every night just to stay warm, and I don’t drink you know. And buying brandies and stuff and I didn’t want to get into that habit.” (Jane)

Similarly, women already experiencing depression and other forms of mental ill health, women with physical health problems, with coping difficulties, and those experiencing emotional and psychological trauma found that the experience of rough sleeping and the insecurity associated with sofa surfing compounded these problems.

And once drug and alcohol dependencies or mental health issues have escalated, once women psychological well being has been further dented, and their self-esteem is at its lowest ebb, accessing housing and other services can become more difficult. Thus one woman commented that “when I was on the streets I didn’t even look for help”. Katie also described the way she felt while she was sleeping rough:

I lost my soul, I didn’t have any personality, I was just another bum on a street corner asking for some change, and that’s how I felt in myself as well. I just lost myself in crack and heroin so I was like that all the time.

Motivation can weaken and, like Katie, women with dependencies reported that their lives increasingly revolved solely around accessing drugs and alcohol. The homelessness services available to women (including accommodation provision) can also reduce, many not being equipped or able to work with people with complex or high level needs.
5.5. The Positive Impact of Appropriate Accommodation

In contrast to women’s experiences of staying in hidden accommodation situations, when contact with many services tends to dwindle, accessing appropriate temporary accommodation can, and often does, present opportunities. There was a clear correlation between respondents’ residency in homelessness accommodation in which they were relatively content and positive developments in other areas of their lives.

At these points in respondents homelessness careers, the range of services they engaged with broadened and they were more likely to access services targeted at their specific needs. Some embarked on education or training courses for the first time in their homelessness careers and aspirations emerge in their narratives. This was evident in the lives of Marie, Anna, and Katie all three of whom were in hostels they spoke positively about when we interviewed them: Marie had reduced her alcohol consumption and for the first time in years was no longer drinking during the day; Anna was successfully complying with her methadone programme; and Katie had stopped using heroin. All three were receiving their full benefit entitlement, were in relatively good health, and had made applications to various voluntary sector and social housing providers for settled accommodation. Katie and Marie had both embarked on education or training courses and all three had, for the first time in several years, started looking to the future and were making efforts to reach their goals.

The key here is not that Marie, Anna and Katie were resident in service-led homelessness accommodation but they were staying in appropriate accommodation: accommodation which they were satisfied with, felt safe in, and which afforded them a degree of security. It is certainly not the case that accessing a place in service-led homelessness accommodation always has a positive impact on the development of their homelessness journey from that point onwards. Far from it. There are many examples of women living in accommodation with was inappropriate for them or where they encountered difficulties. One woman, for example described a hostel in the following way:

“[it was] full of really pissed men who were crack heads and smack heads as well which, when I’d told them I was clean was not the nicest of options.”
Mixed homelessness provision is problematic for many women as is the communal nature of some hostels and night shelters. Others found an absence of support problematic, and poor environmental conditions (cleanliness, condition of the building, provision of amenities and so on) also emerged as a concern. We have already reported Katie’s sexual assault in a night shelter, and she was not the only woman interviewed who had faced such an experience. We have also seen that Anna stayed briefly in a hostel for people with mental ill health and found this environment extremely difficult to cope with. The result, often, is that women leave these places and return to hidden accommodation situations.

The defining features of the hostels (and occasionally night shelters) which have represented a point of positive development in respondents’ lives are:

- women can remain there for a relatively long time (usually two years) and are aware of this when they move in. This reduces the feeling of anxiety which stems from being homeless, and is often the most settled a woman has been for some time.
- they provide self-contained accommodation such as individual flatlets or bedsits, whilst also having communal areas
- they are well staffed and women have key workers with whom they meet regularly
- staff are very supportive and work with women in a holistic way, helping them to address issues far beyond their immediate housing problems
- they are single sex and are staffed primarily by women
- they are usually provided by the voluntary sector
- they operate on the principle of developing an ‘exit strategy’ so that women can move on in a planned way once they are ready

It is clear that the presence of staff is a key factor here. It is staff in these hostels who encourage women to identify their needs and then route them into appropriate services to help them meet these needs. It is staff who provide support on a daily basis. And it is staff who help women fill in housing application forms, apply for benefits and so on. But accommodation need not be staffed for women to feel settled enough to move forward positively in their lives. One respondent, for example, was living in temporary accommodation provided by the local authority. This was not a hostel but a self contained flat. She reported feeling ‘at home’ there and no longer identifying as a homeless person. Once this shift in her situation, and her psychological well-being, had taken place she began to think about seeking employment and regaining contact with her son.
5.6. Reactive and Accidental Service Engagement

Figure 8: Extract from Anna’s Homelessness Journey

Many of the women interviewed only sought assistance at acute points of crisis in their lives, their service engagement more reactive than it was preventative. Like Anna, for example, some only approached local authorities or other agencies on the day they had to leave their settled accommodation, despite realising prior to this that homelessness was looming.

Women’s engagement with services able to assist with addressing core issues in their lives (homelessness, rooflessness, dependencies, or health problems, for example) was also found to frequently occur somewhat accidentally. Respondents were routed into key housing and support services via organisations they came into contact with for other purposes, or which approached them. Thus, women were approached by outreach workers, rather than vice versa, and were referred to temporary accommodation and other services. Or they mentioned their situation in passing to college tutors and teachers who took it upon themselves to inform women about relevant services. Or women using day centres in order to avail themselves of the practical facilities there then found avenues for engagement with a wider array of services, whether through provision of information leaflets, referrals by day centre staff, or through specialist sessions for women with particular issues.

The important point to note here is that in these situations women’s engagement with, or routes into key services is not direct, but is the outcome of a process reliant upon other actions and interactions – interactions which could easily not take place. Many women sleeping rough, for example, do not sleep in locations where they will be spotted by outreach workers and although 62 per cent of survey respondents had slept rough only 12 per cent had been in contact with such workers. Women may not want to mention their homelessness to teachers and other non-homelessness service for fear of being stigmatised. And some women were unaware of the existence of day centres or were reluctant to use them.

There are, of course, many examples of women actively seeking the help they required, making efforts to identify relevant services, and approaching them directly for assistance. But a tendency for women to take opportunities when they were presented rather than seek them out, unless at a point of crisis, was apparent. This
cannot be explained by reference to a general lack of willingness amongst homeless women to utilise services. There is simply no evidence to support this: many women described times in their lives when they desperately wanted assistance with a particular issue but did not receiving that help, while this applied to 70 per cent of survey respondents. The following issues, however, offer some explanations.

- **Women’s past experiences of asking for help and not receiving the assistance they require results in disillusionment in the capacity of any service to meet their needs.** Women approach a local authority and are told they are not vulnerable enough to qualify for accommodation, they phone homelessness helplines and are told there are no hostel places available, they apply to rehabilitation centres but have not been in the area long enough to qualify, they cannot receive a particular service until they have a fixed address, or they are told they fall outwith the remit of the service they approach. And so on. Eventually, women form the view that no help is available to them and their active attempts to engage with services reduces dramatically from this point onward.

- **Inappropriate service delivery** can result in a similar sense of disillusionment. Alison’s experiences of asking for help to address persisting psychological distress arising from the loss of her children to adoption provides one such example. She approached her GP asking for counselling and “the doctor said ‘we’ll try you on medication first and see how that goes”’. This can significantly dent women’s confidence and faith in services. Similar issues arise for women seeking help for addictions and mental ill health who are seeking supportive and informal services but are offered clinical and medical interventions.

- **Referral routes as a barrier to service engagement.** Many services, spanning housing, physical health, mental health, addictions, offending, counselling and many more, cannot be accessed directly but require formal referrals, sometimes from specified organisations (the Probation Service, a rough sleeper outreach team, a local authority, a GP or health professional). Engagement with these services, therefore, requires women to know about, approach and engage with referral organisations.

- **Services are off-putting.** Male dominated environments, ‘unfriendly’ receptionists, physical barriers such as glass windows and corridors, the run down appearance of a service, and bureaucratic procedures can all act as deterrents to service engagement.

- **Limited knowledge about the assistance available.** Some homeless women are simply unaware of many services, particularly voluntary sector services and specialist services offering support around particular issues. It is only when they are ‘in the system’, or have developed social networks within the homelessness population, that they become aware of the assistance available.

- **Some women’s lives are so chaotic,** their problems so deeply entrenched, and their confidence and self-esteem so low, that their motivation and capacity to
seek assistance is extremely limited. All their energy is required merely to sustain a day to day existence and ‘get through’ each day. Paradoxically, it is at these points that women are the most likely to require assistance to address their needs.

5.7. Critical Points in the Lives of Women who have Experienced Homelessness

Analysis of the homelessness journeys and experiences of women interviewed for this study reveals particular points in time when their lives were at risk of developing (and often did develop) in a particularly detrimental way. Some of these ‘critical points’ occurred, or were at greater risk of occurring, at particular stages in the typical homelessness career outlined earlier, or during transitions from one stage to another. But many appear throughout, and at any point in a woman’s homelessness journey. It was also evident that alternative actions, or particular interventions, could have influenced their lives to develop from that point onwards in a more positive direction. These critical points in women’s homelessness journeys include:

- **transitions to independence** for those who have experienced disrupted or traumatic childhoods

- **the point at which women are threatened with homelessness** for the first time, when their awareness of homelessness services is often very limited

- **any traumatic event** in a woman’s life but particularly the loss of children (whether through miscarriage, still birth, adoption or if taken into care), sexual assault or abuse, physical assault or abuse, and bereavement

- **the first year of settled housing** following an episode of homelessness

- **any move from one service-led homelessness accommodation situation to another**

- **any approach a woman makes to a organisation for assistance.** If a women has an unsatisfactory experience of asking for help this can deter her from approaching services for assistance again, or result in a general disillusionment in the capacity of services to help her.

- **being taken into custody**

- **moving on, or being referred on, from one (non-housing) service to another,** even if this appears to be a positive development. At this point women often lose contact with the workers and services they have previously relied upon for support and usually cannot or do not return to them if their involvement with the new service proves unsatisfactory or unsuccessful.
• the point at which ties are severed with family members, leaving women with no familial safety net to fall back on during episodes of homelessness

• the early stages of drug or alcohol misuse, which can also be indicative of other issues, problems and needs

• accrual of rent arrears – again sometimes indicative of other issues and needs around which women require support, but which can quickly result in homelessness

• moving into a residential environment as a means of addressing particular personal issues such as dependencies or mental ill health (for example rehabilitation centres). This tends to represent a positive development in women’s lives but also one where previous service related support networks cease. If the residency is not sustained women frequently find themselves sleeping rough and disengaged from support services.
6. Messages for Service Providers and Policy-makers

Homelessness has its roots in a specific set of circumstances and experiences. Disrupted childhoods, emotional trauma, loss and bereavement, and sexual and physical abuse are all features of the lives of homeless women. Drug and alcohol use, mental and physical ill health, coping difficulties, and low self-esteem – whether as causal factors in, or consequences of, their homelessness – add to the difficulties they face. These experiences are then further compounded by difficulties negotiating the system of service provision.

We have seen in this report that as women move through their homelessness journey they frequently fall through the net, failing to access appropriate accommodation and failing to access the support they require. They find themselves in situations and places of danger at times when adequate intervention may have kept them safe. We have also seen that engaging with services, or accessing temporary accommodation, is rarely the end of the story. The lives of homeless women can be significantly improved by:

- working with homeless women to help them realise their goals and aspirations;
- providing clearer routes through services;
- delivering services in appropriate ways and at the point they are needed; and
- working together to provide holistic packages of housing and support.

Homelessness can be prevented and it can be resolved, and women’s other issues and difficulties can be addressed to enable them to move on positively in their lives.

In addition to the specific points and recommendations highlighted throughout this report, it is possible to draw out a series of key messages from the findings. If actioned, the changes and improvements suggested have the potential to dramatically improve the situations and experiences of homeless women. In particular, there is a need for:

- a better appreciation amongst (homelessness and non-homelessness) service providers of the potential long-term consequences of their actions with regard to homeless women. A ‘think twice’ approach is required.

- improved signposting and provision of information by services coming into contact with homeless women but which are unable to assist them. Wherever possible, a homeless woman should never be turned away from a service without being provided with, at the very least, a leaflet, telephone number, or information about another organisation which might be able to assist her.

- better early intervention and a shift in focus from crisis management to prevention.
attention to the ways in which services can be developed to respond to the **particular needs and preferences of homeless women**. This might include increased provision of women-only services, consideration to the physical environment to ensure services are not off-putting, and gender training for frontline staff and managers.

- develop ways of **ensuring that information about homelessness reaches women who are not homeless and who are in hidden accommodation situations**. Every woman should be in possession of knowledge about where to turn if she finds herself homeless or threatened with homelessness. This might include increased provision of leaflets and posters in public places and services such as libraries, GP surgeries, hospitals, supermarkets, community centres, job centres and the Benefits Agency as well as education in schools and colleges.

- **the development of services able to track women through their homelessness journey**, for example through provision of a ‘link worker’. This worker would be a contact point for a homeless woman and for the services working with her, would have a relatively complete ‘picture’ of her life, and be in a position to identify when she is at risk (of eviction, of drug use, of homelessness, or rough sleeping, of mental health deterioration and so on), putting relevant interventions in place to prevent this.

- **follow-up contact with women** who have moved, or been referred on from a (housing or non-housing) service should be routine.

- **more appreciation of, and consideration to the traumatic life experiences** that many homeless women have encountered and the vulnerability with results by local authority homelessness departments. In particular, this should be better recognised in assessments of priority need, and in determining whether a women is ‘intentionally homelessness’.

- **a need to recognise the contribution of services to women’s trajectories into homelessness**, and a responsibility to consider this in assessments of ‘intentional homelessness’.
Homeless Women: 
still being failed 
yet striving to survive 

November 2006
Homeless Women: still being failed yet striving to survive
November 2006

A summary of Crisis’ latest research into the experiences of homeless women, undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

“The findings in this report are shocking. Homeless women are telling us that they lead traumatic lives and are not getting access to housing and the support they urgently need. These women are hidden from view and hidden from services. Many are left with no choice but to sleep rough, squat, rely on the goodwill of friends or family, or form unwanted sexual partnership to get a bed for the night. Their individual situations and accumulated vulnerabilities are not being adequately taken into account by local authorities, and services are failing to reach those most in need.

I was struck by the ways in which these women described their attempts to manage their homelessness, trying to maintain their dignity and their hope of a better future and somewhere they can call ‘home’.

This research should be a wake-up call to all of us concerned with homelessness and women’s issues. We must take a fresh approach to the challenges of homelessness amongst women. We must ensure that we deliver the services, accommodation and support that they desperately need.” Leslie Morphy, Chief Executive, Crisis

“Women’s Aid welcomes this research. It is a timely reminder of the needs of a group of women who have for too long been overlooked. The findings are shocking but sadly not surprising – they are the sad reality for many homeless women. The research shows how many homeless women have experienced domestic and sexual violence and are not only homeless because of that abuse, but are often re-victimised in their attempts to keep a roof over their heads. The research also highlights the need for safe women-only support services, without which homeless women cannot find a route out of their homelessness and are often left unsupported through the lack of appropriate services and understanding. Politicians and policy makers need to take note of this research and increase rather than reduce provision of women-only services and appropriate support for homeless women, and for women and children at risk of domestic and sexual violence.” Nicola Harwin, Chief Executive, Women’s Aid

“This research is a vivid illustration of the different needs of women who face the challenge of life without anywhere to call home. Forty years on from the film Cathy Come Home, Crisis have shown that the causes and consequences of homelessness are still very different for women than they are for men – and still not well catered for. It is vital that there is a clear understanding of these different needs built into the design of public services from the very start. Without it, services can’t hope to deliver for users, and risk wasting scarce resources. We will be working hard to ensure that from April 2007 the new gender equality duty helps to deliver this change of focus.” Jenny Watson, Chair, Equal Opportunities Commission

About Crisis
Crisis is the national charity for single homeless people.
We have a vision of social integration and work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.
We develop innovative services which enable homeless people to progress through education and creativity and we campaign for a more inclusive society.
We regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.

About the authors
Dr Kesia Reeve is a Senior Research Fellow in Housing at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. She has researched extensively around the issues of homelessness and the needs of vulnerable groups and has produced a number of research reports and academic outputs on these subjects.
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Rosalind Goudie is a Research Associate at CRESR with specialist expertise in statistical data analysis. In recent years she has been involved in a range of housing and homelessness related research projects.

The full research report can be downloaded free of charge from the Research Bank area of our website: www.crisis.org.uk/researchbank

Homeless Women: still being failed yet striving to survive

Reeve K, Casey R and Goudie R
Centre for Regional Economic and Social Research, Sheffield Hallam University

Executive summary

Much research about homelessness is not explicitly gendered, but is inadvertently dominated by the experiences and views of homeless men. While homeless people, regardless of gender, will share many common experiences, a failure to adequately understand the (sometimes distinct and unique) situations and experiences of homeless women can ultimately result in a failure to develop appropriate responses, and a failure to effectively tackle and prevent homelessness amongst women. Research focused specifically on homeless women is scarce and national statistics, surveys and datasets provide little by way of information about the female homeless population. In an effort to address this deficit in information and understanding this report explores the experiences of homeless women, as opposed to homeless people, and is informed by recognition of the potential influence of gender on homelessness experiences, circumstances and strategies to negotiate and manage these circumstances.

The report suggests that despite advances in homelessness policy and legislation over the past decade, homeless women are enduring traumatic and difficult homelessness situations and experiences. Many are not receiving the assistance they require with accessing accommodation, reflecting the fact that often their wider situations, needs and vulnerabilities are not being adequately taken into account by local authorities. As a result, many are sleeping rough, placing themselves in danger of assault and sexual attack, and many more are living in a range of hidden and marginalised housing situations. Very vulnerable women who have already experienced traumas in their lives are still becoming homeless and are not getting help in addressing their other needs.

About the research

The research on which this report is based was conducted between January and July 2006. A questionnaire survey collecting profile information and information about women’s housing situations, their needs, and use of services was conducted with 144 single homeless women across 19 towns and cities in England. In addition, in-depth interviews were carried out with 44 single homeless women in London, Leeds, Norwich, and Sheffield. Concerted efforts were made to include minority ethnic women, women across all age groups, and women living in different accommodation situations in the survey and interview samples. Women were surveyed and interviewed in a range of services and other places including day centres, soup kitchens, hostels, B&Bs, rehabilitation centres, health centres and on the streets.

The main findings to emerge from the research are presented below, and a selection of quotes from the research have been included as illustration.

The accumulation of homeless women’s traumatic life experiences

- There are high levels of vulnerability evident within the female homeless population – mental ill-health, drug and alcohol dependencies, childhoods spent in the care of the local authority, experiences of physical and sexual abuse and other traumatic life experiences were commonplace.

“Every time it had got to the same point and then my waters would break, I’d give birth and the child’d be dead and I just couldn’t handle it any more … I didn’t even know what crack was like or anything but I knew people that did it so I just went out of my way to find people that did it and...just started taking it. Cos I just couldn’t handle the pain any more”
• Homelessness is rarely the consequence of a single event, action or issue but is the culmination of a complex range of experiences and events which together bring women to the point of losing their accommodation. The immediate ‘triggers’ of homelessness mask a host of underlying issues, experiences and processes, all of which influence the likelihood of a homeless outcome. There were clear links between women’s traumatic life experiences – for example sexual abuse, neglect and abandonment, reproductive health issues and experiences of violence – and their subsequent homelessness.

• Over 20 per cent of respondents left their last settled home (i.e. became homeless) to escape violence from someone they knew – whether a partner, family member or associate.

• Worryingly, very vulnerable women were those most likely to stay in the most insecure and difficult situations – care leavers, women with mental ill health and dependencies were all more likely to have slept rough, squatted, and stayed in emergency accommodation such as night shelters and B&Bs than women without these vulnerabilities.

• There was also evidence that very vulnerable women were those most likely to face difficulties meeting their needs because of active exclusion from services – care leavers, women who self-harm and women with coping difficulties were those most likely to have been excluded from services.

• The situations and experience of homelessness can have severe consequences for women’s physical and mental health and well-being. Physical health problems, the onset of mental ill health, suicide attempts, drug and alcohol abuse, and ‘coping crises’ were commonly reported by respondents and attributed to their homelessness. Respondents were also separated from their children because they had nowhere settled to live and others resorted to forming unwanted sexual partnerships with men in order to put a roof over their heads.

“The psychiatric [hospital], right, they was always putting my problems down to drugs and alcohol, yeah. My psychiatric problems … my problems started before the drugs and alcohol, know what I mean?”

Negative experiences of local authority assessments, decisions and practices

• The majority of women reported very negative experiences of approaching local authorities as homeless, with some being ‘turned away at the door’ or deterred by front-line staff from making an application. Over one third did not approach a local authority as homeless or could not remember doing so. Of those who did make an application less than one third were awarded priority need status and 28 per cent were found to be intentionally homeless.

“The housing officer went to see the manager and came back and said ‘You’re not priority’. But they hadn’t checked any of the information – they said they could tell just on face value, by looking at me. They said if I had to sleep rough, I wouldn’t fair any worse than anyone else, so I wasn’t vulnerable enough.”

“They started questioning why hadn’t I gone until December when I’d been homeless since October? The thing is, at that time my priority was my mental health and it wasn’t until December that I could start sorting out my housing.”

“I’d told them I’ve suffered from depression for 30 years, and the [decision] letter said ‘everyone gets depressed’. “

• Many respondents were unaware of the outcome of their application raising the possibility that homelessness decisions are failing to reach applicants, and the ‘advice and assistance’ provided by local authorities was often deemed useless.

“They give me a piece of paper with hostels and the numbers to ring … they said ‘You can ring them and try them’, but I didn’t get no ‘elp from them – they was either full up or something.”
Nearly one third of the 'single' homeless women (i.e. those without dependent children) participating in this study were not childless. Many had children not living with them who they hope to reunited with once they secured settled accommodation. Yet they were being treated by services and by local authority housing departments as childless women, with no consideration or acknowledgment given to their potential 'family' status.

Repeat homelessness appears to be very common. Nearly half the women surveyed had been homeless on at least one previous occasion and many had experienced homelessness several times. For some, settled accommodation was an exception in a housing career otherwise characterised by homelessness – indeed survey respondents were more likely to have lived in homeless accommodation such as hostels, night shelters, B&Bs or with friends and relatives than in their own tenancy.

Unsatisfactory and dangerous accommodation situations

Rough sleeping is very common: over 60 per cent of respondents had resorted to sleeping rough, a higher proportion than had stayed in any other form of homeless accommodation situation. Rough sleeping appears to be particularly common in the early stages of homelessness: it was the most commonly cited situation in which women found themselves on becoming homeless for the first time, reflecting a lack of other options but also limited knowledge about the assistance available. This is a situation of great concern not least because rough sleeping is extremely dangerous for homeless women – many respondents had been physically attacked, verbally abused and sexually assaulted while sleeping rough.

“I mean you’re vulnerable but you just have to stick it out … one time I was sleeping on a park bench and a few guys … just managed just about [to fight them off] but it can get pretty serious.”

Partly as a response to the dangers associated with sleeping rough, many women made concerted efforts to 'remain invisible', choosing places to sleep which were hidden from view or disguising their homeless status in some way. As a consequence many do not come to the attention of rough sleeper teams: over 60 per cent of women had slept rough but only 12 per cent had engaged with rough sleeper teams.

“the men tended to be in the shop fronts, which I would never contemplate doing … for me it was a safety thing.”

“There’s places where we used to go, car parks where, you know, they were closed in and that, and nobody would see you there. So I wouldn’t feel as unsafe there.”

“Flats … have these little sort of huts where they put the bins in and so you get behind the bins and you’re hidden, you know they can’t see you.”

It is likely that, at any given time, there are many women staying in 'hidden', informal and marginalised homeless accommodation situations. The vast majority of the sample had been in 'hidden homeless' situations and it was more common for women to have been accommodated informally by friends than in hostels.

Frequent mobility is a key feature of women’s homelessness careers but this is rarely a product of active choice. Rather it reflects the very temporary nature of many homelessness accommodation situations, the inability of friends and family members to accommodate guests for long, the scarcity of medium-term hostels, limited funding for B&B placements, and strict time-limits in some hostels and night shelters.

“I haven’t had the chance to be in a place where I can just forget about the housing problem and get on with a proper life.”

“I’m hoping my situation is temporary and I know I’m lucky to have friends helping, plus savings etc. But, the sheer strain of moving from friend to friend’s, always in their space.”
• It is not only women staying with friends, with family and in squats who are living in hidden homeless situations. An alarming number of the women interviewed had engaged in unwanted sexual liaisons (paid and unpaid) in order to secure accommodation and in exchange for basic necessities such as food and clothing. Many of these women would not have been engaged in any form of sex work had they not been homeless.

“It isn’t nice being freezing to death, and that cold your bones are aching, and you’re shivering that much, it’s horrible. And you’re that desperate that you go back with someone…, big, fat, greasy, smelly, dirty man bouncin’ on top o’ you, just for you to have a roof over your head. That’s horrible.”

“Oh, it was ‘orrible [prison]. But I enjoyed it because I weren’t ‘aving to ‘ave sex and that. I really enjoyed that I weren’t lettin’ people abuse me, you know. It were so nice.”

Barriers to accessing services

• Many respondents were failing to access the support and assistance they required to help them secure accommodation (temporary and permanent) and meet their other, often complex, needs. Nearly 10 per cent of respondents had not been in contact with any service since becoming homeless and over 23 per cent had not been in regular contact with any service. Particular problems were evident in the early stages of women’s homeless careers: nearly 40 per cent did not seek assistance from an agency when they first became homeless and many relied instead upon informal advice from friends and family members.

“I didn’t know there were agencies to help. I didn’t think about it at all. I wasn’t aware that anyone could help.”

• The fragmentation of services emerged as a key barrier preventing respondents from receiving the assistance they required. Many respondents had a variety of complex needs, but the services available to them were often too disjointed and specialised to address their individual situations. Few services were capable of addressing the multiplicity of needs that some homeless women presented with, and the inter-relatedness of their problems got lost in the ‘service journey’ because they were not treated in a ‘joined-up’ way.

• Women’s failure to access support and assistance stems partly from their active exclusion from services (over 40 per cent of respondents had been excluded from a service). However, a lack of knowledge about available assistance also emerged as a key barrier to service engagement.

• The bureaucratic and inflexible nature of some services, male-dominated environments and unwelcoming physical layouts were also deterring women from using services.

“… a bit intimidating and I felt very much so. I was very quiet in myself, and I still am and … it’s not necessarily in the men I’ve met – I’ve found them very polite and helpful and so forth … I just think it’s the overwhelming numbers … quite easily I’m the only woman, or maybe one or two or three out of, say, maybe 80.”

“Oh, there’s loads of things that you can’t get help with because everything’s for men really. Hardly anything for women.”

• Women’s homelessness careers often began before they reach adulthood. Over one in four respondents had first become homeless before the age of 16. Yet homelessness services and temporary accommodation are rarely available to these young women. Very vulnerable women – vulnerable by virtue of their age, and the traumatic childhoods many are escaping – are therefore most likely to stay in hidden homeless situations, to be disengaged from services and unable to access temporary accommodation.
**Day-to-day life: needs and preferences**

- The ways in which services are delivered can be as important as what is on offer. Women were particularly likely to engage with services which were informal, which felt 'safe', which provided women-only spaces, and which were staffed by 'caring' and 'non-judgemental' workers. Women were more likely to use, and be satisfied with, temporary accommodation provision if it resembled their notion of 'home'. Many wanted emotional support whether through formal counselling or just 'someone to talk to' which had not been available to them.

  “Having that women’s group there … I wouldn’t be coming here if there hadn’t been this group – without any doubt, having that space, sometimes just to get over the overwhelming impact of men.”

- Day centres are an important resource, providing many daily necessities of life, although the extent to which women feel able to access this resource varies.

- Public buildings and facilities play an important role in homeless women’s daily lives. Day centres aside, public buildings and facilities (libraries, public toilets, public transport, galleries, bookshops) were the primary means through which respondents met their daily needs. These spaces and facilities provide opportunities for keeping warm, resting, sleeping, washing and eating.

  "In the library I used to get a CD, to put the CDs on in a booth. I mean they are open sided but you can still, I put my head down. I used to get two or three hours sleep."

- Public spaces are also perceived as 'safe' places where homeless women can be anonymous and are not identifiable as homeless.

- The ways in which women manage their homelessness demonstrate resourcefulness, competence, imagination and ingenuity. By adapting their behaviour in particular ways and being adept at identifying key gatekeepers to public spaces, these women were able to blend in with other users of services, and negotiate use of public spaces to fulfil needs arising from their homelessness. This type of ‘surviving’ also demands emotional and psychological devices to be able to cope with the experience of homelessness.

**Future hopes and aspirations**

- Homeless women experience educational disadvantage and occupy marginalised positions in the labour market. Indeed respondents were more likely to earn their income from begging and the sex trade than from paid employment. Most, however, would like to pursue educational and employment related opportunities.

  “I have looked at college courses and things and I know what’s available. It’s just having the confidence to say ‘Right, I’m going to make a decision, I’m going to do that’.”

- Respondents long-term aspirations focused mainly on family life, a home of their own, securing work and education courses. However, it was ‘normality’ which most desperately sought – sitting on the sofa in their own home watching television with a cup of tea; reading a bedtime story to their children; cooking a meal in their own kitchen; and taking their children to school on the way to work.

  “So we're properly re-housed … that's all I dream about … just to 'ave normality again. Just an 'ouse what I can clean and cook for me family, and put my children in bed and read 'em a story, and wake up and take 'em to school. Things like that, that's all I really really want … That's all I want in life, to get that. It seems like I've got more chance winning the lottery at the moment.”
Recommendations

Our understanding of the experiences, situations and needs of homeless people is rarely based upon an appreciation of gender differentials, which can result in a failure to respond appropriately to the needs of homeless women – to develop policies and initiatives sensitive to homeless women's needs; to develop services which are accessible to homeless women; to deliver services in ways which match homeless women's needs and preferences; and to tackle the underlying issues and experiences which result in homelessness. Comparison between the findings of this research and those of a similar study conducted by Crisis in the late 1990’s suggests that homeless women are still encountering many of the same difficulties as they were nearly a decade ago. There is still, then, much work to be done if homelessness amongst women is to be effectively tackled and prevented. A full list of recommendations is presented in the concluding chapter of this report. In summary, the following broad changes and developments have the potential to dramatically improve the situations and experiences of homeless women.

1. **Improvements and changes to local authority homelessness assessments, decisions and practices.** This includes ensuring that homeless women’s wider situations such as their children, their mental and physical health needs, and their vulnerabilities arising from accumulated traumatic experiences, are adequately taken into account.

2. **Recognising that gender does influence homeless women’s situations**, and addressing the ways in which services are not sensitised to the needs of homeless women, and in some cases are not reaching them. Concerted efforts should be made to respond to and rectify gender-insensitive service provision, and to increase the availability of women-only services and provision.

3. **Addressing current gaps in service provision** in order to more effectively prevent and resolve homelessness amongst women. This includes improving awareness of services available to women when they first become homeless, and to enable responses to the particular circumstances of certain groups of women, such as prison leavers and women under 16. Importantly, a more integrated approach to meeting women’s needs is required, joining-up services which homeless women would benefit from – this should include sexual and domestic violence, substance misuse and mental health services.

4. **Harnessing the important role that non-homelessness places and public facilities play** in the daily lives of homeless women, including raising awareness of why homeless women use these spaces. Government funds should be directed to i) support public facilities and other non-homelessness agencies to develop homelessness-related initiatives, and ii) to enable homelessness agencies to deliver their services within ‘non-homelessness’ spaces and services.

5. **Developing and expanding our ‘thinking’ about, and our approaches to, women’s homelessness** – about the situations in which they find themselves, their self-identity, the ways in which these issues impact on women’s service use, and the ability of policy and practice to tackle homelessness amongst women. This involves recognising the invisibility of many women’s homelessness, and that the difficulties they face through homelessness are inextricably linked to a range of other unmet needs, often as a result of traumatic experiences in their lives. There is an urgent need to start measuring and examining women’s homelessness, to address the deficit in evidence and understanding.
About the authors

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Crisis is the national charity for single homeless people.

We have a vision of social integration and work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.

We develop innovative services which enable homeless people to progress through education and creativity and we campaign for a more inclusive society.

We regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.