"They just want the things that everybody wants really, a home, safety, family"

Women, homelessness and multiple disadvantage - the need for a gender-informed approach

Building on insight from the Specialist homeless women's worker project within Housing First Stoke-on-Trent

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Executive Summary

"They just want the things that everybody wants really, a home, safety, family"

Introduction

Women's homelessness is often referred to as 'hidden' and 'invisible'. A focus on 'rough sleeping' has meant that women's experiences have often been missed. Recent local, national, and international developments may help begin to address this (e.g., Changing Futures, the national women's health strategy, and the United Nations Sustainable Development Goals). The recent NICE guidance (2022) on providing integrated health and social care for people experiencing homelessness is also significant as it calls for consideration of gender-informed and trauma informed approaches.

Housing First Stoke-on-Trent secured funding from Homeless Link for a Specialist Homeless Women's worker, to provide enhanced support to the women supported within the wider (mixed) service.

This report explores perceptions about: (1) the experiences of local homeless women with experience of multiple disadvantage/complex trauma, (2) the perceived impact of Housing First Stoke-on-Trent's Women's Worker Project, and (3) opportunities for improvement and implications for the wider system of services in Stoke-on-Trent. We set out recommendations that seek to improve the commissioning and delivery of future gender-informed services for women in Stoke-on-Trent.

Method

This qualitative research is a partnership between Centre for Health and Development (CHAD) and Expert Citizens C.I.C. Semi-structured interviews were conducted with 11 front line staff/wider stakeholders with knowledge of the needs and experiences of homeless women and/or the Housing First Stoke-on-Trent women's project. Most participants were from the third sector (n=7), female (n=9), and based in Stoke-on-Trent (n=7). Expertise related to: Housing First, Housing First for women, women's homelessness, domestic abuse, alcohol and drugs, and community safety/police.

We conducted two workshops to help verify the findings and develop recommendations; one with five members of the Housing First Stoke-on-Trent team, and one with six members of Expert Citizens C.I.C. The second workshop was added because attempts to recruit customers from the women's worker project were unsuccessful, and it was vital that women's lived experiences were embedded in the report and recommendations.

Findings from the interviews

1. "There isn't ever time to heal": The lasting impact of trauma on women and (damaging) relationships

Participants talked about experiences of complex trauma as prevalent for women experiencing homelessness. A pattern of traumatic events without respite to heal leads to a complex mix of experiences such as addiction, mental ill-health and homelessness. Domestic abuse, sexual violence and exploitation were also commonly reported for women (in childhood and/or as contributing to their becoming homeless, and when they are homeless). The lasting impact of sexual exploitation was perceived to impact on the (damaging and controlling) relationships women go on to form as well as their abilities to maintain accommodation and recoveries from addictions. Mixed sex-accommodation was believed to place women at further risk of exploitation and abuse. Risks around informal arrangements in exchange 'for a roof' and 'survival sex' were also highlighted.

2. "They have a lot of mistrust of services" and other barriers to engagement

Given the deep-rooted and lasting impact of trauma for women, participants highlighted that robust help is needed to help deal with and move on from these experiences. However, various challenges to achieving this were identified, including women's mistrust of services and their ability and willingness to engage with the support (perceived to be) available. Questions were also raised about how accessible and appropriate support is for women with multiple needs. Indeed, women's needs were considered to remain unmet and they were often actively excluded which put them at further risk. Again, the lack of safe accommodation for women was raised. Participants felt women with complex needs were often labelled as 'difficult' or 'non-engagers' which excluded them further. Unmet needs in relation to motherhood were also reported; separation from children further added to trauma experienced by women, which was often unrecognised by services. Whilst the women may receive support connected to the children, this also disappears when children are removed.

3. "Until you have got a safe roof and somewhere that you can consider home, you can't even begin to tackle all of the other needs that these women have": the potential for housing first with women, as part of a wider gender-informed approach

Housing First was identified as a promising alternative for women (in contrast to the general system); it was felt to have great potential for working with women in a more gender and trauma informed way. Again, the lack of accommodation options was considered a key issue. Participants believed that women need a safe place before they can begin to work on addressing other needs; CCTV and other measures offered by the women's worker project were felt to improve women's sense of safety. Acknowledging that it can take time to build trust with women, and for women to

adjust to a different way of life, the need for longer term investment was emphasised. A lack of buy in at a strategic level, attitudes and stigma towards this group of women, and a lack of understanding (and compassion) about the complexity of their experiences were all framed as important.

Insight from the workshops

1. Housing First Team

The team highlighted challenges around: repeated crisis for women, police responses to reports of sexual assaults on women experiencing multiple disadvantage (including drug use), and the lack of appropriate emergency accommodation for women; it was highlighted that women only accommodation does not tend to accept women with complex needs who have an addiction but are not receiving treatment.

The team believed the women's worker project had a positive impact on customers, both from the practical security measures installed at their properties (i.e., CCTV without the need for WIFI, and video doorbells), and the extra person with time to work with the women. Broader challenges related to a lack of wider organisational buy in and working with other services to support or advocate for their customers. They highlighted there are often complex and messy situations around customers, and that other agencies could be too quick to close cases due to (perceived) 'non-engagement' (even when safeguarding concerns had been raised by the team).

2. Expert Citizens

Expert Citizens talked about the impact of controlling and co-dependent relationships for women, and how survival sex is bound up in experiences of coercion, exploitation, expectations 'for a roof' and no alternative to survive. They felt that the power of controlling relationships is underestimated by services. Again, the lack of emergency accommodation was raised, as was a wider lack of safe spaces and visible services for women (made worse during the pandemic).

The group discussed motherhood and experiences of being separated from children, which highlighted the stigma for mothers whose children do not live with them. Negative experiences with social services connected to this were common; women felt judged and persecuted for 'not being a good mother' whilst working to leave abusive partners or address substance use.

The group reinforced perceptions of the positive impact of the women's project on customers, around the added security measures. They also highlighted the CCTV as useful to provide evidence when reporting issues to the Police. Housing First's way of working was considered important in building trust, which was contrasted with other services. Given that trust can take time to build, short-term funding was questioned.

Recommendations

For commissioners and funders at a strategic level

- Develop understanding and commitment to gender-informed approaches
- Broaden understanding and conceptualisations of ‘homelessness’ to ensure that women’s experiences are included and receive investment
- Improve awareness of women’s experiences, particularly: the lasting impact of complex trauma, violence, sexual abuse and controlling/co-dependent relationships, and barriers to engaging with the current system of services
- Investment in outreach for women and recognition that it can take time for services to build trust with women
- Commitment to small caseloads to reflect that time and flexibility is needed to build trust and relationships

For delivery – partnership working with lived experience at its core

- Improve understanding and dialogue about the system of support (perceived to be) available for women locally, and how accessible it is in practice for women with experience of multiple disadvantage
- Training for all (e.g., police, social care, housing services) to improve awareness of women’s experiences of homelessness (as above). Training should include gender-informed and trauma-informed approaches, and consideration of different approaches for engaging women
- More work with partners (e.g. police, social care, housing services) around engaging women experiencing multiple disadvantage; to identify more creative and flexible solutions and ways of working that would benefit all (which would build on the collaborative approach of the local Multi-agency Resolution Group (MaRG))
- Further work with police on improving responses to reports of sexual assaults and domestic abuse for women experiencing/at risk of homelessness and multiple disadvantage
- Acknowledgement of women’s experiences of motherhood, without stigma or prejudice; acknowledge that motherhood may be an important part of a woman’s identity regardless of where and with whom the children live (therefore avoid categorising or referring to mothers as ‘single homeless’)

Safe accommodation for women

- Recognition of the importance for women to have a place of safety first
- Housing needs assessments should be gender-informed to ensure consideration is given to a woman’s specific needs and vulnerability
- Need for more emergency accommodation locally for women with experience of multiple disadvantage (not mixed-sex, and not hotels, including for when released from prison)
- Drug and alcohol services should offer rapid access to treatments to help women gain access to women-only emergency accommodation

- Domestic abuse services should have an accessible offer for women experiencing multiple disadvantage
- In future housing interventions, consider offering security measures such as CCTV and video doorbells to women's properties to help them improve their safety and security

Further research and evaluation

- Qualitative research with women with experience of homelessness and multiple disadvantage to understand their views and experiences
- Consider how customer feedback could be obtained more informally throughout their time with a service and used (with their consent) for evaluations
- Questions remain about the impact of Everyone In for women locally: Why did so many women come forward as part of Everyone In? (Riley et al., 2020), what were their experiences? What has happened to those women since?

1. Introduction

The traditional methods of recording, measuring and 'counting' rough sleeping (which seems to be prevalent as the proxy for homelessness) have rendered women invisible (Pleace, 2016; Bretherton and Pleace, 2018; Young and Horvath, 2018; Moreton et al., 2022). Writing in 2018, Reeve argues that women's experiences of homelessness continues to be invisible in academic and policy debates and emphasises the urgent need for new conceptualisations of homelessness that take account of gender differentials (Reeve, 2018).

Indeed, homelessness is consistently associated with differentiated experiences and trajectories for men and women (Reeve et al., 2006, 2007; Bretherton, 2017; Reeve, 2018), most of the evidence base focuses on the experiences of lone adult men; the experiences of homeless women has only ever received "sporadic attention" (Bretherton, 2020: 3). In the UK specifically, research into homelessness has rarely focused on women (Reeve, 2018).

This is important in the context of public health research, given that the Marmot Review 10 years on (2020) argues that life for people at the bottom of the social hierarchy has been made more difficult and whilst improvements to life expectancy generally have stalled, for the poorest 10% of women, life expectancy has declined. In 2019, life expectancy for homeless women and men was found to be much lower than national averages, at 43.4 and 45.9 years respectively (compared to and 80.9 and 76.1 years) (Office for National Statistics, 2020). What is particularly concerning here is that the gap is even bigger for homeless women, bucking the generally observed trend that women live longer than men.

Current local, national, and international developments may help to move these debates forward. Local research highlighted the implementation of Everyone In (the national policy to get everyone off the streets because of concerns about the transmission of Covid19), led to increased engagement with females experiencing homelessness (Riley et al., 2020). In addition, the local programme of Changing Futures (Stoke-on-Trent was one of 15 areas in England awarded funding under the Changing Futures programme, a three-year, £64 million national programme to improve outcomes for adults experiencing multiple disadvantage) includes female specific support roles, which could help to understand and address the gender

discrepancies in support needs, particularly from health services (as highlighted by Gidlow et al., 2021b).

Nationally, the Department for Health and Social Care will publish the Women's Health Strategy in Spring 2022. It will include plans to build the evidence base on the impacts of trauma-informed practice and to better support victims of violence against women and girls. It also strives to ensure women's voices are a fundamental part of research. This reinforces the importance of valuing the crucial role of women with lived experience. It is vital that the voices of women with experience of homelessness and multiple needs are represented within that. A key recommendation from Homeless Link's recent 'Ending Women's Homelessness Fund' is for Government to develop an evidence-led national strategy that focuses on the needs of women experiencing homelessness, to ensure that wider strategies to end rough sleeping and homelessness meet the specific needs of all women (including black and minoritised women, and women with no recourse to public funds) (Horvath and Young, 2021)[1].

Another key development is the introduction from the National Institute of Health and Care Excellence (NICE) around providing integrated health and social care for people experiencing homelessness (in March 2022). The guidance calls for consideration of gender-informed and trauma informed approaches; it recognises that psychological trauma is common among people experiencing homelessness, and that it is particularly prevalent in specific groups such as women.

More broadly, this aligns well with the United Nations Sustainable Development Goals which are relevant for improving health and social experiences of women specifically (e.g., 1 - poverty eradication (and addressing the disproportionate impact on women), 3 – Good health and wellbeing, 5 – gender equality and empower all women and girls, and 10 – reduced inequalities).

[1] To read all the recommendations, visit: *https://www.homeless.org.uk/connect/blogs/2021/nov/25/delivering-for-women-learning-from-ending-women%E2%80%99s-homelessness-fund*

What do we mean by 'multiple disadvantage' and 'complex trauma'?

It is important to highlight here what we mean by 'multiple disadvantage' and 'complex trauma' in this context. The terms 'multiple disadvantage', 'complex needs' and 'multiple needs' are often used interchangeably to refer to people with experience of a combination of the following: homelessness, substance misuse, mental ill health and offending (Lamb et al, 2019). Some conceptualisations recognise an even broader range of experiences and we draw on Homeless Link's (2017)[2] explanation below which also recognises the experience of domestic violence and abuse.

> "Multiple and complex needs are persistent and interrelated health and/or social care needs, which impact an individual's life and ability to function in society. These may include:
>
> • Entrenched street homelessness, repeat service use or being otherwise vulnerably housed
>
> • Mental, psychological or emotional health needs
>
> • Drug and/or alcohol dependency
>
> • Contact with the criminal justice system
>
> • Physical health needs
>
> • Experience of domestic violence and abuse"
>
> (Homeless Link, 2017[2])

In addition, 'complex trauma' describes trauma that goes beyond a one-off incident and is often repeated or ongoing, difficult to escape from, occurs within a personal relationship, begins in childhood and affects a child's development, and has often been covered up, shrouded in secrecy or denied (International Society for the Study of Trauma and Dissociation, 2020). Thus, the term describes the double layer of

[2] https://hfe.homeless.org.uk/sites/default/files/attachments/The%20Principles%20for%20Housing%20First.pdf

(children's) exposure to multiple traumatic events, and the impact of this on immediate and long-term outcomes (Cook et al., 2007). Child abuse, domestic violence, and neglect, as well as war, and being a refugee are all recognised types of complex trauma (Cook et al., 2007; International Society for the Study of Trauma and Dissociation, 2020).

Wilton and Williams (2019) highlight recognised gender differences in trauma in terms of the types of traumatic experiences that women and men are more likely to be exposed to, their reactions to these experiences, and the longer-term implications. They emphasise that, for women, trauma is often inextricably linked to relationships, intimacy and disempowerment.

The Principles of Housing First and the 'non negotiables'

Steele (2021) highlights that the principles of Housing First are well suited to a trauma and gender informed approach to service design and delivery. Women accessing a Housing First service for women with an offending history tended to have very high needs, including domestic abuse, mental health problems, issues with alcohol/drugs, and experiences of prison (Quilgars and Pleace, 2017).

Ultimately, Housing First symbolises a different approach to the traditional 'treatment first' approaches where housing is almost the end goal. Instead, Housing First is based on the belief that everyone has a fundamental right to a home. Building on the original Pathways to Housing model in the USA, Homeless Link published the principles of Housing First England (see below) as well as a set of five fundamental 'non negotiables' that must be in place: (1) people experiencing multiple disadvantage, (2) permanent offer of support, (3) non-conditional access to housing, (4) stability of tenure, and (5) small caseload size.

Housing First Principles in England (Homeless Link, 2017)	
1. People have a right to a home	
2. Flexible support is provided for as long as it is needed	3. Housing and support are separated
4. Individuals have choice and control	5. An active engagement approach is used
6. The service is based on people's strengths, goals and aspirations	7. A harm reduction approach is used

Housing First Stoke-on-Trent

Housing First Stoke-on-Trent has been operational since April 2018 and is currently funded until March 2022. Researchers at the Centre for Health and Development (CHAD), in collaboration along with Expert Citizens, recently completed the evaluation of Housing First Stoke-on-Trent, the main implications of which are set out below.

For that evaluation, the focus was on the service and impact on its customer base as a whole rather than looking for or examining gendered experiences. The numbers of customers involved was also relatively small; the quantitative part of the evaluation included data for five females and 17 males, and the qualitative part included case studies of one female and four males (case studies were developed from interviews with the customer as well as members of the Housing First team and other stakeholders who knew the customer well).

Summary of implications for Housing First in Stoke-on-Trent

1. **Housing Supply** - Properties are needed for the programme to exist and to allow rapid housing of those referred

2. **Relationships -** Strong, trusting relationships between the customer and Housing First are necessary to allow service coordination and support to function

3. **Services and potential funders** Services and partner organisations should understand Housing First and the nature of support for Housing First customers

(Gidlow et al., 2021a, p37)

The Specialist Homeless Women's Worker Project

Housing First Stoke-on-Trent secured funding from Homeless Link to fund a Specialist Homeless Women's worker, to provide enhanced support to the women supported by the service (i.e., in addition to the standard support provided by Housing First Stoke-on-Trent). The specialist women's project started 1st October 2020, and is funded to run until 31st March 2022 (it is worth acknowledging here that the project began during the Covid-19 pandemic and at a time where there were various Government imposed restrictions, including on working from home and social distancing). The project involves working with women customers of the service, for example, around safety and security measures in and around their home and working with each customer to offer non-clinical interventions to address the impact of trauma, including self-care. Evaluating the project is important to improve understanding about the customers, their needs (met and unmet), strengths and experiences, perceived impact of the Specialist Homeless Women's worker, and to identify any benefits and challenges that could improve support for women locally in the future.

Research aims and objectives

Fundamental to this research was the well-established partnership between CHAD and Expert Citizens. We have worked together to embed lived experience in

research connected to homelessness since 2016. This has been part of the local evaluations of Housing First (Gidlow et al., 2021a) and the VOICES legacy (Gidlow et al., 2022) as well as our previous report on women's support services (McCormack, Fedorowicz & Gidlow, 2019).[3]

The overall purpose of this research is to produce recommendations that seek to improve the commissioning and delivery of future gender-informed services for women. Within this, we aim to:

- Improve understanding of the experiences of local homeless women experiencing complex trauma
- Explore the perceived impact of Housing First Stoke-on-Trent's Women's Worker Project
- Identify opportunities for improvement and implications for the wider system of services in Stoke-on-Trent.

What do we mean by 'gender', 'equality' and 'equity'?

As in our previous report that focused on women's experiences of support services in Stoke-on-Trent (McCormack et al., 2019), it is important to acknowledge what we mean by the terms 'gender', 'equality' and 'equity' in the context of this research. Here, our focus is on the (gendered) experiences of women with experience of homelessness and/or complex trauma. We draw on the conceptualisation of 'gender' set out by the World Health Organization (WHO):

"Gender refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex."[4]

We are considering gender in terms of social and cultural processes (rather than physical/biological differences that defines the 'sex' of females and males).

[3] Read more about our approach to working together here: https://www.chadresearch.co.uk/chad-and-expert-citizens-levelling-up-a-partnership/

[4] https://www.who.int/health-topics/gender

The image below illustrates what is meant by the terms 'equality' (i.e., treating people the same, giving them the same box in this case) and 'equity' (i.e., treating people according to need); equality does not necessarily lead to the same outcomes for different people. Thus, in order to treat the people in an equitable way, each person would be treated according to need; '*giving a fair opportunity for everyone to attain their full health potential regardless of demographic, social, economic or geographic strata*'.[5]

Image 1: Illustrating Equality vs Equity

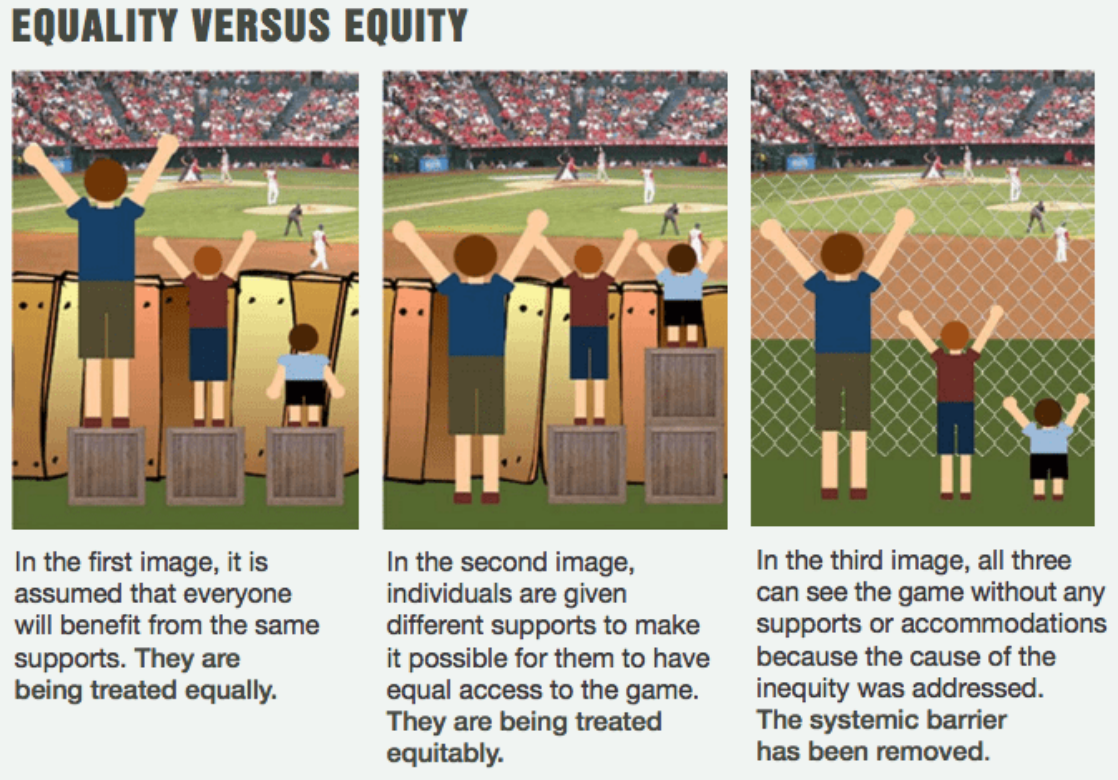


Image credit: *Advancing Equity and Inclusion: A Guide for Municipalities, by City for All Women Initiative (CAWI), Ottawa*

For gender-informed commissioning and delivery of services for women, this is about treating women equitably rather than the same as men (i.e., equally). This would mean that, for both genders, support should be responsive to needs and consider differences between groups. Gender equity is about being fair to women and men with the objective of reducing unjust and avoidable inequality. As highlighted by the WHO:

[5] https://www.who.int/gender-equity-rights/understanding/equity-definition/en/

"More than formal equality of opportunity, ***gender equity refers to the different needs, preferences and interests of women and men****. This may mean that* ***different treatment is needed*** *to ensure equality of opportunity. This is often referred to as substantive equality (or equality of results) and* ***requires considering the realities of women's and men's lives."***[6]

Ultimately, the goal is to reach the third image, where the systemic barrier has been removed. This report hopes to contribute to discussions about how we can work towards this goal for women experiencing multiple disadvantage connected to homelessness in Stoke-on-Trent. This builds on our previous research (McCormack, Fedorowicz & Gidlow, 2019)[7] which comprised focus groups/interviews with ten experts by experience (i.e., women accessing support locally) and nine priority stakeholders (i.e., involved in delivering or commissioning support services locally); three sets of recommendations were identified, relating to gender informed approaches within generic services, additional gender-specific services for women, and the need to improve co-ordination between services.

We acknowledge that parts of this report may make for hard, uncomfortable reading - it has certainly been hard hearing and writing about women's experiences. This emphasises to us that change is needed, and we hope it will help to start initiating meaningful conversations about the support available locally for women with multiple and complex needs.

[6] https://www.who.int/gender-equity-rights/knowledge/glossary/en/

[7] To read the full report and recommendations, visit: https://www.chadresearch.co.uk/reports/

2. Method

This research consisted of primary qualitative data collection (speaking to people about their views and experiences) with 11 frontline staff and wider stakeholders with knowledge of the needs and experiences of homeless women and/or the Stoke-on-Trent project. We had hoped to also interview customers but were unable to secure any interviews during the time of data collection. Data collection took place November – December 2021. Ethical approval for the study was granted by the Staffordshire University's Ethics Committee.

The research was guided by the following research questions:

- What are the needs, strengths and experiences of women experiencing homelessness locally?
- How, if at all, has the Specialist Homeless Women's Worker made a difference to customers, the Housing First service and wider services?
- How could support and/or services for women experiencing homeless be improved?

Participants and recruitment

Eleven front-line staff and wider stakeholders participated in the research. Although there was a focus on evaluating the specialist homeless women's worker within Housing First Stoke-on-Trent, the scope of the research was broader than that and so we also looked for more widely for participants with knowledge of other similar projects for women and could shed light on learning that may help improve the support for women locally as well.

Participants were purposively recruited to select people that would be able to provide rich insight and information (Patton, 2015). Therefore, and in keeping with the purpose of the research and the research questions, stakeholders were sought with knowledge or expertise related to one or more of the following:

- the needs, strengths and experiences of homeless women
- the Specialist Women's Homeless Project, within Housing First Stoke-on-Trent
- lessons from other specialist projects for homeless women

Together, the wider research team (Housing First Stoke-on-Trent, Expert Citizens and the CHAD team) generated a list of key stakeholders with relevant knowledge, experience or expertise. Potential stakeholders were emailed to invite them to take part. In most cases, the initial email of invitation was sent out through the Housing First manager or someone from their team. Recipients were then asked to contact the CHAD team for further information or if they are interested in taking part. The interviews were then arranged and conducted by one of the CHAD researchers. Informed consent was obtained prior to all interviews.

Most participants were female (n=9, males n=2) and based in the third sector (n=7). Participants' expertise spanned the local level of Stoke-on-Trent (n=7), Staffordshire more widely (n=1) and the national level (n=3). This included expertise related to Housing First, Housing First for women specifically, women's homelessness, domestic abuse, alcohol and drugs, and community safety/police.

Data collection

Interviews were semi-structured to allow 'scope to digress, investigate further, probe and illuminate' (de Viggiana, 2020: 127); given the range of participants, this flexibility was important so that we could focus on their specific area of expertise. In light of restrictions related to the Covid-19 pandemic, interviews were conducted over the telephone or online through MS Teams, depending on participant preference. Interviews were recorded by Dictaphone (we did not record through the function within MS Teams) and transcribed, in preparation for analysis.

Data analysis

CHAD researchers carried out a thematic analysis of the data, based on Braun and Clarke's guidance[8] on (reflexive) thematic analysis (2006; 2019; 2021). Throughout this process, we were mindful of the purpose of the evaluation and the focus on women's experiences, potential impact of the women's project and improvements for

the future. The computer software package QSR NVivo was used to help manage the analysis process, which involved: (1) familiarisation with the data, (2) coding of data (in QSR NVivo), (3) generating initial themes, (4) developing and reviewing themes, (5) refining, defining and naming themes, and (6) producing the write up. Feedback from the workshops with the Housing First Stoke-on-Trent and Expert Citizens was also incorporated into the reviewing, refining and writing up stages.

3. Findings from the interviews with stakeholders

Thematic analysis of the data led to the creation of three main themes:

1. *"There isn't ever time to heal": The lasting impact of trauma on women and (damaging) relationships*
2. *"They have a lot of mistrust of services" and other barriers to engagement*
3. *"Until you have got a safe roof and somewhere that you can consider home, you can't even begin to tackle all of the other needs that these women have": the potential for housing first with women, as part of a wider gender-informed approach*

3.1 "There isn't ever time to heal": The lasting impact of trauma on women and (damaging) relationships

The Housing First Women's Worker provides support to a specific cohort of women with a high level of needs, which were presented as inextricably linked to experiences of complex trauma and homelessness. In this context, stakeholders talked about complex trauma in this group of women as being repetitive, accumulative and unresolved. A pattern of traumatic events, without respite to heal, leads to a complex mix of issues such as drug addiction, mental ill health and homelessness:

> *"So complex trauma is where they have suffered trauma and they have got other issues as a result of the trauma, so perhaps they're in addiction as a result of the trauma they have experienced, trauma that has not been addressed or resolved, well can't really be resolved, I don't know, and so that leads to lots of other issues which just complicate and make the situation more complex and the experience more difficult".* (SH01)

> *"because it, it is happening all the time, but quite regularly, that* ***there isn't ever time to heal****."* (SH03)

> *"Quite severe mental health problems, substance misuse, family breakdowns, locked into domestic violence, very poor health a lot of the time, that's you know a lot of things that are linked in with homelessness*

itself". (SH07)

> *"it's something that is overwhelming, makes somebody feel helpless and powerless and it's not just one incident, I think that is the thing, it's the result of kind of a repeated pattern, so for example domestic abuse often creates the impact of domestic abuse is very often complex trauma because somebody is experiencing, you know, violence, abuse, emotional kind of control from that perpetrator and they are living with that every day, so the danger doesn't go away, they kind of had to live with that."* (SH06)

Stakeholders highlighted that experiences of domestic abuse, sexual violence and exploitation are common among this group of women, with the experience being simultaneously a relatively early trauma (perhaps DV is the reason they become homeless, or they have childhood experience of abuse) and an enduring pattern of re-traumatisation through the lives of the women (exploitation that occurs whilst they are homeless). Stakeholders were clear that the lasting impact of the trauma of sexual exploitation has a knock-on effect on women's abilities to form healthy relationships, maintain accommodation, and on their recovery from drugs and alcohol.

> *"probably the most prominent is the experience of domestic abuse and the prevalence of experiences of domestic abuse for women with complex needs and that being kind of one of their complex needs is around domestic abuse and the damage that has done to their ability to kind of form healthy relationships".* (SH03)

> *"it would usually start off with some kind of childhood trauma where they have probably been sexually abused in the past as a young child or they have lived in, you know, neglect, that kind of thing, and then they usually end up homeless because they have been in some kind of domestic violence relationship which has again involved violence or sexual assault and they have started using drugs or alcohol to kind of stop themselves from feeling […] There hasn't been one that had a happy, happy life that just suddenly chosen to be on the street, it's always the case that there is some kind of trauma been involved in domestic situations at the property that have ended up with them being homeless".* (**SH08** & SH09)

> *"so many women ended up (that I have supported) have for example, fled their home because of domestic abuse, gone to stay with somebody on their sofa, and then you know as the time has gone on, they have ended up street homeless". (SH05)*

Women's experiences of exploitation whilst homeless were multi-faceted and often situated within complex social relationships. It should also be noted that these experiences were well known to stakeholders as common occurrences. Exploitation appears to be the standard, not the exception.

> *"we know that once women are homeless, they are more vulnerable to experiencing violence and abuse. So if they are in a hostel, if they are on the street, and not just from a partner, I suppose, but from other homeless people, from members of the public, they are just open to exploitation from all sides really."* (SH06)

> *"I would say the threat to ladies is far greater than…and the control is a lot greater with females than it is with [males], or the people who want them on drugs so they can use them for all sorts of things, they want them in a bad place, they want them drinking alcohol just so they can have that control and influence over them to use them for whatever".* (SH08 & **SH09**)

Women who are street homeless are vulnerable to violence and will partner up with a male who functions as a 'protector' to keep themselves safe. In many cases this protector is also an abuser who carries out violence against the woman, including acts of sexual violence and coercion.

> *"I would say, as well, talking from an experience I had is, I think the level of violence towards women by males who are homeless as well, is quite high. They seem to ... the ladies that I have met, they seem to have a protector, so they will have one specific male that protects them from all the other people that are around, but that male is usually, in my experience, I am not saying for everybody, is violent or uses them for sex or that kind of thing. So they are kind of controlled by that person. So ... which is very hard to prove because obviously the women need that person to protect them but also they are their abuser so I would say that occurs quite a lot from the people I have spoken to as well".* (**SH08** & SH09)

This raised important and complex questions for stakeholders, connected to capacity and choice around the (damaging) relationships women can go onto form and their sense of agency and control over that (we return to this in theme 3):

> *"I think for women who experience kind of a childhood, child abuse or child protection abuse and then go on to experience other, other relationships with abusers and I suppose it kind of accumulates over time really and the impact is ... just makes it really difficult to ... as well as kind of the physical impacts, it* ***makes it really difficult to regulate emotions and be able to make even decisions for yourself and plan for the future and think about what you want to do and choose****, you know, friends and partners or have friends and partners and yes it just impacts on kind of every aspect of somebody's life".* (SH06)

Indeed, often women are in relationships with the men who are protecting them. In addition, if the women secure accommodation (perhaps through Housing First), then they often experience a sense of obligation and/or guilt connected to leaving their partner behind.

> "*A lot of them are in abusive relationships and it's often that they would prefer to stay in those abusive relationships, because they actually feel safer on the streets."* (SH05)

> *"something which has been said a few times which really kind of resonates with me is this feeling of almost kind of guilt or obligation. When they were on the streets they had, you know, relationships that were there for their safety, for protection and you know, people kind of sorted them out when they needed help and they now feel they almost owe that back to people and feel a sense of guilt that they've got a nice tenancy and they are in a better place and that there's somehow ... yes a need to kind of pay that back in a way that sometimes puts their tenancy then at risk or creates kind of problems around, you know, neighbours and anti-social behaviour and that kind of thing."* (SH03)

Women placed in temporary accommodation are also vulnerable to exploitation. Mixed hostels present an environment where vulnerable women (including those fleeing domestic abuse) are easily accessible to men who want to take advantage of them.

> *"As soon as she got there, there were people knocking on her door, hammering, trying to get into it, males that she didn't know, she had never met before and she got exploited pretty much straightaway from being there, so you know, I think, it's a much different experience for females."* (**SH08** & 09)

As a means of staying out of hostels and off the street women will stay in unsafe situations, often involving 'survival sex'. This was also discussed in the workshop with Expert Citizens, and the lack of choice and other options was emphasised here; women are sexually exploited and controlled by men who offer them a roof.

> *"people will put them up for a price which usually involves them, you know, doing some sexual acts for people"* (**SH08** & SH09)

> *"Some of them have been involved in sex work, so again they are often not visible at night-time. They are often using survival sex, or you know sofa-surfing"* (SH05)

A consequence of being on this constant uphill struggle with trauma is always feeling like you need to protect yourself because you are not safe; the devastating impact of complex trauma on your life, behaviour and sense of self-worth lays "*down a road of complete and utter self-destruction*".

> *"just not feeling safe and consistently having to protect yourself and if you're just in that kind of survival mode all of the time."* (SH03)

As the following participant highlighted, women may not actually be aware of or recall their complex traumas, but it can nevertheless manifest itself in her behaviour:

> *"**it causes deep set trauma which can cause chaos in their lives**, it determines behaviour, it can put down a road of complete and utter self-destruction because of their worthiness. You know, they don't particularly value themselves that much because this is kind of how they see the world looking at them". (SH07)*

This also has a knock-on-effect on women's ability and willingness to engage with and trust services, which is explored in the next theme.

3.2. "They have a lot of mistrust of services" and other barriers to engagement

Stakeholders highlighted that, given the lasting and deep-rooted impact that experiences of complex trauma can have, women need "*quite robust help to get over the trauma of abuse that they've experienced whilst on the streets*" (SH06). However, as will be demonstrated, there are challenges to achieving this both in terms of women's engagement and ability to trust and engage with existing, mainstream 'services', and in how accessible and appropriate those services are for women with complex needs. As will be discussed, particular areas where more needs to be done related to (1) access to safe emergency accommodation for women with complex needs, and (2) acknowledgment of women as mothers, and recognising – and accepting without judgement - what motherhood may look like for this group of women rather than stigmatising and excluding them further.

"Absolutely struggling with engaging with every service"

Often this mistrust in services was deep rooted and could have stretched to their own childhoods and experiences connected to their parents' interactions with services:

> *"I think they have a lot of mistrust of services because they are more likely to have experienced very negative responses from services in the past."* (SH06)

> *"Absolutely, absolutely struggling with engaging with every service because if we look at ... quite likely they've had nothing but negative relationships with every service, everybody. So you know the first possible negative service they would have come across is* ***Social Services*** *because they could have been removed from their parents and their mother would have hated social workers, they hate social workers, their kids have been removed by social workers, the* ***police*** *have come in, they are the ones you know telling them off, taking their dad away to prison, taking them away to prison. They don't, don't ... it's building that trust."* (SH07)

Ultimately, in the main, participants perceived that women with multiple and complex needs tend to be known to the system and have been "let down in the past" (**SH08** & SH09).

> *"The people we have worked with have been in this system predominantly for a long time now, so they're not new to the system. Predominantly, the ones we work with have been there and experienced it for a long time, so they have a view of support agencies 'well, I have been there before and*

they haven't helped me, what difference is it going to make now?" (SH08 & **SH09**)

Another element to this was a generational cycle/revolving door identified by stakeholders; we heard that they were now working with the children and grandchildren of former customers which highlights the broader and longer lasting impacts on generations of families, and arguably calls into question the efficacy of any support in place to try and help people, and families, to recover, break these cycles, and move forwards from such experiences.

A related issue mentioned by stakeholders was that, fundamentally, the type of specialist help that may be generally available for women is not accessible to women with complex needs.

> *"I think they really struggle to access specialist women's services full stop. So there's a big barrier for women experiencing complex trauma and multiple disadvantage, including homelessness, in accessing support from an Independent Domestic Violence Advisor, also MARAC doesn't work very well for this group of women either".* (SH06)

Both local and national stakeholders highlighted that such women's needs remain unmet in the current system of support; they are often actively excluded which puts them at further risk. There was frustration that this is well established, but little has been done to address it:

> *"So I think in terms of what is missing, I think,* ***crisis accommodation*** *and just ... what really pisses me off … the women specialist services, so these domestic ... and they are all domestic abuse services predominantly or that is how they started out,* ***it is acknowledged now that women with multiple disadvantage struggle to access those but there's nothing been done about it, like, it is like, yeah they can't access them"*** (SH06)

> *"because of those complexities or how it is perceived, that then excludes women from accessing traditional refuge and again I think that's a real failing for women who are then, you know, referred into mixed sex accommodation, exposed to further perpetration and again just in this spiral."* (SH10)

This again illustrates how there is a lack of safe accommodation options for this group of women, both in emergency accommodation and more permanent tenancies.

> *"I get women who have been in different, known to the system and organisations for years and years and years who have got loads and loads of presenting issues, so maybe addiction, poor mental health, criminal history, all sorts going on and trying to find these women safe, permanent accommodation is really difficult."* (SH01)

Given the lack of options and the exclusion of women from some services, there was a strong sense that nothing changes for these women, stakeholders talked about "*a revolving door. "So you see the same people*" (SH01). In the excerpt below, for example, the stakeholder talks about cycles and recurring 'crisis points', so there is often a small window of opportunity to engage with women that is often not seized for whatever reason:

> *"I find that a lot of the time there's a lot of cycles, so even though we know statistically that women [experiencing domestic violence] will you know take up to seven times before they might actually leave for good. For some of the street homeless women, it's just a cycle and it is just a matter of they will be at crisis point and you literally have a snapshot of time to be able to contact them and work with them, before that cycle starts again very unfortunately".* (SH05)

That stakeholder expanded that they are currently working with a woman that they have previously worked with *"about four or five times before, where all agencies come together and we look at what* ***limited options*** *unfortunately that there are available to her"* (*SH05)*. Again, this underscores the need to look at the options available to try and help women break these cycles, and the accessibility of these for women experiencing multiple disadvantage.

Clearly, part of the issue related to women being excluded from services is that they "*fall into this 'difficult' category*" (SH08 & **SH09**). Looking at this in more depth raised questions about how woman may be wrongly assumed to be and categorised as a 'non engagers', therefore impacting on the way a service will or will not proceed in their attempts to work with the woman; women are excluded because they are not

straightforward to engage with and then work with. The way the current system operates, there is no 'time to chase people down':

> *"I think it's because like they are 'too difficult' really. It's a ... people haven't got the time to chase people down or to go out and look for them. So they just won't. They are classed as non-engagers whereas that person could really want to engage but not have the facility to do so"* (**SH08** & SH09)

It was highlighted that there may be a reluctance to actively engage/present as such because of fear, shame, feeling judged and ultimately (again) not feeling safe; women's priority is to try to protect themselves in order to survive.

> *"they are entrenched in addiction, they can be entrenched in homelessness, they **have a fear around accessing services**, can be extremely cautious. If they are sex working they can at times feel degraded and shamed to access support and reach out for help. You know, they can be very fearful in terms of reporting crimes and the stigma that is attached. When they do report crimes, the success rate of any convictions especially if we are looking at sexual abuse and rape cases, and they can feel, they can feel judged".* (SH11)

> *"I think there's a lot of like negative connotations with how women approach that but I think it is borne out of, again either consciously or unconsciously, just not feeling safe and consistently having to protect yourself and if you're just in that kind of survival mode all of the time, it isn't just about physical survival, but emotional survival, I think that, that makes a difference about how you connect and talk to and relate to people".* (SH03)

Another barrier to engagement included the lack of face-to-face opportunities recently as a result of the Covid-19 pandemic; it was highlighted that relying on phones can be problematic for women as they may end up lost, sold or stolen.

"Acknowledging [women] as mothers"

Stakeholders perceived unmet needs for women around their experiences of motherhood. Often these experiences related to women being separated from

children. Stakeholders recognised this as adding further to their previous traumas and framed it as a 'loss' of identity:

> *"lots of these women will have had children removed as well, so there is that there is the trauma of that."* (SH01)

> *"So and a lot of our women on [Housing First] caseload have got kids that they have not got contact with because they have been taken off them etc"* (SH04)

> *"just recognising that this lost motherhood if you like and how the trauma impacts then on her sense of self and loss of identity."* (SH10)

There was a strong belief that the raw and painful trauma associated with this separation is not readily acknowledged or understood by services:

> *"it's an ongoing, women in [refuge] who've not had the children with them for years, sort of, you know, they talk about them, and they've not been ... their birthdays and things, it's really painful, really painful for them."* (SH01)

As the quote above highlights, often the separation from their children was a long-term arrangement (potentially stemming from child protection consideration):

> *"I would say that women we deal with mostly have the children removed and adopted, I would say, there is very rarely children that are still involved which obviously causes them a lot of trauma"* (**SH08** & SH09)

Reconnecting with children was an area that the Housing First Stoke-on Trent's women's project intended to address; they liaised with social services to try and support with contacts. However, it seemed there was not as much progress with that as was initially hoped.

> *"it would have been wonderful if it had gone as we would have liked it to have gone, but obviously we work with people and it just doesn't work like that so…"* (SH04)

Certainly, reconnecting in some way with children was identified as an aspiration for some women with experience of multiple disadvantage. Understanding and

acknowledging what this might (realistically) look like for this group of women is important; stakeholders highlighted that it may not necessarily be about gaining access:

> *"I think around children and it's not always about, you know, gaining access to children necessarily, I think it's something about just acknowledging [women] as mothers that they want."* (SH03)

> *"it's the small things of kind of, you know, having a picture of the child in the house"* (SH03)

For a lot of the women stakeholders described, children were permanently removed from their custody and it may be unlikely that they will see them again in person. It was also highlighted that there is stigma associated with mothers who have had their children removed from their care:

> "*there is almost a sense that women are judged more harshly or there's kind of a greater expectation for women to, you know, just be better like, you know, more ... judged more harshly because they are not as good mothers as a comparison to men not being as good fathers."* (SH03)

This stigma seemed to be systemic, in that women who have had their children removed from their care are often then categorised as 'single homeless':

> *"women experiencing complex trauma are also more likely to have had their children removed from their care and be, I suppose, 'single homeless'. They are given that 'single homeless' kind of category which is rubbish really."* (SH06)

As demonstrated above, this is problematic and can serve to add further to women's lack of trust and engagement with services. This was compounded by the feeling that support is put in place for women with children and when those children are removed, support is often also removed from the mother which can have truly devastating consequences:

> *"from my experience professionals, you know, [services] will want to get involved with a woman throughout her pregnancy, they will want to get*

hold of her when she gives birth, but the second that baby is removed, it is like, that's it, goodbye from us…nobody wants to talk to them after that. So their drug use escalates, chance of homelessness, they are more than likely put themselves back into violent circumstance because the trauma of losing that child is just ... but nobody will deal with that. It is awful". (SH07)

"in terms of local authorities, when they go to housing options, they said you only get help if you have got children. ***From the minute your children get taken away, you don't ... you don't get any help****, you don't get any help anymore. So it is like they remove your children from you and then they wash their hands of you and then your only option is to go into a big mixed sex hostel"* (SH06)

As already emphasised above and elsewhere (in theme 1), stakeholders identified various concerns about women with experience of complex trauma being placed in mixed hostels; here, again negative experiences of this could reinforce and perpetuate women's mistrust of services.

Whilst women experiencing multiple disadvantage connected to homelessness may be separated from their children, they are still mothers and acknowledging that is important; it may still be part of their identity, part of their life journey, part of who they are. For some women, having children removed from their care further adds to their experience of complex trauma, the sense of loss seemed akin to a grieving process that needs to be allowed to be expressed and talked about without stigma and prejudice. As explored later, experiences connected to motherhood and the need to acknowledge women's experiences of this was emphasised during the workshop with Expert Citizens.

3.3. "Until you have got a safe roof and somewhere that you can consider home, you can't even begin to tackle all of the other needs that these women have": the potential for Housing First with women, as part of a wider approach

In contrast to the way that the general system of services seems unable to engage and work with women experiencing multiple disadvantage connected to homelessness, Housing First was framed as offering a promising alternative for

women. Stakeholders perceived a good fit between the principles of Housing First and gender and trauma informed approaches.

> "*I think the Housing First, Housing First as a model is really promising for women in terms of like, it just like, it gives choice and control back, so it has got all the things that are good kind of trauma and gender informed approach that we advocate really, so I would definitely say that Housing First is a ... yes a very positive thing".* (SH06)

The (lack of) accommodation options for women experiencing multiple disadvantage was considered a huge issue that needs to be addressed across the spectrum, e.g., for emergency accommodation (as discussed in theme 2) and sustaining tenancies (as discussed in theme 1).

> *"I think I got over the point, we have labelled it quite well, labelled it, accommodation. And it is just ... you can't stress enough. You know we work with real people that are really facing this and the accommodation has to be right. You know just being able to put someone, you know, somewhere with so much trauma going on, and so many things that have affected them like with drugs and alcohol, put them in a room next to a drug dealer, come on. Do you know it's sad, it's sad."* (SH07)

Issues were also raised about the use of hotels as temporary accommodation (and the lack of specialist and any support there, and the presence of others that could target women/try to exploit them, and it was noted that women can be asked to leave because of others hanging around, drug use and not staying there overnight). The lack of approved premises in the county for women on release from prison (compared to three for men) was also raised. Again, this contributed to women being forced to move away:

> *"And it's such a barrier because actually if we could go ... because these women if they want to return back to their ... you know to where the live, they don't return back ... if we could have them here, where we had approved premises, we could start all their golden work, it would be great.* (SH07)

For some women, it was also highlighted that there appears to be a need to move to another area for safety, noting that Stoke-on-Trent is relatively small and services close proximity:

> "*it's trying to get a group together, you know through agencies, that can sort of have that understanding but also realise that actually her staying in that area is not only unsafe for her, because the perpetrator often leads her back into the drugs misuse, the alcohol misuse, because that is all she has known."* (SH05)

Indeed, an example was given of Housing First working with the Police to accommodate a woman outside of the area, by recognising her as a victim and building a response based on that.

> *"[The manager] from Housing First and one of the support workers was very much actually recognising this individual, not as a perpetrator of crime and problems but actually as a victim, and trying to operate a potentially victim-centred, but at risk of exploitation, safeguarding you know, with the principles of Housing First obviously looking at accommodation, making sure it's safe accommodation and whether we could try and break that particular lady from the cycle of activity that she seemed to be entrenched in"* (SH02)

Stakeholders strongly felt that accommodation needed to be addressed first (both at the system level and the individual level), before other work could then be done with women to try and move on from their trauma. Indeed, for women to begin healing, working with services and making changes such as reducing drug use and moving away from sex work, they first need physical safety.

> *"Physical safety is a prerequisite for emotional safety, so we know that without like roof, and somewhere where they can have space of their own, then yes, they are really going to struggle to engage them and be able to start work with them around that, building that sense of emotional safety."* (SH06)

For this group of women, having a safe place was associated with being free from abuse:

> *"I think for all of the women they just want to be free of abuse. They want to have somewhere that they feel safe."* (SH05)

> *“Just want the things that everybody wants really, a home, you know, safety, family.”* (SH01)

Stakeholders emphasised how this need for a safe place to call home aligns well with the Housing First principles, rather than the treatment first approach that seems to underpin the mainstream system of support.

> *“the difficulty is, and obviously a huge advantage of Housing First, is how important that is, because until you have got a safe roof and somewhere that you can consider home, you can't even begin to tackle all of the other needs that these women have, because it is just a cycle”.* (SH05)

In addition, the work that the women’s project had done around securing CCTV and video doorbells for women’s properties was considered a huge benefit to customers this was also praised in both workshops for giving women a greater sense of safety and control over their front doors). This was particularly important given that moving into a property with support from Housing First does not necessarily mean that abusive relationships or exploitation are no longer a part of women’s lives:

> *“I think there are often risks around the continuation of an abusive relationship and how to manage that in line with the principles, to know that we are respecting people’s choice to be in unsafe or what we perceive as unsafe or unhealthy relationships but the tension then about our responsibility is services to kind of keep people safe and to safeguard and to try ... I think one of the things that comes up quite a lot is kind of managing your front door, is being quite difficult for women”*. (SH03)

> *“I see that more with working with women but they can become the ones that ... they are more vulnerable where people will hone in on them, hone in on them, hone in on them and they will lose their tenancies, half the time they just leave the property and leave them to it because that is easier than asking people to leave”.* (SH07)

As the quotes highlighted, there can be ongoing complex issues that require consideration of how to manage them in line with the Housing First principles of choice and control, and flexible, ongoing support. The offer of CCTV to women was also valued because it could provide evidence to back up their reports to Police.

Even with Housing First, challenges can remain around engagement and the impact of previous/pre-existing relationships which may pose a risk to women being able to sustain tenancies. However, the way that Housing First continues to try and engage with women (and men), and are able to dedicate time to this was considered beneficial in contrast to other services:

> *"I think engagement with other services ... that, that is equally hard and I think is not as readily resolved as Housing First because the Housing First team, you know, their main job is to build up the relationship and spend time with them and get to know, you know, be interested in and, you know, be human with and it isn't ... outcomes driven, it isn't about getting to a particular point like, you know, there's just time to actually be human, which I think makes a massive difference".* (SH03)

This was also regarded as important in the context of cuts to statutory organisations (such as the police), who are increasingly less able to spend more time with people because of a lack of resources and demand.

Indeed, stakeholders felt Housing First was well placed to try and engage with women in different ways, focused on building the relationship and getting to know what their interests are. The smaller caseloads of staff was felt to facilitate this because staff had time to spend with each customer to build that level of trust of relationship. Another positive element of the Women's worker project was that having the role built further capacity within the team to dedicate time to women to grow that relationship. The budget attached to the role was also valued because it opened up opportunities to support and build on women's interests, hobbies and skills.

Stakeholders believed that women **who were engaged with support**, do not want to be 'entrenched' in addiction, sex working and homelessness, they want to move away from that and have a safe place of their own.

> *"I think, you know, some of the ones that I've supported don't want to be entrenched in their addiction, they don't want to be entrenched in sex working and whether that is street sex working or parlour, you know, they want to move away from that, they want to feel safe, they want to have a place of safety and somewhere where they can call their own.* ***That might***

not necessarily be their own property but a room within a safe environment*."* (SH11)

As the quote above highlights, this may not be their own property but somewhere they can lock the door, and have their own safe space (e.g., supported accommodation with staff trained in gender and trauma informed approaches, not a room within a hotel though – stakeholders were largely critical of that practice). It should be acknowledged here that being housed in supported accommodation would be a departure from Housing First core principles (and the separation of accommodation and support), but the key here was framed as choice and an appropriate safe space for the woman based on her needs.

it was also highlighted that it can take time for women to 'settle' into their tenancies because it represents a very different way of life to what they are used to:

> *"what I am noticing about women that have been homeless and are now in tenancies, it's like they are restless, they can't stay in the property, because … like one of them said to us before it's because she is lonely and she is so used to being around like chaos, that when she is on her own, it might sound lovely to us to be sat in our living room and reading a book, but for them it's not do-able yet". (code omitted)*

This highlights the need for longer-term investment in such approaches to working with women, that recognise that time is needed to counteract often long, complex histories the women may have with 'services' and accessing support. Moreover, fundamentally, Housing First is based on the belief that having a home is a fundamental human right – and so that should be the priority rather than any other measures of 'outcomes' and timescales.

"It needs to be bigger" Buy in/commitment at a strategic level

Stakeholders praised the women's project, for reasons outlined above. There was recognition that women's homelessness differs to men's "*and so having someone who can cater to their specific needs is needed*" (**SH08** & SH09). However, there

was also a clear message that "it needs to be bigger", and to have organisational and strategic backing to really cement how important this issue is:

> *"that women's worker is important but they need that organisational backing, they can't do that on their own, it needs to come from above, saying this is everyone's problem, thinking about women and how safe women are in services is everyone's problem and we need to think about it from that kind of ... it needs to come from the top down".* (SH06)

As with previous research locally (based on the customer group generally and not just women), there was a clear message that the current system is not a good fit for people with complex needs (McCormack, Parry, & Gidlow, 2017; McCormack, Gidlow, & Spyropoulos, 2021; Gidlow et al., 2022). For women specifically, stakeholders in this research talked about the need for greater understanding of how complex trauma impacts on women's behaviours, lives, relationships and ability to build trust with services that would be needed for engagement that was not just based on getting help at crisis points, then going back to the cycle.

> *"There is so much unmet need for women because again we are still kind of trying to convince people that women need a gendered response. There is still a lack of buy-in about that. And that's incredibly frustrating because whilst that's all going on women are just in this revolving door, or in this loop of homelessness, going from one service to the next"* (SH10)

This lack of 'buy in' was explained further, bound up in attitudes towards this group of women, stigma, and a lack of understanding at of the complexity of these issues "at that higher strategic level" within the police, social care and children's social care (i.e., more statutory services) (SH06). This participant also highlighted that the women's worker role could also have a capacity building role within the sector, "as well as "***being a voice and an advocate for complex women, kind of in those spaces or you know the kind of multi-agency meetings that happen*"** (SH06). It was also highlighted that gender equality and the need for gender-informed support for women can be a difficult topic to talk to male colleagues about because they benefit from the structures and systems in place (just as white women do from inherently racist systems). Reflecting on our positions of power, relative privilege, experiences, and traumas feels important here – recognising that it is not necessarily

a criticism of us (or indeed men) as individuals, but on the systems and structures in place.

A thread running through some of this (as mentioned in theme 1), are complex and difficult questions around women's agency, and her capacity to make her own choices and act upon them. This has obvious implications around understanding vulnerability and safeguarding.

> *"thinking back … we had some really poorly women, you know, really poorly but we couldn't, they had ... they had capacity, did they really have capacity, you know, and it was just, just awful. And that was like with the mental health side, that's the main barriers. But it is like barriers to homelessness and to housing."* (SH07)

Describing an example with the Police more broadly, there were tensions around interpretations of 'choice' and what that meant for action they would (not) take around filing missing person reports because "*they say the women are **choosing to live** that type of lifestyle, so it's not something they can help with*" (SH06)

> "*so some research that we did, speaking to homeless women last summer, there was one woman who said she had a good experience of liaising with the police. But I think the key thing there is that **she was wanting to leave her perpetrator**, she wanted help, she was asking for help. If a woman isn't asking for help and is in fact presenting in quite a challenging aggressive way, I just don't think ... I can't think, it's different if they want help and are asking for help, if they are like, they look like they are proper victims, do you know what I mean".* (code omitted)

Another stakeholder highlighted that if people (women and men) are not engaged, then professionals and services can be limited in what they are able to achieve, despite their best intentions. Again, this was framed in the context of the need for services like Housing First, who are able to persevere and invest time in that customer:

> *"I feel you have almost got to be helping people to help themselves to see the actual problems and issues that they are stuck within at the moment and if that lightbulb moment doesn't come for them, it's very hard, despite the best efforts of the professionals to offer the support, if they are not willing, they don't see it and they won't engage then you are really at an end, an impasse at the start and it does take a lot of persistence, perseverance, patience, which again is testament to things like Housing*

First and VOICES and those sorts of services to spend that time to sit with a customer and try to help them through it" (SH02)

Ultimately, there was a clear sense that more understanding was needed about the impact that complex trauma can have on women, their behaviour and their ability to engage with services and the support (perceived to be) available to them. This underscored the need to reframe the approach used:

"*I think it is really important that we've kind of got that connection and that we are kind of upskilling and increasing people's understanding about everything that I have said about what's difference and why a different approach is needed and, you know, why 'x' doesn't work and* ***it's not the woman's fault that it doesn't*** *work, that we need to, you know, think about doing things differently I think."* (SH03)

"I think basically women with homelessness and complex needs, need intensive support, nothing less really"

In light of the complexity of women's experiences, including the impact of complex trauma and its lasting effect on cycles of behavior and engagement with services, stakeholders emphasised that women need intensive support. This was felt to sit well with the ethos of Housing First, and it was also highlighted that whilst Housing First may be able to do more than other services, they cannot do it all. The need for partnership working and connections with specialist services (and the need for accessible specialist services) were all part of this.

"But I do think, yes, Housing First, I think basically women with homelessness and complex needs, need intensive support, nothing less really, due to their kind of complexity of the issues and as I said earlier that need being higher. It needs to be reflected in more intensive support models that can kind of support women around a range of different things". (SH06)

"they can only offer what they can, [Housing First] can't, if there isn't a service there like, something to fill their time or to change their friends, that kind of thing, they can't magic it out of thin air, so they are limited to what they can offer them, but they do offer them the most that they can." (**SH08** & SH09)

There were calls for more action on dual diagnosis, which was considered one of the key challenges locally:

> *"there's obviously always the issue as well …trying to get Mental Health services to support a customer and then if they are using or they are on high doses of methadone then Mental Health services will be saying, you know, we can't support that customer because it's the drugs, it's the drugs".* (SH01)

> *"So what comes first the drug problem or the mental health issue. Do you know what we need to be able to deal with them both because we have that many people that ... drugs and alcohol services generally, you know, there is no ... if you have a drug and alcohol problem then that's your link in, so you can get your support, not the same with mental health. Because sadly we see, 'well you know they are always under the influence so they can't possibly have a mental health issue because how would they know'. The mental health issue is there way before the drug problem was there".* (SH07)

Ultimately, the need to recognise inequalities within the group of women experiencing multiple disadvantage and intersectionality was also highlighted. **Ethnicity and women with no recourse to public funds** were identified as important considerations that have not received adequate attention or consideration. Working in partnership with specialist services was regarded as an important part of improving this.

"I hadn't seen it before" Women became more visible through Everyone In

Echoing previous research, stakeholders highlighted that in various ways and for various reasons, women's experiences of homelessness have tended to be more hidden that their male counterparts. This was connected to women trying to avoid rough sleeping, and if they do, then trying to go unnoticed for safety reasons. Attempts to observe and 'count' rough sleepers would by definition not capture the experiences of these women:

> *"They often stay, you know, women will fear a wide number of informal unsafe situations to kind of keep a roof over their head as well. So they do*

> *tend to be more among that hidden homeless population which aren't counted in street counts as well, that's a problem".* (SH06)
>
> *"They often move a lot more often at night-time, they don't tent to stay in the same spot, whereas a lot of the homeless men that we have in the area, they often have a spot where they are known to sit at a lot of the time. So they are often a lot more difficult to find to see that they are actually homeless." (SH05)*

As a result, the level of need and demand connected to women's homelessness was not captured or understood. Understandably, this contributed to a (lack of) funding and investment opportunities for women experiencing homelessness; services were designed for men because they had been the visible, counted and noticed rough sleepers.

> *"I also think, obviously mainstream homelessness services, "mainstream" which basically they are all designed around the needs of men. So I don't think women feel safe in a lot of mixed sex environments. I don't ... even if they do feel safe their needs aren't catered for. So yes, they might go somewhere once and then not come back again".* (SH06)

An unanticipated consequence of Everyone In (the national policy to get everyone off the streets because of concerns about the transmission of Covid19), was that it shone a light on the scale of women's homelessness due to the vast number of women who came forward in need of accommodation:

> *"So they are more hidden, so I think, even for me when Covid happened, I was still working on the town centre, and the sheer number of women that were put up in the hotels was shocking to me because I hadn't seen it before, it was mainly men."* (**SH08** & SH09)

Acknowledging this is important in the context of funding cuts to Housing First, and a focus on 'rough sleeping' which, as discussed above may miss the experiences of women:

> *"I do worry a little bit in terms of where the money comes from Housing First that the drive naturally tends more towards men and I think it needs a bit of a kind of conscious push really to either ring fence spaces for women on the Housing First programme or make an effort to make sure that referral routes are really diversified"* (SH06)

Stakeholders highlighted the need for a shift in how homelessness and the focus on 'rough sleeping' is conceptualised, to acknowledge that experiences of homelessness are gendered and the standard, business as usual approach will continue to miss women. Learning from other areas may help with ideas for how to take this forward:

Example of best practice from another local authority

There are some really exciting works going on in Leeds, I am not sure if you are aware of, but they are kind of like ***redesigning their rough sleepers strategy and within that, you know, hidden homeless has a key part there****. But also in terms of women and women's homeless and they really want to make it* ***explicit about being gender informed*** *and what that looks like for women and they were, I think, one of the only councils to actually take a gender approach during Everyone In with a hotel, in a nice area for women as well, not just, you know, this will do but just taking into consideration their safety, the location, was it close to, you know, amenities and quality of the house and* ***yes we can learn a lot from Leeds and how forward thinking they are as a local authority and receptive to gender****. (SH06)*

Importance of lived experience involvement

Importance of involving women with lived experience in designing services and solutions was emphasised. Otherwise, even with the best intentions, services may not be appropriate or accessible to women with experience of multiple and complex needs.

> *"And for women, you know, they know best, you know, they know best, having experienced this and should certainly be a part of the conversation in terms of, you know, solutions".* (SH10)

It is also important to understand individual women's histories and preferences, if they have any, around who is working to support them. As highlighted below, there were calls for more recognition that whilst some women may prefer female-only support (and the offer of this was considered crucial when there is experience of historical or current sexual abuse or domestic abuse perpetrated by men), others may prefer to work with males. Stakeholders highlighted the need to be able to

provide a service and support that is able to cater to the individual women's needs and preferences; being able to build that trust, empathy and connection was considered fundamental. It would be worth exploring this further with women, and whether this would vary depending on the type of support being sought or accessed.

> *"I think we have to be mindful in terms of ... we have to have that availability for client, the need for specialist workers for the female cohort* ***but we also have to not stigmatise women to say that they would only work with a female****. Some females don't want a female worker, they feel more comfortable with a male worker. So I think it is around, you know, having that availability … that there may be one specialist worker that a service can provide but it is also having somebody else that is able to cover that role, it is to step into that role,* ***it needs to meet the needs of the clients*** *and I think, you know, we need to take that on board, we need to listen to what the clients are requesting"* (SH11)

> *"I think what really stands out is women experiencing trauma,* ***experiencing loss of identity and what that really means then when you come into services and you are faced with women,*** *women that perhaps have what you once had, you know, again that can be another barrier to engagement, so yes, just really understanding women lived experience* of inequality [related to] gender, is so key." (SH10)

> *"It's the female staff member working with a female customer that again, I am not saying that needs to be 100% of them all, but you know, if you get a rapport and you get the right contact and you get the empathy and understanding then you are moving in the right direction I think aren't you really"* (SH02)

4. Stakeholder workshops and discussion

Two workshops were conducted in January 2022 during the analysis process, to strengthen our understanding of the context of some of the patterns we (the CHAD researchers) had identified and to discuss their relevance in the Stoke-on-Trent context specifically. Broadly, both workshops were intended to understand and discuss views on:

1. The patterns we had identified from the stakeholder interviews
2. Perceived role and impact of the Housing First Women's worker project
3. Recommendations for the future

Feedback from both workshops helped interpret and refine the patterns we had identified during data analysis.

In addition, the workshop with Expert Citizens was intended to gain more insight into lived experiences. This was important especially because we were unable to secure any interviews with customers of the Housing First women's project. The stories the group shared were powerful, real life examples. This really cemented the need for services to work together, in a strengths based way, to improve engagement and support for women with experience of complex trauma and/or homelessness.

4.1. Workshop with Housing First Stoke-on-Trent team

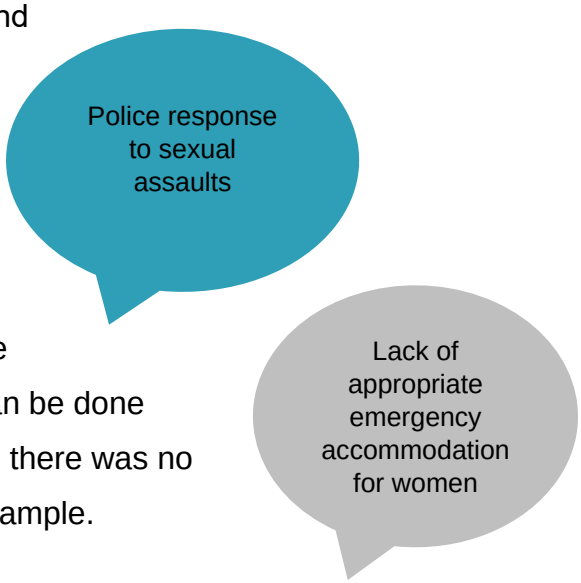
The first workshop took place on Wednesday 12th January 2022 with five members of the Housing First Stoke-on-Trent team. This included the manager, specialist homeless women's worker, and service co-ordinators as well as the two CHAD researchers. The workshop took place over MS Teams and lasted for one hour. We presented some of the patterns identified, for discussion and feedback from the team. We also identified some specific questions that arose for us during data collection and analysis, that we invited their views on/helped to guide the discussion. Some key points of the discussion are set out below:

Barrier to relationship building with women is repeated crisis

The team discussed that repeated crisis is a barrier to building relationships with the women who are Housing First

Repeated crisis as a barrier to relationship building

customers. Women's involvement tended to be around points of crisis, for example, an urgent medical need or a need to get someone out of a woman's property immediately. Once that crisis is resolved, women tend to disconnect and do not usually appear again until the next crisis. It was highlighted that there is rarely a 'settled' phase in the women's lives where real, meaningful, work can be done to build relationships, and develop long term rapport; there was no time or opportunity to go for a coffee and chat, for example.



Police response to sexual assaults

Members of the team talked about examples of customers who reported a sexual assault to the police and there was a clear feeling that practices around this could be improved. Examples were given of (male) officers not believing the woman, pre-judging her and her report. In one example discussed at length, and that occurred during the Covid pandemic, the police were felt to have dismissed the woman because she was a drug user. The Housing First team involved highlighted that the reporting event went on all day and so spanned withdrawal setting in for the customer. There appeared to be a complete lack of empathy and concern to find out what had happened, the perception was the officers 'just wanted it over and done with'. The police did not provide or seek a safe location to talk to the woman – without the involvement of the Housing First worker, they would have just talked to her on the street. It was highlighted that the procedure of taking women to the appropriate service to advocate for her was not followed in this instance. The team were also keen to point out that PCSOs are more understanding – and they highlighted that they often know the individuals involved. However, there was a clear perception that those within the Police who the report is made to, are judgemental.

Lack of appropriate emergency accommodation for women

There is a clear lack of safe emergency accommodation for women, especially those with experience of multiple disadvantage. The group highlighted that council accommodation is mixed (for men and women) and is generally intended for rough

sleepers. It was emphasised that such accommodation is not safe, suitable or appropriate for this group of women. It was also highlighted that women only accommodation does not tend to accept women with complex needs who have an addiction but are not receiving treatment such as methadone. Examples were shared of Housing First paying for women to spend a couple of nights in a hotel whilst they make the case to the council to find suitable accommodation for the woman (e.g., not the place where a previous assault has taken place, or where certain people were staying). It was emphasised that hotels, although may provide a roof over heads, are not safe and controlled sites for women – and that they obviously do not have specialist staff there to work with the women. Other examples included cuckooing, when other people (often men) take over a woman's property. There were also examples of women being turned down for accommodation because of who they are associated with.

Housing First women's worker project and perceived impact

The group believed that the Housing First women's worker project had a positive impact on women, both in terms of practical security measures it had obtained, and the extra person to have the time to work with the customer. Through the women's worker project, having cameras fitted to the women's properties was considered a huge benefit for the customers in providing extra security – that the CCTV does not rely on WIFI was also considered a success, as most Housing First customers do not have Wi-Fi___33 at home. An example was also provided of the project supporting a customer to challenge the attitude of other services (e.g., the police). Organisational buy-in more widely was considered a challenge and it was highlighted that people do not always recognise the differences in needs between men and women. For example, the project has developed a workshop but there has been little interest/uptake from the organisation.

Working with other services to support their customers

The group identified some challenges they have encountered when working with other services to support or advocate for their customers. There was a feeling that other services do not recognise or listen to the staff's professional opinions – even when the customers say they do want the support and/or when staff have used

toolkits. They questioned whether this was because of the complex needs of customers (including drug use). They highlighted there are often complex and messy situations around the customers, and so when a customer says ‘they are fine’, other services think ‘great, we can leave that’ because it is easier for them. However, staff gave examples where they had challenged decisions to withdraw offers of support due to non-engagement (because the abuser was still present), but nothing happened. In another example, related to safeguarding, the case was closed because the woman did not engage at the time of the phone call. The staff emphasised that they would not have pursued those avenues if they had not been required, and there was a feeling that other agencies were too quick to close cases due to ‘non-engagement’.

Another suggestion was that statutory services do not make as much effort to build relationships with the women because they know Housing First are there offering support. Similarly, there was a sense that customers may be reluctant to engage in other services, instead relying more on their Housing First service co-ordinator.

Improvements for the future

The workshop ended by asking the group what their ideas were for future improvements. Their responses are shown below:

Drug and alcohol should do a rapid access to scripts so someone can get into emergency accommodation

Housing needs officers should be obliged to do a gender informed needs assessment

Domestic Violence services should have to have an offer for women with complex needs built into their contracts – currently not in practice

Improvements for the future

Training for people who work with women (e.g., police and social care) on complex trauma and different approach for engaging women

Equalities issue – recognition of complex trauma as mental health condition/disability so that reasonable adjustments need to be made

4.2. Workshop with Expert Citizens

The second workshop took place the following week on Wednesday 19th January 2022, with 6 members of Expert Citizens and the two CHAD researchers. This workshop took place in person at Expert Citizens' offices and lasted for just over two hours. Feedback from the first workshop was incorporated into the information presented and discussed at this workshop. As mentioned earlier, this workshop was added because of the challenges encountered when trying to recruit customers from the Housing First Women's worker project to take part in an interview; no customer interviews were secured. Nevertheless, we all felt passionately that lived experience needed to be embedded into the research. Therefore, the opportunity to have an additional workshop specifically with members of Expert Citizens, i.e., people with lived experience of accessing some of the services in place for women was vital.

Women's experiences and the impact of controlling relationships

The first observation made was that it was good to see the stakeholders had talked about women's experiences around, for example, survival sex, and sex-work. There was a feeling that stakeholders often have shied away from or been reluctant to talk about and acknowledge these experiences for women. The absolute need to separate out sex work and survival sex was emphasised by the group – choice and women's agency was framed as fundamental here; some women choose sex work, whereas **survival sex is bound up in experiences of coercion, exploitation, control, 'pimps', expectations 'for a roof', and no alternative to survive: 'It's the only thing I had to transact with**'. Drugs were also highlighted as connected to this, as a way for women to be kept in that cycle. A pattern was also identified in that women often go from one man to another, looking for a safer place but often it is another controlling relationship. Experiences of low self-esteem, not realising they deserve any better, and a lack of support for them to 'go it alone' were all discussed.

The group also talked about what 'going it alone' would look like; if fleeing, where would you go with children? One woman recalled her abuser using the children to try and control her, threatening that she could leave but the child had to stay. Another highlighted that she had never accessed services before and so had no idea where to go. When she did manage to reach out to police, she recalled how two young males officers came "*and they acted like I was embarrassing them… I was covered in blood and the first thing they said to me was 'have you been drinking*?'." As a

consequence of this negative experience, she did not reach out again to the Police for a year and a half. The group discussed how the default position seemed to be to 'side with' the man, whilst women were not believed and viewed as 'troublemakers'. When she did next reach out, two female officers responded and encouraged her to go with them, and not return. As a result, though, she described having to move from her home, her area - where she grew up, her family, 'bundled into a refuge' a hundred miles away, where she arrived in the dark and did not know where anything was. The group discussed the lack of support around this, and the unfairness of her being the one to have her house and her area taken away from her. She highlighted that a lot can be done though, and every time is an opportunity for it to go right.

The group also discussed how fleeing domestic violence is categorised as 'intentionally homeless' because, in theory, you have a house and will not go back to it. The expression used was 'herded around optionless' – you don't have a choice, there are no other options**.** The lack of emergency accommodation for women was also raised during this discussion.

Services underestimate the power of controlling relationships

Drawing on their own experiences, the group discussed how **services have underestimated the power of a controlling abusive partner/co-dependency**. We heard how **women's access to their phones is often controlled**, curtailing their ability to use phones to connect with others or access the internet to get help or engage with services. One member recalled that she was only allowed an old Nokia, not a smart phone, so that she was unable to use social media or access the internet. The lack of public payphones was also identified as a further barrier for a woman to seek help. Moreover, as more and more engagement moves online, there are clear concerns about how women in controlling and abusive relationships will be able to access or make a call for help (the related issue of the diminishing number of public buildings that would be considered safe places is discussed below).

The complexity and mixed emotions for women were also highlighted:

Acknowledging motherhood and experiences of being separated from children

There was much discussion about the experiences within the group of having children, having children removed, and engagement with social services. These experiences were hard to hear and it was clear that there is huge stigma for mothers whose children do not live with them and/or have had their children removed; that stigma is often overt, normalised and loaded with (sexist) judgements about 'being a (good) mother'. The group shared questions that other people asked them, such as: 'what did you do?' 'what's wrong with you?' 'Why did they take your children?' 'Are (the children) well adjusted?'.

All the women with children talked about negative experiences of social services, feeling judged and persecuted for 'not being a good mother' whilst working to leave abusive partners/address alcohol and substance use. Stigma and judgement were rife, which seemed to fuel feelings of shame and guilt. The lack of human empathy was frequently alluded to during discussions about their experiences with services.

The way services have tended to respond to women feeds into the mistrust of services that women experiencing multiple disadvantage have; services ask 'how much have you had to drink?' not 'how are you?' or 'What's happened to you?' This was contrasted with the approach of Housing First, presenting a persistent offer of engagement to try and build up a level of trust.

Examples were also given of mothers being separated from children as a result of fleeing domestic abuse, because of their abusers as mentioned above, and also due

to moving into refuges and the procedures in place, e.g., that do not allow males over a certain age to enter.

A lack of safe spaces and visible services for women

Related to the issues around women's (restricted) access to their phones, the lack of public buildings that serve as safe spaces and 'hubs' in the community was noted. It was highlighted that people do not know where to go, what help is available, or who they can turn to. The group discussed how offices for statutory services are closing, e.g., Police stations, housing offices, job centres, and so there are no safe spaces that you can just walk through the door and ask for help, or just to feel safe for a bit. Service availability/access to services was considered to generally be unknown; needing to contact services using the phone or internet is highly problematic for women experiencing homelessness and/or complex trauma.

In this context, the group also discussed the local response to the 'Everyone In' national policy. There was praise for the way services worked together, what can be achieved when they do, and how quickly that was achieved. Issues for women specifically were identified though - spaces they were put into were not necessarily safe (e.g., women were targeted, drug dealers on doorstep, 'it was a free for all', belongings were stolen). In addition, there was a sense that the opportunity was missed to engage more proactively with women who were not already on case load; the feeling was that most have 'slipped back' into how life was before.

Housing First women's worker project and perceived impact

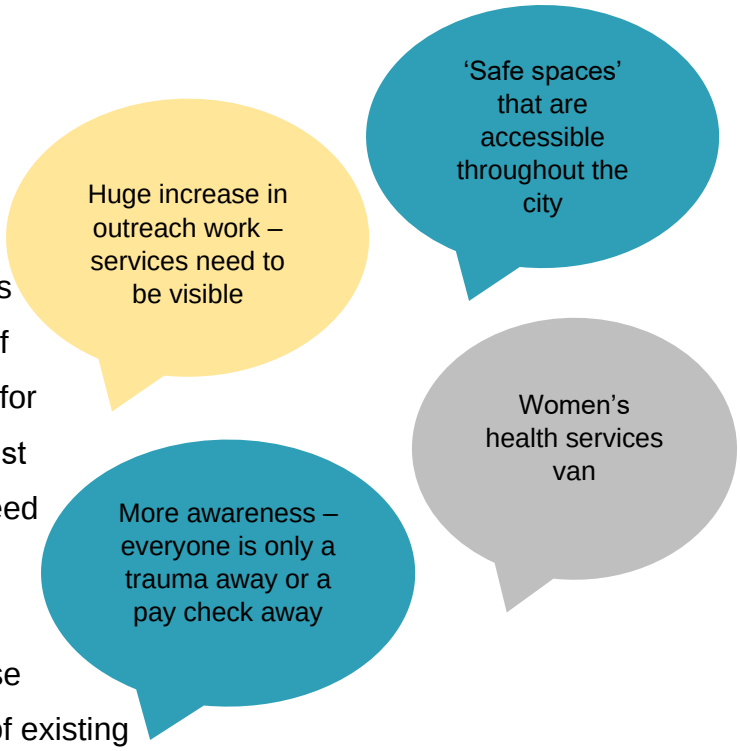
Within the group there was rich knowledge of Housing First Stoke-on-Trent (some provided project support or volunteered with the service). The group echoed previous views that having a budget attached to the specialist women's role was important because it enabled them to install CCTV and video doorbells at women's homes which has had a huge impact; it provides added security and, should unwanted people come to the home, the CCTV can be used as evidence when reporting that. This was important because a lot of customers 'are not believed' and have been met with the response of 'it's just you again'. Obviously, without talking directly to the customers it is difficult to assess the difference these measures have

made to women's lives, but from everything we have heard during the interviews and workshops, this intervention has been very well received.

That the women's project, and Housing First as a service, did what they said they would do was also considered important in building trust with women customers; this was contrasted with an experience in the group of being offered an alarm by social services, but then never receiving it.

Given that trust can take a long time to build with the women, the short term funding situation of the women's worker project, Housing First more generally and indeed wider services, was criticised.

Improvements for the future



Again, the workshop ended with discussion about what is needed in the future. As the speech bubbles opposite show, much of this centred on improving access and visibility of services and support for women. The need for 'safe spaces' throughout the city (and not just Hanley) was emphasised. These spaces need to be publicised (e.g., a sign in the window) because not everyone will know what is available where. It was highlighted that these spaces could be small rooms in the backs of existing places, just somewhere you can shut the door and be safe from whatever is out there for that person. It was also suggested that these spaces should not be intended for one specific purpose (e.g., a woman fleeing domestic violence, or a man having a panic attack) – both need a safe space.

Linked to points mentioned above about the need for service to also be more visible, more outreach work with women was considered essential. One specific suggestion put forward was for a women's health services van, to offer smear tests, breast exams, and contraception.

In relation to developing 'buy in' from organisations, it was recommended to build awareness that 'everyone is only a trauma away or a pay check away' from

experiencing homelessness; to build the relatability to this agenda, and acknowledgement that it is not someone else's problem – it could be any of us.

5. Discussion and Recommendations

Based on the data collected and information from the stakeholder feedback workshops, this section sets out recommendations that seek to **improve the commissioning and delivery of future gender-informed services for women**. They are underpinned by two beliefs: (1) that an equitable approach is needed, and that the goal ultimately should be to remove systemic barriers that women experiencing homelessness and multiple disadvantage continue to face (i.e., to remove the fence, as illustrated in the third part of the image on page 8), and (2) the need involve lived experience is essential.

5.1. Women's experiences

Throughout the stakeholder interviews and the two workshops, it was clear that complex trauma was considered prevalent for women experiencing homelessness. The feeling that "there isn't ever time to heal" captured the lasting impact that complex trauma can have on women's lives; often this was associated with a complex mix of experiences such as addiction, mental health and homelessness. It also seemed to manifest with the types of (abusive, damaging, controlling, co-dependent) relationships that seemed to feature heavily in accounts of women's lives. The Expert Citizens involved discussed how women may go from one relationship to the next in search for a safer place, but often it is another controlling relationship. Low self-esteem and a lack of support to 'go it alone' were important parts of this pattern. As well as impacting on women's relationships, mental and physical health, complex trauma was also believed to impact their experiences and challenges of maintaining tenancies and recoveries from alcohol and drugs.

Experiences of domestic abuse, sexual violence and exploitation were perceived as common, with such traumatic events often (but not always) occurring in childhood and/or as the catalyst for women becoming homeless; once homeless, women were described as vulnerable to further violence and exploitation, including when placed in mixed accommodation (such as hostels, hotels or B&Bs), rough sleeping, and expectations of survival sex 'for a roof'. It was highlighted that women may have 'a protector' to try and keep themselves safe; however, we heard that they can often perpetrate violence towards the women including sexual violence and coercion.

Members of Expert Citizens emphasised that **survival sex** is very different to sex work (that some women may choose to do). Survival sex is not a choice. It was inextricably linked to experiences of coercion, exploitation, expectations 'for a roof' and no alternative to survive: "It's the only thing I had to transact with".

The Expert Citizens workshop was particularly insightful and enabled lived experience to be embedded in this report. The group discussed women's experiences of controlling relationships at length and highlighted that services can often underestimate the impact of these on women's ability and willingness to engage with support (e.g., access to phones and social media may be restricted, they may be socially isolated, which was perceived to have become even more of an issue during the pandemic).

This work raises important questions about women's agency, capacity and choice to make decisions and follow through with them. Further qualitative research with women experiencing multiple disadvantage, including exploitation and controlling relationships, is crucial to understand how support can be made more accessible and based on their priorities and needs.

The lasting impact of complex trauma was also considered to effect women's ability and willingness to trust and engage with 'services', and statutory services in particular. **Multiple barriers to engagement were identified**, and it should be emphasised that this was framed as a problem with the way services tried/had interacted with the women, rather than the fault being with the women themselves. Women's priority is to protect themselves in order to survive.

Barriers to accessing services included:

- Controlling, exploitative and co-dependent relationships
- Mistrust of services (often connected to previous bad experiences)
- Interaction with services often based on repeated crisis (lack of a 'settled' period in women's lives to build trust and positive relationships with services)
- Dual diagnosis, and experiences of mental ill-heath and addiction
- Stigma, fear, shame, feeling judged by services and not safe
- Focus on phone/online contact (given that women's access may be controlled and/or phones can be lost, sold or stolen)
- Lack of face-to-face opportunities (exacerbated by Covid restrictions)

Across the interviews and the workshops, it was felt that the current system of support renders women's needs unmet in various ways. It was perceived that many of the women are known to the system and have been 'let down' in the past, which has fuelled their mistrust of services. In addition, the generational impact of multiple disadvantage was also highlighted; interview participants talked about how they are now working with the children and grandchildren of women they have previously worked with. This suggests more needs to be done to try to disrupt the long-lasting impacts that these experiences can have on generations of families.

There is a need to examine how accessible/appropriate the wider system of services in Stoke-on-Trent are for women with experience of multiple disadvantage who may well present with complex needs and be reluctant to engage with support.

Given the traumatic events and repeated crises women experienced, it was felt that different approaches were needed to make services and support more accessible, appropriate and effective. More outreach, for example, was considered essential. Ultimately though, participants emphasised **the need for women to have physical safety** before they can try to move on from their experiences and impact of complex trauma.

5.2. Perceived impact of Housing First Stoke-on-Trent's women's project

In contrast to the unmet needs of women with experience of multiple disadvantage within the wider system of support, Housing First as a model was perceived to have real potential to work in a gender and trauma informed manner (see also Steele, 2021). The way Housing First works with customers was felt to be more appropriate (than other approaches) for the needs of women experiencing multiple disadvantage and complex trauma; the emphasis on smaller caseloads, building up trust, doing what they say they will do, investing more time with individual customers, flexibility, and the separation of housing and support were all framed as valuable.

Ultimately, the perception was that women need a safe roof 'and somewhere you can consider home' before work could begin to address their other needs (e.g., around mental health and addictions).

In terms of Housing First Stoke-on-Trent's women's worker project specifically, there was consensus that the practical security measures of CCTV (that does not require WIFI) and video doorbells had a perceived positive impact on the safety of women,

enabling them to ‘manage their own front door’. Having a budget attached to the specific role was important to achieve this, and to provide opportunities to support and build on women’s interests, hobbies and skills.

A lack of organisational ‘buy in’ to gender-informed approaches was identified as a challenge (that did not just apply to Stoke-on-Trent), whereby people do not always recognise the different needs of men and women. It was highlighted that it can be difficult to talk to male colleagues about this (it is interesting to note that the current Stoke-on-Trent Homelessness and Rough Sleeping Strategy contains no reference to gendered experiences for women or men; it refers to vulnerable people and victims of domestic abuse). There was also concern generally that funding for Housing First programmes were being cut; it was highlighted that such approaches need longer-term investment.

Women need robust help to recover and heal from these experiences, but (as outlined above) there are various barriers in place that prevent women from being willing and able to engage in the support they may require. Housing First works with and advocates for customers (women and men); in this project, the Housing First team talked about examples when their attempts to advocate for the women was undermined or met resistance from other services, including the Police (when a customer was reporting a sexual assault, and the procedures in place for a woman to be taken to an appropriate service were not followed). Other examples also related to safeguarding issues which members of the Housing First team had challenged but had been, in their view, closed too quickly due to the ‘non engagement’ of women.

5.3. Opportunities for improvement and implications for the wider system of services in Stoke-on-Trent

Findings suggest various opportunities for improvement in the wider system of services for women locally. It is very encouraging that the Changing Futures will include female specific support roles. In addition, as the policy context outlined in the Introduction of this report, there are other promising developments at the local, national and international level that could help drive forwards improvements in the support available to women experiencing multiple disadvantage and homelessness.

We would emphasise the need to specifically include women with experience of multiple disadvantage in the national Women's health strategy, and to acknowledge differentiated experiences within the group of 'women' – including, for example, women with no recourse to public funds.

In terms of Stoke-on-Trent, for women who are **mothers**, there is a need to acknowledge that they are not 'single homeless'. Across the interviews and workshops, unmet needs related to motherhood were identified; having children removed adds further to trauma and was framed as a 'loss of identity' and a source of ongoing pain for women. It was also highlighted that this is not readily acknowledged or understood by services. Reconnecting with children may be an aspiration for some women experiencing homelessness or multiple disadvantage, but it was acknowledged this was difficult as some women may have children permanently removed from their care. Therefore, there needs to be more exploration and acceptance of what motherhood may look like for this cohort of women, without stigma and judgement; it may not be about access but small things such as being acknowledged as 'a mother', or a photo were perceived to make a big difference. The systemic stigma towards women who are mothers also requires attention, they are not 'single' homeless and often when the children are removed, so is support connected to them; this feeds into mistrust and reluctance to engage with 'services'.

There needs to be more acknowledgement of **the impact of controlling relationships** on women and how this can impact their engagement with services, recoveries, and ability to maintain a tenancy. There was a clear perception that women with experience of multiple disadvantage can face further exclusion from services, because of the influence of others (men). For example, women fleeing domestic violence are often considered 'intentionally homeless', and those who leave their homes when other people have taken over their properties (cuckooing). We also heard about women being asked to leave temporary accommodation (such as hotels) because of other people hanging around/their behaviour, the women's drug use, and/or, not staying there overnight. It can take time for women to adjust to a different way of life (e.g., in their own home, or after fleeing domestic abuse) and that should to be taken into consideration.

The lack of safe accommodation for women (especially those with experience of multiple disadvantage) was identified as a key issue within the system. Expert

Citizens commented on the unfairness that it is often women who end up leaving their homes, removed from their area, friends and families to find ‘a safe place’ after fleeing domestic abuse.

There were calls for more recognition of the gendered needs of women experiencing homelessness (including complex trauma) at a strategic level; a lack of ‘buy in’ was source of frustration for many participants who viewed it as well known that the system is not working for women with experience of multiple disadvantage, but that nothing has been done to change this. It should also be acknowledged this was famed as a national issue, not just one that applied to Stoke-on-Trent.

Locally, the ‘Everyone In’ campaign was praised for services working together quickly. It was also considered to have made women’s homelessness more visible, as highlighted by Riley et al (2020) because the campaign saw a larger number of women come forward than expected. Two important considerations here are: what has happened to women the women since? How will this new insight about the scale of women’s need for accommodation be used in the future?

5.4. Gender-informed support

In addition to the recommendations set out below, we would draw attention to two other resources for understanding how to improve support for women with experience of homelessness and multiple disadvantage in Stoke-on-Trent. Firstly, **our previous report on support services for women in Stoke-on-Trent** which was based on the views of stakeholders and women with lived experience of multiple disadvantage (McCormack, Fedorowicz, & Gidlow, 2019). In it, we set out recommendations for the provision and commissioning of gender-informed support services for women. One set of recommendations focused on **implications for generic services** (e.g., to improve awareness of women’s multiple disadvantage and specific needs, to provide training on this and trauma informed practice, to upskill staff to better understand, recognise and respond to individual women’s needs and experiences, and to acknowledge that some women may require additional time and support which should be reflected in the management of staff’s caseloads). The second set focused on the introduction of **additional gender-specific services for women** (e.g., a ‘one stop shop’ where a broad range of

support is available with opportunity to ‘drop in’ and a friendly and relaxed atmosphere, further work with experts by experience to design services, the potential for pooled resources, and the need for more appropriate women-only hostel/accommodation options – including for those wanting/in the process of ‘moving on’). The third set considered **services working together more effectively** (i.e., better co-ordination and communication between services, and better understanding and promotion of the services available, and their remits).

Almost 3 years on, most of these recommendations still apply, though in this report, we also consider the impact of complex trauma on women experiencing homelessness and how that can impact on women’s ability, willingness and desire to trust and engage with ‘services’. We also focus more on implications for the wider system and the need for recognition of gendered experiences of homelessness at a strategic level.

Second, as mentioned earlier, Homeless Link recently published recommendations based on the learning from their Ending Women’s Homelessness Fund; they set out recommendations for policy makers, funders and commissioners, services supporting women, and specifically for mainstream mixed-sex services (Horvath and Young, 2021). They also emphasise the need to acknowledge the experiences of all women experiencing homelessness, including black and minoritised women, and women with no recourse to public funds.

We close this section by returning to the topic of gender equality and gender equity. As discussed earlier, the WHO highlights that gender equity means that, **for both genders, support should be responsive to needs and consider differences between groups**. This research, along with the existing evidence base, finds that the focus on ‘rough sleeping’ and the visible face of homelessness has meant that women’s experiences, needs and priorities have not been fully understood or recognised. This has had a knock-on effect on the mainstream services available, which our stakeholders argued has been designed and developed based on this visible face of (men’s) homelessness. That is not to say that some elements, e.g., lack of appropriate accommodation, parenthood, dual diagnosis, stigma, may also be part of men’s experiences of homelessness and multiple disadvantage, but that

consideration needs to be given to the differentiated needs, experiences and preferences of women and men within this.

That the recent NICE (2022) guidance acknowledges that there are some gendered experiences connected to homelessness and that women may have different needs and vulnerabilities to men is an important development (e.g., psychological trauma is highlighted as particularly prevalent in women). The guidance recommends that consideration is given to the provision of services and support aimed at the needs of particular groups, such as women.

5.5. Recommendations

Below are the recommendations for this research, that seek to improve the commissioning and delivery of future gender-informed services for women in Stoke-on-Trent. It is understood that the council is leading on a more housing-led approach rather than focusing on a Housing First model. Therefore, the list below incorporates some of the elements of the Housing First women's project that should be considered.

For commissioners and funders

- Develop understanding and commitment to gender-informed approaches at a strategic level
- Broaden understanding and conceptualisations of homelessness to ensure that women and their (often hidden) experiences are made visible, count and receive investment
- Develop understanding of gendered experiences of homelessness for women, particularly: the lasting impact of complex trauma, violence, sexual abuse and controlling/co-dependent relationships, and barriers to engaging with the current system of services
- Investment in outreach for women and recognition that it can take time for services to build trust with women experiencing multiple disadvantage (as found in the Housing First Stoke-on-Trent women's project)
- Commitment to small caseloads for people working with women experiencing homelessness and multiple disadvantage, to reflect that time and flexibility is needed to build trust and relationships with customers (as in the Housing First model)

For delivery – partnership working with lived experience at its core

- Improve understanding and dialogue about the system of support (perceived to be) available for women locally, and how accessible it is in practice for women with experience of multiple disadvantage
- Training for all people whose work is connected to women (e.g., police, social care/social services, housing services) to improve awareness of gendered experiences of homelessness (as above). Training should include gender-informed and trauma-informed approaches, and different approaches for engaging women
- More work with partners (e.g. police, social care, housing services) to understand their challenges and strengths around engaging with women experiencing multiple disadvantage; to try and work together to identify more creative and flexible solutions and ways of working that would benefit all (which would build on the collaborative approach of the local Multi-agency Resolution Group (MaRG))
- Further work with police to collaborate on improving responses to reports of sexual assaults and domestic abuse for women experiencing/at risk of homelessness and multiple disadvantage
- Acknowledgement of women's experiences of motherhood and what that might realistically look like, without stigma or prejudice, and acknowledge that motherhood may be an important part of a woman's identity regardless of where and with whom the children live (therefore avoid categorising or referring to mothers as 'single homeless')

Safe accommodation for women

- Recognition of the importance for women to have a place of safety first
- Housing needs assessments should be gender-informed to ensure consideration is given to a woman's specific needs and vulnerability
- Need for more emergency accommodation locally for women with experience of multiple disadvantage (not mixed-sex, and not hotels, including for when released from prison)

- Drug and alcohol services should offer rapid access to treatments to help women gain access to women-only emergency accommodation
- Domestic abuse services should have an accessible offer for women experiencing multiple disadvantage
- In future housing interventions, consider offering security measures such as CCTV and video doorbells to women's properties to help them improve their safety and security (as in Housing First Stoke's women's project)

Further research and evaluation

- Qualitative research with women with experience of multiple disadvantage connected to homelessness to understand their views and experiences, including of how to improve the system of support
- Consider how customer feedback could be obtained more informally throughout their time with the service (recognising that we were unable to secure any interviews with customers, and that engagement can be up and down). Customer consent would need to be gained to use this feedback for the purpose of research and evaluations.
- Questions remain about the impact of Everyone In for women locally: Why did so many women come forward as part of Everyone In? (Riley et al., 2020), what were their experiences? What has happened to those women since?

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