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Gender responsive strategies

for assisting women experiencing long-term and recurrent homelessness

Jane Bullen

A report for the Mercy Foundation

2019

Gender responsive strategies for assisting women experiencing long-term and recurrent homelessness

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April 2019

Thank you to the nine service providers who participated in qualitative interviews and focus groups for this report about service provision for women experiencing long-term and recurrent homelessness. Thanks again to the ten women who participated in qualitative interviews about their experiences of service provision while homeless for stage one of this research, *Meeting the needs of chronically homeless women*, conducted through the Social Policy Research Centre, UNSW Australia (http://doi.org/10.4225/53/58d06e0ceb7f3). Their contributions have also informed this report. Thanks as well to the two homelessness service provider partners for both projects, B Miles Women's Foundation and the Haymarket Foundation for their valuable advice and assistance during both stages of this project. This research was partially supported by a grant from the Mercy Foundation.

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Contents

1. Executive summary

This is the second stage of a research project which aims to identify and assess gender-responsive service strategies and plans for assisting women experiencing long-term and recurrent homelessness, and monitoring of these responses. This report builds on the previous research by including recent literature and qualitative data from interviews and focus groups with nine homelessness service providers who assist women experiencing long-term and recurrent homelessness in the Sydney area. The report also draws on the interviews with ten women experiencing homelessness who were interviewed for stage one.

Women's homelessness occurs in the context of women's inequality, women's poverty and violence against women. Women experiencing long-term homelessness have often experienced disadvantage, violence and trauma over the course of their lives, frequently compounded by other factors. Women's homelessness in Australia also occurs in the context of a severe lack of available low cost private and social rental housing. This impacts on both women whose needs other than housing are low, and women with complex needs. The longer women remain homeless, the more likely they are to develop new problems and have difficulty resolving their homelessness.

There is a need to reconsider the diversity of women's homelessness, in particular homelessness that is not quickly resolved, because many women's experiences of long-term and recurrent homelessness do not fit the stereotype in research and policy of 'chronic homelessness';

- In contrast to the characterisation of 'chronic homelessness' as involving high service use, many women who become homeless actively avoid homelessness services, in some cases for many years;
- Instead their homelessness is hidden or self-managed, and they stay temporarily with family, friends and acquaintances, stay in severely overcrowded dwellings or sleep rough, often in concealed locations, and delay approaching services until all informal options are exhausted; at this point they may be longer-term homeless and experiencing more chronic crisis. Their homelessness is often unrecorded and its extent is obscured;
- In addition the current severe lack of low-cost housing in Australia has led to some people experiencing longer term homelessness who do not have the type of complex needs associated with the policy understanding of 'chronic homelessness'.

Women who are concerned that services might not meet their needs may choose to avoid them. Four key interrelated factors inform women's experiences and decisions about using services. These are:

- widespread cultural beliefs that stigmatise women's homelessness and that affect both women's perspective on their homelessness and some service practices: for example, moralising or judgemental attitudes, help that is conditional, and punitive measures, as well as undermining independence and autonomy through excessive rules or micromanaging women. These factors may lead women to avoid services;

- fear and concern for safety in services: women fear and avoid situations where they are potentially unsafe, including going to a homelessness service, and situations where they believe they risk physical violence, sexual assault, witnessing violence, events that trigger past trauma, theft of belongings, difficult or unpredictable behaviour by others, negative effects on children, stigma and indignity. Shared accommodation by very diverse cohorts is a major source of fear and traumatic experiences;
- not receiving the help they need may lead to women leaving or avoiding services. Examples are inappropriate referrals, for example to services that do not provide specialist help for the woman's situation; barriers for women with specific needs including those with complex needs; and lack of a housing outcome after contacting a service;
- lack of knowledge of services: women who become homeless for the first time, women escaping domestic violence, women from a CALD background and young women are more likely to lack knowledge of services. Women who lack knowledge may also hesitate to find out about services if they are distrustful or fearful. For some women lack of knowledge leads to long-term hidden homelessness.

Factors outside the control of homelessness services such as the lack of capacity in services and the lack of affordable rental housing may also be translated in specific ways, for example in decisions about who is accepted into services, how support is provided within services and what housing options are available.

Strategies to make services better meet women's needs are:

- A strong service philosophy in homelessness services that is human-centred, gender-responsive, flexible, respectful, strengths-based and that supports self-determination;
- Services are safe, trauma informed and home-like;
- Ensuring women receive the help they need, in particular women with specific needs or viewed as 'complex', including more specialist or targeted services so that women receive help that is more specific to their needs and to reduce the likelihood of traumatic experiences; especially in the area of domestic violence but also in other key areas;
- Better information about services: this will only be effective if services change in the ways described above, and women are reassured about this.

Access to housing that is affordable and appropriate to the woman's needs underpins these strategies. There is a need for government action to provide additional specialist services and low-cost housing. For some women, access to housing they can afford may be the only intervention needed to end their homelessness.

Changes that require government action should be monitored by existing accountability practices, including evaluation. Within services, philosophy and leadership have a key role in ensuring good practice. Practices suggested to assist services with monitoring gender responsive strategies include internal feedback mechanisms, external evaluation, along with staff selection, staff training and both internal and external staff supervision. Services interviewed which had participated in a Community of Practice found that this enabled them to share challenges and successful approaches, and was a valuable learning and monitoring mechanism.

2. Introduction

This research occurred in the context of the recent targeting of new homelessness services in Australia to people sleeping rough or experiencing long-term homelessness. Since 2008 a range of new services has been established nationally that aim to provide permanent housing to people experiencing chronic homelessness, such as Street to Home and Common Ground projects (Johnson & Kertesz 2017). In addition, a number of services already existed that provided short or medium-term accommodation and support to people experiencing long-term homelessness. The majority of people identified as experiencing long-term or chronic homelessness are men (Lofstrand & Quilgars 2016), and consistent with this, the overwhelming majority of people assisted by many of the the new services are men (see for example Johnson & Chamberlain 2015, p. 16). While some of these services have been evaluated, there is little gender analysis within these evaluations. There is a lack of specific information available about how well current services are meeting the needs of women experiencing chronic or long-term homelessness, and whether some service types or strategies are more appropriate to women or lead to better outcomes. Research indicates that there are differences in the situations and needs of women experiencing long-term homelessness, and that homelessness service responses do not always meet the needs of women (Mayock & Bretherton 2016; Paradis at al. 2012; Petersen and Parsell 2014; Watson 2000; Golden 1990).

Chronic homelessness or long-term and recurrent homelessness: the housing shortage and hidden homelessness context?

This research project was initially described as research into meeting the needs of women experiencing chronic homelessness. The term chronic homelessness originated in the US, referring specifically to people with disabilities experiencing homelessness for 12 months or more[1]. A person experiencing chronic homelessness is described in literature as having 'reached the point where he or she lacks the physical or mental health, skills and/or income to access and/or maintain housing'

[1] The current full definition is:
Chronically homeless means:
(1) A ''homeless individual with a disability,'' as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
(http://www.gpo.gov/fdsys/pkg/FR-2015-12-04/pdf/2015-30473.pdf).

(Homelessness Community Capacity Building Steering Committee 2008, quoted in Klodawsky 2009, p. 592) and as those who 'live rough on the streets or cycle through fleeting periods of being housed' (Bridgman 2002, p. 51).

Many Australian researchers and organisations use the term chronic homelessness to refer to 'an episode of homelessness lasting six months or more or having experienced multiple episodes of homelessness over a 12-month period or more' (Homelessness NSW 2018; Mercy Foundation 2018; Chamberlain and Johnson 2000). While the Australian definitions are not as strongly linked to people's health and disability, they generally note that people experiencing chronic homelessness are likely to have complex needs such as developmental or psychiatric disability, traumatic brain injury, serious health problems, a history of abuse and/or trauma and addiction to alcohol and/or drugs, and suggest Housing First as an effective response. The term 'iterative homelessness' has also been used to describe the 'repeated uprooting' (Robinson 2003, p. 3) associated with homelessness. However both research and the interviews with women and service providers that were conducted for this research suggest that in the current housing context of a severe lack of available low cost private and social housing discussed in Chapter 3 of this report, many people who are homeless for six months or more in Australia do not fit the profile usually associated with chronic homelessness. Further, the concept of 'chronic homelessness' is associated with high and therefore costly use of emergency services but, as also discussed in Chapter 3 of this report, women's experiences differ from this characterisation, with many women avoiding services and hiding their homelessness for very long periods. These factors indicate a need to reconsider the diversity of women's homelessness, in particular homelessness that is not quickly resolved. For this reason, in this document the terminology long-term and recurrent homelessness is used. This report's focus is primarily on those women whose homelessness is most protracted, but it also acknowledges the impact of the unavailability of affordable rental housing on all people who become homeless.

Methodology and background to this report

The first stage of this project *Meeting the needs of women experiencing chronic homelessness* was funded by the Mercy Foundation and conducted through the Social Policy Research Centre, UNSW. It involved a partnership between the researchers and two Sydney homelessness service providers, the Haymarket Foundation and B Miles Women's Foundation. The project aimed to contribute to reducing women's chronic homelessness, by:

- identifying gender-responsive service strategies for responding to women experiencing chronic homelessness;
- assessing the effectiveness of these strategies;
- identifying and developing plans for implementation and monitoring of improved service responses for women experiencing chronic homelessness.

The project involved:

- a brief literature review to identify key challenges faced by women experiencing chronic homelessness and best practice in responding to their needs, to enable benchmarking/comparison with what's happening on the ground;

- interviews with 10 women who have experienced chronic homelessness, in order to gain their perspectives on services they had received. The two partner service providers put the researcher in contact with these women.
- A report (Bullen 2017), which analysed women's experiences with homelessness and other services, and set out some broad directions for service provision. The report found that:
    - women experiencing chronic homelessness require responsive and flexible support that is available as long as needed, safe accommodation, other relevant services and permanent housing;
    - it cannot be assumed that responses that work best for men also work best for women;
    - women experiencing chronic homelessness are a very diverse group and a choice of service models that will meet the needs of different women is needed. Smaller-scale specialist services are more appropriate than larger, generalist services.

This second stage, also partially supported by the Mercy Foundation, builds on the previous research by including recent literature and qualitative data from interviews and focus groups with nine homelessness service providers that assist women experiencing long-term and recurrent homelessness in the Sydney area. Providers who participated are diverse and include both large and small services; services for women and services that assist both men and women; and services that assist one target group and services that assist multiple groups. The participating organisations have experience with a range of types of assistance including crisis accommodation, transitional housing, outreach and Housing First.

The discussion guides used in interviews with women who have experienced homelessness and with service providers are at Appendix A and B.

Both the interviews with women experiencing homelessness and with service providers were focussed in Sydney, and most but not all of the service providers interviewed are located in the city and the more central suburbs. Resource constraints limited both the number of women and services interviewed, as well as their location. In addition, some service providers invited to be involved were not available. Further research that included the insights of a wider range of women and providers would be valuable.

This report incorporates findings from both research stages. The project could provide a basis for further research in the area.

3. Women's pathways to long-term and recurrent homelessness

Until the later part of last century homelessness in general was associated with older alcoholic men, but over the last 50 years women's homelessness has been increasingly recognised (Jerome et al 2003). However, long-term homelessness and rough sleeping that often accompanies it are still seen as mainly male phenomena, and in counts of these groups men are the majority who are identified (Löfstrand & Quilgars 2016). Women experience long-term homelessness too, but male homelessness has historically been highlighted, and women's long-term homelessness is often not seen as a significant issue. Homelessness definitions and policies 'exist on a gendered terrain in which women's housing needs and experiences remain marginalised' (Watson 2001, p. 159) and specific, gendered factors contribute to women's homelessness and their experiences of homelessness. Evidence from research is that women's experience of longer term and recurrent homelessness often differs to that of men (Pleace et al 2016). Women's homelessness, including women's long-term homelessness, occurs in the context of women's overall inequality and poverty including economic inequality; poor position in the housing market; the impact of gendered violence including domestic violence, sexual assault and child sexual assault; and the limited nature of women's traditional roles (Darab & Hartman 2013; Watson 2001).

Homelessness in Australia, including women's homelessness, is also currently framed by a severe lack of available low cost private and social rental housing which has led to the emergence of a new cohort of people in precarious housing situations, who risk being propelled into homelessness by an adverse event (Anglicare Australia 2018; Wood & Ong 2017). Sydney, where this research was conducted, has been named as one of the most unaffordable cities in the world for housing (Pash 2016). While women who experience homelessness and the precipitating factors are very diverse, data on women using homelessness services supports other research showing poverty and violence against women in the context of the scarcity of affordable housing, are primary factors in women's homelessness. Domestic violence is a factor in seeking assistance for over half (51%) of women using homelessness services and the main reason for over a third (40%) (Australian Institute of Health and Welfare 2019). Women also frequently report accommodation problems including housing crisis (18%) and financial issues (15%) as the main reasons for approaching services (Australian Institute of Health and Welfare 2019).

Consistent with this Australian Institute of Health and Welfare data, one service provider interviewee suggested *a third [of the women using the service were homeless due to] basically poverty and lack of options in minimum wage jobs [Service provider 4]*. The low level of Newstart and other benefits is a factor in this situation (Anglicare 2018, Morris & Wilson 2014). Service providers spoke of women becoming homeless because they can't afford costly private rental housing but are forced to or want to stay in Sydney for a range of reasons including employment, and of older women who had been renting privately but could no longer afford to do so when they were no longer employed. This is compounded by the lack of access to social housing for women experiencing poverty for a range of reasons, including following domestic violence, at retirement and other situations discussed in this section. The stock of social housing dwellings in Australia has

dropped from 5.1 dwellings per 100 households in 2007-8 to 4.6 in 2016-17 (Australian Institute of Health and Welfare 2018).

Service provider interviewees for this research noted the general lack of affordable social and private rental housing, creating a new cohort of people becoming homeless for financial reasons:

> *We get a lot more referrals through Link2home[2], where people have been evicted from private rental, because they just can't pay the rental, or they lose a flatmate or something happens. [Service provider 3]*

Service provider interviewees said there is a lack of very low cost private rental housing that meets the needs of females. At the cheapest end of the market, boarding houses could provide acceptable accommodation for men who were homeless due to poverty and needed little support, but usually were not safe or suitable for women, although they may be suitable for some men:

> *Getting a good outcome for a male client is a lot easier than for a female because you have lots of options where a man might be comfortable going to a boarding house in Darlinghurst or somewhere like that whereas there'd be a lot of trepidation for a female to be in that environment, and to be honest I would not feel comfortable referring somebody as well, most of the time. [Service provider 2]*

This shortage of low cost housing also means that when people do become homeless it is more difficult for them to find alternative housing, and that those in temporary accommodation cannot exit into permanent housing, creating a 'bottleneck' in homelessness services, reducing access for people seeking to use services and thus reducing the effectiveness of services (Australian Government 2008; Coleman and Fopp 2014; Johnson 2012). Consistent with this, service provider interviewees noted that women who were homeless for the first time and who did not have complex support needs could take more than 12 months to find stable housing *because of barriers to exiting out [Service provider 4]* into housing. For example one service provider assisting women who are homeless for a range of reasons said:

> *We do have a lot of clients who fit in the category who might be homeless for longer than 12 months, but it might be their first instance of homelessness and it might be just that the main issue is the lack of affordability and the lack of options. [Service provider 4]*

This situation has negative implications for those whose needs other than housing are low, as the longer people remain homeless, the more likely they are to develop new problems and have greater difficulty resolving their homelessness (Johnson, Gronda and Coutts 2008; Busch-Geertsema O'Sullivan, Edgar, & Pleace 2010). Most older women who are homeless do not fit the profile of chronic homelessness as they have generally not been homeless before and do not have

[2] Link2home is a telephone service operated by the NSW government, providing statewide information, assessment and referral to specialist homelessness services, temporary accommodation and other services for people who are homeless or at risk of homelessness, as well as information for service providers and advocates.

complex needs requiring support. However they find it difficult to access homelessness services and priority social housing and as a result their homelessness may be prolonged (Homelessness NSW 2016). The housing shortage also has negative implications for those with higher needs, discussed later in this report, as services experiencing overwhelming demand and limited resources may give lower priority to those who need a greater input to achieve outcomes.

Many women experiencing persistent homelessness have experienced long-term violence and trauma over the course of their lives, including sexual assault, domestic violence and other violence in both childhood and adulthood (Owens 2005; Robinson 2005; Murray 2009), as well as other family problems including child neglect and abandonment (Reeve 2018). Consistent with this research and the Australian Institute of Health and Welfare data quoted above, interviewees also reported domestic and other violence to be a major cause of homelessness for women of all ages using their services. Interviewees said older women may flee long-term domestic violence after children have left home or may do so after new or increased violence after their partner developed dementia. Domestic violence also occurs as elder abuse including situations of: *younger generations wanting to kick people out and use their homes, and they can't access housing because they have an asset [Service provider 7]*. Domestic violence not only causes injury, trauma and dislocation but also has serious negative financial impacts, both immediately and over a woman's lifetime (Cortis & Bullen 2016). Women escaping domestic violence who have precarious spousal visas are especially likely to experience prolonged homelessness as they do not have access to Centrelink, Medicare, housing products or temporary accommodation benefits. A service provider interviewee said that many services can't accept them: *because they aren't able to take on the burden of subsidising rent and providing an income until they can work on the immigration which being optimistic takes 6 weeks to secure special benefit and get a bridging visa [Service provider 4].* This service provider described this situation as: *a huge barrier. It's the biggest gap and the most vulnerable cohort because it's very frightening particularly if they have children*. Another service provider said *that working on visa issues takes much longer than 6 weeks and services are finding at times there is no end date which is why housing resources is so difficult [Service provider 1].* For Aboriginal and Torres Strait Islander women, pathways into homelessness may involve factors that result from impacts of colonial contact including the violent and traumatic 'Stolen Generation' policy, as well as the effects of living in 'Indigenous settlements and communities that have institutionalised and marginalised histories dating from the late 1890s to the 1980s' (Memmot 2013, p. 7).

Disabilities and health issues including mental ill health are factors that lead to, and impact on women's pathways into and through homelessness (Robinson and Searby 2005). The vulnerability of women experiencing persistent homelessness is indicated by analysis of single people in Sydney who had been contacting the then Homeless Persons Information Centre statewide telephone information and referral service for at least a year, which found that 76% of women compared with 45% of men were receiving the Disability Support Pension (Reynolds 2005, p. 11). One service provider also reported contact with *a lot of people with mental health and disabilities not classed as disabled or having mental health problems either. They slipped through the NDIS … [Service provider 6].*

Women with mental illness are vulnerable to homelessness when renting privately. A period of illness can lead to job loss and as a result their tenancy becomes unsustainable and they become

homeless. One interviewee who had previously experienced homelessness due to being unable to work expressed her concern for the future:

> *If you meet me you will never be able to tell that I am living with mental illness, my illness is episodic. I'm living with a bipolar disorder, so essentially, I can have an episode, and I can end up unemployed and subsequently homeless again … Over the past one year, I have been well and I have been working. However, it doesn't mean that I'm not in danger of becoming homeless again. [Woman 4]*

Alcohol and drug problems are also factors that contribute to women's homelessness (Robinson and Searby 2005). Drug and alcohol use are often used to self-manage experiences of violence including sexual abuse, and the experience of homelessness itself (Goodman, Fels and Glenn 2011; Robinson and Searby 2005). Interviewees noted that a lack of rehabilitation and other services for women meant the system lacked capacity to support women with addiction problems.

Research suggests family homelessness is more strongly linked with poverty and domestic violence than with other support needs (Bretherton 2017). However, women experiencing long-term or recurrent homelessness are identified in research as also more likely to be those without children in their care (Robinson & Searby 2006), although women with accompanying children also experience prolonged housing instability and homelessness (Hulse & Sharam 2013). Women with children who are homeless are frequently separated from them either because mothers place children voluntarily in the care of other family members or because authorities remove them (Reeve 2018). These women are often referred to as 'single' women and treated as such by service systems even when they continue to view themselves as their child's primary carer. For example, one woman interviewed suggested that it would be helpful if homelessness services would organise outings or activities for women and their children who were not in their care.

Long-term homelessness often develops as a result of adverse events that have a cumulative effect in people's lives. For some women, adversity, violence and abuse starting in childhood and continuing in adulthood have led to compounding trauma, homelessness and disadvantage (Robinson 2010). These women face multiple and complex difficulties. One service provider said that *with people experiencing chronic homelessness it's a number of steps over a long period of time that lead up to them being homeless [Service provider 4]*.

Women's hidden homelessness

Women are using homelessness services at record numbers, but many women who become homeless avoid services. Australian data collections about homelessness provide little information on length of homelessness. We do know that the number of females presenting homeless, rather than at risk of homelessness, (57,043 in 2017-18) has now overtaken the number of males (54,139) (Australian Institute of Health and Welfare 2019). Sixty percent of SHS clients in 2017-18 were female, and 66% of unassisted requests for service were by females (Australian Institute of Health and Welfare 2019). Despite these high numbers of women both using services and being turned away, women who become homeless often adopt strategies to hide their homelessness and manage it themselves (Klodawsky 2009; Mayock et al. 2015b; Robinson & Searby 2005). Women and service

providers interviewed for this research confirmed these findings, saying that while some women approach services soon after becoming homeless, many others spend long periods not contacting services, only approaching services when other options are exhausted, and instead staying temporarily with family, friends and acquaintances, staying in severely overcrowded dwellings or sleeping rough (Bretherton et al 2016). This is referred to as self-managed homelessness or hidden homelessness. Some research has found that women's experience of rough sleeping is almost as extensive as that of men (Bowpitt et al 2011). When sleeping rough, women use 'strategies of invisibility' (Reeve 2018, p 168): either selecting concealed places that they assess to be comparatively safe or being publicly visible but disguising their homelessness. This invisibility means their homelessness is more likely to be unrecorded, obscuring its extent. The following comments are from an interviewee experiencing homelessness and describe how she sought safe sleeping locations:

> *[I was] always out on the streets, here and there wherever I could find, sometimes on a roof of a bus shelter or wherever I could … a couple of times I slept on the side of highways, near farms … I was on the streets, parks or wherever I could find a place … if I couldn't find any place where I thought I could be safe I didn't stay there. There were quite a few times when I just walked all night long trying to find a place. Also I think I was fairly safe because I watched when the general population went to sleep, which was about 11-ish and only then would I stay behind a bush that was near a road or somewhere else that provided a good shelter and go to sleep there. Also my sleep was really funny. Every noise I would wake up. So I seemed to be very alert and if there was somebody around I woke up. But still it entered my thoughts many times that's its dangerous because you can get bashed, raped, your throat could be slashed while you're sleeping and you wouldn't even know. [Woman 3]*

Women whose homelessness is hidden may lack basic survival resources, and may be less able to access mainstream services because they don't access homelessness services that would link them to these (Bretherton et al 2016). They are more reliant on whatever informal support they can get and on services not targeted to homeless people which may be less accessible to women experiencing homelessness. In some cases, staying with others is an arrangement involving sex for shelter, is unsafe or is otherwise exploitative while in others it is not, but it is nevertheless temporary and insecure.

Both service providers and women interviewees said that women who are concerned that services might not meet their needs are more likely to avoid approaching them. Women with complex needs such as mental health problems may avoid services and sleep rough. Some women who have been in prison may commit crimes to avoid homelessness. Service provider interviewees said that younger women are more likely to stay with family and friends where possible, because of the risk of sexual assault while sleeping rough. They also said that transgender women are particularly likely to stay with friends not only because of the safety issues they experience in sleeping rough but also because of the risk of poor responses by services and institutions. Older women including both those with low and high support needs are more likely to attempt to retain some element of independence and pride by sleeping in their cars, staying in inadequate but expensive accommodation without secure tenancy or sleeping rough:

Its pride as well, they've been a provider for their families for so long, and then all of a sudden … they're nothing to society or themselves, they feel they've failed. [Service provider 6]

Services said some women who have a roof over their head do not consider themselves to be homeless, even when the situation is severely overcrowded, squalid or unsafe, until the arrangement breaks down and they have to leave. Some women were reported to be paying rent to sleep ten to a room, on a couch or two to a bed and to be frequently told to move between different properties. Interviewees reported vulnerable women, in particular women from culturally and linguistically diverse backgrounds, including older women and women with no income, staying in situations where they are charged exorbitant rent or experience domestic servitude.

The older CALD women that have been staying here come from the situations of being charged exorbitant rent, domestic servitude, that sort of thing, and I think that's a pattern for women who over the last 10-15 years their support has dropped off, from their family or whoever, have been put on Newstart which hasn't changed in however long, and rents have gone up so situations for women wherever they're living, would have just gotten worse and worse until finally they end up in hospital or something like that and the social worker says we have to call Link2home, you don't have anywhere to stay, and they end up in a service. [Service provider 2]

A service provider said that older women: *don't want to rock the boat. So they make all these concessions along the way [Service provider 1]*. Similarly, an interviewee who had been sleeping in her car described how she viewed it as her 'house' and so didn't think of herself as homeless:

[A policeman gave me a card with the number of Link2home on it.] I kept it, thinking oh that's a useful thing. I'll keep that. That's good. Doesn't really apply to me though. I've got my house. Because I still had my licence and car. So like I kept it more to be able to pass it on to other homeless people that I'd encountered at the food van or whatever … [Woman 1]

Hidden homelessness may prolong the experience of homelessness and increase its impact, including the likelihood of experiencing violence while homeless, adverse physical and mental health impacts and increased isolation (Gelberg, Browner, Lejano, & Arangua 2004; Novak et al. 1999; Mayock et al. 2015b). By the time these women do seek assistance they are likely to be experiencing longer-term homelessness and be in more chronic crisis (Robinson & Searby 2005).

Both men and women may experience hidden homelessness, but research indicates it is a greater issue for women. Research has characterised people experiencing long-term homelessness as high users of services such as homeless shelters, hospital emergency departments, drug and alcohol services and jails, and some research has focused on the costs incurred by this disproportionate use (Culhane, Metraux, & Hadley 2002; Larimer et al. 2009). For example, it was estimated that 'Million Dollar Murray', a long-term homeless inebriate, used services estimated to cost a million dollars (Gladwell 2006). This stereotype has influenced the development of services for people experiencing long-term homelessness.

Many women's experiences differ from this literature. While a number of the women interviewed reported mental health problems and had used psychiatric services, and some had used multiple services, many women experiencing long-term homelessness did not report the type of intensive use of multiple psychiatric services or other emergency services over their period of homelessness that has been described in this literature. If women did use homelessness temporary accommodation on multiple occasions this was often because of the short-term nature of the accommodation offered and sometimes because they chose to leave or were asked to leave for a range of reasons. Reasons for women leaving accommodation are discussed later in this report. Research shows how women may become 'trapped' in homelessness if only repeated short-stay accommodation is offered (Mayock, Parker & Sheridan 2015a, p. 25). On the other hand, many women used few or no services; indeed, one woman who was interviewed reported couch surfing for seven years without being in contact with homelessness services. This does not mean that there are no women who have high service use similar to those described above and associated with 'chronic' homelessness, but does show how women's long-term homelessness is not limited to this stereotype. The findings about women's strong reliance on informal arrangements indicate a challenge for services in responding to the initial period of many women's long-term homelessness. Women's different pathway into homelessness also means that the actual extent and impact of their homelessness is likely to be understated (Pleace, Culhane, Granfelt & Knutagard 2015).

4. Hidden homelessness: what are the obstacles to using services?

So why do some women self-manage their homelessness rather than seeking help? The evidence suggests four key interrelated factors that inform women's experiences and decisions about using services. These are: widespread cultural beliefs that stigmatise women's homelessness and that affect both women's perspective on their homelessness and some service practices; women's fear and concern for safety in services; not receiving the help they need; and lack of knowledge of services.

a. Stigma and shame: historical and cultural beliefs:

There are widespread historical and cultural beliefs about women's homelessness that operate beyond the homelessness service system, and sometimes within it, that tend to blame women for being homeless and characterise them as deviant (O'Sullivan 2016). While factors including patriarchal attitudes and institutions, violence, poverty and the operation of welfare systems may operate to remove agency and autonomy from women who experience homelessness, there is evidence that women's avoidance of services is often a choice (Bretherton 2017). For women, homelessness carries a particular stigma in addition to the experience of deprivation, and carries specific meanings of failure, shame, self-blame and disempowerment, particularly when it has involved separation from children (Mayock & Bretherton 2016). Service providers and staff of services are not necessarily immune from these pervasive preconceptions. Both literature and interviewees for this research project state that women may avoid services in order to avoid the stigma associated with these historical and cultural beliefs and stigma about women's homelessness and with accessing services; that women may also internalise this stigma as shame; and that services need to acknowledge and proactively address these issues (Mayock et al. 2015a). The historical association of homelessness with men rather than women, and women's association with home (Lofstrand & Quilgars 2016) are also contributing factors to these beliefs:

> *I think Western culture tends to blame a woman for being homeless and that might be a mother who has children. I think society still thinks it's men who are homeless because women are hidden, so there's a stigma of actually accessing services and when you access there's further stigma. [Service provider 2]*

Interviewees said stigma and shame resulted in women not wanting to let others know they were homeless or speak about it, or not realising or acknowledging the severity of their situation, and gave a number of examples of these effects. Notably, these examples suggest that women's shame in becoming homelessness can occur regardless of the circumstances, for example in situations of domestic violence:

> *With a lot of the CALD women we've had so many offers to do different things where you'd be identified, and it's absolutely no way, with the shame on the community, the shame on the family, the adult children, the same adult children who've actually caused you to be*

homeless, because you've had an argument or something like that. But I think the whole shame thing for people can look really different, but I think it's a bit of both, until I'm on the street, I'm invisible. [Service provider 3]

… some older women, they're presenting to us and we're thinking - you're actually homeless, it's the circumstances they're living in … and I think there's both sides - not seeing yourself and not wanting to see yourself … a bit of both. [Service provider 4]

It's very much women among themselves don't want to communicate each other's homelessness. A lot of women are coming from a domestic and family violence situation. Some women disclose to their employer but often women have to leave their jobs because the perpetrator knows where they work. There's definitely a shame around being homeless and I think that's a female thing, it's my fault. I think women often blame themselves for the predicament they get in, because they are the multitaskers … there's immediate shame they've lost control of their life. It's like a self-stigmatising perpetuating thing. We advocate that it could happen to anybody but no one thinks it will happen to them, and when it does they are completely shocked and think they should have done something differently along the way. [Service provider 4]

So there's so many different barriers, and for complex women using drugs and alcohol with a history of domestic violence, do you really want to sit through and spill that out. Some women do that, and some women can't do that because it's too traumatising and sometimes that can be years. [Service provider 3]

The background of cultural beliefs about women's homelessness not only affects the responses of women who become homeless, but can also affect how the service system and individual services respond. The cultural stigma and shame for women associated with becoming homeless and with accessing services may also sometimes exist in the culture within homelessness services as experienced by women who are homeless, and is a potential obstacle to service use. Cultural expectations and assumptions may frame homeless women as undeserving, in particular those who have complex needs, who are not accompanied by children and/or whose homelessness is longer term (Mayock and Bretherton 2016). These assumptions may not be explicit in homelessness service philosophies and practices but research indicates that women using services 'quickly become acutely aware of the discourses and ideologies underpinning the rules and regimes within various service settings' (Mayock and Bretherton 2016), and this awareness negatively affects their use of services. Research indicates that women's avoidance of services and the hidden nature of their homelessness is not only due to lack of knowledge and lack of access to services, but also due to 'perceived oppressive practices on the part of the staff within homelessness services' (Lofstrand & Quilgars 2016, p. 63; Mayock et al. 2015a, b; Paradis et al. 2012; Thörn 2001). Data from interviewees for this project supports this and provides additional information on how this impact has played out in the lives of women using homelessness services in Australia.

Factors such as the lack of capacity in homelessness services and the lack of affordable rental housing may also be translated in specific ways, for example in decisions about who is accepted into services and how support is provided within services. Stigma affects how women respond if services

fail to provide the support needed, either because of capacity constraints or other factors. The experiences of women who did not receive the help they needed are discussed later in this Chapter. Service providers said that both past negative experiences in services and fears based on negative accounts of services whether based in fact or not (in some cases by violent partners who do not want the woman to leave) have a continuing deterrent effect on women's service use. Where women have used services previously but did not receive help that addressed their needs, they may decide there is no point in future engagement with services.

Where women have felt the impact of service attitudes and practices that were unhelpful, disrespectful, undermined dignity or left women feeling unsafe, women may avoid those services, and in some cases all services. For women who already feel the stigma and indignity of being homeless, actions by providers that cause fear or disempowerment, even if unintentional, can inflame these feelings of disrespect. Issues raised by negative experiences in services that are raised in research and by interviews with service providers and women using services are summarised below. These findings point to a need for further research into women's own reasons for leaving or refusing to reside in both mixed and women-only services, and services' reasons if they exclude them.

Moralising and judgemental attitudes

Both international literature (Mayock p. 270, Paradis et al. 2012) and interviews conducted for this research indicate that notions of deserving and undeserving women experiencing homelessness persist in some services or among some individuals, and women may be judged and blamed for their homelessness, for example when it is considered to be linked to mental illness, drug and alcohol problems or bad choices. The gender divisions described in Australia as 'dammed whores and God's police', (Summers 1975, Arrow 2015) or in the US as 'lady versus low creature' (Golden 1990) have not completely disappeared.

Service provider interviewees said that women who experience long-term or recurrent homelessness are particularly likely to be judged negatively. In particular help may be conditional on behaviour that fits with preconceptions of femininity and responsibility, and punitive measures taken against women who do not meet these preconceptions. Homeless women who are mothers may be judged against traditional ideas of femininity and mothering, and the motherhood of women with children not in their care is poorly recognised by welfare and homelessness systems. These women are officially referred to as 'single'. Homeless women who are separated from their children experience shame, guilt, disempowerment and reduced self-esteem, while those with children in their care find it difficult to parent due to the insecurity of their situation (Mayock & Bretherton 2016). Women may be judged for drug and alcohol use or past mistakes (Mayock, Parker & Sheridan 2015a). Other women who may be viewed as transgressing certain moral codes, such as transgender women, lesbian women, women doing sex work, women who have been in prison, and women who have left and returned to a violent relationship, are also particularly vulnerable to moral judgement. For example one interviewee spoke of:

> *… that moralising that goes on around women who've lost their children with drugs and alcohol, are still using drugs and alcohol, as if to say they still haven't learnt their lesson, that*

kind of judgement and moralising, particularly women who've had multiple housing tenancies, they've had lots of debt, all that messy history. [Service provider 3]

Societal attitudes that blame women for their homelessness are associated with responses that aim to 'fix' individual women (Paradis 2012, p. 7), focusing on how individual problems contributed to homelessness at the expense of focusing on the problems the woman has already overcome, the structural social and economic factors that cause homelessness, the impact of disadvantage and trauma and the inadequacy of assistance. An interviewee described the impact of negative attitudes and messages conveyed by this approach:

And we'll rescue you if you deserve it, not empowering you. They talk the language but they don't actually practice it, that model of empowering people to have choices … Making people feel like they're helpless and hopeless and don't have any strengths. Making people feel ashamed. Judging women on the decisions they've made. Like: 'Well you're not going to do this unless you do that'. So you're the expert and you're going to tell the person what they need to do, whether they want to do that or not. [Service provider 3]

Previous research has found that this type of stigma in services may lead to women leaving or avoiding services (Paradis et al 2012; Lofstrand & Quilgars 2016). An interviewee described how this was part of systems abuse:

There are some people that practice in old ways and contribute to the systems abuse that people experience. So if people are being treated as less than or a charity case, or in the past I had people saying 'don't make the place look too nice, they'll never want to leave'. [Service provider 7]

Service provider interviewees said that it was important to have professional staff, and that there were still *untrained gatekeepers at some services* who bring unquestioned prejudices or beliefs to their work, and who may be *punitive [by] saying no to somebody getting even through the assessment stage* to enter services *[Service provider 1].*

Some women avoid services run by particular organisations or the sector as a whole because they wish to avoid organisations that operate these services. One service provider interviewee said that *sometimes women are put off by overly religious services … and there's an expectation that I'm going to have to act in a certain way, that has been an issue in the past [Service provider 5]*. Another service provider also said that religious approaches could deter some women, including women who had experienced abuse in in religious children's institutions, some Indigenous women and women who felt judged by religious perspectives, including lesbian and transgender women. This interviewee said that *women reported that they experienced a sense of being undeserving, which encroached on their sense of self-worth [Service provider 1]*. Literature also suggests that where women have had negative past experiences in institutions, this may deter them from using homelessness services. Many homelessness service operators also run institutions for children and international research has found this is an obstacle for some women:

> Some women expressed profound distrust in the homeless service sector because of their past negative experiences of institutional and/or other State care settings and this, in turn, impacted their willingness and ability to access and engage with services and service providers. For example, Rosie spoke about how she was reluctant to access support services when she became homeless after running away from a care setting at the age of 14, opting instead to sleep rough in a city-centre location (Mayock et al 2015a, p. 27).

Undermining women's autonomy

Even where not accompanied by an identifiable moral judgement, some services may operate in ways that undermine women's independence and autonomy by micromanaging them, infantilising them or operating services in a way that is regimented or where there are excessive, unreasonable or arbitrary rules (Lofstrand & Quilgars 2016; Mayock et al. 2015a, b; Paradis et al. 2012). Services may make decisions on behalf of women rather than consulting them, leading to feelings of disempowerment. (Mayock & Bretherton 2016); Mayock et al 2015a). One interviewee said that *services have been about rules and trying to ensure safety and moved away from autonomy [Service provider 2]*. Another interviewee said that common themes in situations where women gave negative feedback about services were: *didn't feel heard, didn't think I had a voice, didn't feel safe, because of the way something was handled [Service provider 4].* This interviewee said these women *felt like they had to hand over control.*

Responses that undermine autonomy or treat women as less than fully adult may make women feel disempowered (Mayock et al. 2015a) and lead to women deciding not to use services: '[t]he way they address you, it's like a child who doesn't know anything. The way they speak to you, it's better just leaving' (Paradis et al. 2012 p. 11). For women who are already vulnerable, being treated in this way builds upon a history of reduced autonomy, for example women who have been in prison:

> *For women in prison, that's absolutely the environment where they've come from, people talk about them as girls, you've got no control, you've got no power, and people feel very judged by many services. [Service provider 8]*

Services and individuals may take this position because they view women as vulnerable (Lofstrand & Quilgars 2016) or as part of attempting to manage service operation:

> *Providing a crisis mixed accommodation service to people who have been sleeping on the street is an opportunity to be very regimented ... Things like a curfew, mealtimes, that sort of thing, shower times, this is how things get done, this is how you wash your clothes here, we can give you this shampoo here, I gave you one yesterday where's that one gone, all those practical things. I think some men respond to that sort of regimented structure and I think the opposite oftentimes would go for the women we have staying here. Its triggering to be told how to wash your clothes, and when you can have a coffee in the morning and all that sort of thing. [Service provider 2]*

Curfews and other regimented responses may be experienced by services as useful operational tools, but may be experienced by women as undermining their autonomy. One service provider said

women's reaction to controls of this type was: *I might be homeless but I still have my licence to come and go [Service provider 5].* Some service provider interviewees saw regimentation as unavoidable, while acknowledging some of its negative effects:

> *There has to be quite a bit of regiment around people sharing a place so that in itself is a bit paternalistic about who's doing the chores and who's doing this and you've got to be home at a certain time, you know a curfew. We had a woman attending our evening group because she was working during the day, and she got back to her refuge too late so she wasn't allowed to come to the workshop because she couldn't get back in curfew time. Now this was to come to a therapeutic group for domestic violence. A lot of refuges do have a curfew. [Service provider 7]*

Another provider operated a curfew for safety but did so flexibly. Resourcing dictated the extent of this flexibility:

> *We do have a curfew but if someone was going to a group, we'd be very flexible about that. We need to lock the door because there's an alarm that goes off through the middle of the night to make sure that people aren't let in from outside. So the staff member would stay up to not activate the alarm to let the woman in. Other services might not have the staffing. [Service provider 9]*

Micromanaging may also be associated with limited resources in other ways, for example where services focus on one area of the person's need at the expense of a wholistic approach:

> *If we have five or six women at the service who have such a depth of so many issues, domestic violence, long history of trauma, mental health diagnosis, current drug and alcohol use, there's a tendency to micromanage women in that instance when you're trying to find somebody a housing pathway. There's probably a tendency to block 9 out of 10 things that are going on for the woman because it's too much at the moment. We can't help you with all that stuff right now, we're trying to find you somewhere to live. So all that stuff that you're telling me about every day is just way beyond what I can assist you with, so I'm just going to manage you in a way that I think I can keep you here until we have something appropriate for you. I think it would be frustrating because seeking assistance for all the things that are going on in their life, and every day they are trying to resolve some of these issues, and at the end of the day – I'm not sure why this is – it just so happens the woman's only receiving support for one thing. If you're in a mental health service, I'm sure that is the focus. Being a crisis service, this is a housing pathway sort of housing focus. So I'm sure that doesn't work for a lot of women unfortunately. I know that's to do with resources and timing and staffing and all that stuff. What I'm trying to say is there is definitely a tendency to micromanage women in crisis services. [Service provider 2]*

This analysis is supported by other research (Mayock et al. 2015a) which found that many homelessness services were not equipped to address the multiple support needs of needs of women, and that women had often been viewed through many professional perspectives but had

nevertheless not received the assistance they needed. This led to women feeling services to be disconnected to their own assessment of their needs, and discouraged them from using services.

b. Fear: unsafe and unsuitable environments

Violence, fear and trauma are not only pathways into homelessness for many women, they are also features of being homeless (Robinson 2005; Murray 2009). Violence while homeless can occur on the street, in informal accommodation with family or friends, in other temporary accommodation such as boarding and rooming houses, and in homelessness services (Murray 2009; Bretherton et al. 2016; Watson 2016). Women may avoid situations where they potentially feel unsafe. The profound impact of complex trauma from lifetime repeated experiences of violence, while having received some attention, is still insufficiently acknowledged and is an issue that the homelessness sector needs to continue to integrate into practice (Robinson 2005).

Experiences of fear and lack of safety in services may also deter women from using services. This fear is both physical and psychological. It may include fear of: physical violence, sexual assault, witnessing violence, events that trigger past trauma, theft of belongings, difficult or unpredictable behaviour by others (for example people with mental illness or drug and alcohol problems) and traumatic and other negative impacts on children. It can also involve fear of stigma, indignity and punitive service approaches that undermine autonomy and link to past trauma. Indeed, some research found that, for some women, going to a homelessness service represented 'end of the road' homelessness because of fears of unknown crisis accommodation and stigma (Robinson & Searby 2006). Fear in homelessness services, particularly shared environments, was raised by multiple interviewees for this research, both service providers and women who experienced homelessness:

> *There is a fear that only people with drug issues or mental illness go into homelessness services. … Also if it's a shared environment people freak out as well. [Service provider 4]*

> *What we've seen is people are terrified to come into a homeless persons' service. The women we work with generally are. Fear of it being unsafe, fear of violence … What are the other service users going to be like, how safe will I be, how will staff manage that. Will people be breaking into my bedroom at night and stealing my things. There's a real fear. [Service provider 6]*

> *The fear factor is understandable especially in some homelessness services that have a large mix of men and women staying in the same service, you've got people who are chronically unwell, people who are using ice – it would be really scary. Sometimes its justified fear, it's not just perception. [Service provider 9]*

Women may fear and avoid homelessness hostels designed for men (Lofstrand and Quilgars 2018; Moss and Singh 2015) and services housing both males and females (Mayock et al. 2015). Several women interviewed spoke of being afraid of some homelessness services where people were

crowded outside, before even having entered. Women interviewed for this research said that mixed gender services could be frightening:

> *It was mixed … I didn't feel safe … I left there and that's when I went homeless. I thought anything's better than staying in there … I don't believe in mixed, I think that's not good for someone. [Woman 7]*

> *I couldn't have gone anywhere where there were men. I've had – I've been raped a couple of times, three – four times in my life. A couple of them were quite nasty ones so, yes, I would have found that very hard. You come out of hospital, you're vulnerable, they're getting your meds right. [Woman 9]*

Similarly, service providers and women who had experienced homelessness said single sex environments where people from very different situations and with differing behaviours were housed together could be frightening:

> *Sometimes I feel [unsafe]. She [another woman in shared unsupervised accommodation] meets people in the street and she brings them, men, women, anybody. She lives right next to me and to go out she has to walk past my window and she's a trouble maker, and because I'm right next to her you see her yelling and slamming doors and bringing people and using drugs. [Woman 2]*

Interviewees said that housing different client groups together in the same building could lead to situations that were traumatic, and shared environments with others who are unwell or with challenging behaviours could be very traumatising. What one service provider referred to as 'overlapping trauma' could make generalist homelessness services traumatising. Services said that although they knew that housing very diverse groups together was problematic, they were under pressure to do so because of a lack of more appropriate options:

> *Any time you go into a shared facility and you've got traumatised people, unless you've got really good staff managing that, and a lot of places don't, then you're going to have conflicts and there's going to be fear and that feeling of being unsafe. [Service provider 5]*

> *Sometimes phone referral lines beg services to take referrals that are unsuitable for example a service targeted to people with long-term histories of homelessness and complex needs being pressed to take women not in this situation but escaping domestic violence. [Service provider 1]*

Some women interviewed said their experiences in services with diverse people had involved:

> *… a lot of drama but that's what you get when you bunch of about 50 odd people in a small environment. You're going to have drama. Yeah and plus some of them were on drugs, some of them had mental health issues, some of them just came out of rehab or trying to give up a habit. [Woman 10]*

A service provider said that one person 'running amok' has resulted in others leaving the service, with one woman reportedly texting *I'd rather be on the street than here [Service provider 3]*, and another service provider explained that in some crisis services multiple violent or frightening events could occur at the same time:

> *Unfortunately in crisis services, particularly ones with shared rooms, there's no denying there's some negative experiences for women who've accessed these services. Unfortunately it does depend on the mix of clients you have here on any given night, and unfortunately a woman could walk into a service such as this, and by chance come on a night when there's three or four things happening: there's a paddy wagon out the front, there's an ambulance at the side gate, there's somebody chucking a knife and fork around, there's an argument happening over here. So I think it makes sense that there are women accessing homeless services that would choose not to access here. [Service provider 2]*

Some interviewees said that women who were first time homeless might be particularly impacted by traumatic events in services. One woman who was using services for the first time was shocked by the evidence of drug taking she saw:

> *… the first morning I will always remember that, I saw a needle and the only needles I've ever seen are needles in the hospital and I had no idea and I was just a bit grossed out from it because I'm like, that is so disgusting. Like you can get Hep C, HIV and all this from just getting pricked by it and that's just so unsafe. [Woman 10]*

Theft and lack of privacy are other factors that may make women feel unsafe and distrustful:

> *I had to share a room with four other women and I had no privacy and it was a challenge ... [Woman 10]*

> *I think [a different sort of refuge] would have been better but it taught me a lot of valuable lessons like never trust anyone you know, always keep your eye on your things. Like they may pretend to be your friends but I had a lot of things stolen there and just like always be aware that people who are on drugs, they're not themselves. You can't blame them for how they act and that's my input. [Woman 10]*

In addition, past service practices that involve summary punishment may have long lasting traumatic effects on women who have used those services in the past, on their children and on others who hear these accounts:

> *I've come across women who've been in and out of refuges since they were children and can remember the types of things that would go on, and the kind of staff … used to treat people really, really badly. I think those experiences when people weren't afforded any dignity … and I think some poor practices, untrained staff … And women kicked out on the street from refuges, like literally your bags packed, call the cops, you're out. And not being able to talk about this isn't working, what shall we do. [Service provider 3]*

Others similarly emphasised the devastating effect of prolonged exposure to trauma. The impact of past trauma affects women who have been in institutions including state care for young people, prison or psychiatric institutions, as well as those who have had bad experiences in homelessness services:

> *I think those experiences in the past, or thinking that if you come into a refuge and you are being observed, I'm going to end up in hospital, so I'm not coming into any kind of service, because you might have warrants, you think you're going to go back to jail, if you think something like that is going to happen, it feels institutional-like, if you've grown up in homes or refuges or things like that. [Service provider 3]*

An interviewee who had been homeless described her traumatic reaction to being searched entering a service, illustrating how punitive practices that undermine autonomy can connect to earlier trauma, and lead to women not using services:

> *They were searching me when I went [into the service]. I walked in the doors and I felt like I was going back into Minda or Reiby for being uncontrollable when I was a kid. Straight out the doors again, running. [Was the atmosphere there different to here?] Very much so. [Woman 6]*

Some interviewees stressed that their practice was to not refer women to boarding and rooming houses as the unsupervised mixed gender arrangement was unsafe for women. Some localities where high needs people were concentrated together were also frightening:

> *A lot of our transitional properties are in [suburb], when you mention that area people freak out and say I can't go there. Everybody's going to be on drugs, there's a lot of assumptions. [Service provider 4]*

Service providers said that the experience of taking children to some homelessness services could be frightening, with one saying that some women with children don't want to go to homelessness services because *they believe that could harm them in some way [Service provider 7]*. There are also practical issues related to having children in homelessness services. Interviewees said that this was now compounded by the lack of children's support workers in NSW services.

> *There's been no specific child support workers since the reforms[3], unless the service itself is putting the budget towards that. There's very few trained child support workers that know how to work with children and understand children's development, whereas prior to the reform I had two child support workers. If you've got to go to work, or you've got older children, all of these things are complexities around staying in a refuge. You can't leave the 8-year-old with the 14-year-old to get off to school, on their own. You might do that in a rental property but you can't do that in a refuge. If you've got to start work or leave home at 6 o'clock in the morning … what time do you open your door? [Service provider 7]*

[3] Going Home Staying Home reforms that occurred in 2012-14 (NSW Government 2018)

c. Didn't receive the help they needed

Women can experience lack of help at any stage of contact with homelessness services: at first contact and referral, while attempting to access services, while using services and while seeking permanent housing. Where women have contacted services but not received the help they need, their view, described by a service provider may become: *I'm still homeless, no one can help me, why bother, I'm going to give up [Service provider 4].* This provider also noted that, *if women have a first experience of a homelessness provider and it's a bad experience, they assume everyone's like that.* Failure to assist in a timely way is likely to exacerbate problems and prolong homelessness (Johnson, Gronda and Coutts 2008; Busch-Geertsema, O'Sullivan, Edgar, & Pleace 2010). Interviewees also noted this: *Every time someone's homeless, its further traumatising for them [Service provider 1].*

Inappropriate referrals

An interviewee said that even where women did seek help there were issues, in particular in recent years, about coordination in the homelessness services sector that affected referrals for women who were homeless.

> *There have been quite a few changes in the way things operate … there doesn't seem to be the same system in place, and a lot of people are falling through the gaps where that wasn't happening as much previously. I think its lack of communication between services, or not even communication, lack of coordination … lack of the initial referral pathway as well … These days … we do get a lot of referrals for completely inappropriate clients, or clients that might not be in our area … The systemic issue is people getting the right referral pathways. [Service provider 5]*

It was suggested that the changes in referral processes and high staff turnover in this area had made it more difficult to get good outcomes, and that it was *important to have clear pathways between services, people need to know what everybody does, a realistic understanding of what a service can do ... [and] a really strong central referral service [Service provider 5]*.

Barriers for specific needs

There is a history of barriers in service provision for specific groups of women experiencing homelessness (NSW Ombudsman 2004). Service providers said many barriers remained and in some cases were exacerbated by current opposing pressures on services: the needs of people experiencing homelessness to access insufficient places in services on the one hand, and the lack of housing to enable people to leave those services on the other hand. Interviewees said there was a lack of housing pathways for women with more complex needs, and that the reduction in housing options and the strong competition for available housing and services, meant that the move to outcome measurement was having unintended negative effects on service provision for this cohort, such as those who had experienced long-term and recurrent homelessness. These factors together provided an incentive to give lower priority to assisting those whose level of need would require a greater investment of resources to achieve outcomes:

> *With the push for tangible outcomes and KPIs that is changing an industry, let's just be honest, people don't want to work with complex needs women that's difficult or tangible or going to have to be measurable. It's expensive so it's not attractive to work with complex women, let's face it. There's going to be a lot of barriers. [Service provider 1]*

More recent changes have increased the pressures on providing specialist responses to women. Homelessness services in NSW are a mix of services that specialise in assisting one target group and services that target multiple groups (NSW FACS 2014). In recent years changes to homelessness services in NSW have meant that some services that previously assisted only one cohort of homeless people were changed to assist multiple groups (valentine et al. 2017). In particular this change meant greater 'mainstreaming' of services for women, so that women and their children who are escaping domestic violence, and women experiencing homelessness for other reasons are now more often accommodated together, and that services that previously specialised in assisting women escaping violence and services without a background in domestic violence both now support this broader cohort. The result of this is the effective closure of many stand-alone domestic violence refuges (Andrew 2018). This change was accompanied by changed access arrangements where people contacting a service receive initial services including information, advice and referral from that service, and services collaborate to rapidly facilitate access to crisis or other accommodation (NSW FACS 2014).

Interviewees said there was a particular lack of specialist services for women who have experienced domestic violence with one from a women's homelessness service saying that: *out of our clients that come through our transitional properties, up to 70% of our clients have experienced domestic violence at some point in their lives [Service provider 4]*. Research shows that domestic violence refuges and other small women-focussed services often emphasise empowerment and building confidence, and that this is particularly valued by women using these services (Mayock et al. 2015a, p. 30).

The research showed a complex relationship between the need for women to get specialist help and avoid traumatic experiences where very diverse cohorts are accommodated together; and the imperative to find accommodation for women needing somewhere to go. In principle this potential tension can be resolved by services working together to find the right assistance. However the general shortage of places in homelessness services and the particular lack of specialist services means that in practice there is inadequate system capacity to enable this to occur. Information from service providers shows this tension and the work that individual services do to meet all needs in the current context where a woman is referred to a service and there is nowhere else for a woman to go if they don't take her:

> *We try to get the referrer to understand where they're sending that woman. We also try and get the woman to understand where she's coming. Sometimes we can address the need very quickly but often we find there's so many underlying issues there it's not a quick referral. We have the domestic violence line begging us to take women when there's no space. We say please – we push back and say it's really not a good referral, this is not a good option, and we*

say the same for young people. We have people begging us and we say as a last resort yes. [Service provider 1]

… there are great services that take people that no one else will take, that's really valuable, but I think when women pit stop in those services briefly, they are exposed to trauma, violence, assault, people are on ice – there's all sorts of things that are really scary, and it's that fear ... [Service provider 6]

… services who work with the hardest client group, they'll take anybody into their service … That can be a good thing and also a negative thing. I've had clients saying who've been there before I feel unsafe here because I feel a bit threatened for my safety. But there's a need for that … [Service provider 5]

The paramount would be not excluding any woman from the service but it's necessary for there to be specialist services out there so I think what's important in that scenario is there's a relationship between services that results in a woman being able to find the appropriate service for her. [Service provider 2]

Examples of these systemic barriers included some services being 'hesitant to take women seen as complex'. One provider said that the overall demand for services made it easier for them to refuse an individual woman whose needs are more complex:

A lot of services, managers and case managers struggle with those ethical decisions. Sometimes a violent incident can be a very black and white reason for [a decision to exclude a woman from a service], but then the consequences can be difficult. People are still struggling with that and these are services that are trying to include women. [Service provider 1]

Services said there are multiple barriers for women with addiction problems, and a lack of services and pathways for these women. There is a lack of sobering up short term accommodation services for women to go into where there's an access point for them to seek help; a lack of rehabilitation for women, resulting in waiting lists which are an obstacle to good outcomes; and a lack of addiction services that will accept women who are coming straight from prison. Women with both drug and alcohol problems and mental illness may be excluded from services: *they can't attend the drug and alcohol service because of their mental illness or can't attend the medical service because they've got an active addiction [Service provider 8]*. There is a lack of services specifically for this group. Interviewees also identified a lack of services for women who have any kind of any history of violence even if minor or in self-defence: *for a lot of our women that's belting the guy that's been belting them up for years, but they won't be able to get into a refuge [Service provider 8]*. There is also a lack of services for *vulnerable women in active addiction that services can't accommodate because they're on ice or intoxicated because it's not suitable for women's refuges where there's children [Service provider 4].* An interviewee who had a mental illness and drug addiction said:

I felt like I didn't qualify for a lot of things. If I had mental illness and because I've been to rehab, it almost felt like sometimes it was them saying, "Actually you need to go and deal with that first or you need to deal with the mental illness first before we can look at your

thing." That hasn't been said in my face but that's what it felt like when I was trying to find housing. [Woman 8]

Service provider interviewees noted a number of other groups with diverse needs who are more likely to miss out in the assessment and referral processes, and who may not access services due to capacity constraints and other issues. Older women may not get into a homelessness service and may feel uncomfortable cohabiting with a diverse homeless population. Transgendered women are not accepted by some services and the services they receive may not be responsive to their situations and needs. Women without permanent residency escaping domestic violence are not entitled to key services such as Centrelink, Medicare and housing assistance. These women include those who are on a temporary bridging, spousal, student or tourist visa, have arrived from New Zealand after 2001 or have fled domestic violence in Papua New Guinea and fled to Thursday Island (Kristal 2001). These women have high and specialist support needs; many have young children; and there are significant child protection issues (O'Brien 2018). They are without income and may not receive assistance as services in most states including NSW are not funded to assist them and as a result may not assist them or may ration how many women they can accept. There is no pathway to resolve their situation. There is a long history of women with disabilities including mental illness being excluded from homelessness services and of services failing to offer appropriate help for example in getting to and using services, having inaccessible physical environments and services not being structured to meet the needs of women with disabilities, in areas such as policies, procedures and programs (Women with Disabilities Australia 2008). In addition, workers in services may lack awareness of the situations and precipitating factors affecting women with disabilities, may be influenced by stereotypes or may lack awareness of issues of accessibility (Women with Disabilities Australia 2008). Interviewees noted that these experiences of exclusion were retraumatising, prolonged women's homelessness and were not cost effective.

Risk assessments can be used to exclude people rather than to understand the best way to assist. Interviewees reported that services still exclude people who have mental health or drug and alcohol problems, despite the NSW Ombudsman having reported on concerns about such exclusions from homelessness services some years ago (NSW Ombudsman 2004). Services may exclude people based on worker safety, but some interviewees said that by modifying their approach, homelessness services could respond to the needs of women with complex needs, although aspects of this this will require additional resourcing. These issues are further discussed in Chapter 5:

I don't think the industry's really caught up with how to be flexible and keep someone safe and there be dignity and trauma-informed care in terms of responding to those women's needs. In terms of the really end cohort, there's going to have to be some risk mitigation in terms of a service's response to that woman. It doesn't mean it can't be flexible … If services don't change that ideology from that first point of call, there's going to be a lot of women having that barrier. [Service provider 1]

Inappropriate rules may also serve to exclude vulnerable people. One interviewee who had experienced homelessness described the effect of a rule about Centrelink:

[When I arrived at the service] they just said oh are you on Centrelink and at that time there'd been a gap with Centrelink and I said "no I have to go back to Centrelink to…", and they said oh you can only stay one night, because I wasn't on Centrelink, because that's how they get paid [Woman 7].

The issue of service exclusion or hesitancy in working with women whose needs are more complex is not new, with previous research highlighting this problem (NSW Ombudsman 2004; Robinson & Searby 2006). A shortage of crisis and other accommodation, and of funding for support staff impacts most on the most vulnerable because services respond by prioritising those with lower need where providers are most likely to achieve good outcomes (Robinson & Searby 2006). Robinson and Searby note the irony that women are likely to become visible to services at the time their situation has deteriorated and it is at this point that they are more likely to be excluded from services. Despite some attention to this issue in the sector, and evidence of strong efforts by some services in assisting those with complex needs, there is evidence that the most vulnerable remain less likely to receive help.

No housing outcome

The shortage of housing that would be affordable for people experiencing homelessness frames interviewees' comments about the operation of homelessness services: *The obvious frustrations with the lack of affordable housing and everything being too expensive. We're trying to move clients on, everyone is experiencing that [Service provider 5]*. This lack of both housing and crisis accommodation means that there is a 'tightening up', with more competition for every housing opportunity. For example applicants for social housing now *have to prove why they can't stay with family members [Service provider 6]*. This can put pressure on women to accept the types of unsafe, overcrowded or inappropriate situations described by interviewees. It also means that each homeless person is in greater competition with others, and also that a greater level of advocacy is needed for someone to access housing assistance:

I think there's big gaps in the system. The sector's competing for one property, and there's 5 people competing for it. So it's really who has the best evidence and who can advocate at a higher level … they're all competing with each other for the biggest need so that's older women, younger women, women with disability – all of that context. [Service provider 1]

Women need increasingly sophisticated advocacy to help them provide evidence that their personal characteristics and situation fit eligibility criteria. Service providers reported that there is greater reliance on the networks and skills of staff that enable them to present the homeless person's case: *You're only as good as your case manager advocating, navigating the system, getting the evidence [Service provider 1].* In this situation, competition for resources results in decisions about which women receive help that are based on the workings of the service system rather than being based only on need: *the woman needs to be stable enough to maintain a tenancy but complex enough to be prioritised – that navigation takes an expert and some miss out [Service provider 1].*

The 'bottleneck' in homelessness services described in Chapter 3 contributes to an overall lack of capacity in services, resulting in people being turned away or placed in motels for 28 days under the

Temporary Accommodation (TA) program. Placement in TA (often a hotel, although recent changes mean some women are accommodated in a unit managed by a homelessness service provider) is frequently the first response to a woman's request for help with homelessness including after fleeing domestic violence, and may be a very problematic and inadequate response:

> *Even before they come in to crisis [accommodation], because as soon as they get through to Link2home, they're put in a hotel, and some of the hotels are pretty bad. There's drug use and especially domestic violence women and families, they're stuck in the hotel watching it, they've got to keep the kids inside all the time, because of drug and alcohol in front of them. The people who work in the hotel know they're homeless so they look down on them because housing's paying for them. [Service provider 6]*

> *If you're in a hotel with no cooking facilities and no money for food, what do you do with your children? [Service provider 7]*

> *It was terrible, it was full of cockroaches and the kitchen was disgustingly dirty; everything was dirty … I asked for a glass or a cup to get some water and it was a big issue to get a cup … There was a room down the corridor from where I was with a lot of men in one room and they had the door open, and they were playing music and drinking. I don't know I just didn't feel safe. [Woman 2]*

Services said that the lack of options also means that if a woman receives TA she is likely to return to the streets when this finishes despite a government policy to ensure people leaving government services do not exit into homelessness [NSW Government, 2018). One woman interviewed had been homeless and couch surfing for a long period and eventually contacted Housing. She was placed in a hotel:

> *So in some ways I didn't find that really helpful because it's really hard to find a place in 28 days and you know, when 28 days is up, it's like where do I go from here? [Woman 10]*

The difficulty in accessing housing also means that women may remain homeless even after using homelessness services. Interviewees raised a number of issues, described below, that created obstacles for women to access housing, that prolonged their homelessness. Most services took various steps to improve outcomes for women but these issues require addressing at government level. Concerningly, some women interviewed for this research reported that services they had used had been slow to assist them to apply for social housing. Other research in Sydney has also found that some service providers failed to help women apply for social housing, in some cases after promising to do so (Schetzer, 2017).

Women exiting crisis accommodation may be accommodated on an interim basis in Transitional Housing properties while they try to find ongoing housing. While government policy requires that there are no exits into homelessness, transitional housing guidelines for Community Housing providers state that this is available for up to 18 months only (FACS 2018a), despite this being shorter than waiting times for social housing. Service providers said that the instability of the finite 18-month period could be traumatic for vulnerable women: *it's the fear of homelessness - what*

happens to me then [Service provider 9]. One service provider said they regularly had to appeal to Community Housing Providers to extend this time because women did not yet have somewhere to move to. Other service providers said Community Housing Providers they worked with were not able to make such extensions.

Women with disabilities such as mental illness and cognitive impairment are eligible for priority housing, and the wait was reported by services to usually be around two to two and a half years. However service providers described situations where women had a disability and received no assistance:

> *We saw a 48-year old woman, absolutely homeless, she got two nights TA. I had to advocate through housing. She has a disability, but they classed it wasn't a disability, she only comes under the TA project. I had to keep asking and asking where is she going to go – she's going on the streets, she can't function on the streets. They said she'll get nothing, she's autistic. She had a house, her family took it over and kicked her out, elder abuse, then she couldn't apply for housing because it was classed as an asset. [Service provider 6]*

Some women have fluctuating ill health and this can mean they are neither able to maintain private rental nor qualify for social housing:

> *The women we find most challenges working with are women who cycle in and out of recovery and being quite well, they return to the workforce on short term contracts, they're there for six weeks, they start to become unwell and get let go, and they keep not meeting the social housing income threshold so they're not eligible to be on the wait list, so they're taken off, they become homeless, we get them back - it's a challenge, that's probably about 10% of the women we work with. [Service provider 9]*

Women escaping domestic violence may be ineligible to apply for social housing despite being homeless. Where they are able, domestic violence services assist women to receive financial support for up to three years to rent privately through the Start Safely scheme if they meet criteria including being eligible for social housing and being able to demonstrate that they 'will be able to afford the private market rental after the subsidy period ends' (NSW FACS 2018b). Meeting housing criteria is not necessarily straightforward however:

> *Some of the women we see are homeless, some at risk of homelessness, some have had their house sold from under them, so they've got an asset, but it's not an asset because its mortgaged to the hilt. Quite tricky about going to Housing. Once it's sold and the bills are paid there'll be nothing, so what are we doing to pre-empt her not being on the street. [Service provider 7]*

Women were unable to access social housing if their only need was poverty. Indeed, a service provider interviewee said FACS Housing asked older women who had lived in a marriage all their lives to prove why they couldn't stay with family, or advised them to rent privately or go into a boarding house. However living with family was often inappropriate and sometimes unsafe, although this could be difficult to prove. These women could not afford conventional private rental

and as discussed above boarding houses do not provide appropriate housing for this cohort. Many women in this situation are likely to remain homeless:

> *The age group has changed for homelessness, they're older, over 55. There's a lot more women, they're homeless now because their children have grown up, they've left a domestic violence situation, they have experienced child sexual assault when they were younger, there's a lot are on Newstart, they're no longer in the marriage, it just fell apart, they're sleeping in cars, none of the children want to know because they're with father so I've seen quite a few in that age bracket now. It's hard for them even to acknowledge, I help them put in a housing application but they won't get priority. They've got to prove why they can't stay with family members etc so it's a lot harder for them. [Service provider 6]*

Where women seek private rental they may receive assistance through several programs. However the overall lack of affordable private rental means that women may not be able to find a property that is affordable even with assistance. This may be the case even for women who are employed, if they are in low wage positions. This is particularly the case for younger women.

d. Lack of knowledge of services

Some service providers interviewed for this research did not emphasise lack of knowledge of services as an issue for women experiencing longer term or repeated homelessness, although others said that women escaping domestic violence, women from a CALD background, young women and women who were first time homeless were most likely to lack knowledge of services.

> *We find the number one reason people haven't accessed services is lack of information or even understanding what's out there, especially culturally diverse clients. [Service provider 4]*

Some interviewees who had experienced homelessness also highlighted this issue. Their lack of knowledge on first becoming homeless meant that they relied on friends, relatives or acquaintances or slept rough, and these responses continued, in some cases for many years. This suggests that for some women, longer term homelessness might be avoided if they had been aware of available assistance initially. Other research has also recorded that some women had no information about where to seek assistance when they became homeless and that even for women who had previously used services, changes in services in NSW meant that the information they had was no longer current (Schetzer 2017). One interviewee noted the existence of online resources such as Ask Izzy and HSnet, but said that homelessness services are so overwhelmed with demand that there is little time and resources to invest in the marketing side of the homelessness sector. Inquiries have also found that a lack of knowledge by women without permanent residency about the Family Violence Provisions under the Commonwealth *Migration Regulations 1994,* and fear of deportation are obstacles for them seeking help and leaving violent partners (O'Brien 2018). While many women escaping violence who do not have permanent residency are not eligible for any assistance due to their visa status (see Chapters 3 and 4), there can be a pathway to permanent residency for those in Australia on a partner visa, but few are approved (Kristal 2018; O'Brien 2018).

Some women completely lacked knowledge of services, and others lacked knowledge of the most appropriate services to contact to give help or referral. Some women had contact with generalist services such as the police or hospitals and were not referred to homelessness services. For example police had arranged for one woman interviewee who was sleeping in her car to be sent to hospital, but the hospital discharged her without providing other assistance and she had to walk a long distance back to the car. Some women tried to phone services or find them on the internet without success. However keeping the phone charged and with credit is challenging when sleeping rough:

> *I was looking up stuff online. When I had phone credit I was looking for things online and I found like the food vans and stuff, so I was able to go and get food sometimes from the food vans. But in terms of locating women's refuges and things like that, they didn't really come up. I found them very difficult to find. [Woman 1]*

> *I went to [homelessness service provider]. They were very helpful, the only problem was that my phone was flat and I couldn't use it because I had no way of recharging it, I was just out on the streets. I said that I wanted to get off the streets. They were very helpful I can't fault them at all. They already made appointments as well, but my phone was flat and she said well you could charge it while you were here, but I would have only been there for ten minutes and it's not enough to. So that spoilt it [Woman 3].*

A provider also confirmed these experiences, pointing out that homelessness services have not necessarily made it easy to contact them:

> *… in an age of technology, homelessness services haven't kept up with the changing needs of people. Everyone's got a phone, anyone who's homeless has a phone, but how difficult it is to navigate and understand what a service is and find services, it's very very difficult. If you have a disability or a mental health problem, how are you supposed to navigate or understand that there are some services. So that's really shit. [Service provider 1]*

Lack of knowledge of services could also lead to fear about what might happen to women if they did approach services:

> *Link2home, I was distrustful of it … I was just concerned that Link2home, I would end up in an institution … [Woman 1]*

The stigma of homelessness discussed in the previous section, and the embarrassment involved in seeking help created an obstacle to seeking information:

> *I was really stressed, very depressed and had anxiety, stress about everything. I was kind of embarrassed to tell someone I was homeless. So it was a long process of not dealing with the issue that I need to get my own place. It was pretty much just like staying at friends, trying to figure out where I was staying the next night and the next night for like seven years which was a long time. [Woman 10]*

While it is important for women to be able to easily gain information about services, these two examples of comments from women who were homeless show the nuance in women seeking and

acting on information. Both women lacked information. In the first example the woman had the number of Link2home but lacked information about how services were likely to respond to her, and as a result she was distrusting and fearful that she might end up in an institution. In the second example the woman lacked information about services generally but was hesitant to seek information because she was embarrassed about being homeless. These examples show some of the barriers to women contacting and using homelessness services.

Service providers noted the importance of having contact with appropriate services in showing your eligibility and accessing assistance*: If you don't have the evidence and access the right advocate then you've got no options … [Service provider 1].* Not knowing about services meant that women remained couch surfing and vulnerable to having nowhere to go at any time:

> *Well when I was 16, I had no idea there was refuges. So I just used to stay at my friends' houses and just couch surf for a while until I found a place that I could stay but then that didn't work out and then I just decided to live with my boyfriend for a while until that blown over and just couch surfing again until 2000 and – I was like, I had a place like I was always renting with someone. So if we had a blue I was up shit creek because they were on the lease, I wasn't. [Woman 10]*

5. What are the strategies to make services better meet women's needs?

While the lack of affordable housing and capacity in homelessness services and the low levels of welfare payments remain major factors in women's long-term homelessness, as with homelessness more generally, the evidence is that there is much that homelessness services, and the service system that supports them can do to better meet the needs of women and prevent or end long-term and recurrent homelessness. Responding to women's hidden and persistent homelessness is not just a matter of getting women into services and improving access to housing, because the evidence is that services and the service network will need to change and work differently with women experiencing long-term and recurrent homelessness in order to meet their needs. These changes include service philosophies that are more human-centred, gender-responsive, strengths-based, flexible, respectful and that support self-determination; services that are safe, trauma-informed and home-like; ensuring that women receive the help they need, in particular women with specific needs or viewed as 'complex'; more specialist or targeted services so that women receive help that is most specific to their needs and to reduce the likelihood of traumatic experiences; and better information about services, targeted to those women who are more likely to be unaware of what help is available.

There are federal legislative and policy implications regarding the income and other eligibility status of women who are escaping domestic violence and homelessness who have visa issues (O'Brien 2018). Some State governments have also implemented limited assistance to women in this situation (Kristal 2018; O'Brien 2018), but the state government in NSW where this research was conducted has not yet done so. There is an urgent need for more action on this issue.

a. A strong service philosophy in homelessness services that is human-centred, gender-responsive, flexible, respectful, strengths-based and that supports self-determination.

Service provider interviewees said that in order to work successfully with women experiencing long-term and recurrent homelessness, the most important strategy was to have *a strong service philosophy to attract and guide staff [Service provider 1],* committing the service to respond in a way that suits the person – that adapts to the woman, instead of her adapting to the service. Services needed to work in a way that is *trauma informed, flexible, adaptable [Service provider 1]*; to be *very flexible and non-judgemental and understanding of their situation and don't purport to know what's best for a woman [Service provider 2];* and to *use human centred design where the service moves with the person's changing needs [Service provider 1]*. Where services don't work in this way, *women find it difficult to stay within a service or if they leave they can't come back, so there's still that punitive approach in the system [Service provider 1].* Similarly, women highlighted the value of services that were non-judgemental:

> *I wasn't judged ... it was terrific … I consider myself very lucky to have ended up at [service]. It's the way that you're being treated, the way that you're being supported, the way that*

you're looked upon as someone who is experiencing difficulties, but they're only temporary. Having the ability to see through it, and accommodate my needs. [Woman 4]

Interviewees noted that this is not a new way of working, has long been promoted by government and is consistent with a feminist approach:

It's really that model, FACS's language around client-centred, strengths-based, supporting the client as needs shift, it's not a new way of working, it's always in all the resources you have in feminist-based services, that work from feminist principles [Service provider 3].

The section on client-centred responses in the Specialist Homelessness Services Practice Guidelines module on service delivery sets this out:

A client-centred approach to service design means that each service response is built around the needs of the individual client rather than a programmatic or predetermined service offer (NSW Family and Community Services 2014).

Interviewees noted that some in the field believed that this approach *doesn't work for this cohort [women experiencing long term or recurrent homelessness],* but stressed that *if you want to be successful and not traumatise the woman, it's got to work [Service provider 1].* Services said that lack of resources could make this approach difficult. However the vital message arising from this and other research is the importance of self-determination and that services need to ensure that the nature of the support offered fits with the woman's sense of what she needs (Mayock et al. 2015a).

Service provider interviewees gave some examples of this flexible, non-judgemental approach with women experiencing long-term or recurrent homelessness, and with complex needs, once they are at a homelessness service. Some women may need 24-hour support.

At the outset, services' philosophies and approaches needed to be based on an understanding of why women may find it difficult to engage with services. In some situations this may mean smoothing the process for women being referred to another organisation:

Services have to nurture the way with like-minded organisations that make the pathway softer for those women. That's about networking and being professional. You might have to find ways to – not cut red tape exactly, but make it softer. That goes across the gamut of mental health, legal, everywhere … [Service provider 1]

Services could use a range of approaches to contact women, such as outreach and technology. Warm referrals, where the service invites the woman to come over and see the service, and tells her about the expectations and responsibilities were most helpful. However risk assessments needed to focus on how the service can help and not on identifying women to be excluded:

We ask particular questions that we make sure these are all things we can assist you with, and we just want to know the best way we can assist you and support you and they might be questions about having legal issues and warrants and court things coming up or debts and all

sorts of stuff. If you are actively using something we can still work with you and offer you something, we just need to know what we're working with. [Service provider 3]

While there may be women a service cannot support, services could remain in contact with the woman to assist her to gain support. Having staff with a good overview perspective and understanding of the homelessness service sector and good training supported this approach.

I think the service, as it has shifted towards that trauma informed philosophy, has really, really improved on that, and we all work together quite well and often you keep working with the person and particularly with more training and upskilling around personality disorders, services are getting much better at managing those challenging behaviours and adapting agreements around that stuff. [Service provider 1]

Services noted that *It's difficult though and sometimes we struggle to make those decisions, to be honest [Service provider 1].* The lack of overall capacity in the homelessness service system forms a context where there are not always good solutions. However relationships with other services also assist this way of working, particularly services that have compatible approaches and which can form part of a woman's pathway out of homelessness:

What we've had to do, we've had to broker individual relationships through our reputation of sticking with women. Other services recognise that, they understand that we want a quality of life for complex women, so they understand we're transparent and we work with them ... We're gaining our reputation by being professional but also seeing the complexities and being adaptive. That's why we can cross sectors, we can work with health, we can work with other services and they know that and they can trust us. So trust in the industry is important. We will get like-minded services and we will nut them out as best we can for the good of that woman. [Service provider 1]

On the other hand homelessness services sometimes had to negotiate strongly with a range of other services to ensure inclusion:

The client no matter what the presenting stuff is, all deserve a really professional standard of service. And that's where you have to be tough with area health people who close the books on clients, won't let them in – or there's bars on them coming into the hospital because they've done something there before. Or we won't see them unless you're in the room and all this really restrictive stuff. [Service provider 3]

Service provider interviewees also stressed that it was important not to have women, including those with complex needs, exit the service to homelessness, and to provide support to enable them to retain housing. Offering this support does not necessarily mean deferring the woman moving to permanent housing - as support may be offered together with housing under a Housing First approach - but in some cases does mean the woman stays in the homelessness service longer if this is what she wishes. One service noted that it might seem to some people to be a problem if a service didn't 'close off' the support relationship with a woman who had been using the service. However this provider said that continuing to be available to support a woman could be key to a successful outcome:

We hang on to people for a long time, we won't set people up to fail. You just have to work with people longer and be really tough about advocating for them to get a housing tenancy. [Service provider 3]

A formerly homeless interviewee who had received support from a different service also spoke about how important it had been to her that the service hadn't withdrawn its support too quickly. This woman credited her now stable situation with the fact that support had been available while she needed it, combined with the respectful approach, the small home-like atmosphere of the service and the quality of support offered:

I know it sounds clichéd but I literally don't know where I would be without them and that was because of how they treated me and I didn't feel pushed to get out ... I'm sure in the background they were like, "It's going to happen soon. We've got these many in the queue." Yet, I never felt that. I never felt like I was in a factory and they were trying to churn numbers out and I know that that's what funding is all about. Numbers and quality also. [Woman 4]

Increasing the number and range of specialist services would be a key approach to increasing the capacity of the service system to support diverse women with complex needs. The issue of service specialisation and service access are discussed in section (c) of this Chapter below.

Services need to take an active role in countering the shame and stigma experienced by women who are homeless, affording women dignity and respect. This role involves both countering general societal attitudes as well as attitudes and practices within services. Services can show that they do not divide women into those who are deserving and those who are not by validating women's experiences without judging them, taking a flexible approach and not making help conditional. Service provider interviewees said that providing decent food and a pleasant home-like environment signal the service's respect. Research has also found that women in particular emphasise the importance of settings that feel like home (Mayock et al. 2015a). Women interviewees also made this point, for example an interviewee who had been hospitalised, who valued a home-like, supportive and non-judgemental environment. Offering this type of environment is also part of ensuring safety and this aspect is discussed in the section (b) of this Chapter:

Essentially, I needed a warm bed and a secure place to stay. Also, something to eat ... I found that I went into a place where I felt safe, where I felt welcome. Where there was a hot meal in the evening, a home-cooked meal. There were faces looking at me without judgement. Smiling and trying to help me navigate my transition from hospital. What was helpful is that I was given a lot of support. [Woman 4]

This approach involves recognising the woman's own strengths and expertise rather than telling her what to do, and supporting her to do things, such as attending appointments, rather than leaving her to do it unsupported, or rescuing her by doing it for her.

You support the client to do that, not do it for them, or 'You've got to do this' or 'You didn't go to that appointment'. When you know someone has no capacity to do something, then you do it with them, not just let them go ... I've been in district meetings where I've been horrified when I hear some services talk about what they do with clients when they miss appointments, because you might have to work out a way that the client doesn't miss an appointment. Do some work! Not wait till the client doesn't go to three appointments and then say – you're not engaging! Just that rescue mode. I can't understand it. You poor thing. Yes, there are things you do have some empathy with but every person has some capacity to do something. And I think drug and alcohol clients get it the worst. [Service provider 3]

This approach impacts on how services support a transition back into mainstream organisations and services rather than expecting women immediately be able to meet mainstream requirements or deal with unknown and potentially judgemental people. This may mean offering different services:

Our clients don't want to sit in a room with 20 strangers and talk about how shit your life is. They like to come here with about 8 people, people they've known, we have a lunch twice a month, but people like to hang on the periphery, there's no way they sit at the table in a group, or sit in a circle, but gradually being able to do things, and then do other things in the community. We have had people access mainstream groups and had horrible experiences, you know, there was 20 people there, I couldn't deal with it and you've got someone grandstanding the whole time and it just felt really unsafe. There has to be some room in the service system where you can do something else. It mightn't even cost money. [Service provider 3]

Interviewees said services should focus on autonomy for people rather than only on rules. There is a need for service approaches – such as Housing First – that enable women to be housed and supported and retain autonomy and independence regardless of drug and alcohol use, mental illness or other issues:

A little bit of independence can make all the difference. We've got women who like to have a drink – won't go to a refuge because you can't have a drink. There are certain parts about your own autonomy and how if you go into a place that's organised by particular groups – and for safety reasons that's why they have these conditions of stay, you have to agree to be a different person. [Service provider 3]

Services also said being respectful involves allowing women to change, but that this change must be self-driven:

… allowing people to reinvent themselves in a different space, and not just be this is who you are – we see this happen all the time with people we worked with and come back to things we have at the refuge, lunches or ... You see that person where they have started and where they are now, and they can be something else, and just whoever you want to be. I think that comes from respect and dignity and valuing people, and validating peoples experiences not judging them. I think those things together initially when you meet someone and how you approach that person. [Service provider 3]

b. Services are safe, trauma informed and home-like

Research identifies safety as one of the most important needs for women (Mayock et al. 2015). A trauma-informed approach emphasises physical, psychological and emotional safety, trustworthiness, empowerment, choice and collaboration (SAMHSA 2018; Kezelman & Stavropoulos 2012). A trauma-informed approach is particularly important in assisting women experiencing long-term or recurrent homelessness, given that we know many will have a traumatic history, and also that they may be fearful or uncomfortable approaching services. Service providers also stressed the importance of a safe environment and a trauma-informed approach. Service providers who were interviewed reported that they had seen a lot of emphasis in the last two years on working in a trauma informed manner, and some were making or planning to make changes in their services to increase safety and minimise trauma, for example by creating a non-institutional atmosphere that doesn't trigger hypervigilance or by moving away from shared accommodation where diverse people are accommodated in close quarters.

Providers said *there are issues with any kind of share accommodation in a refuge [Service provider 8]*. Services noted the benefits of accommodation models where people do not have to share, in particular core and cluster models that have private rooms or units plus communal areas also accommodating staff. Many women who had experienced homelessness who were interviewed for this research described their fear being in share situations, particularly those with people with diverse needs, and those that were unsupervised and unsafe (discussed in Chapter 4). These issues are discussed in more detail in the section on specialist services later in this Chapter.

In contrast, women interviewees valued services that were home-like:

> *They [staff] were really very nice and very understanding and helpful and sweet. They walked me all the way to the block of the units, and they asked me if I needed anything. In the fridge there was food, in the freezer and in the cupboards, and it was clean. There was a caretaker there that takes care of the units. [Woman 2]*

Service providers also emphasised the value of a home-like atmosphere in assisting women to feel safe. These comments show the connection between safety and respect, and contrast with the approach reported in Chapter 4, of: *don't make the place look too nice, they'll never want to leave:*

> *We hear a lot at our refuge: it's so calm, it's so safe, I feel so comfortable, because we really manage that stuff …Something that helps with the fear issue is how the house presents. It sounds really simple. We put a lot of time and effort into keeping the house really clean, demonstrating that people are worth – it's worthiness, and somewhere safe, valued, this place is somewhere comfortable for you to be. We don't accept that anyone will be unsafe while they're here. And we act on that very quickly, whether that's unsafe to themselves or someone else. [Service provider 9]*

Services also discussed how to move away from responding in a punitive way to behaviours that might have previously resulted in women being forced out of services. One provider said that a professional approach was important: *If it's not professional then they don't feel safe [Service*

provider 4]. Another said approaches should be: *not punitive, offer more support, more intensive support, but not punitive which has happened so many times in the past, three strikes and you're out. Who does that to people who are traumatised? [Service provider 7].*

Another provider outlined details of a preventive approach to dealing with these behaviours:

> *If you're working from a prevention framework, you're not having to react, so you know before the woman comes in because you've done such a detailed assessment: this is where things have gone wrong in the past, talking about that straight up. We can see this is what happened, one of the things we need to avoid is that happening here. What do you need from us in order to make this work? Let's make a plan. How will you manage when you feel like this? Let's let your clinicians know that this can be behaviour that's difficult to manage in this setting and let's talk about how to manage that. So in working from an informed preventative way rather than a bam come from nowhere we weren't expecting it you've got to go. Generally that works. [Service provider 9]*

c. Women receive the help they need

In order to prevent women's long-term homelessness, women require both access to homelessness services and to long-term housing. These services need to be coordinated so that women can access assistance, are not arbitrarily moved between short-term or inappropriate placements, and can move to suitable long-term housing immediately or in a timely way that meets their needs, with support as needed. Services also need to be sensitive to how gender operates in the formation of women's homelessness and in their experiences of homelessness and to each woman's specific situation, needs and preferences. If women don't think services will provide what they need, or don't think they will be safe and treated with respect, many will avoid them if possible.

Interviewees spoke strongly of the need for permanent housing as the primary response to women's long-term and recurrent homelessness. Both interviewees experiencing homelessness and service providers said that access to stable affordable housing is vital to meeting the needs of women experiencing longer term and recurrent homelessness. Provision of permanent housing at an early stage of homelessness is an effective means of addressing homelessness in general (Atherton and McNaughton-Nicholls 2008). Indeed, for those women who do not require ongoing support, provision of housing may be the only intervention needed to end their homelessness. However a recent review of the Specialist Homelessness Services program in NSW (valentine et al. 2017) found that a lack of affordable housing had made rapid rehousing initiatives impossible to achieve. Rapid rehousing is targeted to those whose main need is housing and who need little support (FACS 2014) for example older women, who may experience long-term homelessness for financial reasons. A service provider interviewee also stated that the shortage of appropriate housing had impeded quick housing access:

> *The rapid rehousing strategy fell down because there were no houses so they came back into the crisis … Some people were assessed as you don't need to come into crisis and have intensive support, the idea was you could have houses for rapid rehousing, and then use that*

as a trampoline out. But they just didn't exist. The housing stock stopped the rapid rehousing from working very well [Service provider 4].

Housing First or other swift access to permanent housing with support available is recognised as the best response to homelessness, including for those with complex needs and whose homelessness has been long-term or recurrent (Mackie, Johnsen & Wood 2017, Busch-Geertsema 2013). The Housing First model provides homeless people with immediate access to permanent independent housing and comprehensive non-compulsory support, without prerequisites of sobriety or psychiatric treatment (Pleace 2012; Tsemberis, Gulcur, & Nakae 2004). However Housing First programs in Australia have also faltered due to a lack of access to housing (Bullen & Baldry 2018). Women interviewed generally preferred quick access to long term housing through Housing First or social housing:

It would have been all right [if I had had housing earlier], I would have been all right, I would have been settled down. [Woman 5]

Common Ground is brilliant … I would go there. There's no two ways about it. [Woman 6]

I think if you can get the permanent housing it stops all the upheaval, because when you have to move and move that can be quite - you know - lifting everything up, and if you can't cope or quite cope with that sort of thing. It'd be lovely if that would happen. [Woman 7]

However some service providers and women experiencing homelessness also thought that for some women therapeutic environments where other people were present were needed, at least on a transitional basis, and were aware of useful models. This was suggested as an option for women who needed a period of support before living alone including women exiting hospital and who initially would get very lonely in housing. These findings are consistent with research on Housing First for people with mental illness, which notes that some people feel isolated and lonely in scatter-site housing, even with support, and benefit from models which help develop social support networks and include measures to assist community integration (Sylvestre et al. 2007). However research also stresses that living in housing that is physically integrated and not physically different from other housing in the community increases social integration (Sylvestre et al. 2007). It is noted that the interviewees who said they had needed an environment with on-site support had not said that they wanted to have this type of housing in the long-term. Interviewees who had been in hospital said:

You don't interact with the outside world as much. You lose certain skills. In my case it was only temporary, but I felt like I really needed support. I needed guidance. I'm quite an independent person. I felt that I needed guidance for a partial period of time, and then I was back on my feet ... The sheer comfort of being out of the hospital, in a place where I was safe, in a place which was not overcrowded. Which was clean. Which had everything I needed in terms of furniture and essentials. Because I came out with no possessions, so I left everything. [Woman 4]

I am not sure how I would have gone [in Housing First] because I don't think it would have been good for me straight after hospital, to be by myself. I needed constant prompts, whether that was making sure I'd gone to all my appointments for the day or just sitting outside with other people. Because I'm a natural introvert and when I'm not well it's even more. I push myself to do the opposite and be around people whereas for some people that might be the best thing for their recovery, to be by themselves and they heal better. I think that for me that would have been all too consuming, having my own space because I was trying to get out of it at the time. [Laughs] [Woman 8].

These findings are consistent with research evidence that Housing First and other responses focussed on providing ordinary housing in the community and specialist women-only services are recognised as best practice:

> Women's use of homelessness services seems likely to be influenced by what those services are like. If a woman is offered a housing-led or Housing First service that provides her with her own ordinary housing in the community and mobile support, or she is offered other specialist women-only homelessness services, she is more likely to use those services. The prospect of her own home and necessary support, or help within a safe, appropriately staffed single-site homelessness service, is a very different prospect from facing an emergency shelter … (Bretherton et al. 2016, p. 83)

One service provider interviewee described how the service supported women using drugs and alcohol to get and keep housing:

… just because you do use drugs and alcohol doesn't mean you can't pay your rent and have somewhere to live. You can be actively using drugs and alcohol, and if you've got somebody you can check in with, or we can check in on someone, and we've got several clients who we've been seeing since 2015, that know they can come to see us to get food or something, and they're fine. I think it's just hanging on to people and finding the right type of housing. And we've said no to housing, it's just setting people up. It's not suitable for vulnerable women to be in some of the huge estates out in south west Sydney. It's having enough support to work through all the messy stuff, the physical stuff to get housing. [Service provider 3]

However, the same interviewee pointed to the noted that this type of housing for women with drug and alcohol problems was very rare:

There needs to be opportunity for women who are (still using) to continue doing that to be in their own flat and be supported while they're while they're in active addiction because at the moment, there's not. [Service provider 3]

On the other hand, another service provider expressed concern that assisting someone who was using drugs and alcohol to maintain housing involved 'enabling' that behaviour:

You could enable someone in a tenancy if you continue to pay their rent [through brokerage] yet the behaviours and choices they're making is the reason they can't pay their rent. You're going to pull away the brokerage at some point and then they're going to head into homelessness anyway. [Service provider 4]

This represents a key difference among homelessness service providers. As discussed above, Housing First proponents and researchers, together with many homelessness services are of the view that people with complex needs including drug and alcohol addiction and mental illness can exit homelessness and maintain permanent housing including paying rent, and evidence from Housing First and similar programs supports this. The view that women with continuing drug and alcohol problems are inevitably going to be unable to maintain housing and will return to homelessness arguably contributes to longer-term and hidden homelessness among women with complex needs.

Interviewees suggested a variety of approaches to increasing access to housing for the diverse cohort of women experiencing long-term homelessness, including through expanded social housing and programs assisting access to private rental housing. Homelessness services have advocated for these initiatives but cannot directly effect change. However they also suggest other strategies in areas where they can have an impact. For example one interviewee noted that there are private rental subsidies for domestic violence survivors but that it can be hard to navigate the private rental sector, suggesting having an advocate in the real estate industry, with a social conscience, to help women seeking private rental housing.

Specialist or targeted services

Women at risk of or experiencing long-term or recurrent homelessness are very diverse, and there is a need for diverse services and pathways. Research shows that the nature of homelessness services impacts on the extent to which women use them, and which women do so (Mayock and & Bretherton 2016). Both research and service provider responses support the value of specialised rather than multi-cohort services in meeting the needs of women experiencing homelessness, including long-term or recurrent homelessness, with the aim of ensuring that women are not excluded for assistance, either through formal service exclusions or through other factors that discourage women.

I'm not sure that would work for a lot of women to be finding themselves in services that weren't specific enough to their needs [Service provider 2]

Women may prefer and benefit from specialist, targeted services both because the assistance they receive is likely to be more specific to their needs and because there is less likelihood of traumatic experiences. Both service providers and women interviewed for this research described safety issues, traumatic experiences and other problems that occurred when women with diverse needs were accommodated together, especially in shared accommodation. These are documented in Chapter 4. Women who had experienced homelessness said that this was a reason they had left or not accessed services and service provider interviewees said that this practice could be damaging, counterproductive, and not consistent with trauma-informed practices:

> *Different cohorts, all should actually have a specialised response .... We've got a couple of shared rooms in the refuge as well, no doors lock, only your wardrobe locks. I think all that overlapping trauma, and people retelling their stories to each other, and traumatising each other in that environment is not the right service model. [Service provider 3]*

Specialist services are also valuable because these services are able to structure their service and focus their expertise to meet the specific needs of the cohort of women they are targeting in order to prevent or end longer term homelessness. There is a particular need for specialist services for women fleeing domestic violence (Mayock et al. 2016; Andrew 2018). International and Australian evidence is that the nature of homelessness services means that:

> … the type and level of support offered in generic homelessness services is generally not adequate for those women who have been made homeless due to domestic violence. Homelessness services usually cannot offer the kinds of specialist supports that are available and accessible in domestic violence services. Furthermore, there is little assurance of safety, security and privacy for women in general homelessness services, all of which are fundamental support needs for those escaping domestic violence since the perpetrator of the violence may be both able to track the victim down and also access the building in which she is living (Mayock, Bretherton and Baptista 2016 p. 142).

Aboriginal and Torres Strait Islander people, including women, are over-represented in the homeless population, as victims of domestic violence and as users of homelessness services (Australian Institute of Health and Welfare 2019; Young et al, 2018). Specialist services are good practice for Aboriginal and Torres Strait Islander women, including those experiencing domestic violence (Memmott et al, 2003; Young et al, 2018). Some good practice models exist, and there is a need for additional services in this area (Memmott et al, 2003; Memmot 2013; Young et al, 2018). Specialist services need to be culturally appropriate and Aboriginal and Torres Strait Islander controlled, and non-specialist services that assist women require culturally appropriate staff training (Memmott et al. 2003).

Literature also suggests separate services are needed for non-substance-using women and active users (Mayock et al. 2015a). Interviewees for this research also identified the importance of specialist services for women coming out of prison:

> *There is a need for specialist services, it's very complicated for services that are not set up to work with people coming out of prison. A lot of people don't know where to start, a lot are really frightened and a lot don't have the resources … women in prison … feel very embarrassed, if they've got jail tatts they feel like everyone knows where they've been, if they don't have jail tatts most young women feel incredibly self-conscious going to what they would call a mainstream service, so there is a need for specialisation, it means people feel comfortable … that makes a huge difference. [Service provider 8]*

Specialist services add value by sitting at the intersection of different sectors: for example specialist domestic violence services are simultaneously 'part of the homelessness services sector and feminist

institutions that aim to eliminate violence' (Andrew 2018, p. 13). Specialist services for other groups of women such as those with mental illness, who have experienced child sexual assault or who are leaving prison are similarly able to bring a specialist focus and expertise.

Service providers say the current mix of services in NSW is particularly inadequate for some cohorts of women. Service provider interviewees said this was particularly the case for women escaping domestic and family violence and women with co-occurring drug and alcohol and mental health problems. The current arrangements have left women's domestic violence refuges in a 'tenuous situation … institutionally stuck in a beleaguered homelessness service system rather than given standing as distinctive services competent to deal with the gendered dynamics of violence and offering a range of supports to women' (Andrew, 2018, p. 13). There is a need for more specialist services for women. This is of particular importance given the findings that lack of access to appropriate responses means that many women may avoid assistance altogether and their homelessness is prolonged.

On the other hand, there will always be a be a need for services, especially crisis services, without this type of strong targeting, to ensure that assistance is available to all women when needed. Quality specialised support is important within such services, to help women with the range of complex issues they may face (Mayock et al. 2015). In the current circumstances where the lack of crisis accommodation is severe and women are turned away, some services interviewed argued that every service regardless of their focus should be prepared to accept referrals from outside their target group if at all possible. These organisations are aware that this approach does sometimes increase the trauma women experience. This reflects the very difficult situation in which services currently operate, that requires providers to balance failing to provide assistance at all against providing assistance in a context that may increase trauma. This dilemma highlights the need for increased capacity in homelessness services and capacity for women to exit to permanent housing to minimise the frequency of such choices. However it is vital that services of this type take measures to ensure that the close proximity of very diverse groups is not counterproductive or traumatising. Accommodation needs to be structured to enable this and one service provider interviewed noted that they were changing their premises so that women did not have to share rooms. Some women's domestic violence refuges have also moved to core and cluster accommodation with separate units and a shared area.

d. Information about services

Better information about services (particularly information accessible on mobile phones) is important, and especially for women who are first time homeless. However the evidence is that unless services are safe, respectful, support women's autonomy and self-determination, meet women's needs and assist them to end their homelessness, and unless women receive information that reassures them that this is the case, then many women will not use them.

These findings indicate the need for better information to be available targeted to those who are not already in contact with services. Information should include what homelessness is, what services are available and what type of assistance people might expect when they contact services. However while services are overwhelmed by the existing demand, the impetus to target information to

additional potential clients is reduced, as is any potential benefit to isolated women. This highlights the need for additional housing opportunities to boost outcomes.

6. Monitoring changes

Those changes that require government action to improve the overall service system, including the resourcing of additional specialist domestic violence and other services, as well as additional low-cost housing, should be monitored by existing accountability practices, including evaluation. For internal service changes, service providers suggested a range of monitoring practices including feedback mechanisms (e.g. questionnaires and meetings), as well as external quality assurance and evaluation. One interviewee noted that Homelessness NSW had done some work on outcomes. Feedback from women using services is vital but service providers noted that methodological factors can reduce the usefulness of the information received. A service provider said:

> *Capturing information along someone's journey and making sure it's of value is very useful because it's about how they were supported, how they felt at the time and ultimately what happened at the end … it's a snapshot of how things are different from when they came in [Service provider 4].*

This interviewee said that their service does an outcomes survey, repeated every three months, and an exit survey when the person has both moved to independent housing and ceased receiving support. The survey is done face to face or online but has a very low return rate which limits its usefulness. However this organisation had found it difficult to obtain the information they were seeking from women using their service. The usefulness of the survey was restricted due to the low response rate, and similarly, only some people using the service attended meetings held to give feedback. The interviewee from this service stated that part of the challenge was *training our sector up to know how to explain to someone why it would be so helpful and important to fill this out honestly [Service provider 4].* If questions are not asked specifically enough, information given in feedback surveys may reflect factors in respondents' lives other than the how well the service assisted them. For example one service provider said:

> *About safety, a woman who is experiencing domestic and family violence and they come to a refuge and they feel safe but their wellbeing drops because they lost their job. Capturing that and then in 6 months' time they've got a job, but something happens and they don't feel safe all of a sudden, so capturing that, you've got to look at why they don't feel safe when it should be improving. [Service provider 4]*

Similarly, in external evaluation, methodology is important. The data that is collected needs to fit with the service philosophy and reflect the work of the service to meet the actual needs of women using it:

> *Being able to have someone externally do some quality assurance on the service - people who aren't just thinking about it in terms of just reporting to FACS, and it's about your actual service ideology. So a reporting system that captures that you're actually doing that. So its seen to look bad that you haven't closed a client off, people do that because they were worried about the output. So that's how people sometimes do it, opening and closing clients so they look like new clients instead of, to get the best outcomes from some of the really*

> *complex clients, you are going to work with them for a really long time. And that's going to look different. People are going to need support or just need to know they can pick up the phone and ring you. It might be once a month. Or that person might be fine for six months and then go back into hospital and you're the only people around who are going to visit them or make sure their place is secure, something like that. And I think it looks really different and it's hard to report on that. This whole outcome thing will be really interesting, it's about people sustaining tenancies and having some quality of life [Service provider 3].*

Service provider interviewees said that the philosophy and leadership of services have a key role in ensuring good practice along with staff selection, staff training and both internal and external staff supervision. Some services had been involved in a Community of Practice of women's services during 2018 and had found this to be valuable. Communities of practice involve: 'groups of people who share a concern, a set of problems or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis' (Wenger & Snyder 2002, p. 4). For example three Communities of Practice in Northern Canada operated to discuss and act on developing 'culturally safe and gender specific services for northern women (and their children) experiencing homelessness, mental health and substance use concerns' (Poole & Bopp 2015, p. 1). These were virtual and face-to-face Communities, due to the distance, showing the flexibility of the approach, and were linked through a wider project *Repairing the Holes in the Net*. The Communities shared successes and challenges; examined models and examples of service provision, including from literature; reflected on their own practice in the light of data from research; and set new goals. Key themes were the gendered experience of homeless women with mental health and addiction issues; the importance of incorporating First Nations and Inuit perspectives; and the underlying role of trauma (Poole & Bopp 2015).

Similarly service provider interviewees involved in the women's services Community of Practice in Sydney said that discussing practice with other services that assisted women with similar needs was very valuable, noting that: *there's a lot of vicarious trauma, the cohort is difficult to work with, the outcomes are difficult to get, but also, the services are difficult to run [Service provider 1].* Service providers also noted that there is sometimes a difficult balance: *with what's the right thing to do for everybody [Service provider 3].* Services used the Community of Practice process to talk both about successful practices and challenges:

> *We can talk about what works, too, by the way. There's a real struggle in terms of when do you exit a woman, when is the safety of others above that woman. A lot of services, managers and case managers struggle with those ethical decisions [Service provider 1].*

A combination of data from internal and external evaluations, and processes of information exchange, reflection and learning at all levels of the organisation and in the sector more widely, is consistent with good practice.

7. Conclusion

Women's homelessness occurs in the context of women's inequality and poverty and of violence against women. Women experiencing long-term homelessness have often experienced disadvantage, violence and trauma over the course of their lives, often compounded by other factors. Many women's long-term and recurrent homelessness does not fit the profile of high service use associated with 'chronic homelessness': many women who become homeless choose to avoid services for as long as possible and manage their homelessness themselves, and due to poverty combined with the lack of affordable rental housing, even women without high support needs may become homeless for very long periods. Some women, including some interviewees for this research, have experienced homelessness for very long periods before being in contact with services. Additional low-cost housing is urgently required to ensure women's homelessness, including long term homelessness is resolved. However the information women have about services and the response they receive from services also contributes to whether their homelessness is longer term.

There are several interrelated factors that shape the problems women have getting help from services and their decisions about whether to use services. Firstly, women conceal homelessness due to historical and cultural beliefs that particularly stigmatise women's homelessness. These beliefs are widespread, and affect not only women's view of their homelessness, but may also affect service attitudes and practices. Some of these attitudes and practices within services can result in women deciding that self-management is a preferable option, and women may avoid or leave services and enter into situations of concealed homelessness in order to escape the culture that characterises some service settings. These issues include judgemental attitudes and practices that have the effect of disempowering women and undermining their autonomy. Secondly, women avoid environments where they feel unsafe. Women may fear or distrust homelessness services and staff before having used them, and may also experience fear and actual violence in services. Women interviewed for this research recounted fear and traumatic experiences in facilities that accommodated very diverse cohorts of people, particularly when these facilities were shared. Thirdly, women may leave or avoid services if they don't receive the help they need. In the context of housing shortage and strong competition for both housing and homelessness services, many barriers exist for both women generally and for particular cohorts of women. Some women are not able to access homelessness services. There is also increasing evidence that some women who do contact services may not gain a sustainable housing outcome due to the high demand for housing and the interaction of eligibility criteria for social and private housing options in the current housing shortage. These women may decide to adopt other strategies such as staying with others or living in their cars. These strategies do not end their homelessness, but may enable some sense of independence, albeit a fragile independence. Finally, some women, particularly women who are young, first time homeless, escaping domestic violence, and/or from a CALD background may lack knowledge of services. The homelessness of women in this situation may be hidden for years while they couch surf, stay in severely overcrowded or substandard dwellings or sleep rough. Lack of

knowledge may be nuanced, as women may hesitate to seek out services due to fear, embarrassment or a desire for overall independence and self-management.

If women are concerned that services will not meet their needs they may actively avoid them. In order to meet the needs of women who are experiencing or will potentially experience long term homelessness, services need to not only ensure women are aware of what assistance is available, but also to examine their service philosophies, policies and practices, and reassure women that their services are human-centred, gender responsive, flexible, respectful, strengths-based and support self-determination; that they are safe and trauma-informed; and that women will receive the help they need including housing outcomes. Safety concerns where women share services with very diverse cohorts accommodated together were identified as a core source of fear and traumatic experiences, and there is a need for an expansion of and adjustment within the service system to move towards more specialist or targeted services. There is also evidence that specialist services provide help that is more specific to the needs of women using them. This is especially the case for domestic violence services, but also important for other cohorts such as women with dual diagnosis. In addition to specialist services, a need for some less targeted services will remain. It is important for these services to take measures to minimise traumatic experiences due to the close proximity of diverse groups, and some service providers interviewed reported that they were changing the way their accommodation is structured for this reason. It is also vital that services work together to find the right assistance, but in practice the limited capacity in the homelessness services system is an obstacle.

Changes that require government action, including additional service provision and low-cost housing, should be monitored by existing accountability practices, including evaluation. Good practice within services is supported by service philosophy, leadership, staff selection and training, as well as by internal and external supervision. Internal feedback and external evaluation are also valuable. Communities of Practice have enabled services to share experiences of service provision and good practice.

Appendix A

Interview Topic Guide – Women who have experienced chronic/long-term homelessness

1. How long and on how many occasions were you/have you been homeless or in unstable housing? What is your age? (confirm participant meets study criteria).

2. What is your current living situation and is that temporary or permanent housing?

3. How did you come to live there/be referred there?

4. Where were you living previously?

5. Over this time, how many different services have you been in contact with about getting help about not having somewhere to live?

6. What kind of help did each of these different services provide? For each, what was useful/not useful?

7. Thinking back over that time, what type of help did you need from services? What help that you did receive was most useful to you in getting and keeping housing, or dealing with other problems that would have helped you get or keep housing? Was there help that you did not receive that would have been useful to you? Prompts:
   - Information and support from workers
   - Getting permanent housing
   - Getting temporary accommodation
   - Type of temporary accommodation
   - Safety and security
   - Support with any other issues or problems

8. What suggestions do you have for improving the help you received?

9. Do you think that services you used were able to meet the needs of women who were using those services? Did some types of services meet your needs as a woman better than others?

10. Do you have suggestions for making the help services give more relevant for women?

11. If you could change one thing about the type of help that you have received, what would you change?

12. Is there anything else you would like to say about helping women who are experiencing homelessness or unstable housing?

Appendix B

Interview Topic Guide – Service providers

1. Start by each participant briefly describing the service they are from, who they assist, the service provided, and brief information about to what extent their service is in contact with women experiencing chronic/long-term homelessness.

2. From your experience as service providers, how would you describe the homelessness pathways and experiences of women who experience chronic/long-term homelessness?
   Prompts:
   - Are there gender differences among people who experience chronic/long-term homelessness, that you become aware of as service providers?
   - Have the pathways changed as housing access has become more difficult? How?
   - The average age of interviewees was 43 years – what role does age play?
   - To what extent do women who remain homeless over time have to move or cycle from service to service in order to get help?

3. Research suggests some women actively seek to conceal their homelessness, avoid services, and experience 'hidden homelessness' in a way that is different to most men – to what extent is this your experience, and what reasons do you think lead to 'hidden homelessness' among women? What role does lack of knowledge of services play and what role active avoidance?
   Prompts:
   - Research suggests a number of reasons why some women avoid services. In your experience to what extent are these factors:
     - fear/unsafe environments,
     - stigma, sometimes embedded in service ideologies and practices, not noticed by services but noticed by women
     - restrictive access
     - judgemental attitudes,
     - conditionality/unreasonable rules/surveillance/infantilization/micromanagement
     - other?
   - Are you aware of women who are very long-term homeless and who never approach services? Can you comment on their situations and needs?

4. Can you identify barriers or enablers in homelessness or social service system (rather than in individual services)?
   Prompts:
   - referral pathways
   - mix of services (e.g. lack of particular types of services)
   - how the system operates overall

- availability of assistance for women with complex needs
- how do women manage barriers and what impact do the barriers have?
- Long-term housing
- Other

5. Can you identify barriers or enablers within individual services?

   Prompts:
   - Are there service types that are more helpful or unhelpful to women experiencing chronic/long-term homelessness – specialist or generalist services, small or large, women only or not, Housing First (congregate or scatter site) etc
   - Are there services features that are particularly helpful or unhelpful to women experiencing chronic or repeated homelessness?
     Prompts:
     - service policies, service approaches and rules
     - who services take,
     - helpful or unhelpful attitudes within services

6. What points is it important to make in a resource for services about meeting the needs of women experiencing chronic/long term homelessness? What points are the most important?

7. How can strategies to improve service responses for women experiencing chronic or long-term homelessness be implemented and how can they be monitored?

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