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‘How are themes of support realised in services for women experiencing homelessness? A small-scale qualitative study’.

This thesis is submitted to the University of Huddersfield in partial fulfilment of the requirements for the MSc by Research.

Nicki Pilkington

December 2019

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\*the names here are pseudonyms as agreed with participants in this study.

## Abstract

### Introduction

*There is concern about homelessness in the UK, and the Homelessness Reduction Act (2017) is a recently welcomed legislative response. This research examines nine women's experiences of receiving support across three organisations in the north of England.*

### Methodology

*As arguably the experiences of women cannot be directly measured and observed, I adopt an interpretivist approach to knowledge production in this research. I foreground the subjective experiences, recognising that 'support' is a multi-faceted concept and relational to the participants, myself and psychosocial problems faced. I am taking a feminist research approach, examining the ways in which women consider support they receive in services from their unique perspectives.*

*In this way, the data generated does not represent total knowledge or cover all aspects of support, but participants carry shared characteristics of their self-selecting gender, having been recognised as a homeless woman by a service provider or Local Authority and being in receipt of support from a service. The research method involved 2 focus groups and 2 semi-structured interviews. Four themes of good practice were identified for consideration arising from the review of the literature; strengths-based approaches/resilience work, individually tailored responses to trauma to promote emotional well-being, responses to individual and structural disadvantage and lastly the significance of support relationships for women in services.*

### Findings

*The findings indicate the significance of trust across all areas of practice, with the presence or absence of trust underpinning many aspects of support and self-regard. Emotional trust benefited from how 'talk' with staff was perceived and conversely how power and control were negatively operating in a service. The findings also indicate how loneliness and isolation impacted upon all the participants and how this could be alleviated by the support on offer. 'Checking up' on women by support staff was shown to carry both positive and negative connotations for women. It was perceived as an expression of care and concern or more negatively as a feature of 'policing' in services and an expression of arbitrary power and control. The way that women framed themselves and felt they were framed by staff was also of significance in reinforcing negative self-image and stigma.*

### Conclusions

*Whilst the research is small-scale, it highlights the significance of having an environment that recognises the significance of fostering trust and which nurtures empathic responses from staff and opportunities for positive interaction. It also serves to highlight how despite challenges faced by services, support responses carry potential positives for women into beyond the time in the service. They can help foster hope and a positive sense of self and create opportunities to build connections within and beyond services into women's' futures. Whilst there may be challenges present in responding to structural disadvantages, services should not lose sight of the significance of their role in countering or reinforcing negative stigma faced by women who are homeless. This may include awareness of how women are being framed in discourse both within and beyond the particular service or organisation and how this interacts with broader social issues of homelessness and gender.*

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## **Chapter 1 INTRODUCTION**

### **1.1 Author in context**

My inspiration for this thesis arises out of having worked in adult services and the homelessness sector for over 20 years; supporting women directly, witnessing the support of women, managing services and overseeing standards of support in services that are responsible for supporting marginalised people. As a feminist, my interest in how services are responding to women who are homeless in the current policy and practice context is therefore based in a political and practice understanding.

### **1.2 Legislative context**

Homelessness may comprise of being roofless and rough sleeping or roofless and staying temporarily with people (sofa surfing), living in temporary homeless accommodation or other accommodation and not necessarily having referred oneself to the Local Authority as 'homeless' (Crisis, 2017).

Ministry of Housing and Local Government (MHLG) figures (2019, p25), indicate that the numbers of people in temporary accommodation are increasing (15.1% of all households presenting to LA's) and on 31st March 2019 the number of households in temporary accommodation was up 1.4% from 31st December 2018. 57% of statutorily homeless households in England are either women with dependent children or lone women, (Ava et al, 2019). Of the total homeless population, men make up a larger proportion and Government estimates indicate that only 14% of rough sleepers are women, yet there has been a significant rise in women rough sleeping (28% rise between 2016 and 2017). This compares to overall rates of rough sleeping rising by 15% over the same period (Ava & Agenda, 2019). Despite these numbers, only 7% of accommodation services are women-only provision, with most of these being less than 20 bed spaces (Homeless England, 2017). In addition to this, 39% of overall accommodation services have reported a decrease in their funding since 2016 according to Homeless England data (2017, p17). Therefore, this paints a bleak structural picture of the challenges faced in responding to women who are homelessness.

Statistics on reasons for people presenting to homelessness show that loss of Assured Shorthold tenancies (AST's) feature as a key cause, particularly in London and the South of England (Press Association, 2017). The current most common accommodation type at the time of approaching LA's for assistance, is from private rented sector households (26.7%) (MHLG, 2019 p12).

Whilst there has been an increased recognition of the need to address underpinning causes of homelessness and for LA's to have prevention focused strategies; housing affordability and a decrease in the number of social lettings have driven statutory homelessness figures up (Shelter, n.d). Of significance today, are caps on the maximum Housing Benefit that will be paid and a

pressurized housing market; alongside an intensification of welfare benefit restrictions for low income households.

If deemed 'intentionally' homeless, the main homelessness duty is not owed by LA's, which risks people not registering their homelessness status. Fewer people are currently being captured in statutory homelessness statistics, as more people are dealt with outside of the formal statutory framework. Also, of note is that third sector organisations (TSO) 'that are most reliant upon public funding are more likely to be experiencing financial difficulties' (Independent Public Policy Research, 2017 p11), with 'organisations in the most deprived areas being most likely to have experienced loss of income' (IPPR, 2017 p13).

According to government statistics (MHCLG, 2019), between January to March 2019, 70,430 households were initially assessed as either threatened with homelessness or were homeless (up 10.7% from the previous quarter). These numbers arguably carry significant challenges under the Homelessness Reduction Act (2017) as the aim of the HRA is that LA's in England now have 'a duty to work to prevent and relieve homelessness for all' (Shelter, n.d). This means that the LA has a legal duty to offer temporary accommodation until such time that they can be offered settled accommodation as they have been accepted as homeless, are eligible for assistance, are in priority need and they are not intentionally homeless (MHCLG, 2019). LA's are required to work with eligible applicants (in priority need), to develop a personalised plan setting out the steps the person and the LA need to take to secure or retain accommodation.

You are considered as being in priority need if you have children under 16 or 19 in full-time education, if you are pregnant or someone in the household is pregnant and specific care leavers aged 18 to 20 may be classed as in priority need if they have spent at least 24 hours in care arranged by social services when they were 16 or 17 years old. The LA may decide you're in priority need because you or a member of your household are classed as 'vulnerable' because of old age, physical or learning disabilities, mental health problems, you are fleeing domestic abuse or having time spent in prison or the armed forces. House of Commons statistics show that 47% of households that were owed a duty had support needs of some kind (Barton, 2018). However, you are not automatically classed as vulnerable in these groups, but rather the council looks at if you can cope with being homeless, how any disability or illness you have affects your daily life, what support you would get from friends, family or other services, and the risk of harm to you compared to the risk of harm to other homeless people. The HRA (2017), extends the duty on Local Authorities to provide 'meaningful assistance' to all regardless of whether or not a person is in 'priority need' therefore carrying a stronger prevention duty. However, as LA's do not have a main duty to re-house all 'homeless' people, responses are often carried out within third sector provision (see section 2.1 definition). Therefore, the way in which homelessness need is defined and framed and subsequently how it's impact on a person is responded to, is historically and politically significant.



### 1.3 Aims

Having reviewed the literature around themes of good practice in supporting women who are homeless, the aims of this research were narrowed down as follows:-

To identify from women's personal experiences, how themes of good support are realised in services. The theme areas used as a basis of exploration were in relation to the areas of working with resiliencies of women, promoting emotional well-being and responding to trauma, recognition of structural disadvantages and the significance of the support relationship. A further aim was to also identify any particular areas of practice that these women consider as key features of good support practice.

### 1.4 Thesis structure

Chapter 2 sets out a review of the literature in relation to supporting women who are homeless. Chapter 3 explains my chosen ontological position and epistemological approaches in carrying out this research, including ethical considerations within the process. Chapter 4 sets out the research findings from this study and chapter 5 discusses the findings in detail. Chapter 6 goes on to highlight some of the implications for policy and practice into the future.

## **Chapter 2 REVIEW OF THE LITERATURE**

In order to contextualise this thesis, I will examine the current literature around supporting people experiencing homelessness, focusing on the significance and impact for women. This includes a brief examination of macro factors such as patriarchy and discourse around who are 'the homeless' (arguably a term which is stigmatising). I go on to examine support responses to women experiencing homelessness which I have collated into four broad overarching themes as identified through the literature. These are:-

1. Recognising and working with the resiliencies of women.
2. The importance of promoting emotional well-being and recovery and specifically considering the implications of responding to trauma and promoting hope.
3. The significance of structural disadvantages faced by women who are homeless and the need for this to be recognised by those in the support work role
4. Lastly, the support relationship and the potential for power to be expressed in empowering and potentially oppressive ways both within services and individual relationships.

### 2.1 Support work in the homelessness sector

Homelessness support is largely provided within the third sector which is described by the National Audit Office (2010) as 'a term used to describe the range of organisations that are neither public sector nor private sector....' and by Bryson, McGuinness & Ford (2002, p49), as being characterised as operating as a 'conceptually coherent, albeit blurred sector that operates on a not-for-profit basis and is relatively independent of governmental and corporate interests'. Whilst people may fall outside of the statutory threshold of relief duty for LA's under the HRA (2017) and also outside of care and support thresholds for statutory Social Work intervention (under the Care Act 2014), the third sector carries out a social work function in meeting the on-going needs of people facing vulnerability. The sector is carrying out support interventions across different areas as support needs often fall between 'specialist' service provision, such as the intersection of mental health needs and illegal drug use for example (Barton, 2018). Support responses within this sector therefore draw upon social work practice in the broadest sense rather than embodying a 'care management' function as characterised by statutory Social Work. In the homelessness sector, and for the purpose of this research therefore, I reflect this by considering support approaches that are not unique to professional Social Work practice yet are drawn from Social Work theory.

Pressures upon the third sector to deliver support to large numbers of people falling outside of statutory provision is well known. Of significance is that larger charities (of income of £500,000-£5m) are gaining contracts as these organisations are arguably being better positioned for competitive tendering, with specialist departments and access to more reserves than smaller specialist third sector organisations. This has impacted upon what Cunningham & Nickson (2011, p2017) argue is 'a race to the bottom' in terms of employment conditions. Cunningham (2017, p2018), highlights issues in the sector relating to what he describes as 'emerging organisational tensions concerning industrial relations, worker concerns over their own security, lack of opportunities to up-skill and service quality', which likely impact on the quality of support carried out in homeless services.

Healy (2014, p33), highlights how dominant discourses, shape how need, knowledge and intervention are constructed; that is 'the language practices that occur within our practice contexts, actively create our professional purpose, identities, power relations and intervention options'. Comparable overlaps with Social Work and the homelessness sector are the significance of neo-liberal discourse in terms of how services are organised around principles of free market ideas of fair competition, economic efficiency and workforce flexibility for example (Leonard, 1997). Leonard argues that dilemmas arise as organisational principles based upon social justice (campaigning for particular service users' rights for example), which may have been an historical feature of some non-statutory, third sector organisations; may be compromised. Fook (2006), similarly argues how the context of provider control is being weakened through competition with other services. Fook (2006 p21), argues how funding contracts with 'objective' outcomes being the measure from which performance is considered, impact on the necessary collaboration between services, which suffers as the power for 'decision making about quality services and desired outcomes [i/s] in the hands of purchasing funding bodies, which are distanced from the site of service provision'. An emphasis on cost cutting, short term contracts for staff and a lack of legislation to ensure quality, are a feature of New Public Management (McDonald

2006; Ingersoll & Adams, 1986). This is significant in this sector where there is a desire for increased professional accountability and 'a more consistent approach to regulating the support and monitoring of the quality of support especially in England' (Blood, Copman, Finley, 2016, p4); yet arguably the context within which this takes place is increasingly challenging.

## 2.2 Women in services

Arguably, working against women's interests is patriarchy, 'defining the system of male domination and female subjugation in any society' (Hamilton, 2012, p11). Millett (2000), develops this to explain male domination over women through processes of socialisation, power and economic exploitation which present in social relations within the home and the threat of sexual violence. Government statistics (MHLG, 2019, p11), show that a significant reason for losing one's last home is domestic abuse (featuring as the third highest factor overall). Therefore, solutions need to go beyond character failings of individuals and extend to a consideration of how opportunities are being further curtailed for women.

Whilst discrimination may be curtailed under the law, Dalrymple & Burke (2006), argue that this alone will not tackle attitudes which may impact on women at different levels. The macro legislative context of homelessness becomes of note for example where women may be evicted from services as a result of 'behaviours' (such as not engaging with support or verbal aggression for example), yet the woman may explain this as an effect or response to inadequate support approaches. However, it carries the implication of dispensing the LA duty to offer alternative accommodation as the woman is held responsible as 'intentionally' homeless. Segal (1987) and Dominelli (2019), suggest that service responses risk mirroring a broader social order, whereby women's dependency is assumed or compliance expected reflected in paternalistic services. Services may therefore serve to either undermine or promote agency where real opportunities are present or not such as women 'exiting' services in a measured way into suitable safe housing locations, with appropriate support.

Historical analysis of homelessness has focused on the categorisation of 'the homeless' as cis-gendered, male and white, (Burrows, 1997; Carlton, Young, Kelly (2010); Daly, (1996); Farrington & Robinson, (1999), Gory, Ritchen & Fitzpatrick, (1991); Raineri & Calcuterra, (2018); Zlotnic, Tam, Bradley, (2010). This has resulted in largely mixed-gender service provision which may be experienced as hindering women; considering the need for safe spaces as a feature of good service design (Grella, 2008; Zlotnic et al, 2010). A focus on 'problematic' rough sleeping has arguably led to less regard for the gendered features of homelessness, women's specific housing support needs, underlying inequalities faced and responses to other less visible forms of being insecurely or temporarily 'housed' (Scullion, Somerville, Brown, Morris, 2015; Williams, 2018). This latter category carries implications for women who are more likely to have experienced other forms of 'invisible' homelessness, such as staying with friends, remaining in abusive relationships or forming relationships with men specifically to avoid being on the streets (Sharpen, 2018). The policy context is therefore significant in framing who are 'the homeless' and how need is responded to, at Policy and organisational levels.

On referring to services for support, women face the risk of services choosing to accommodate 'the homeless' who they have most bed spaces to accommodate or who are most likely to meet particular targets set out by funders which reflect favourably on organisational rather than individual need (Scullion et al, 2015). This may include addressing rough sleeping or moving through a service within a short timeframe as signifiers for cost effectiveness. Women's perspectives on homelessness are therefore arguably being marginalised within the discourse, defined by systems not necessarily working in their best interests, especially for those who present with compounded support issues after having spent longer periods as invisibly homeless (Grella, 2008; Surratt et al, 2004; Zlotnic et al, 2010; Zufferey, 2009).

## 2.3 Themes of support

### 4 overarching themes for supporting women who are homeless.

1. Consider how resilience is developed in support responses with women.
2. Consider how emotional well-being/building hope and responses to trauma feature in support responses with women.
3. Consider how individual need and structural disadvantages faced by women are responded to in support responses with women.
4. Consider the significance of the support relationship.

#### 2.3.1 Resilience work with women

Developing or bringing to the fore women's positive coping strategies and strengths is significant in nurturing resilience; described as 'the ability to overcome adversity and be successful in spite of exposure to high risk' and 'the ability to sustain competence under pressure and the capacity to recover from trauma (Greene, Galambos, & Lee, 2003, p. 77). Women tend to enter homelessness services and other support services at a later stage than men, as previously discussed (Hutchinson et al, 2015), yet this may present opportunities to explore some resilience strategies that may have been previously used to avoid homelessness. Taking a strengths-based approach or trauma informed approach includes a support emphasis on a person's ability to adapt, or focusing on exceptions to where things have seemed to be going wrong when they coped successfully and managed emotionally (Ava & Agenda, 2017; Knight, 2017). If people articulate the challenges they face or have faced with positivity and forward movement then they may be considered to be showing resilience (Dang, 2014; Shankar, Gogosis, Palepu, Gadermann & Hwang, 2018). Workers can therefore be alert to examples of this and importantly, how to capitalise on them. Within the worker relationship, helping a woman to reframe and foster personalised notions of mental well-being & recovery for example can be helpful in fostering hope and a more positive sense of self (Williams, Scott & Waterhouse, 2001). Where staff are focused on helping to develop not only a sense of physical safety within a service, but also recognising and building on expressions of self-worth and developing opportunities for experiencing control, then arguably the context will assist in developing existing resilience (Daniel,

Wassell & Gilligan, 1999). This is not to understate the structural disadvantages working against women at many points but this may include women being involved in service design; shaping service delivery and developing systems for community involvement for example.

### 2.3.2 Responding to emotional well-being/trauma and building hope.

Evaluating if emotional well-being and responses to trauma feature within the support services is significant since women may seek refuge from homelessness within violent relationships. This means that women become at risk of future homelessness so violence against women and girls (VAWG) is both a cause and consequence in relation to homelessness (McNeish et al, 2014). Women experiencing homelessness also face broad ranging challenges including, childhood and adult abuse or neglect, involvement or coercion into prostitution (and the risk of becoming involved in the criminal justice system), substance misuse issues, mental health issues or having children removed from their care; and they may never have previously received any support or encountered a trusting professional relationship (Surratt et al, 2004; McNeish et al, 2014). They may also face additional marginalisation or discrimination through belonging to minority groups which may bring particular challenges in relation to personal well-being, building support networks and finding hope in their situation.

Some groups are disproportionately subjected to VAWG, including women and girls with learning disabilities, mental health issues or drug/alcohol dependency and those facing homelessness (Home Office, 2016). Therefore, being responsive to behaviours that may be perceived as 'difficult' through a lens of trauma, and developing services with a corresponding emphasis on women's need for safety, for respect and conveying an understanding of particular individual & cultural backgrounds is of significance (Harris & Fallot, 2001; Grella, 2008). Consideration of the complex interplay of factors that make each person's experience of homelessness unique is hence necessary to avoid generic and inflexible approaches in services meeting only basic needs; which arguably carries particular subjective and negative meaning to an individual of their worth (Berger and Luckmann, 1967; Fook, 2002).

Developing emotional well-being is recognised as a key feature of working with people who are experiencing mental health issues. Rise, Solbjør, Lara, Westerlund & Steinsbekk (2011), highlight the importance of negotiating relationships with people that recognise the different expectations there may be between the person, the service supporting them or wider personal or professional networks. The significance of keeping the support relationship flexible which emulates the mental health fluctuations that may be experienced is of importance as is collaborating with other people in the person's life such as other professionals and family members in order to advocate for the women's rights effectively, supporting social inclusion (Le Boutillier, Leamy, Bird, Davidson, Williams & Slade, 2011). Negotiation is significant; working alongside a person in planning how goals can be collaborative as is being open about the tensions that may be present. Tensions may include organisational limitations around levels of support that a worker may feel the person requires or the

staff have available (for example, support or advocacy around particular appointments). Therefore, the conflicts in expectations should be sensitively acknowledged and mediated.

Supporting women around recovery from mental illness is a feature of working in homeless services.

Recovery is defined by Anthony (2000, p159) as: -

*'a deeply personal, unique process of changing one's attitude, feelings, skills and goals, It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness'.*

Anthony (2000) highlights components of recovery components that need recognition in services.

These include that professionals do not hold the key to recovery but rather the individual does.

Establishing trust that people will stand by and be there beside the person in need of recovery is of note. Recognising hope for the future rather than focusing upon an understanding of past causes and recognising that the episodic nature of mental illness does not prevent recovery is also of significance according to Anthony (2000). In addition, recognising that the path to recovery is highly personal; recognising that recovery demands that a person has choices and recognising that recovery from the symptoms of the illness is sometimes more difficult than the illness itself. This includes acknowledging associated factors such as stigma, poverty and discrimination as significant factors. Therefore, the extent to which support work with women who are homeless promotes hope can arguably bolster or hinder the recovery process. Whilst hope may be regarded as an individual state of mind it can also be significant as an approach for working with people; hope is 'a powerful construct for service users who consistently report the importance of maintaining, fostering and communicating hope' (Boddy et al, 2018 p590). Whilst creating hope within another person may not always be possible, developing or reframing current or past positive coping strategies may be regarded as a significant support response. This may include help in identifying problem-focused or emotional focused problem-solving and coping skills and developing opportunities for social supports into the future, as described by Tischler & Vostanis (2007). This may be both individually (to develop the insight of the woman who requires support) and in groups to foster sharing of coping strategies and skills and recognising structural factors and developing opportunities for supports both within or outside a service.

Adams (1996) highlights that where workers possess knowledge and skills to provide support through groupwork or self-directed groups, social, educational & community action possibilities are generated for those they support. Therefore, it is always possible to bring hope in difficult situations, creating opportunities to reframe a person in more positive ways within services and suspending judgement for example. Considering the difficulties faced by women in a compassionate way alongside an understanding of the structural difficulties faced and from which solutions are then considered, may assist with this. Workers applying reflexivity and emotional intelligence is arguably a feature here, allowing opportunities to be considered in both broad and small or fleeting ways that can be an aspect of resilience work. This may be significant around long-term substance misuse for example; through starting from a place of recognising the conditions that the woman has faced, understanding of reasons for repeated attempts at reduction or abstinence for example and focusing on small changes as a hopeful possibility. This includes recognising the reality of barriers that are present at a wider

level for the person (timely access to services or lack of social supports for example). Therefore, supporting a person in a hopeful way promoting opportunities to develop social networks for example, may go some way to create the conditions for a sense that positive change is possible (Boddy, O'Leary, Tsui, Pak, Wang, (2018); Matsuoka (2015).

Gory et al, (1991), highlight the significance of social networks and ties as opportunities for creating a sense of personal control. Self-efficacy may be cultivated where there are strategies at an organisational level for promoting personal and social identities outside of 'homelessness' identities (Farrington et al,1999). This may involve creative arts in group work for example or storytelling methods towards developing positive personal identities, social identities or roles, which carry potential to support women to consider how a dominant negative or positive old story may be reimagined to create purpose (Groundswell, 2017; Zare, Ross, Strevel, Alfayez, 2017).

### 2.3.3 Responding to individual need & recognising structural disadvantages faced by women.

Intersectionality theory is a consideration for how people co-exist within different groups or categories which allows for the construction of 'woman' as multi-faceted rather than there being one unitary category that is 'woman' or 'gender' (Crenshaw, 2011; Choo & Ferree, 2010; McCall, 2005). This is significant as discrimination or oppression faced as a result of intersecting social identities may create additional challenges and the risk of poor outcomes (Benrow, Forchuk, Ray, 2011). If support staff regard a feature of their work is responding to root causes of some aspects of inequality then this may result in prioritising support and promoting ways to overcome barriers in these areas. This may include supporting women to maximise income or support in accessing required health services for example; responding to intersectional disadvantage that some homeless women face at organisational levels such as for women with mental health issues (Benrow et al, 2011).

Turbett, (2014), highlights how the difficulties that are faced by women are generated in the public domain and therefore addressing them more collectively is a significant dimension of taking a social justice approach in practice, which may be a feature of group work approaches in services (Adams, 1996). It is of note, as women are in a position of not having a home, lacking economic capital and relying on support out of homelessness where experiences of 'the sexual division of labour are mediated by their class position' (Day, 1992, p13). The interaction of mental health issues arising out of violence against them is interacting with poverty. This is echoed in this study as all participants were on or applying for welfare benefits, 8 of the 9 had experienced domestic abuse at some point and all of those interviewed with children in their care, had sole care of the children. Organisational support approaches taking this lens may mean attitudes reflect an acknowledgement of the shared and the distinct structural features of homelessness.

The prevalence of disadvantage amongst women using homelessness support services including childhood abuse, domestic abuse and mental ill health for example are significantly higher than amongst male service users (Hutchinson et al, 2015; Harris & Fallot, 2001, Benrow et al, 2011); therefore often serving as a universal experience of women in services. When also factoring in that

some of these women may have faced additional trauma from having children removed from their care or may face long term addiction problems alongside homelessness, multiple forms of stigma and oppression may be reinforced through support workers not appreciating long-term and compounded difficulties that women face. This could include repetitive 'failures' in treatment programmes, stigma and compassion fatigue from workers regarding this; broader attitudes being re-enacted through the support service and therefore, multiple forms of stigma may mean women are battling against negative constructions of self (Charaborti & Hardy, 2015). Therefore, even within a stigmatised and oppressed group of homeless women, particular intersecting oppressions may reinforce, compound or create further marginalisation. Fear of further intimidation or harassment may play a part in women from minority communities for example feeling further marginalised within services (Chakraborti et al, 2015; Keuroghlian & Shtasel, 2014). Therefore, support responses which consider how multiple oppressions may intersect and may operate to compound disadvantage for women further (Nadal & Mendosa, 2014); should be considered as an essential part of the analysis of how to meet personal need and promote access to support networks for example.

Fook (2006, p18), highlights support approaches which consider both structural and also internal mechanisms which are 'also a part of reproducing oppressive situations through self-limiting beliefs'. Poverty is an overarching disadvantage faced by women who are homeless (households with less than 60% of median household income, taking account of household size) may be considered as being in relative poverty (Purdham, Royston & Whitham, 2017). Therefore, supporting women to move on and build on skills such as budgeting, should be placed alongside coherent strategies for maximising income and confronting factors such as the poverty premium. This means that people on low incomes are paying higher costs for prepayment meters, loans and struggling to access welfare benefits which are key components of the unequal position women face on exiting services (Purdham et al, 2017). Integrating a social justice approach to practice where inequalities are addressed at collective and organisational levels as part of routine organisational practice are therefore key.

#### 2.3.4 The significance of the support relationship.

Considering empowering practice in this context is multi-faceted and problematising 'empowerment' is required in order to consider different situated positions of people who may have different priorities and desired outcomes (Harding, 1990). Non-hierarchical working methods and non-oppressive working methods may be challenged in services where particular rules are present (such as prescribed lengths of stay or particular 'rules') as well as by other factors such as low skilled and insecurely employed staff, an emphasis on service outcomes rather than being service-user led and insufficient time for relationship building or group-work for example. These factors frame how the support relationship context has been adapted. Wise (1995, p113), argues that 'the empowerment model of feminist social work may be de-skilling and disempowering feminist and pro-feminist social workers; as she suggests that 'it sets them up to fail' when opportunities for women are not present.



### 2.3.4.1 Power in Practice

Women in services are facing multiple disadvantages that arguably extend beyond finding a home and accessing resources or skills development and opportunities may be scarce. If a more consistent approach to monitoring support is required, then considering where the support relationship carries coercive power and the risk of a paternalistic bias (Daly, 1996), is noteworthy. Empowering practice may be defined as:

‘the means by which individuals, groups and/or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards helping themselves and others to maximize the quality of their lives’ (Adams, 1996, p5).

It is therefore pertinent here, as taking a gendered approach recognises that being a woman increases the risk of violence and abuse, shapes the ways in which victims respond, yet also has an impact on the ways in which others perceive and respond to it (McNeish & Scott, 2014; Hutchinson, Page, Sample, 2015).

Gender is a dynamic category and responding to the individual experiences and needs of women experiencing homelessness as a non-unitary group is significant as oppression is not one essential type (Collins, 2000). Commonalities of experience, such as economic disadvantage being an overarching feature of homelessness may be of note, alongside intersecting identities. Diversities of identity and oppressions in relation to sexuality, ethnicity or disability for example may bring additional or intersecting oppression, disadvantage and barriers to services in this sector (Leavy & Harris, 2019; Medina-Perucha, Scott, Chapman, Barnett, Dack & Family, 2019). Meeting the needs of ‘the homeless’ along diverse gender lines should therefore underpin the support relationship.

It requires support workers intellectually and emotionally engaging with how to facilitate individuals and/or groups to take control over their own goals and confront where the broader context may present challenges. Burr (2015), highlights how power may emanate from many rather than a singular source and be created and recreated through social interactions, which may carry benefits and losses. If agency is an ability to make purposeful choices as described by Adams, (1996), then facilitating self-determining opportunities is a feature here. Whilst empowerment is an opportunity to gain powers of decision and action over one’s life, then a support relationship which facilitates building personal capacity is of importance (Payne, 2006). However, this is not without contention as the broader social context may be working against a person at many points (Covington, 2001). Where support staff foster a high degree of reflexivity and flexibility in recognising and responding to women’s disadvantage and need and recognising and responding to structural disadvantages that are faced, then this may be regarded as going some way towards being gender responsive or being a psychologically informed environment (PIE) as described by Ava et al, (2017) & Sharpen, (2018).

Micro expressions of power, where there is a perception of ‘us’ and ‘them’, results in service users’ regarding ‘services’ as not being on their side (Zufferey, 2009); so conversely the relationship within the support setting carries with it potential too. Research highlights the importance of perceived

behaviour control (PSB) in hostels for homeless people (White & Wood, 2011); whereby feelings of control and trusting relationships bring benefit to both an individual and to the service. Women with substance misuse problems may face challenges here when they are often criminalised within structural systems and face sanctions for minor crimes such as prostitution where 'failures' around motherhood or substance misuse and abstinence for example shape criminal justice responses (Heymann & Brownberger, 2001). Where there is an emphasis on coercive abstinence or inflexible rule-making in services, this may compound problems if a feature of the support response lies in a lack of understanding of the management of premises legal responsibilities under The Misuse of Drugs Act (1971) for example, which in turn can serve to reinforce oppressive, ineffective or untrusting support relationships.

#### 2.3.4.2 Emotional intelligence (EI) in practice

The process of being able to elicit trust becomes a feature of EI practice. An aspect of this can be staff being able to understand emotional reactions within themselves, for example to:

'contain anger, knowing when to say nothing rather than something, understand the value of a kind word at the right time, recognising the need to stay with someone who is hurt rather than dismiss them as out of control'.

(Howe, 2008, p1).

Much has been written about the significance of mindfulness and utilising emotional intelligence as a means to promote anti-oppressive practice in what can be a stressful environment (Grant & Kinman, 2014; Dalrymple & Burke, 2006). Applying a set of values that reflect a conveyance of care, concern and respect whilst using critical reflection to attribute meaning to social injustice is significant for EI approaches. Approaches which seek to understand women subjectively, whereby 'a search for meaning is pursued, not a causal explanation' (Howe, 2008 p171), should be the basis of relationship work with women in services. One can start to unpick the maintenance of existing power relations, framing the support relationship as collaborative; even if there are no immediate alternative solutions for a woman who is homeless and who may be facing broader intersecting oppressions (Raineri & Caluterra, 2018; Thompson, 2012).

However, compassion fatigue (CF) within the general non-homeless population towards people who are homeless, means workers are at risk of this being absorbed into their own micro social discourse with women, reflecting 'the enactment of socially shared scripts or schemas' (Burr, 2015 p225). Managing emotional empathic responses may be challenging (Kapoulitsas & Corcoran, 2014; Zlotnic, Tam, Bradley, 2010; Zufferey, 2012), yet the application of self-reflection and applying EI is important if internalised stigma and shame that women in services face, are to be sufficiently considered and countered. Demonstrating an understanding of women's responses to negative life experiences, for example understanding that women are:

'less likely to express anger directly and more likely to experience shame, self-blame and depression than men' [is] 'one of the reasons why many women at risk are to be found in mental health services rather than in the criminal justice system' (McNeish et al, 2014 p12).

Conversely, for women who do not conform to gender expectations and behave in ways deemed more 'like men', they may experience being treated more punitively 'not only because of what they have done but because of the deviant form of womanhood they represent' (McNeish et al, 2014 p12). Therefore, finding ways within the support relationship to embrace multiple notions and experiences of womanhood may create the climate for developing more positive self-identity and foster hope for women in services.

## **Chapter 3 METHODOLOGY**

### 3.1 Ontological position

My ontological position in relation to this study is a relativist position (Baghramian, 2004). This paradigm 'rejects the concept of a single objective reality and proposes the existence of multiple realities that acknowledge the significance of subjective interpretation' (Birks, 2014, p22). It acknowledges that 'ultimate truths are impossible' (Petty, Thomson & Stew, 2012, p269). This is in contrast to a fact being 'a single objective reality that can be measured consistently' (Birks, 2014, p22). Underpinning this ontological position is that the 'versions' of support are being mediated over time depending upon experiences.

### 3.2 Methodological approach

#### 3.2.1 Epistemological approach

Epistemology may be described as:

'a branch of philosophy that is concerned with the study of knowledge and in the context of creating "scientific" knowledge about any given phenomenon. Epistemology helps to understand what constitutes knowledge and how it is acquired' (McNeill & Nicholas, 2017 p2).

The relationship I have with the research is interpretivist which carries an emphasis on the 'sense people make of their own lives and experiences. The researcher seeks out and interprets people's meanings and interpretations' (Mason, 2018, p8). It is therefore a subjective approach as my concern is about how a particular aspect of women's lives, that is 'support', is encountered and described and how those experiences may be interconnected with broader world concepts. Weisman (2016 p513), highlights that:-

'hard science are often represented as being untouched and untainted by outside influence or pressure.....it is a fantasy, and if we are to be honest and thorough in our research, we must discard the notion of a completely objective truth'.

Arguably the experiences of women cannot be directly measured and observed and experiential knowledge is arguably under privileged in knowledge production (Edwards & Daniel, 2012). I would argue that in this research therefore, I am rejecting a positivist model which may be described as treating 'social facts as existing independently of the activities of both participants and researchers' (Silverman, 2013, p86). Rather, I foreground the subjective experiences, recognising that 'support' is a multi-faceted concept and relational to the participants, myself and psychosocial problems faced.

Having an epistemological position informed by existing social work theory (power and empowerment for example), arguably positions the knowledge base of this research in explicit ways. This is in line with Gringeri, Barusch & Cambron (2013, p57), who highlight the importance of stating epistemological assumptions in research which 'provides the scaffolding and focus for data analysis'. As a researcher, I also question my situated position of writing up and 'representing' the women's views through the data chosen; but also acknowledge that 'it is facile to assume the analysis of experience necessarily means the exploitation of experience to the detriment of the participant' (Millen, 1997 p4). Letherby, (2003, p73) highlights the significance of taking a feminist research approach which considers the power relationship that exists in the process and how striving to 'develop non-exploitative relationships within research' is of significance. This highlights how the research relationship risks placing an interviewee in a position of subservience or inferiority. I was therefore striving to develop a high level of rapport, a degree of reciprocity and a non-hierarchical relationship in my approach as described by Leavy & Harris (2019). Leavy et al (2019, p5), highlight that it is also necessary to problematise 'gender' definitions that are broader than a male/female binary and recognise the ways in which gender intersects with how human beings interact socially; maintaining a conscious awareness of our situated position; as we are 'not bodies that are only gendered'.

### Feminist approach

Taking a feminist approach in this research was of note as contemporary feminist research may be defined as 'that which addresses inequality with an agenda for social change' (Leavy and Harris 2019, pvi). There is diversity within feminisms with corresponding varying emphasis on different solutions to inequalities (emphasis on economic structural factors or social identities or patriarchy are defining issues for example); however, 'despite the intellectual diversity of feminist thought, there is a common link in the concern with the position and social construction of women, encapsulated in the word 'gender'' (Sheppard, 2006, p125). As highlighted by White (2006), difficulties that are faced by women are generated in the public domain and therefore addressing them more collectively is a significant dimension of feminist research into practice. Incorporating this lens into the research approach here, acknowledges the significance of both the personal and political dimensions of gender in services (Dominelli, 2002); disrupting a generic 'homeless' categorisation which often overlooks gender (as discussed in section 2.2). Ramazanoglu & Holland (2004, p16) highlight how there is not a specific research method that is essentially or specifically feminist yet 'feminist knowledge is politically for women; feminist knowledge has some grounding in women's experiences, and how it feels to live in unjust gendered relationships'.

The feminist research lens carries potential in 'engaging in social practices which enable people to participate in and create more caring and inclusive social environments' (Fook, 2012, p3).

Underpinning social work and this research are social inequalities, therefore if 'research is to do more than reaffirm the dominant ideologies about women and their place in the world' (Letherby 2003, p74) then examining the relationship between 'support', the women 'receiving' it and the broader context, is significant.

Intersectional feminism (IF) as described by Crenshaw (1991; 2011) and subsequently by Walby (2011) is a methodological lens which allows for an examination of the multiple social locations of women. It recognises how women may have overlapping and diverse constructions of self, emanating from broader social positions and identities which risk being underplayed as carrying significance in research (Crenshaw, 1991). An IF lens facilitates an understanding of individual experiences 'making visible the multiple positioning that constitutes everyday life and the power relations that are central to it' (Phoenix & Pattynama, 2006 p187). Davis, (2011, p46) highlights how as an approach it:

'...promises an almost universal applicability, useful for understanding and analysing any social practice, any individual or group experience, any structural arrangement, and any cultural configuration...an analytic resource rather than just an identity marker'.

Having commonalities of experience (as homeless and economically marginalised women for example), can be incorporated into an IF research lens, with a recognition of diversity within the 'context of commonality' (Hanmer & Statham, 1999, p19). This is significant in this research as particular responses to women's mental health support needs interacted with universal experiences of experiencing material poverty for example.

Fook (2003, p9) highlights some dangers of researching 'social work' practice which may serve to create a notion of a passive victim identity for those who are disadvantaged, serving to 'lock disadvantaged people into disempowered identities', which carries a risk for marginalised women in this research. Therefore, I was conscious that my methodological approach should take into account not only the mediated context within which 'support' is taking place but recognise also my analysis of the experiences of it.

Silverman, (2000, p8) highlights that 'the choice between different research methods should depend on what you are trying to find out'. For the purpose of this study therefore, I chose to take a qualitative methodological approach as my ontological position and epistemological approach. These lend themselves to gaining in-depth insight of particular accounts of the phenomenon of support and allow for close interaction with the participants (Mason, 2018). Features common in qualitative research include a focus on words rather than quantification, in the collection and analysis of data (Bryman, 2004), rather than being more focused upon the measurement of a concept. Bryman (2004 p65) highlights how 'concepts may provide an explanation of a certain aspect the social world'. Taking a qualitative approach therefore allowed for developing an understanding of the participants situated accounts of the analysis of support 'rather than an analysis of the surface comparability of large numbers of 'standardized accounts' (Mason, 2018 p114), afforded by a quantitative approach.

### 3.3 Selection and sampling

Mason (2018, p53) describes the significance of selection and sampling in data collection as a means of accessing and identifying data sources that allow for one to 'select from them for the purposes of gaining meaningful insights into your intellectual puzzle'.

I selected three organisations in the North of England who are homeless accommodation providers. The participants were chosen according to the principles of purposive sampling as they are a good

illustration on the phenomena I seek to understand (Mason, 2018). I would recognise however that they do not claim to be an empirical representation of the population of women that have experienced homelessness in receipt of support and they were not selected based on usual demographic characteristics. In this way they are not representing what Mason (2018, p55) terms a 'census view, or total knowledge, or trying to conduct a broad sweep of everything'. Rather, the shared characteristics of the women were their self-selecting gender, having been recognised as a homeless woman by a service provider or LA and being in receipt of support.

However, I aimed to create a 'relevant range of contexts or phenomena' (Mason, 2018 p58), by selecting three organisations that can be differentiated as:

- An emergency accommodation mixed gender 'hostel', which was previously run by the Local Authority and is closely aligned to it in terms of policy and procedures.
- A women-only domestic abuse accommodation service, (women-only but allows children including boys up to the age of 15), which is run as part of a large charity.
- A smaller regional charity which was initially set up to support women at risk of or experiencing homelessness in supported accommodation (self-contained flats and across a locality), who have diversified their function to cover supporting men in community housing and also (for a short period) specialist domestic abuse refuge provision.

Arguably, they represent a variety of 'support' contexts within organisations with access to different types of funding (housing support funding and large or small generic charity funding pots for example). This may have a bearing on how support is organised but this was outside the remit of this research. However, I would recognise that the limited numbers in the research makes it difficult to develop what Mason, (2018, p59) terms 'cross contextual generalizability which are very well founded because they are based on the strategic comparison of sensitive and rich understandings of specific contexts, whose significance in relation to a wider universe we can demonstrate'.

Having approached and gained permissions from three Managers within three organisations I approached, I attended existing forums available within each organisation to recruit participants (see doc 3 in appendices which shows the numbers recruited from each organisation). In the hostel, this involved attending at the end of a scheduled meeting for women in the service. In the second organisation I met with a staff member who had been asked in advance by her Manager to coordinate with me regarding the initial interest from women in taking part in the research and I attended an information session with 2 women, but 1 woman did not turn up for the subsequent focus group and sent her apologies. In the refuge I set up 2 focus group sessions, 1 in the day time and 1 evening session. A total of nine women were recruited in total for this study. I would recognise that the sampling approach taken was not based on representativeness or contextual comparisons but rather on what Mason (2018) describes as evocative sampling. This carries a purpose of being:

'generative of insight, or of understandings that you argue are likely to be vivid, potent or distinctive elements in the character of the phenomenon you seek to understand' (Mason, 2018, p61).

### 3.4 Research method

#### Focus groups

Focus groups are described as ‘a research technique that collects data through group interaction on a topic determined by the researcher’ (Morgan, 1996 p130). Therefore, focus groups as a method facilitated interactive discussions from which to generate meaning on ideas of the research question (Munday, 2014). Munday (2014, p236), highlights that focus groups have been historically associated with market research and a positivist paradigm ‘whereby the researcher can access the true feelings and beliefs of the participants’. However, Munday (2014, p236), argues that they carry potential as a feminist research method as they allow for ‘rejection of essentialism and exploration of the social as constructed rather than a pre-given; consideration of the collective as opposed to individual nature of social life and contextualisation of data...’. I was conscious of the need to place the women as the experts in their experiences and to make initial prompts to encourage shared talk, rather than persistent questions so a focus group was appropriate for this. It arguably facilitated the generating of thoughts between participants (David & Sutton, 2004), requiring me to reflect quickly on how particular meanings around support may be being generated and expressed within the group yet probing for further information along ideas raised.

This method was arguably successful in building rapport through interaction experienced as less individually scrutinising, as the context was shared in the group (as described by Mason (2018) and Munday (2014)). Arguably, the focus group format enabled a disruption of power relations between traditional researchers and the researched ‘other’ since as described by Mason (2018), the combined contributions of the members of the focus groups pointed up new directions and questions which challenged the remit and trajectory of this study. This was evident in relation to not only some particular focus areas of support that were raised but also the particular emphasis placed. This allowed for what Jowett & O’Toole (2006, p455) describe as ‘potential within the method to subvert and problematize epistemic authority’ in line with feminist enquiry. Whilst there are contentions about what differentiates a focus group from other forms of group interviews (Mason, 2018); for the purposes of this research, the participants had a shared belonging as all were eligible to receive support from a particular service and some (but not all) knew of each other from living within one ‘service’.

As a novice researcher this method involved utilising existing skills, (facilitating service user group meetings for example), which was helpful, whilst demanding an understanding of the different moderator role of limiting my participation (Carey, 2012). For example, I used my work skills around supporting women crying; allowing time, demonstrating patience for women finishing ideas around discussing heightened stress events, only prompting calmly and gently and conscious use of eye contact for example (Carey, 2012). Taking a qualitative interviewing approach allowed me to deploy interpersonal skills and, in this regard, they felt a more familiar approach for me as an inexperienced researcher (see ethics section 3.5).

The aim was also for the participants to take greater control of the talk than in a structured group interview; of particular significance as this research involves experiences of a marginalised group (Wilkinson, 1999; Carey, 2013). To this end, I had a list of topic areas rather than questions, prompting broad talk around the topic areas; (all the general support topic areas had been shared prior to starting or in the initial meeting). Lee (1993) argues that a fixed set of questions can hinder research on sensitive topic areas so having a more flexible approach was appropriate for this research.

However, the data generation involved asking several questions which focused on the participants' general support experiences (for example opening with 'what is a typical day like for you?' to allow for an opportunity to ask how they are 'responded to' in terms of their experiences). I also used some hypothetical scenarios to contextualise some aspects of practice (for example asking when you first arrived in the service what was it like and how were you immediately supported or not by staff?). This arguably allowed for framing the support process as part of a process for them to consider as it framed support in a generalised rather than pre-determined way, deliberately open to interpretation but relevant to the 'main intellectual puzzle' of the research as described by Mason (2018, p119).

Sub categories of the research question were encouraged through probing questions (such as and what was it about that staff members response that was helpful/unhelpful? What would you have liked to have happened differently? How has that rule affected you?). Therefore, whilst the topic areas were outlined (not prescriptive and non-sequential) this allowed for participants to go off at a tangent generating new knowledge, requiring flexibility and modification on the spot (for example one focus group immediately began with participants saying I want to start with rules here and how we're treated). However, there was cross referencing in my preparation so that I had a list of topic themes as a loose structure format as described by Mason (2018) (see Appendices Doc 1).

Focus groups enabled an opportunity for interaction as opposed to other methods such as questionnaires and focus groups carry potential to normalise experiences that the women have faced (Litosseliti, 2003), which carries empowering potential (see discussion chapter 2.3.4 which explores 'empowering' practice). Therefore, the focus group method was useful in meeting the limitations on time for gathering of data, but did require conscious moderating (in terms of managing dominant group members) and gaining a contribution from all participants, which is in line with issues raised in this area by Carey, (2012). Where only one person turned up for a focus group (on 2 occasions at 2 different organisations), I had agreed with my supervisor beforehand to ask if they wanted to reschedule to another focus group or proceed using the same theme areas and prompts for exploring my research question. Both women asked to go ahead with the one to one interview.

### Questionnaires

Using questionnaires as a data collection method may have increased access to a larger number of participants allowing for 'wider self-selection' as described by Letherby (2003, p106), which may have been of benefit in this research. However, had the data collection involved questionnaires, there may have been additional problems faced which could include support staff acting as gatekeepers in



distributing them within services. I would recognise however, that this may also feature in my chosen research method as I was initially reliant upon service staff/managers to inform a wide selection of women in services of the research project (although it is not possible to assess this within the scope of this research). Filtering access to women in services who may have previously shown dissatisfaction with a service may always be present. Additionally, questionnaires also rely on a level of literacy that cannot be assumed.

### Ethnography

Taking an Ethnographic research approach may have enabled more emersion into the lives of the participants (Hoolachan, 2015, p35), as it offers 'an even greater depth of understanding' as it allows the researcher to 'witness first-hand how these contexts are enacted in daily practices'. This may lend itself to this research and potentially have enabled more rapport to have been built with participants over time. However, it may have felt more intrusive and also create potential issues around obtaining informed consents from everyone 'observed'. Time available was also a consideration as fieldwork typically lasts longer than the time available for the purposes of this research. It also seemed a less practical means to gather data here, which required women to describe or draw on previous support which included also their one to one support experiences (which may take place in individual flats for example). Therefore, my presence within this may have seemed intrusive or markedly distorted support interactions (Carey, 2012).

### 3.5 Ethical considerations

Ethical issues arising from data collection included a consideration of the implications for participants defining 'poor' practice areas and being identifiable by potential staff supporting them. To minimise this, and maintain anonymity, pseudonyms were used which could be drawn from a pre-prepared list of 'inspirational' women's names if desired (as suggested by the ethics panel) and this acted as an ice breaker, creating an informal and interactive start to the sessions. However, following discussion with my supervisor, some individual quotes have no name at all against them as we agreed that the specificity of experiences described could make particular women identifiable to a service or staff member. As some women return to services, we took the decision to minimise the risk of them being identifiable and any resulting negative bias that may result. In hindsight I learnt that one participant had been evicted for breaking of rules around drug use and she perceived a lack of support as contributing to her previous drug use and subsequent 'points' received. She was likely to ask to return to the service as the only emergency homelessness provision, so I felt this decision proved to be justified.

Other ethical considerations include that participants may share sensitive information and find that this may have the effect of disrupting their coping strategies (Maynard, 1991); where they are talking about (or listening to) distressing accounts or experiencing increased heightened emotional states. I was consciously sensitive to this throughout, using acquired work skills and a briefing at the end of the interviews about supports they have available including a de-brief sheet of local organisations,

and a contact number for myself, (which was a separate contact number from my personal mobile telephone as recommended by the University ethics panel).

In addition to this, the research strategy included a consideration of what informed consent may mean for the participants; considering for example levels of literacy, levels of intoxication through alcohol or drugs or episodic mental health issues. Although I am familiar with negotiating these areas from work roles, I recognise these may affect a person's ability to make a genuinely informed decision about participating in research, so they present ethical issues (Mason, 2018). I adapted an information sheet and consent form accordingly, in a clear format in line with recommendations from the University ethics panel guidance and verbally summarised the ground rules and reasons, the research purpose, roles and confidentiality. This included the limitations on confidentiality (women may share details discussed beyond the focus group despite the reciprocal nature of wanting confidentiality to be maintained being raised as an issue by myself at the beginning of each interview as well as safeguarding concerns). In the summary report for the participants and organisations I was conscious of academic language, the audience I am projecting to and the potential alienation that may occur from the research writing. In this sense, I was mindful of the research being 'about' and 'for' women from a marginalised group and the political act of representation of women's concerns, as being a central tenet of feminist research (Standing, 1998).

All data was encrypted and stored on the University K-drive within 24 hours of data collection to maintain data security in line with University Research Policy guidance.

### 3.5.1 Insider/Outsider Research

Fook (2006, p15) highlights how we all speak from 'a particular position, no knowledge is ever innocent or free from perspective'. Not having experienced homelessness, and as a post graduate researcher, this represents some areas of privilege and status not accorded to women who are experiencing homelessness. Alongside this however, is my lived experience with an understanding of some aspects of oppression and its impacts and 'inside' experience of providing, managing and overseeing the support to women in homelessness services. Coghlan & Brannick (2014, p133) refer to this partial insider status as bringing pre-understanding, which includes 'both explicit and tacit knowledge'. However, insider knowledge carries risks as one may be too close to the data and 'may assume too much, and so not probe as much as if you were an outsider or ignorant of the situation'.... and you may think you 'know the answer and not expose your current thinking to alternative reframing' (Coghlan et al, 2014, p134). Striving to maintain an awareness of other people's definitions and understandings was therefore of note for me in this process to remain conscious of my potential bias (Humphrey, 2012), requiring reflexivity through discussion with my supervisors. I may have been perceived as occupying a range of roles by participants and I was also conscious of my potential to want to offer solutions or advice to perceived 'problems' raised; therefore, maintaining an understanding of my primary role as researcher, was essential.

My understanding of the context of the research may have served to create good access to participants through the gatekeepers of organisations as it appeared to be recognised that I carried

'insider' knowledge of the context of the support (Robson, 2000), and giving a brief overview of my insider-outsider knowledge with participants may have served to indicate insight and make disclosure easier (Hesse-Biber, 2014). However, having spent some time away from the homelessness sector, this may have helped in dissipating the 'apparent familiarity' of ideas under scrutiny as described by Foucault & Sheridan (1991, p29).

### 3.6 Analysis of data

I conducted thematic analysis (TA) as a six-phase process in analysis of the research data as a 'method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail' (Braun & Clarke, 2006, P79). Braun & Clarke (2017, p298) describe how TA is an effective method in order to analyse 'large and small data sets' and is therefore appropriate to this research as it can be used to 'identify patterns within and across data in relation to participants' lived experience, views and perspectives, and behaviour and practices; 'experiential' research which seeks to understand what participants' think, feel, and do' (Braun et al, 2017, p298).

Braun et al (2017, p81), highlight how TA is compatible with constructionist paradigms of research analysis and can be used as a method 'that works both to reflect reality and to unpick or unravel the surface of 'reality'. This acknowledges how themes don't emerge from the data, but rather, that it is an 'active process' (Braun et al, 2006, p80). The participants in this study have a lived understanding of the experiences which are represented and are placed alongside my own views, (in the form of analysis), rather than superseding them (Millen, 1997).

#### Phase 1

This involved familiarising myself with the data after having transcribed all data (rather than partial data), to try to ensure that data was not being ruled out without a conscious process of analysis and I focused upon a reflexive reading. This involved working to suspend my immediate emotional response to the data, reading all participants words slowly, deliberately and without note-taking twice, to familiarise myself from a first-person perspective; in line with taking a prolonged engagement with data (Altride-Sterling, 2001). This helped make conscious my own role in the process of 'interpretation' and in treating all the data consistently.

#### Phase 2

This involved generating initial codes as described by Braun et al (2006), which are described by Braun et al (2017, p297) as:

'the smallest units of analysis that capture interesting features of the data (potentially) relevant to the research question. Codes are the building blocks for themes, (larger) patterns of meaning, underpinned by a central organizing concept - a shared core idea. Themes provide a framework for organizing and reporting the researcher's analytic observations'.

I began to make meaning from the data from the first-person perspective, considering what was being talked about, asking myself repeatedly about the subject matter that the participant was talking about, writing one-word codes/phrases in the left-hand margin of the transcripts, then re-reading with an eye for repetition.

### Phase 3 & 4

These stages involved me beginning to search and then review the code themes, through re-reading then beginning to make connections for where they may overlap or contrast and adding an interpretation code (for example checking as 'policing' or care - see appendix, Doc 2). Braun et al. (2006, p82), highlight that 'researcher judgement is necessary to determine what a theme is' and that 'there is no hard-and fast answer to the question of what proportion of your data set needs to display evidence of the theme for it to be considered a theme', but rather on 'whether it captures something important in relation to the overall research question'. With this in mind, I collated the codes together into potential general theme areas (for example trust, framing of self) and gathering the data together that related to this theme area. I used colour coding to assist with this visually, coding according to both literal words or underlying themes and concepts; a process of generating a map of the themes then reviewing them across the whole data set, looking for commonalities for example.

### Phase 5

This included a consideration of how themes may be related to the underlying themes considered within my literature review or existing theory (talking as feature of the support relationship and response to trauma or rules and policing as power/control in support responses for example). I was considering in what ways the data subject may be being talked about and how the women may be constructing the subject matter and the overall story that might be being told (Coffey & Atkinson, 1996). Therefore, I was considering the function or perceived nature of the theme listed or as manifesting a particular category (e.g. power).

This involved me looking at the data that I had now put together in a table with headings (see: Doc 2 summary table in appendices). I then considered this from a third-person perspective considering how it contributes to theory, the contradictions and qualifiers that supported relevant literature and I went on to re-cluster some themes.

I looked for groupings across the data and patterns of lived experience, views and perspectives, weighing up if a theme was explicit or underlying in its meaning. In reviewing the themes after collating them, I was beginning to think about them within my epistemological lenses of feminism and how meaning may be socially constructed (the framing of self and limited options for women who are homeless for example); representing the broader context within which the data is formed. This is as described by Braun et al (2006, p84):

'...it is important to note, as we discussed earlier, that researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum'.

The writing up of the data in stage 5 and into stage 6 where iterative thoughts arose, I utilised TA as a method for inductive (data-driven) analyses, and to 'capture both manifest (explicit) and latent (underlying) meaning', as described by Braun et al. (2017, pP298).

### Phase 6

This involved writing up the analysis in the form of findings and discussion sections within this thesis. The discussion stage has enabled me to concentrate on the meanings and implications of the themes, whereby the phenomena, concepts and discourses that may be affecting the data were foregrounded (Mason, 2018). This was a process of deductive analysis, relating to broader theoretical ideas such as compassion fatigue, power and narratives of self, for example. My analytic stance aimed to reveal differences as well as similarities between the experiences of the women as a 'groundswell of need and intersection and articulation and lived experience by many, rather than one' (Leavy & Harris, 2019, p43). The descriptions, were therefore discussed from a lens of commonalities of homelessness but viewed alongside potential differences between multiple lived experiences.

### 3.7 Generalisability and transferability of findings

Generalisability according to Mason, (2018, p35) 'involves the extent to which you can make some form of wider claim on the basis of research and analysis, rather than simply stating that your analysis is entirely idiosyncratic and peculiar'. Generalisability in this research is limited by the numbers of participants and them being drawn from only 3 organisations. In addition to this, the particular time in history that this research takes place (time of austerity, the organisational timeframe for funding bids for a service and sensitivity of service staff to their job status for example) may carry particular implications. This may have a bearing on the extent to which broader generalisations can be made about support across the organisation/homelessness sector for women; but this requires further research. For the purpose of this research, I undertook to report on the findings in both evidential and interpretive ways as described by Mason (2018) which foregrounds the 'evidence' in the form of the 'findings'. Due to constraints on the length of this research, it focuses upon the views of women in services and does not take into account staff or managers' perspectives on the issue of providing support, which may have served to explain support responses in more depth. The study lends itself to further research and analysis of how support is perceived and enacted according to wider stakeholders in light of these women's experiences and in the broader Policy and organisational contexts.

## **Chapter 4 RESEARCH FINDINGS**

Particular features of support arose as significant for participants. These were trust and how particular aspects of support underpin this for women. How power and surveillance are exercised within services is of note in the findings, with perceptions on 'checking' as policing or as an extension of care and concern being marked (see section 4.2). Isolation and loneliness within services featured for all participants (see section 5.3). I will highlight key findings in each of these areas in this chapter and they are discussed in Chapter 5.

### 4.1 Trust

#### 4.1.1 Support that is proactive/responsive underpins trust.

Staff being pro-active and being responsive to signals of need was highlighted as a feature of whether trust was perceived as present in the support relationship. Being both pro-active and responsive to need featured as significant practical and emotional support responses. They impacted on women's motivation to ask for help and thus underpinned feelings of trust towards staff.

Billie describes staff offering proactive and responsive practical support, which helped her re-establish contact with her daughter and impact positively for her following domestic abuse:

*'Todays been absolute rubbish but then they did fix the computer for me so I could access it (facetime).....like I've gone to them this morning because I've got no clothes...how am I gonna get them...access them, so she's (staff member) gone leave it with me and I'll try my best to sort something out for you...she even rung the police for me this morning to find out what's going on...she didn't need to do that but she did....I think they do the practical like things to take the weight off your shoulders, they make it easier for you coz I've found with them doing things that it's made it easier for me'.*

Ivy when prompted to expand on how staff demonstrate respect describes pro-active approaches in a generalised way (and this involved staff 'doing' for you being equated with 'being there' for you and available):

*'anything you need they'll do for you...anything you need they'll do straightaway for you....just anything you need they're there for you...you can phone 'em anytime and they will help you with anything'.*

This was in contrast to a description of unresponsive or perfunctory support in meeting a basic need for the toilet by one participant:

*'I'm bursting and it's no you'll have to go to your room that toilets got to stay locked, no-one's bothering opening it, so when I've asked it's no...and then you can ask twenty times a day to open this kitchen and if they can't be arsed it never gets opened...they just don't care, all they are about it the wages they're getting'.*

A lack of pro-active support was highlighted by 2 women within a service, firstly:

Shanice:

*'they get donations and they don't even tell you, they leave it then it all gets thrown away, it's mad what goes on 'ere'..... if you don't say have I got any post they won't give it to ya, but there's no other way to get your post, it's gotta come through here (the office), it could be there for days...'*

It was also noted by Misbah:

*'they're not even there they are always somewhere else, I've bin stood outside ten minutes waiting to get in...they just don't answer the door, just carry on, on the phone or computer...when all it takes is one second to push the button when it's pissing down with rain'.*

This is also reflected in a general sense regarding staff not being responsive to need:

*'phone started ringing she was on her personal mobile and the phone it's ringing and she goes oh for fucks sake and left it ringing, that could have bin an emergency for anyone'.*

Similarly a perfunctory response was described by Billie at the hospital following a suicide attempt as a result of a domestic abuse incident:

*'yeh the person I spoke to..basically just said why?...I told 'em, they basically just passed me a leaflet, I spoke to 'em for barely five minutes, that's it...I was just crying out for some help, I just wanted out of the situation and for it all to stop'.*

#### 4.1.2 Trust enabled positive 'talk'

Trust facilitated opportunities for 'positive' 'talk' (see discussion section point 5.1.2 regarding further examination of 'talk'). Talking was expressed as a feature of the support giving by all of the participants, ranging from informal and fleeting positive interactions that could lead to help with particular needs, responding to trauma or within more formal key-working processes or settings. Where positive talk was absent it represented a lack of care and concern to women and could result in participants withdrawing from staff.

Ivy:

*'yeh... I come down and have a chat....the Manager I talk to her a lot'....'and if you want to speak to one of the staff you can book in to have a one to one rather than having to sit in the office...I don't know, if I'm holding a lot of stuff in still and then it's just gonna, it just blows you know what I mean...I take it out on the wrong people...screamin at 'em for no good reason'....(and then when asked if she had been able to talk about some of these feelings)...'no but I was goin to..they might have to refer me again for anger management...but I might speak to these about referring me, coz they can refer to places, they've told me...I will have to speak to 'em'.*

Mary was more positive:

*'[that] staff member she's been talking to me as much as possible...she's been counselling me'.*

There were links with whether talk was initiated by staff and where it was not, a consequence was women withdrawing from staff :

Kelly:

*'I don't bother with them' (staff)... I don't even know their names....'.*

Shanice:

*'I'm not talking to anyone anymore.....and when I ask 'em for stuff I don't feel like I wanna ask at all'...[other participants nod in agreement].*

Misbah:

*'...they should be doing their job and come and talk to us'.*

When it was perceived that positive communication was lacking this impacted negatively upon women as highlighted by Misbah:

*'....so I just feel that when you come to work they don't come out, they don't say what's going on for you today, nothing, there's no communication, the only communication is paying money'  
'...you know I'm insecure as it is and they just make me feel like a little tramp'.*

Participants described informal 'talk' as normalising their situation, one to one 'talk' as being like counselling and trusting talk developed when explanation is given by staff. Zee describes having to move flats as a result of a change in her family situation:

*'so they're coming to tell me this...I lost it... and then she was look I'm so sorry this is how it has to happen (explains why)... so when this staff tells me that I thought yeh okay then...then my support worker came in two or three times to check on me.. I was just losing it...I didn't understand at first...but then I did ... when I was filling out my paperwork coz I'm gonna be leaving soon we both ended up shedding a tears coz we remembered when I first moved here'.*

## 4.2 Loneliness & Isolation

### 4.2.1 Fear and isolation

Loneliness and isolation were of significance particularly where women have moved into a new area away from existing connections as highlighted below:

Mary stated:

*'my friends live far far away in the town I used to live in so it's a bit more lonely for me..yeh it's too much sad and lonely and yeh so it's okay I get on well, I get used to it'... I was intimidated going out, it was difficult, I was scared of going out and that's when I phoned trying to move out.....I don't have any friends local to here'.*

Sam agreed:

*'same here...stranded'.....'scared, it's scary...basically on my own in the middle of nowhere...it's scary here'.*

Billie highlighted the benefits for her both practically and emotionally, in being able to maintain a close friendship which would benefit her on moving out of a service:

*'I've got a friend and she said she'll support me, help me redecorate, pick things for a flat, make it all nice...now I'm looking forward to that, coz she's got mental illness as well and we used to chat about it a lot and help each other through shit days, so me being close to her that'll be a good thing coz I won't have my family and that's massive coz I've gotta cut out all of my family coz of one person'.*

### 4.2.2 Making connections through group work

Women drew on their experiences of mixing with other people through groupwork (see discussion section 5.3.2 for further discussion of 'groupwork'). Examples of making connections with others through groupwork organised within services evoked smiles:

Ivy speaking about a staff member:

*'she does different things...she'll do bingo, knitting to keep us busy and stuff like that...she likes to keep everyone together and let everyone get to know each other (smiling).*

Zee stated [smiling]:



*'we used to have a house meeting...I can't remember the last one....we used to do stuff...used to do beauty things, the hennas, the eyebrows this that and the other, quizzes, dvd nights a couple of times and we'd all sit and be together' [smiling].*

Similarly, Billie drew on the groupwork she had experienced previously and the general well-being it brought which could benefit her at the current service:

*'I think they need more things that helps build their confidence up that makes them feel better about themselves coz when you've bin through that stuff you don't feel good about yourself you feel pretty damn shit...getting your nails done....doing each other's hair....that makes you feel good doesn't it...'*

*'...[smiling]... we used to have days baking cakes or making a meal from scratch and they used to provide the ingredients and it used to be a laugh it did, gets you through the day... ....they could do classes...learn you to do things, self-confidence classes coz I need 'em, build your self-esteem back up and I think that'd be good, make us feel better about yourself'.*

There were only a couple of examples of participants making connections within the local community-Zee stated:

*'a staff advised me...started going to church...real good' [smiling].*

In another service groups were advertised in the local community with the organisation also providing free passes for the local swimming pool and gym (although the participant had not accessed them).

There were examples of group-work being advertised within services but not coming to fruition:

*'we were gonna do a curry night...so we've talked about doing that'.*

*'well there is summat on the board for every day but it never gets done',*

*'never gets done..listen if you came in as a visitor you'd think good god they do summat every day but it never gets done, it's just bullshit, it's bin up every week....but it never gets done'.*

#### 4.3 Power, surveillance & 'checking' as a feature of support.

##### 4.3.1 Group work as 'policing'.

Whilst all participants are voluntarily living within the services, there was one participant who described being 'told' she 'had' to take part in 'activities' (a cooking skills session) before she was due to move into her own flat. She describes how she recognised how assessment of skills is a useful feature of support but it risked undermining positive self-esteem when this type of 'support' was not required. See discussion section 5.2.6 for further discussion of groupwork as policing:

*'look I've got 3 sons they're all over 6 foot [tears welling up], I can cook, I just don't choose to anymore coz I'm on my own'.*

##### 4.3.2 Surveillance, rules & perceptions of 'checking'.

Checking up on participants was regarded differently within services; as either an extension of staff availability and of caring support or as an expression of power within services, impacting on trust and framing staff availability.

Toni stated:

*'when I first came here I was very depressed...she used to see me more often, they had to haul me outta my room...(staff) she helped a lot, just knew I needed more help'*

Sam in comparing her current living situation to a refuge she previously stayed in:

*'here they're different..coz if you're low they're always checking on you to make sure you've got everything, if you need anything'*

Zee also stated positively:

*'yeh they do like room checks, it's supposed to be three times a day'*

Mary [smiling]:

*'... they check up on me a lot, especially if I'm not coming out of my room...they come to check to see if I'm still there or if I'm okay...and well to give me food and to check if there's anything I need really, also emotional help and psychological help, because I'm feeling very stressed and scared and it helps if they talk to me and makes things feel better'*

At this service the 'checking' is a means of ascertaining the welfare of the person or responding to need as a precursor to positive support. This was in contrast to another service where 'checking' was regarded as largely absent unless characterising rule reinforcement as highlighted below:

*'I don't see none, I don't see staff, they don't even come to see if you are okay'....*

*'....they don't even check on the vulnerable people'*

Checking up in participants in one service was conveyed as:

*'...like constantly on your back ...treat you like shit, make you feel like shit, and they just don't care'*

*'that's the only interaction they'll have with you, is about paying your rent...not one of 'em nobody, the day after when you've come in says are you alright'*

Checking in response to mental health and risk (in one service) was also described as arbitrary following on from an incident of self-harm requiring medical treatment-

*'they were saying I had to hand in my razors and everything, no-one has even asked me for it, I've still got my razors in me bedroom...you know what I mean, the blade was still on the side...they should be doing their job and come and talk to us...I don't have no support, this is what I mean, absolutely nothing yet they are going around saying I'm gonna get help but I'm getting nothing and nothing happens'*

'Checking' bedrooms was described as having the sole function of scrutinising levels of tidiness:

*'...and they start going mad at us if it's not tidy enough'* or as a means to enforce rules around where medication is being stored (all medication in one service was to be stored in the office and not in bedrooms. One Participant reported returning from the chemist, no staff being available to take her

medication into the office, then her handbag being checked/searched in her room without her knowing and then her medication was found resulting in 'points' being received.

At one of the services rules were clearly understood for example relating to being able to stay away from the accommodation service overnight, and these rules were framed as being protective and proportionate to risk:

Zee stated:

*'obviously they do have the rules...they say be back for ten pm and if you haven't let them know then obviously they've got that duty to report you missing....so if you do stay out...where you go you have to give the address and everything, it's just about your safety coz they don't know...they have a code for reporting'* (she explains a code that all the focus group participants were also aware of).

Toni stated:

*'so people may be commuting from far so they... have to let staff know and have to call or if you don't they will call you to check'*.

Rules within one service were regarded as impacting negatively on mental health, seen as causing additional stress and positioned alongside not being praised:

Misbah:

*'yeh they don't talk to you, the thing is every time you're not doing nothing...you're on the grit of your teeth, saying stuff like that to me...and I feel pressured with it and I've got bad anxiety and stuff and can't cope with that, it stresses me out...if they made me feel like I want to do my mum proud they're constantly on at me don't do this, don't do that, I'm not getting no praises for that I am doing stuff, it's just constantly a put down'*.

Specific rules at one service related to the segregation of gender in particular areas. Rules relating to where women could be and what clothes they could wear in particular areas of the building which carried negative implications for participants. Such rules were sometimes experienced as arbitrary in relation to the policing of relationships between men and women such as not being allowed in a male lounge:

*'you're not actually allowed in the male lounge if you're not playing pool...you gotta wait in a different room, for your turn'*.

One participant described how when staff were asked about this, it was explained the pool table was going to be moved to the shared kitchen so the issue would not arise. However the participant expressed surprise about the arbitrary nature of the rule:

*'so no females will be allowed in the male lounge, but I don't understand what the difference is from the lounge to the kitchen, why can't you mingle there....when you gotta walk through there anyway to get there?'...the participant explained that the explanation was that 'things are getting blurred, people sitting in there saying they're playing pool when maybe they're not...I don't get most of the rules really they're very archaic...I don't understand why they are allowed to mingle in the kitchen but not in the lounge....are they just gonna be touched up in the lounge and not in the kitchen, what's the difference of that...I don't understand some of the rules they've got, they just seem strange to me, I can understand in the (bedrooms) room*

*areas and men can't come mingling about the rooms but if you're letting them mingle in the kitchen, what's the difference of that and watching telly together'.*

Rules were also experienced around particular clothing that women are not 'allowed' to wear at one service:

*'shorts, nighties and pyjamas not being allowed to be worn in areas other than women's room, yet men are allowed to wear shorts' ... 'they shouldn't let men wear shorts but women can't, what are they trying to say....I know they are protecting like people getting touched and stuff like that, but it should work both ways not just on one side'.*

The negative experience of rules was only described in one service and seemed to be perceived as an extension of the barrier between support staff and women, reflecting power and control risking arbitrary 'punishment' (points), which could lead to eviction:

*'they shouldn't be able to go on into your room and stuff when we're not there and start checking it.....I have to get dressed in the morning coz if I come out in my pyjamas I'll get points'.*

Inflexible and universal rule-making was also present and experienced as surveillance that reflected a lack of trust in the women using the service. Medication could not be held in a participant's room, regardless of their capabilities for looking after it, which resulted in feelings of disproportionate control:

*'do they think they have to have this control over your life, your medication...your DWP letters and they want to know what you're getting, when you're getting it...why? So long as I'm paying my rent and service charge...why do they need to know all this?'*

#### 4.4 Framing

##### 4.4.1 Self-image

The ways in which the women framed themselves and others was noteworthy in this research as it arguably related to their experiences of the ways in which staff were supporting them. Billie, Zee and Sam describe themselves and their experiences in relation to her experiences of domestic abuse and the services:

Billie:

*'I've got a personality disorder, depression, anxiety, PTSD, I might not come across as is I have...my heads twatted most of the time...that's what the leaflet told me to do at the hospital [following a suicide attempt] go to Mind Matters, but I've bin told that Mind Matters can't help me because I've only just recently bin diagnosed with a personality disorder and it's too...I don't know what the word is'.*

Zee:

*'I never did anything about it...I kept putting up with him'.*

Sam:

*'...and then I went back to him didn't I and that's why I'm here now, he threw drugs at me so basically I ended up on drugs, I wasn't allowed no contact with my family, no nothing, so*

*basically I was just like an animal left to rot in a bedroom, I'm just getting some drugs thrown in now and again...but then somebody saved me...then this one popped back up... and I ran back to him didn't I, that's what I keep doing so hopefully well I'm not gonna do this time, I'm here now'.*

Toni-

*'in my mind I think I'm gonna be in and out...that was my way of coping coz I'm very independent'.*

Shanice describes users of the service as incarcerated:

*'what we lack in staff the inmates make up for it...that's what I call us, the inmates'.*

Toni describes specific support programmes around domestic abuse within the service to help her:

*'it's very useful, gives you warning skills...so when you leave here eventually you may meet someone else so basically shows you tell tail signs to look out for'.*

#### 4.4.2 Framing by others

Misbah describes her experiences of not receiving support around reducing her illegal drug use and general support:

*'I've done that all on me own without their help when they should be helping me...'*

*'no one else [staff] will talk to you... 'they start being in a mood and pick at little things and make the excuse that everyone has their problems, but yes they are meant to be professional, don't bring it into work that's all'.*

She describes staff responses when she explained her drug habits:

*"they just sat there laughing at me saying how the fuck do you even afford it, like that just laughing at me'.*

More positive experiences of staff interaction are stated:

Shanice:

*'the only decent one...sit in the ...room talking, not about here, just general talking, but no-one else will talk to you'.*

Misbah:

*'like you're a human being, make you feel like you're not scum'...'the others think they're better than everyone else...and it's just they make you feel like a piece of shit like you are just nothing and it's like they can't even be bothered just doing their job...I think they look at me like I'm just a scummy piece of shit when I'm genuinely not...'*

Participants describe other women in services:

Toni:

*'I feel like it should be for women and children and women who are not with children should maybe be in a place that can deal with people...that have substance abuse...they should be somewhere separate...'*

Shanice:

*'these people that come back year after year, that won't be me'.*

Misbah:

*'coz I shouldn't even be in a place like this, I've got a well-kept family and everything, I'm just in 'ere coz I'm an ...addict and because of other stuff'.*

### Framing of staff

In one service support staff practice was largely framed universally as highlighted by Misbah:

*'why do they work here? Why don't they let someone else who enjoys helping people or socialising with people just do that job'?*

In another service there was empathy shown towards constraints upon support staff:

Zee:

*'there's only 2 support workers...and they have to cover sickness and holidays'.*

Toni:

*'it seems like staff losing their minds running around like chickens with so much to do, they could do what they have to do if there was more time'.*

## **Chapter 5 DISCUSSION OF THE FINDINGS**

### Overview

This chapter examines the findings around trust and the implications of 'talk' and support and the 'othering' of women for example, isolation and loneliness and the potential significance of groupwork, 'policing' & power and how these relate to staff attitudes and team cultures and lastly 'framing' of women in services in relation to self-image and the potential impact within 'institutions'.

### 5.1 Trust.

#### Overview

Trust may be narrowly defined as encompassing how an individual considers another to have integrity and dependability which may be through direct contact or influenced by third party relations (Ferrin, Dirks, Shah, 2006). Being able to convey and elicit trust, therefore requires skills if it is to elicit positive social relations as described by some participants in this study. Kaprowska (2014) highlights how four principles of communication help build alliances with people in services, which may serve to build and convey trust and trustworthiness; being clear, concise, comprehensive and courteous. If communication is a key way in which trust can be conveyed, then developing skills in practice, to

convey listening, giving clear boundaries and using questioning that aims to elicit individual feelings to encourage empathic processes (Kaprowska, 2014), are at variance across the services in this study.

Solomon & Flores (2001, p92/3), describes how trust is in a 'continuing dialectic' with distrust and how 'all forms of trust involve counting on other people, and as such, they are all vulnerable to betrayal' Therefore, navigating opportunities to maximise trust and recognising areas where this may be compromised in support relationships is significant. Experiencing pro-active and responsive support helped establish trust with support staff. Since trust underpinned the participant's perceptions across broad aspects of the support relationship it is also of particular significance. For example, in relation to facilitating useful 'talk' between women in services and support staff, the perception of 'checking' and rule implementation in services and withdrawing from staff support was grounded in trust of the motivations of staff.

### 5.1.1 Pro-active and responsive support impact on trust.

Trust may be experienced as either a feature of emotional support but also as a consequence of responsive and reactive practical aspects of support. In one case, a Housing Officer (as initial point of contact), did not accept a woman as in priority need despite her escaping domestic abuse and the worker was unable to secure an immediate place in a refuge. This resulted in the woman staying with an unknown stranger in order to ensure she had a bed for the night but she was raped by this man. Despite this, her perceptions of the worker was of a person that had:

*'gone above and beyond'...it wasn't her fault she couldn't get me somewhere'.*

This may reflect how trust in the support 'approach' of the worker is significant, outweighing the lack of practical support on offer (but arguably the participants low expectations of her rights). As a consequence of a poor support response and lack of service provision the woman's trauma had thus been compounded:

*'she didn't really class me as an emergency and said to come back tomorrow';*

However, being emotionally responsive to the needs of Billie appears to create feelings of trust as it may indicate active concern. Billie remembered the worker's name and refers to her:

*'but she's lovely...when I went back the next day she did get me somewhere'.*

This featured at the refuge service responding pro-actively to need with support in re-claiming belongings from a former home, liaising with other services (police) which was clearly appreciated as helpful and Billie was animated and smiling describing:

*'she even rung the police for me this morning to find out what's going on...she didn't need to do that but she did...I think they do the practical like things to take the weight off your shoulders, they make it easier for you coz I've found with them doing things that it's made it easier for me'.*

Perceiving staff as caring and approachable enabled participants to have opportunities for positive 'talk' to be initiated, which allowed for opportunities for women to share their experiences of trauma leading to a positive impact on their well-being. This is significant where an emphasis on recognising trauma and historical trauma for women should be a central tenet in the delivery of support (Harris & Fallo, 2001). Since domestic abuse and corresponding mental ill-health is a feature of women experiencing homelessness, which involves the dynamics of coercion and control, then services which serve to ensure that these dynamics are not replicated can be seen in this research. This helps to ensure that emotional safety is promoted for the women. Indeed, trauma may be compounded when feelings of lacking control are re-introduced into a supposedly caring or supportive relationship within services as highlighted by one woman who equates contact with staff as impacting negatively on her mental health-

*'but these are like they are constantly on your back, treat you like shit, make you feel like shit...and they just don't care'.*

Taking a trauma informed approach in services where there is a focus on rebuilding emotional well-being and the ability to form trusting relationships is of particular note because violence against women and girls so often takes place within a relationship from people they know and love. Therefore 'establishing quality relationships between workers and women based on trust' carries psychological benefits' Young & Harvath, (2018, p8).

### 5.1.2 'Talk' as a feature of building trust

This emerged as a key consideration for women in this study. Kaprowska (2014, p54), highlights how when working with people who are facing particular difficulties in their lives, skills in communication are particularly significant, as self-esteem may be low and people may therefore be:

*'..angry at the world or sad and despairing. They may have high hopes of what we can offer or be dismissive. Their antennae are likely to be in a state of heightened alertness, especially if the encounter has high stakes'.*

This is of significance in this research as communication in the form of 'talk' between women and staff was perceived and enacted in different ways. 'Talk' carries 'depths beyond the surface meaning of verbal and non-verbal communication' as described by Ingleby (2010, p21). 'Talk' carried implications beyond the immediate exchange, impacting on whether women felt able to open up, facilitating or restricting a sense of trust and reinforcing or negating a particular sense of self. It was evident that the degree of trust that was felt between staff and participants within services impacted on whether they felt able to talk about their experiences of trauma. Trauma experiences ranged from domestic abuse, (experienced by eight of the nine participants interviewed despite not being the primary reason for all of them being in receipt of service support), childhood abuse, neglect, sexual assault, self-harm and risk taking in illegal drug use. These were only the trauma experiences that were revealed within the interviews and there may have been other experiences not shared.



Trust seemed to impact on the extent to which a woman may withdraw from the support relationship and decide pro-actively to not 'engage' with support. Rather than this being a passive act, it may reflect agency in responding to limited options that she is facing as reflected by De Ward & Moe (2010) in their research of adaptive behaviours in homeless hostels. In this regard, there would be missed opportunities to identify and support women around issues beyond those revealed or present at the time of referral. It may therefore carry implications for making connections to required external sources of support and meeting the required support needs of women at service, organisational and policy levels.

Within this research, the staff ability to understand the impact of violence against women and girls (VAWG) is of note as the variations in staff facilitating an environment within which women feel able to 'talk' was marked. The women described variations on whether this trust was established surprisingly quickly or over time; through being given a chance to be listened to and responded to with appropriate practical help, emotional care and respect. Within the women-only refuge, which has a primary function of responding to women leaving domestic abuse situations, this was evident; with participants likening their support around 'talk' to counselling, being able to tell the support worker anything. In another service, even where particular staff approaches were not positive and positive 'talk' was absent or lacking, it was still framed as holding positive potential:

*'...they should be doing their job and come and talk to us'.*

Gauging when talk is a means for company, informal conversation, informal counselling or to garner support and help prevent incidents of self-harm or suicide requires support staff to navigate and balance different priorities and risk within their role. Zee evaluates the 'office' space and her ability to talk there, which highlights competing needs staff are facing: -

*'I don't feel there's any privacy in the office...just staff in there and you're in there and phones goin', buzzers goin'.... it's just interrupting...and it could be something serious you want to discuss'.*

Competing priorities may carry particular implications for women who may have reservations in disclosing about the multiple oppressions they may be experiencing. A lack of a coordinated approach to support planning by named workers (which was highlighted across every service in this study) may therefore be working against the needs of particular women and adding to a sense of marginalisation (Nadal & Mendosa, 2014). Participants only presented this as a concern more generally. This was summed up by Misbah:

*'they don't sit me down, talk to me, ask me why'.*

### 5.1.3 Trust and the context of the support

Trust may be more difficult to develop between staff and the women where the context of support is what Goffmann (1991) terms a total institution, which carry specific characteristics. These characteristics include where members are similarly situated (homeless), where there is arbitrary application of rules within a setting (see later section on power) and members are cut off from wider

society. This may be for example due to a lack of resources to participate (all of the participants were in receipt of welfare benefits or without recourse to public funds). In addition, 'circumstances' are likely to continue for some time since there is pressure on local housing provisions nationally (Butler, 2019) and limited access to social housing and services may be organised around bureaucratic principles (Goffman, 1991). The way in which the services have developed in particular ways is of note. A separation of 'tasks' between different staff roles and particular organisational structures may carry implications. Staff time and availability, pressures on particular 'roles', opportunities for contact with manager's for staff support may correspondingly impact on and hinder developing trust with women in services. De Ward (2010) highlights homeless shelters as situations for total institutional adaptive behaviours to occur. This is significant because if staff miss opportunities for trust to be developed then arguably withdrawal from the limited support on offer may become a consequence as reflected by several participants in one service.

*'the other day I was crying, a bit upset and I was sitting where the desk is and this woman tells me to come into the room to talk to her and I said oh alright then....then one of my friends rang and I said oh even they are pissed off, calling me....and the next minute she's like shouting....get in here now...screaming at me...and so I said don't fucking shout at me and walked off, coz I was crying as it is and then it's the ways they speak to you, they don't care'.*

Shanice and Kelly highlight a lack of relationship:

*'I don't even know half their names'.*

Kelly:

*'I don't even know any of their names'.*

A lack of trust in the support relationship may carry implications for returning to abusive relationships; arguably this may feature where Mary considered returning to her home town area as she felt isolated rather than having made 'connections' in her new support service area. This may also carry particular implications for women who may be further marginalised within services because of their mental health needs, their sexuality or ethnicity for example; where multiple barriers to inclusion may feature.

Where there is not mutual trust, then even basic needs may go unmet in terms of responding to physical and mental health needs. For example, we can see a lack of care around self-harm wounds and not informing women of available free food donations. A breakdown in trust may lead to a sense of being undeserving of support and internalising negative scripts of self that are being conveyed at a micro level (see section on framing for further exploration of othering at an institutional, group and individual level). The level of trust between staff and the women becomes the basis for how 'checking' is perceived as either unnecessary surveillance, control and as a vehicle for punishment and rule reinforcement or as a signifier of care and protection thus 'trusted'. (see later section on power/authority and control).

Establishing trust emerged in this study, not as a transient and mutable feature of support but rather as transferrable across different aspects of support and contexts. Zee highlighted the significance of trust having been developed over time through explanation and concern. She conveyed this in relation to being told she needed to move flats as her family size had reduced. Despite the

inconvenience, she accepted the explanation of other families needing it as 'true', because the staff member conveyed understanding, concern and explained reasons to her, based on and re-affirming trust.

#### 5.1.4 Trust leading to 'talk' leading to un-silencing.

The way that 'talk' is framed may represent the opportunities for meaningful connections between support staff and women experiencing homelessness. Markoff, Glover, Fallot, Elliot & Bjelajac (2005), highlight the significance of services creating a sense of emotional safety in relation to relationships between staff and women and for staff being attuned to fearful or stressful times for women and responding in an engaged and empathic way. Talk as a means of communication may facilitate or hinder this trust. In the situation with Shanice asking for a toilet to be unlocked and another participant's experience of a lack of empathic response to her self-harm wounds the heightened emotions in these situations were responded to poorly:

*'and when other people look at it what do you think they think?'*

Being alert to behaviours and moods of women that have experienced trauma is of note as described by Billie receiving an empathic response allowing her an opportunity to share her difficulties:

*'...because this morning I woke up in a proper shit mood and I just blurted a load of stuff out that I've not told anybody, and it did make me feel a lot better...with my mum I wasn't allowed to speak you know what I mean, she did all the speaking...now I can say what the hell I want...'*

On describing her experience of support in a previous refuge, Billie highlights the potential for one to one key working support in this area to create a space for building a relationship with a worker which facilitates trust and a potential opportunity to share experiences in more collaborative ways (De Ward & Moe, 2010):

*'.....they used to see me a couple of times a week for at least an hour and we just used to talk about everything really'.*

'Talk' holds the potential for creating emancipation, as a sense of 'un-silencing' which carries the potential to begin to consider alternative versions of self and frame oneself in more positive ways as summed up by Billie:

*'now I can say what the hell I want'.*

## 5.2 Power & surveillance as a feature of the support context

### Overview

The perceptions of support staff and managers having authority to implement rules and codes of behaviour, including the extent and way 'checking' on women occurred, implied these aspects were either an expression of care and concern, a proportionate response to managing risk or in one service as surveillance and 'policing' that was arbitrary, impacting negatively on trust and on well-being.

#### 5.2.1 Perceptions of support and control, regarding 'checking' on women.

There were variations between services of how participants perceived 'checking'; arguably a characteristic of how power and authority are perceived to be exercised more generally within a service as they vary from:

*'to see if I'm still there or if I'm okay'*

*'if I need anything'*

Checking also featured as less positive, as scrutiny of privacy which may involve searching for prescribed medication in a bedroom or policing/checking if a woman is in a lounge area but not playing pool as the 'rule' stipulates.

The purpose of surveillance is arguably reflected in how it is 'received' by the participants being surveyed and 'watched'. 'Checking' in services where its function was perceived as an extension of the staff role of 'helping' and 'caring' was received as mutuality of trust. Participants in one service described a collaborative approach to keeping them safe from further domestic abuse through a system of joint responsibility which reflected a positive intervention and approach for example-

Mary stated [smiling]:

*'...they check up on me a lot, especially if I'm not coming out of my room...they come to check to see if I'm still there or if I'm okay...and well to give me food and to check if there's anything I need really, also emotional help and psychological help'.*

However, in one service checking was regarded as a means to administer punishment of 'points' rather than carrying a caring function. Therefore, this surveillance was deemed as a paternalistic infringement upon rights and privacy of participants. Mail had to be processed via the office, medications were processed via the office, what clothing was worn in particular places by women was monitored and relationships between men and women were experienced as 'policing'.

How checking is perceived arguably reflects the degree of trust in staff to respond proportionately to risk and need and to make a balanced judgement in balancing the two. This may also reflect the way support is organised in the services. As reflected by Goffman (1991), being bureaucratically processed as part of a like situated group of people, activities such as sleep and play are monitored and controlled. This is seen in one service where the participants have to be in their bedrooms after a particular time for example. Goffman (1991) argues that it becomes inevitable that there is manipulation of residents in the interests of staff in total institutions; that is for example women being organised around staffing rotas and roles. Bengtsson & Bulow (2016) however, contest the idea of total institutions (TI), and the emphasis on uniform treatment for example. They argue that whilst a group of people are living together they are not necessarily all treated alike within institutions which dehumanise the meeting between staff and patient, as stated by Goffman (1991). This is relevant in this study, as although disparities in 'treatment' by support staff were highlighted in services, women are similarly located due to their similar circumstances. TI also features when one considers the limited contact that may be experienced with the 'outside' world when participants describe being cut off from the community through a lack of resources to access their social support or through fear of

having been placed in accommodation services far away from their home towns in order to escape domestic abuse.

The solidarity processes were however remarked upon by a participant from one service who comments:

*'that's what I call us, the inmates'.*

Interestingly, 'the TI is characterized by inspections, surveillance and obedience tests that are part of the attempt to socialise the individual into a submissive role, making punishment a crucial aspect of TI' (Bengtsson et al, 2016, p55), but arguably risking characterising the people in them as passive receivers of a uniform and standardised service from staff. Uniform treatment was questioned by participants:

*'she's got away with everything her', '..nothing got said to her',*

*'they pick and choose who they are alright with'.*

Checking was perceived in this service as something done to you, outside of your control, not negotiated and not being in your interests. Checking was still regarded as having the potential to carry a positive function however:

*'they don't even check on vulnerable people'.*

Checking that the razors used for self-harm are removed from a participant's room was regarded as reasonable but not carried through; the 'checking' that the razors threat had been removed lying solely with the woman without the supportive follow-up 'checking' as an expression of concern carried out by staff. The perceptions of checking were therefore associated with how power was being enacted at a micro level, legitimating central forces of power (Sawick, 1991). In this sense the obedience of the service users to comply and be passive recipients of support as designated by staff was being raised by the participant. Foucault (2012), however, emphasises how it is always possible to amend power's hold otherwise the limits of power cannot be seen to have been reached. Misbah expresses potential power for herself in leaving the service once finding somewhere else to live:

*'because they've just left me and don't give two shits, I just want a flat and wanna get outta here, it's a mind game'.*

Misbah therefore expresses power as a dynamic. She is responding to a lack of care towards her and the internal conflict this causes her.

### 5.2.2. Compassion Fatigue (CF)

CF has been correlated with 'being unable to fulfil...moral responsibility; that is they could not give the care they thought necessary' (Ledoux, 2015). Whilst compassion fatigue (CF) is a contested notion, it ranges from burnout, vicarious trauma and/or secondary trauma (ST). The different ways to measure CF include self-scaling, professional quality of life scale, secondary traumatic stress scale, impact of

event scales which measure unwanted thoughts and behaviours as a result of exposure to a singular traumatic experience (Bride, Radey, Figley, 2007). In this case working with traumatised clients is what would be measured as the trauma staff are experiencing through hearing secondary accounts of trauma via the women in services. The world assumptions scale (WAS) considers 3 worldview domains which include assessment of beliefs about the balance of good and misfortune in the world, beliefs about justice and chance and self-worth, reflecting on beliefs about self-worth and the role of personal behaviour in outcomes (Bride et al 2007). Most of the tools are for screening of compassion fatigue only (rather than job burnout for example), and are regarded as conservative measures which may lead to over identifying of symptoms. However, one could argue that the potential impact on support staff's mental health and world view in services are likely to be impacted by CF, secondary trauma and beliefs about the world as represented through support approaches in this research. Burnout is a result of 'feeling frustration, powerlessness and an inability to achieve work goals' (Figley, 2002). In this study the participants frame support staff in one service as lacking the capacity or interest in being empathic which may indicate job burnout (Adams, Boscarino & Figley 2006). Staff are described in a generalised way:

*'they just don't care'*

*"no-one listens, so what's the point...a lot of the time she says she's too busy cleaning'.*

*"they don't say what's going on for you today, nothing'.*

*"they'll start being in a mood..'.*

Having a lack of regard for the needs of the women may reflect aspects of CF whereby feelings of not being able to affect outcomes and resorting to controlling of the environment (and the women in this case) through rigid rule-making or avoiding contact may reflect a loss in belief of being able to affect future outcomes and therefore staff are minimising exposure to secondary trauma.

Stamm, (2002), highlights that compassion satisfaction (CS) is a feature of CF and having the feeling of doing one's job satisfactorily may counter CF. As there may be perceived and real limitations upon the extent to which the macro picture for women may be influenced by support input, then this may impact psychologically on support staff. However, being able to reflect on how to affect the immediate situation for women may be impacted positively and into a woman's future may bring considerable compassion satisfaction reflected in the following contrasting comments:

*'they wanted my care put in place...so really they were thinking of me',*

And describing the support as:

*'comforting...really comforting',*

*'...being nice to me basically and saying that I can talk to her about anything'.*

Whilst approaches may bring CS, it may carry impact limitations as previously mentioned. Staff may concentrate on short term outcomes and perceived 'successes' like re-housing, in order to avoid CF for themselves. Although the levels of compassion satisfaction or fatigue have not been assessed as part of this study, the perceptions of the women in receipt of that support may go some way to describe the impact of poor or uncompassionate practice which may or may not be associated with

CF, compassion satisfaction and burnout. Therefore, being able to identify signs within oneself, whereby frustration towards women in services may be experienced and potentially enacted is of note as one impact may be to reinforce poor self-image in already marginalised women. This also carries potential longer-term implications as described by one woman:

*'if they made me feel like I want to do my mum proud they're constantly on at me don't do this, don't do that, I'm not getting no praises for that I am doing stuff, it's just constantly a put down'.*

Within this study, participants commented on the availability of staff time:

*'then they'll see you and they'll go 'one minute', and carry on talking about their personal life'*

And more positively:

*'there's always someone there'.*

The context in which the support is being carried out therefore has some bearing on both staff and women in services. Staff display possible anger and annoyance at the demands of a phone ringing as described by one participant:

*'and she goes oh for fucks sake and left it ringing, that could have been an emergency for anyone'.*

This could be staff deliberately reducing contact with potential traumatised users of services as a direct means to minimise exposure to secondary trauma serving as a means of psychological self-protection.

### 5.2.3. Reflexivity

Staff require the psychological resources to deal with client's problems (Adams et al, 2006).

Reflexivity may be regarded as 'the ability to act in the world and to critically reflect on our actions and in ways that may reconstitute how we act and even reshape the very nature of identity itself' (Ferguson, 2003, p. 199). Placing the needs of women in services within a broader social context may go some way to avoid pathologies of need and therefore reduce feelings of frustration as placing the person within broader socio-political contexts carries self-awareness of the limitations to transform those realities (Kondratt, 1999; D'cruz, Gillingham & Malendez, 2007). This may assist in avoiding a culture of blame towards women developing and may be influencing the different perceptions of support between services in this study. A lack of emotional control exhibited by staff swearing in response to a potential phone call, (work demands required of them) or immersing themselves in a less psychologically onerous task of cleaning as another participant noted may serve a purpose. However, it may reflect ineffective resilience of staff to meet the difficult psychological demands they are feeling in their roles, which the women in this study notice.

In all services in this study participants described 'good' support that was responsive, part of a trusting communicative relationship and spontaneous to need, but the extent to which this was realised within each service varied. This is reflected in whether staff imply one woman was:

*'playing the system'*

This was a perceived perception of one participant that staff felt she really had somewhere she could live if she chose; in contrast to Billie describing a housing worker despite failing to re-house her as having:

*'gone above and beyond'*.

If women return to services, this may be responded to by staff as a 'choice' devoid of context (Young et al, 2018), alongside returning to an abusive partner or losing a tenancy through debt arrears whilst being a drug user.

### 'Othering'.

Othering may occur when characteristics are manipulated as being in themselves problematic; as if a group are intrinsically different and 'other' to oneself. Gerrard & Ferrugia (2015, p2221) highlight how discourse around homelessness within neo-liberal society serves to represent people not living within the 'normative social relations of capitalism, ... as a romantic life apart and as a stigmatised symbol of failure'. Arguably, there are risks in services of micro practices reflecting this whereby the characteristic of being 'a homeless woman' results in being treated as essentially different and this difference becomes translated into inferiority. Structural failures and support services established primarily to support men which are left intellectually and politically unchallenged may serve to also reinforce the 'difference' of women who are homeless as 'other'. Women in this research describe features of being 'othered' by staff in one service which may reflect a dynamic that is resulting from CF, whereby a process of marginalisation is enacted. Women's uniqueness may not be recognised yet neither are their broadly negative universal experiences such as poverty and trauma. One participant describes how she is left feeling after being around staff

*[they] 'treat you like shit, make you feel like shit' or 'I think they look at me like I'm a scummy piece of shit when I'm genuinely not', 'they just think I'm being a dickhead but I can't control my emotions'.*

This is significant when women are already facing stigma from being homeless (Anderson, Snow & Cress, 1994), carrying implications for mental health, self-identity, and reinforcing the impact of trauma for women and risking a person feeling more alienated, rejected and experiencing identity crisis (Goffman, 2017).

This was reflected in one service whereby a participant describes a personal appointment regarding a DSS medical 'having' to be entered into the staff diary arguably rendering her more passive. Potentially this is reinforcing a perception of her as untrustworthy and serving to legitimate state power rather than legitimating the difficulties a woman may face in attending such an appointment. Levitas, (2004), argues how discourse around social exclusion more broadly underplay features of being 'poor' which includes in-work poverty, low wages, redistribution of wealth and the gendered distribution of unpaid work. These may arguably be being played out within micro expressions of power in homeless services in this study (Chauhan, 2013). Taking a social justice approach to support for women who are homeless could feature more prominently; advocating and supporting



women regarding DWP appointments, acknowledging and contesting the difficulties and tensions associated with this at a macro and individual level.

### 5.2.5. 'Policing' of women's clothing.

There were distinctions made between the categories of being a homeless man or homeless woman, carrying with particular expectations on how women should dress, spaces available to them and penalties for rules being applied which were experienced by women in one mixed gender service as oppressive practice. A number of rules applied as to what could be worn. Largely nightwear could not be worn outside of bedrooms and shorts could not be worn anywhere by women. Being able to work with the commonalities and differences between women and men in services is a principle of anti-oppressive practice as is being able to incorporate a critical understanding of power in services (Dalrymple & Burke, 2006).

Women noticed these 'arbitrary' rules (the participants do not think they 'signed up' to this rule as part of their support/tenancy agreement and one participant described how she:

*'don't understand some of the rules...they seem archaic to me'.*

The policing of clothing in this way may be considered a breach of the women's human rights under Article 8 of Human Rights Act which includes a right to determine the way you look and dress. Indiscriminate exercises of power may be well-intentioned (one participant stating wearing shorts may carry implications regarding unwanted sexual contact from men living at the service), but also highlighted that women's bodies were being policed differently from men's:

*"they shouldn't let men wear shorts but women can't, what are they trying to say....I know they are protecting like people getting touched and stuff like that, but it should work both ways not just on one side'.*

Arguably, the intersection of womanhood, sexuality and power are realised within this rule whereby the control of women through their bodies is being realised, carrying with it punishment and points if failing to comply to organisational rules. One participant expresses this in her experience of wearing shorts:

*'they kept telling me and I weren't listening and then I got points'.*

Gender therefore, is a vehicle through which 'systems of division' within the hostel are being reinforced (Bailey, 1993, p101). The women express how power is exercised through the category of gender; to their detriment. This is resisted as described by Foucault, (2012); as expressed in '*they kept telling me*'; but ultimately the punishment of points and eviction from an essential service delineates where the power of decision-making lies.

### 5.2.6 Policing of groupwork attendance

*'...obviously she's not read my file...then she's telling me I have (emphasised) to join activities...no...that's not anywhere on anything I've signed...she wants to see if I can peel a potato or summat'.*

When a participant described being told she 'had' to attend a group on cooking skills, then trust may be affected, so seemingly passing comments may serve to undermine the support relationship. Where preparation and planning may take place with positive intention but without consultation and collaboration with people then disempowering delivery of support 'to' women may result.

*'...look I've got 3 sons they're all over 6 foot (tears welling up), I can cook, I just don't choose to anymore coz I'm on my own'.*

This approach may serve to undermine a positive self-identity that is being challenged through using homeless services (as capable mother). This is significant as women experiencing homelessness may have few positive narratives of self from which they can draw, so a comment may carry the potential to undermine dignity and positive feelings of self (Miller & Keys, 2001). It may also further impact negatively on trust with staff.

### 5.2.7 Team cultures

Team culture may be displayed by staff within an organisation through shared values, beliefs or perceptions (Robbins, Coulter, Martocchio & Long, 2018), and this may include shared beliefs of people using the service. Therefore, the women in this study who experienced staff in one service as *'they just don't care'* may reflect a team culture of disinterest and apathy to the women's situation demonstrated by a reduced capacity or interest in being empathic (Adams et al, 2006).

People do not perform their roles within a vacuum and knowledge sharing and team emotional intelligence affect team performance, as sharing of information between team members may help facilitate emotional intelligence skills as described by Jamshed (1997). Where poor practice was experienced, 'the staff' (being described as a homogenous group) exhibited agreed ways of working. This was represented in comments from women where staff had shown frustration, swearing and signs of withdrawal: -

*'they don't talk to you, the thing is every time you're not doing nothing well say to me like you are on the grit of your teeth here. Saying stuff like that to me and I feel pressured with it and I've got bad anxiety and stuff and can't cope with that, it stresses me out' or 'they don't even check on the vulnerable people',*

*'we can't all be feeling the same things if it's not true'.*

Positive team culture implies the development of team level emotional intelligence. Where there is a culture of unresponsive and untrusting levels of support being agreed as reasonable practice, it may be a culture of team poor job satisfaction since organisational structure and team cultures impact upon job satisfaction (Korner, Wirtz, Bengel & Goritz, 2015). However, this requires further research.

### 5.3 Loneliness and isolation

#### Overview

Loneliness and isolation featured for all participants across all services in this study which carries implications for the way support is organised. Creating opportunities for the women to build and rebuild social connections both within and outside of services can be seen as significant (and may be of note particularly in services where the accommodation may be separated out or dispersed across a locality as this may present more barriers).

#### 5.3.1. Isolation and fear.

Loneliness and isolation are a manifestation of feeling without support, connections and networks with others and social isolation and alienation are features of domestic abuse (Arokach, 2006). Having trust with support staff, with other people who are using services and from within the local community may be sources of social support that help alleviate feelings of being remote from others, either physically or emotionally. Whilst creating spaces that feel physically and emotionally safe is a recognised feature of trauma informed care (Young & Harvath, 2018); then staff having awareness of how feeling lonely and isolated may undermine a sense of emotional safety, is important. Within this study, women commented on their isolation from existing social networks. Since trauma is a feature for women experiencing homelessness and domestic abuse is a common feature of this trauma, then potential positive networks may have already been closed down through coercive control and deliberately isolating women from their family or friends (Arokash, 2006). Connections are lost again through moving away into a new locality with few resources to visit or re-establish contact. Women carry the burden of this into support services where they report further feelings of isolation and loneliness as expressed below:

Ivy:

*'I'm on my own all the time...like all the time...I still speak to my friends but it's just too far for them to come up here, so that's the other thing that's getting me sort of thingy at the minute coz I'm on my own all the time...you get used to it'.*

Mary-

*'I don't have any friends local to here'...*

Sam:

*'same here...stranded...scared, it's scary...basically on my own in the middle of nowhere...it's scary here'.*

#### 5.3.2 Making connections through group work

Groupwork carries the potential to work in partnership with service users and build connections. It can be a source of therapy, education, enhance well-being and build rapport between members (Thompson, 2007; and Kaprowska, 2010). Mullender and Ward (1991), highlight how working with

groups of people carries the potential to be empowering for individuals, as collective issues can be considered and approached collaboratively with answers sought beyond the self. This facilitates problem-solving beyond the individual and carries the potential for more radical organisational responses (Turbett, 2014).

Billie sums up involvement in groups within services as an opportunity to build skills, social networks and as an opportunity to build confidence:

*'I think they need more things that helps build their confidence up that makes them feel better about themselves coz when you've bin through that stuff you don't feel good about yourself you feel pretty damn shit...getting your nails done....doing each other's hair....that makes you feel good doesn't it.....we used to have days baking cakes or making a meal from scratch and they used to provide the ingredients and it used to be a laugh it did, gets you through the day.....they could do classes...learn you to do things, self-confidence classes coz I need 'em, build your self-esteem back up and I think that'd be good, make us feel better about yourself'.*

Billie references how group work within a service may be an important vehicle to help women get to know one another, to build new friendships and/or networks whilst contributing to building confidence, skills, for fun, as a learning experience, to utilise skills and to develop positive self-image or to 'get [s] you through the day'. An opportunity for strengths-based work was underused in the services in this research (for example one participant described her own hair cutting and make up skills that she would like to use for other women). Not utilising skills at a personal level and within a broader relational framework, means the chance to disrupt the notion of women experiencing homelessness as only being 'in need' of support from others may also be missed (Walsh, Rutherford, Sarafincian & Sellmer, 2010). Whilst recognising that there are structural factors such as poverty that women are facing in their situations, positioning them as recipients of service support delivered to them, may serve to reinforce victim narratives of women and close down broader perceptions of self within services (Lamb, 2005). (see section 5.4 for further discussion on framing). In-house or external group work may serve to enhance psychological well-being as it is recognised that for trauma survivors 'mutual support is often a powerful antidote to feelings of shame, alienation and loneliness...they are not alone with often hidden and secret experiences of abuse' (Fallot & Harris, 2002, p481).

Comments were made about groupwork not taking place and therefore opportunities are being missed in services:

*'...never gets done...listen if you came in as a visitor you'd think good god they do summat every day but it never gets done, it's just bullshit, it's bin up every week...but it never gets done'.*

It may be significant that participants describe group work opportunities as routinely not taking place despite the positive significance for participants and their potential for developing aspects of social capital. Irwin, LaGory, Mitchley & Fitzpatrick (2008), in their study including women experiencing homelessness, argue that social capital carries two strands of either support as helping one to mediate stressful events, or as leverage helping to solve problems and to get ahead. Irwin et al, (2008 p1942), distinguish between the bridging and bonding functions of social capital and that whilst 'trust is the foundation for forming and maintaining relationships, support and leveraging capital are the

building blocks'. Therefore, despite structural constraints present, groupwork could be used in these services for developing a sense of personal control as 'perceived social support influence health and mental health both directly and as stress buffers' (Thoits, 1995, p53);.

Placing sufficient resources and enthusiasm towards group work (staff time, staff and service user training, financial resources and control for example), is key. Compulsory attendance as described by one participant may however have disempowering effects and disengagement from attending may be an expression of agency, albeit in response to poor practice approaches.

## 5.4 Framing

### Overview

How women were framing themselves, others or perceived themselves as being framed by others, arguably reflects the narratives available to women. There appeared to be a connection between perceived negative framing of the women by staff correlating with framing of the staff by the women.

#### 5.4.1 Framing of women & self.

Some of the ways women were framing themselves are illustrated below:

Sam on her experiences of domestic abuse:

*'...and then I went back to him didn't I and that's why I'm here now'*

*'... but then somebody saved me...'*

Similarly Zee expresses self-blame:

*'...but I never did anything about it...I kept putting up with him'.*

Billie expresses the result of her experiences:

*'...I've got personality disorder, depression, anxiety, PTSD....'*

Shanice describes women returning to the service:

*'...all these people coming back year after year, that won't be me'.*

Positive ways of framing oneself may be limited as a woman in a homeless service who may have had their children removed from their care, who may be using illegal drugs; who may perceive themselves or be perceived as 'failing' in womanhood. This was expressed in terms of being ill or at fault for 'tolerating' domestic abuse and victim/rescue narratives for example. However, they also present opportunities for dialogue and contradiction about women in wider structures in society, which may go some way to alleviate personalised blame around relationship choices, poverty and loss of home. Undertaking strengths-based work and narrative work which can serve to reinforce where resilience has been utilised through a sharing of stories for example; serving as focused support interventions and an opportunity for more positive narratives and reframing of self (Lamb, 2005).

Although Shanice may be preserving her dignity through in this instance avoiding association with women who return to homeless services, it feeds into an undeserving narrative of those women who do return. Misbah refers to the potential of positive talking with staff and how it can counter or impact positively on these narratives of self:

*'you feel like you're a human being, make you feel like you're not scum'.*

As discussed in the previous section around how women are subject to rules around clothing, referring to the appropriateness of women's clothing was not solely the domain of staff in this service:

*'there was one woman who used to just get about with just a tight vest top on and no bra on or anything like that...she tried to play off all the males against each other'.*

Women place themselves and are arguably being placed at the centre of the problem, with the perception of how staff think they should dress as:

*'for our own protection or summat',*

But also other women are not measuring up to 'acceptable' ways to dress in services (self-policing). The differences between how women choose to dress, how this is being surveyed, framed and policed according to the perceived degree of moral decency or threat (of false allegations/or of inviting male sexual attention) that 'she' is deemed to pose, arguably reflects a disciplining of the female body as described by Bartky (2003). Whilst women's clothing may seem to present 'issues' for staff in managing safety in a mixed gender service, the focus on the solution lay with policing women rather than being part of a wider responsibility for managing relationships and responsibility around sexuality more generally. This arguably mirrors broad perceptions of 'respectable' womanhood (Bartky, 2003). Narratives of self may be enhanced for women in support relationships, or be hindered by a lens of blame, feeding into already limited narratives of self that are available. The challenge arguably requires staff to adopt critical self-analysis with women and men. Resisting dominant constructions of femininity and gender norms being enacted through clothing, becomes a political and significant act within services, carrying potential to disrupt the bodies of women being represented in particular ways as merely an 'ornamented surface' (Bartky, 2003, p28).

Resisting the coercion within dominant discourse on women's bodies becomes a political and challenging act for female staff and service users alike. As Foucault & Gordon (1980, p55) write, 'the phenomenon of the social body is the effect not of a consensus but of the materiality of power operating on the very body of individuals'. The interactions with staff around policing of clothing of the women's bodies therefore represents the point at which moral norms are being played out as 'instances of control' (Foucault et al, 1980, p57); with women framed as provocative. More varied narratives of womanhood may allow space for women to perceive themselves in less victim/blame narratives and in more hopeful ways. Hope was arguably being represented in one service for example where there were posters describing and highlighting the importance of self-esteem, accessible self-help tips regarding low confidence and pictures of inspirational women from diverse backgrounds highlighting women's rights within and beyond the service. This opens up potential for

women to reframe themselves through a lens of deserving of the support and celebrating resilience arising from adversity.

Framing of staff, (both female & male staff), seemed to broadly mirror perceptions of how the women perceived they were being framed by staff in a service. In one service, staff were referred to as 'staff', as an 'othered' homogenous grouping; rather than by individual names as was the case in the other services. Kelly reflects how staff don't know or support her and therefore:

*'I don't bother with 'em'*

*'I don't even know their names'.*

Other participants from this service referred to other users of the service but not the staff team in more positive ways as summed up by one participant:

*'everyone's alright in 'ere'; 'they're a good crowd in 'ere'.*

There was a clear delineation between staff and users of this service and this demarcation was arguably replicated in rule enforcement, representing power through policing. An 'othering' towards staff may represent agency and women pushing back and resisting this power being played out and their positions within this dynamic. It may represent resistance to stigma and identity that is complex and fought both internally/psychologically as well as towards staff as represented below:

*'I think that because of the way I is and the way I speak about things and the way I come across, I think they just look at me like I am just a scummy piece of shit when I'm genuinely not...I've done all that on my own without their help'...you know I'm insecure as it is and they just make you feel like a little tramp'.*

This may represent a reinforcement of power relations within a service, whereby the mirroring of othering processes towards a person creates a justification for untrusting differentiations being mirrored back. As a result, how support staff therefore interact with women in ways which helps deconstruct these barriers to more positive means of working is significant.

## **Chapter 6 CONCLUSION AND IMPLICATIONS FOR PRACTICE**

The areas of support emphasised by participants rightly problematises epistemological authority as it diverged from the 4 overarching themes of practice guided by my literature review. There are however commonalities in terms of the significance for women in being supported around utilising and developing their resiliencies, the significance of support responses to emotional trauma they have experienced and the significance of the relationship with support staff in developing trust in particular.

The significance and the overarching implications of trust are marked (section 5.1). Therefore, how services are organised to facilitate trust in support relationships and consideration of aspects of practice that may curtail this development, should not be underplayed. It is key, as trust manifested positively or was constrained by particular support approaches such as staff attitudes, staff

making/having time to talk and support being pro-active in responding to need. It is of importance as the degree of trust played a part in how women framed themselves in positive ways or impacted negatively on their sense of self. The presence or absence of trust may also act as a pre-cursor for women not 'engaging' or withdrawing from potential support which can be seen in this research. Having private and welcoming space to allow for 'talk' to take place with staff, with other women and with men in mixed gender services carries implications for service design of offices and communal spaces in homelessness services.

The significance of power between women in services and support staff and broader society are of note as discussed in section 5.2. 'Policing' was a catalyst of how power was perceived, as were expressions of potential compassion fatigue by staff, serving to reinforce stigma and poor self-image for women. 'Checking up' on women carries the potential to be a positive pre-cursor for 'talk' with support staff, responding to emotional need and facilitating further trust building rather than merely as a method of rule enforcement which undermines trust. Where support approaches reflected factors working against women at structural levels such as in domestic abuse situations, and this was responded to through being pro-active and making appropriate links this was really positively valued by women in the refuge service. Where this was lacking, staff may benefit from joint problem solving within teams to enable individual staff to feel more psychologically equipped to deliver flexible and empathic support. This allows for a questioning of where coercive power may be impacting upon women in services and for team cultures to subsequently reflect this. Demonstrating an understanding of macro factors that are working against women who experience homelessness at many levels should be part of organisational practice. For women, the availability of suitable bed spaces, presenting to services with compounded support needs after having spent longer periods staying with others or the reasons for remaining in domestic abuse circumstances, the experience of stigma and a lack of appropriate supports being available for example are key considerations that should therefore underpin support approaches.

Since loneliness and isolation featured for all participants in this research as discussed in section 5.3, creating real opportunities in supporting women to make links with others is of note. Making time and developing and utilising the skills and interests of staff and women in services to develop groups carries real potential for women. Enabling women to attend groups within the local community with support is significant for women who may already be experiencing a break down in social networks, experiencing low self-image and living with stigma on account of being homeless. When participation in group-work in services is voluntary rather than experienced as an expression of coercive control, participants' value its' potential. It can help in more positively reframing their experiences as beyond an individual 'failing' which is significant for women who are facing disadvantage and inequality at many levels. Addressing challenges that organisations may face in delivering on this may require strategic analysis as it was understated in all three services.

Scrutinising emotionally intelligent support responses cannot be underestimated at a time when the pressures and uncertainty of funding faced by the third sector is of real significance. For support staff to convey concern and positive regard for women experiencing homelessness carries the potential for



women to frame themselves, and staff, in more positive ways. It enables experiences of trauma to be responded to in helpful ways and should underpin all aspects of practice in supporting women. Although not always present in all services, support relationships that were emotionally and practically responsive and conveying care and real concern were highly valued across the diversity of women throughout this research. Organisations and support staff may face challenges in the current context of how women who are homeless are responded to, which impacts on the support relationship. Therefore, examining within services how discourse around gender and homelessness may be impacting on practice and how this may be challenged at individual, organisational and policy levels can be seen as essential through these research findings.

### Future research implications

As raised in section 3.7, I acknowledge that the perspectives of this research are limited and further research which considered themes of support and participant's responses from the perspectives of staff and wider stakeholders would help triangulate findings, but this was beyond the scope of this particular research. If I had purposefully sampled women by particular characteristics such as ethnicity or sexuality for example, this may have highlighted specifics in how support related more specifically to particular identities and social positions which lends itself to further research.

## Chapter 7 APPENDICES

### Doc 1 Interview schedule- topic list

#### Interview schedule

- Introduction to the research
- Introduction to me
- Consents.
- Schedule.
- Confidentiality & limits & pseudonyms.
  
- Typical day (& how is this responded to).
  
- Strengths/resilience-  
Coping with things in past, present? How is this considered with staff? Helped to identify this/developing of talents?
  
- Areas of need for support (flash cards as prompts if needed).  
Particular support responses to individual needs (prompts-drug and alcohol support, domestic abuse, mental health, abuse, motherhood, criminal justice system, prostitution)?.
  
- Individuality  
awareness of you and your life experiences? Sharing your story? Labelling and particular needs?
  
- Well-being  
MH & networks/multi-agency working/friendships?
  
- Support relationships  
How significant?-Attitudes/rules/respect/knowledge/understanding of needs/care/interactions/Advocacy?
  
- Naming one good thing about yourself today.
- Feeling safe & supported/coping.

Contacts list & me.

Thanks.

Summary report of research.

## Doc 2 Grouping of the themes following on from data collection

This document shows how I grouped the coded data themes together as part of my analysis. This followed on from having data having been marked according to their similarity (with a colour code against them in the transcripts). I then transferred each quote into a table into which I re-read to look at the inter-relationship between quotes for over-arching themes, relations and meaning that may be interpreted between each quote before undertaking my discussion of the findings.

### Grouped themes 1- How support featured (or not)

Support is responsive or pro-active to need.
Support received is experienced as positive.
Emotional well-being support and/or Support as talking/counselling and/or as un-silencing
Support as responsive to individual need or not.
Support as company/alleviating loneliness.
Support as responding to trauma.
Support as both reliable & available.
Support as limited/including lack of contact & withdrawing of self.
Groupwork/networking/supporting each other.

### Grouped themes 2- How rules/surveillance/power/authority feature as 'support'

As policing and/or intrusive and/or as an expression of negative power
As care and/or proportionate to risk.

### Grouped themes 3-How framing is featuring.

Framing of self.
Perceived framing of women by staff.
Framing of other women and men.
'Othering' of staff.
Framing of the future and hopefulness
Framing in a macro context.

### Doc 3 List of participants

Location	Type of interview	Numbers of participants	Pseudonyms
Hostel	Focus group	3	Ivy Misbah Shanice
Refuge service (evening)	Focus group	4	Mary Sam Toni Zee
Refuge service (daytime).	One to one interview	1	Billy
Women only supported accommodation (flats).	One to one interview.	1	Kelly

### Doc 4 List of abbreviations and terms used

#### AST's

An assured shorthold tenancy (AST) is the most common type of tenancy if you rent from a private landlord or letting agent.

You usually have an AST if your original tenancy started on or after 28 February 1997, you don't share any accommodation with your landlord and they live elsewhere. You won't have an AST if your rent is more than £100,000 a year or less than £1000 a year in London or £250 a year outside London. It will usually have a fixed term - often 6 or 12 months - but could be a periodic agreement which rolls weekly or monthly. You usually have to pay the agreed rent for at least the length of the fixed term.

[https://england.shelter.org.uk/housing\\_advice](https://england.shelter.org.uk/housing_advice)

#### Duty regarding homelessness

## Initial inquiries

Every person who applies for homelessness assistance stating that they are or are going to be homeless should be given an initial interview. If there is reason to believe that the applicant may be homeless or threatened with homelessness, the authority must determine whether this is in fact the case. If the applicant is either not eligible, or not homeless or threatened with homelessness, the authority must provide a written notification of this decision.

Applicants should not be 'screened out' of more detailed inquiries by an initial interview that does not adequately investigate the applicant's situation. For example, holding only a brief initial interview when an applicant has presented a GP report mentioning an asylum seeking background and various mental health problems has been held to be unlawful. The interview should be of sufficient length to allow adequate inquiries to be made. A 10-minute interview has been held to be inadequate to establish the cause of a family breakdown. All inquiries should be carried out with humanity and care.

When a local authority has reason to believe that an applicant is homeless or threatened with homelessness it must make inquiries as to whether s/he is eligible for assistance and, if so, what duty might be owed to her/him by the authority.

If the applicant does not have a local connection with the authority applied to, it may also make inquiries to see whether the applicant has a local connection with another housing authority in England, Wales or Scotland. The local authority applied to may refer the applicant to a local authority where s/he has a local connection at relief duty or main housing duty stage, providing the conditions for referral are met.

## Main housing duty

A 'main homelessness duty' is owed where a local authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a priority need group. Priority need groups include those with disabilities, formerly in care, at risk of domestic violence, former asylum seekers, ex armed forces, formerly in custody and those with dependent children, drug or alcohol dependencies. These statutorily homeless households are referred to as 'acceptances'.

The main housing duty is a duty to provide temporary accommodation until such time as the duty is ended.

Where the duty to relieve homelessness has ended, the local authority is subject to an ongoing duty to secure that accommodation is available to an applicant who is:

- eligible for assistance,
- in priority need, and
- unintentionally homeless.

However, the main duty does not apply where an applicant applied to the local authority on or after 3 April 2018 *and* has turned down a suitable final accommodation offer made by the authority in pursuance of its duty to relieve homelessness, or been served a notice of 'deliberate and unreasonable refusal to cooperate' with a step in her/his personalised housing plan. In this case, the authority must ensure that accommodation is available to the applicant until such time as either a final accommodation offer of a final Part 6 offer of suitable accommodation is made, or the duty comes to an end in another way. This provides an unintentionally homeless applicant who is in priority need with a 'safety net'.

[https://england.shelter.org.uk/legal/homelessness\\_applications/homelessness\\_duties/accommodation\\_duties2/main\\_housing\\_duty#0](https://england.shelter.org.uk/legal/homelessness_applications/homelessness_duties/accommodation_duties2/main_housing_duty#0)

#### Relief duty

Where a local authority is satisfied that an applicant is homeless and eligible, it must take reasonable steps to help the applicant secure that accommodation becomes available for at least six months.

[https://england.shelter.org.uk/legal/homelessness\\_applications/homelessness\\_duties/prevention\\_and\\_relief\\_duties/relief\\_duty](https://england.shelter.org.uk/legal/homelessness_applications/homelessness_duties/prevention_and_relief_duties/relief_duty)

#### Prevention duty

Where a local authority is satisfied that an applicant is threatened with homelessness and eligible, it must take reasonable steps to help the applicant secure that accommodation does not cease to be available for her/his occupation.

The prevention duty applies when a local authority is satisfied that an applicant is threatened with homelessness and eligible for assistance. Where an applicant is likely to become homeless in the near future but does not fall under the statutory definition of 'threatened with homelessness', local authorities are encouraged to take a 'flexible approach' and begin to take reasonable steps to prevent homelessness rather than waiting until the applicant meets the legal definition.

An applicant who is threatened with homelessness and eligible will be owed a prevention duty by the authority to which s/he applies: the authority cannot refer to another area at prevention stage.

[https://england.shelter.org.uk/legal/homelessness\\_applications/homelessness\\_duties/prevention\\_and\\_relief\\_duties/prevention\\_duty](https://england.shelter.org.uk/legal/homelessness_applications/homelessness_duties/prevention_and_relief_duties/prevention_duty)

#### Personalised housing plan (PHP)

Where a person is homeless or threatened with homelessness and eligible, a local authority should draw up a PHP based on its assessment of her/his need. The plan should contain the steps to be taken to prevent or relieve the applicant's homelessness.

The steps in the PHP must 'follow from the findings of the assessment'. The steps recorded will differ according to the applicant and while the Code envisages that local authorities will develop tools to 'address common issues', it also recommends 'genuine personalisation', which is likely to result in 'significant variation in the staff time and other resources invested with each applicant' depending on their situation.

[https://england.shelter.org.uk/legal/homelessness\\_applications/assessments\\_of\\_need\\_and\\_personalised\\_housing\\_plans/devising\\_personalised\\_housing\\_plans](https://england.shelter.org.uk/legal/homelessness_applications/assessments_of_need_and_personalised_housing_plans/devising_personalised_housing_plans)

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