**Women, homelessness and multiple disadvantage in Stoke-on-Trent: the need for safe places in the context of wider health and social inequalities**

**Abstract**

This article is based on two qualitative studies related to women’s experiences of homelessness and multiple disadvantage in Stoke-on-Trent (one of the 20% most ‘deprived’ districts in England, with higher than average rates of statutory homelessness). This research utilised a participatory approach, with collaboration between researchers from Staffordshire University’s Centre for Health and Development (CHAD) and Expert Citizens C.I.C. Qualitative data collection occurred with 10 women with lived experiences of homelessness and local services (conducted by Expert Citizens) and 20 frontline workers/wider stakeholders (conducted by CHAD). For this article, we conducted thematic analysis to identify patterns across both studies. Three themes are discussed: “So much unmet need” and revolving doors for women; the lack of safe accommodation for women and ‘risky’ alternatives; creating safe spaces for women and the need for longer term investment and opportunities. There was surprise at how many women came forward for accommodation during ‘Everyone In’ and evolving recognition of gendered experiences of homelessness combined with other experiences. Next steps for action are discussed, highlighting the importance of partnerships and collaboration with people with lived experience. We have strong foundations to build on, and far more to be done, to improve women’s experiences within Stoke-on-Trent.

**Introduction**

Health inequalities have been exacerbated over the past decade due to severe austerity cuts to services across England. Marmot *et al* (2020) demonstrates that previous decade’s of largescale funding cuts throughout England were most severe in deprived areas outside of London and the South East, which undermined capacity to invest in the social determinants of health (i.e., the conditions in which people are born, grow, live, work and age), making life for people at the bottom of the social hierarchy more difficult. The Public Health England (2019) profile for Stoke on-Trent identifies it as one of the 20% most ‘deprived’ districts in England. Across a range of indicators, the health of the local population is worse than the national average, including life expectancy and rates of statutory homelessness. This is of particular concern given that people experiencing homelessness have higher rates of morbidity and mortality than the wider population (Fazel *et al*, 2014). Members of the public health community have a responsibility to advocate for action to reduce health inequities associated with premature mortality (McCartney *et al*, 2022). This article demonstrates that action on women’s homelessness is vital in the context of current public health and social justice agendas. Based on the findings of two qualitative studies situated in Stoke-on-Trent, we set out next steps for action and work around improving support with women with experience of homelessness and multiple disadvantage.

***Women’s experiences of homelessness are often hidden***

Traditionally, the experiences of women have tended to be missing, referred to as ‘hidden’ or invisible. How homelessness is defined and measured has played an important role; the focus on the traditional methods of recording, measuring and ‘counting’ rough sleeping, which is often used as a measure of ‘homelessness’ have rendered women’s homelessness invisible (Bretherton and Pleace, 2018; Moreton *et al*, 2022; Pleace, 2016; Young and Horvath, 2018). In Stoke-on-Trent, the response to the Everyone In national campaign (to get everyone off the streets because of concerns about the transmission of COVID-19), helped to highlight the scale of women’s homelessness locally; there was surprise at how many women who came forward for accommodation (Riley *et al*, 2020). This evidenced a need to focus on women locally and develop understanding of their experiences specifically, leading us to reflect and bring together the two qualitative studies on which this article, and our ongoing work, is based.

To reflect the often hidden and complex nature of women’s homelessness, we utilise a broad conceptualisation of homelessness, including hidden homelessness, which:

 “…*includes people who are often invisible to the public, services and authorities most notably those who are sofa surfing, staying temporarily with friends in an unsuitable short-term arrangement or in any other location where their lack of stable housing is not known.” (Homeless Link, 2022: 4)*

***Homelessness, multiple disadvantage and gender***

There has been growing national attention to a combination of experiences, of which homelessness is part of the picture. Some early conceptualisation referred to ‘multiple’ or ‘complex needs’, i.e., a combination of homelessness, substance misuse, mental ill-health and reoffending (Lamb *et al*, 2019). This has evolved into a broader conceptualisation of ‘multiple disadvantage’, including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system (e.g., Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities and Local Government, 2021). As Bramley *et al* (2015: 12) explain, multiple disadvantage differs from other forms of social disadvantage because of ‘*the degree of stigma and dislocation from societal norms that these intersecting experiences represent’*.

In part, the broader conceptualisation of multiple disadvantage reflects an evolved recognition that ‘Gender Matters’ (Sosenko *et al*, 2020); this important report stemmed from a concern that women’s experiences of multiple disadvantage may have been missing from their previous work, which had found that men make up 80% of all those experiencing multiple disadvantage (Bramley *et al*, 2015). In the updated work, the authors examined experiences of interpersonal violence and abuse as well as poor mental health, homelessness and substance misuse. Using this conceptualisation, they found that multiple disadvantage may affect as many women as it does men (Sosenko *et al*, 2020). Furthermore, the report highlighted important gender differences; for women poor mental health and violence and abuse are particularly significant, compared to poor mental health and substance misuse for men. For women, particular issues were raised around responsibility for children and the loss of children.

Generic services for people with experience of multiple disadvantage which may have been designed around the needs of the visible majority, i.e., men, do not appear to be as effective for women. The national evaluation of Fulfilling Lives projects found that while the programme was successful in engaging women, they are more likely to leave the programme with ‘a negative rather than positive destination’; i.e., had disengaged, died, gone to prison, were excluded from the project, or unknown, rather than had moved to other support, or no longer required support (Lamb *et al*, 2019: 3). Further research is needed at the national and local level to better understand the interplay of factors involved.

Recognition of these differences is vital in the context of health and gender inequities. It is important to acknowledge what we mean by these terms. Influenced by the World Health Organisation’s (WHO, 2019a, 2019b, 2023) work, we are considering gender in terms of social and cultural processes, rather than physical/biological differences that defines ‘sex’ of females and males. Gender is a powerful determinant of health in terms of access to care and outcomes (WHO, 2019b). There is also an important distinction between ‘equality’ (i.e., treating people the same/providing the same treatment) and ‘equity’ here (treating people according to need); for gender-informed services, this is about treating women (and men) equitably rather than the same (i.e., equally) (WHO, 2019a). This would entail support that is responsive to needs and considers differences between groups. Gender equity is about being fair to women and men with the objective of reducing unjust and avoidable inequality (WHO, 2019a, 2019b). As highlighted by the WHO (2019a):

*“This may mean that different treatment is needed to ensure equality of opportunity. This is often referred to as substantive equality (or equality of results) and requires considering the realities of women’s and men’s lives.”*

***Contextualising action on poverty and the local setting***

Knight (2017) demonstrates that traditional methods of action on poverty (i.e., job creation and social security) are no longer fit for purpose. This is certainly reflected in local insight into Stoke-on-Trent, with Gratton *et al* (2019: 4) highlighting that the root of poverty and hardship locally seems to stem from a lack of sufficient money to enable people ‘*to take actions and make choices to lead healthy and fulfilled lives, and consequent social exclusion’*. As highlighted by Etherington *et al* (2021a), people often do not receive the social security benefits to which they are entitled, and those who do, cannot rely on them to provide a sufficient level of income.

Noting that the traditional methods of action on poverty (i.e., work and social security) are unlikely to be effective, Knight (2017, 2019) explores a new model of society, based on the development of transformational relationships that shift power rather than policies that seek to shift resources. This work builds on extensive research on poverty commissioned by the Webb Memorial Trust, which included over 12,000 respondents. Knight (2019: 576) continues the conversation about the five key principles for a good society: 1) We all have a decent basic standard of living, 2) So, we are secure and free to choose how to lead our lives, 3) Developing our potential and flourishing materially and emotionally, 4) Participating, contributing and treating all with care and respect, 5) And building a fair and sustainable future for the next generations. Further consideration is needed of how such models relate to people with experience of severe and multiple disadvantage, for whom:

*“In addition to general background poverty, it seems to be in the realms of (very difficult) family relationships and (very) poor educational experience that we can find the most important early roots of severe multiple disadvantage” (Bramley et al, 2015: 6)*

***Programmes for people with experience of multiple disadvantage in Stoke-on-Trent***

Partnerships in Stoke-on-Trent have been successful in securing funding from national programmes aimed at improving the lives of, and support for, people with experience of multiple disadvantage at the local level. From April 2014 to March 2022, Voices of Independence, Change and Empowerment in Stoke-on-Trent (VOICES, 2020) operated. Funded by the National Lottery Community Fund’s Fulfilling Lives programme, VOICES was one of 12 local partnerships in England to support and change systems to improve the lives of people experiencing multiple disadvantage.

The final evaluation of VOICES reported that people experiencing multiple disadvantage had been excluded from social, health and financial services, despite being eligible and entitled to support; in response, VOICES had promoted equity, rather than equality, to address failings in the system of support (Gidlow *et al*, 2022; Spyropoulos *et al*, 2022). Examples of VOICES’ efforts include Housing First Stoke-on-Trent (Gidlow *et al*, 2021a; Spyropoulos *et al*, 2022) and specialist welfare and benefits advice services for people experiencing multiple disadvantage (Gidlow *et al*, 2021b; McCormack *et al*, 2023; Pollard and Rice, 2018). Housing First Stoke-on-Trent was for people with experience of long-term or repeated homelessness, multiple disadvantage, who found that traditional homelessness pathways do not work for them, want to maintain a tenancy, and want to engage with support services in their community (Gidlow *et al,* 2021a). Housing First symbolises a different approach to the traditional ‘treatment first’ approaches where housing is almost the end goal. Instead, Housing First is based on the belief that everyone has a fundamental right to a home.

As VOICES ended, so too did the local Housing First and specialist welfare advice services. Learning from VOICES shaped the bid for a new programme of support for people with experience of multiple disadvantage, Changing Futures (Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities and Local Government, 2021); Stoke-on-Trent was successful again and is currently one of 15 areas in England awarded funding under the three-year, national programme to deliver improvements at the individual, service and system level. Whilst gendered experiences were not a focus of VOICES, the local Changing Futures programme includes female specific support roles, such as the Women’s Recovery Community co-ordinator.

***Partnering with Expert Citizens***

Throughout both local programmes, a key partner was Expert Citizens Community Interest Group (C.I.C), based in Stoke-on-Trent.Expert Citizens began in 2013 as the ‘lived experience’ group for VOICES. Initially, the focus was on working with people with experience of multiple disadvantages including mental health challenges, drug use, homelessness, and contact with the criminal justice system (including recent work on experiences of domestic abuse and violence).

In 2016, Expert Citizens became a C.I.C. and expanded its remit to cover all forms of social injustices including poverty; there are now 11 members of staff and a growing group of members, all with lived, and living, experiences of social injustices. In this article, the term ‘lived experience’ is used to refer to people who are members of a community, current or historical, that a social issue or combination of issues has had direct impact on (Sandhu, 2017). With these experiences come a specific type of ‘lived expertise’, a knowledge and wisdom that is grounded in the insight gathered through lived experience (Sandhu, 2017).

‘Community’ is a contested concept, whilst it is generally used to describe a group of individuals who share some common interests, experiences or geographical location and to promote social inclusion, it can also be divisive, highlighting ‘non-membership’ and creating inter- and intra-community conflicts and tensions (Banks and Brydon-Miller, 2018: 5). For clarity, the definition of community in this article is inclusive and flexible. We acknowledge the research centres on women with experiences of homelessness, drug use, domestic abuse and violence and other injustices, and therefore they are the immediate community affected by the issues discussed and who we hope will benefit from this article, and our wider work around women’s experiences of multiple disadvantage. However, we also extend our invitation of ‘community’ to anyone affected by or concerned by the lives of women with these experiences, including partners, children and other family members and friends, as well as professionals and activists, and those whose identity and experiences span more than one of these categories.

***The aims of this research into women’s experiences in Stoke-on-Trent***

This article is based on two qualitative studies conducted by the authors and partners between 2019 and 2022. Both studies sought to better understand women’s experiences connected to homelessness and multiple disadvantage and to produce recommendations for gender-informed commissioning and delivery in Stoke-on-Trent.

Within this shared overarching purpose, Study 1 was commissioned due to concern about the potential impact that the closure of a local woman’s centre was having on women and services locally; the centre in Stoke-on-Trent operated from 2010 to 2017, specifically for female offenders and those at risk of offending. The centre provided a ‘one stop shop’ where women could receive support related to physical and mental health, finance and debt management, employment, drugs and alcohol, sex work, abuse, rape, domestic abuse, accommodation and relationships with families.

Study 2 was conducted as part of an evaluation of the role of a Specialist Homeless Women’s worker, within the wider, mixed, Housing First Stoke-on-Trent service. Whilst the wider Housing First service was funded through VOICES, the service secured additional funding from Homeless Link specifically for the women’s role, to provide enhanced support to the women on their caseload (i.e., in addition to the standard support offered, which included the opportunity to have access to a peer mentor, the peer mentoring programme was funded by Brighter Futures and managed by Expert Citizens). The role existed from October 2020 until 31st March 2022, when the wider Housing First service came to an end (along with VOICES) despite efforts to secure further funding. The role involved working with women around, safety and security measures in and around their home and offering non-clinical interventions, including self-care.

**Research Methodology**

The research focused on women’s lived experiences of homelessness and/or multiple disadvantage, and elements of the support available to them within Stoke-on-Trent (McCormack *et al*, 2019; McCormack *et al*, 2022). Both studies were collaborations between Staffordshire University’s Centre for Health and Development (CHAD) and Expert Citizens CIC, and drew on principles of participatory appraisal; this approach creates a cycle of research, data collection, reflection and learning, seeking to build community knowledge and encourage collective action (Glasgow Centre for Population Health, 2011).

We drew on Staffordshire University’s model of participatory research, ‘Get Talking’, which prioritises the principles of honesty, listening, participation and respect (Emadi-Coffin, 2008). This approach involves training local community members (i.e., members of Expert Citizens) to conduct research and collaborating throughout the research process. A one size fits all approach to working in partnership with people with lived experience is ineffective (Greenhalgh *et al*, 2019). Research that adopts a participatory approach aims to be a collaborative undertaking that works with people with lived or living experience of the issues being researched and includes them as partners in designing and carrying out the research processes, and sharing the work to affect positive social change (Banks and Brydon-Miller, 2018: 3). Regular meetings between researchers and members of Expert Citizens with the shared goal to address social and health inequalities, and acknowledge the crucial role lived experience plays in this process. Drawing on our respective strengths and capacities, data collection activities were divided up; across the two studies, qualitative data collection took place with 10 women with lived experience (conducted by Expert Citizens) and 20 frontline workers/wider stakeholders (conducted by CHAD researchers). All data collection was based on semi-structured topic guides (developed during wider team meetings, which included members of CHAD, Expert Citizens and the funders) to allow ‘*scope to digress, investigate further, probe and illuminate’* (de Viggiana, 2020: 127). Participants were purposively recruited to select people that would be able to provide rich insight and information (Patton, 2015). Both studies were granted ethical approval by the University’s ethics committee. Please see Figures 1 and 2 for more details about data collection.

In Study 1, data collection with women took place at the services they were recruited through. At the preference of the women, a member of staff from the service through which they were recruited was present at all data collection. The stakeholder interviews were conducted at the participant’s workplace, the University campus, or by telephone depending on participant preference. Given the local scope of Study 1, to protect the identities of both sets of participants, all names and identifying features were removed at the transcription stage; we have not labelled quotes individually because if multiple quotes from the same participant were considered together, there is a risk of identification.

Data collection for Study 2 took place during the COVID-19 pandemic. Unfortunately, attempts to recruit women customers of the service to take part in an interview were unsuccessful. The two authors carried out data collection with staff and stakeholders in November and December 2021. Again, to protect participants’ identities, no further information on specific individuals is provided. However, the quotes are labelled with a numeric ID code to provide a clearer picture of the spread of quotes amongst the 11 participants.

***Data analysis***

All focus groups and interviews were audio recorded and transcribed for analysis. The analysis process for both, and for this article, was guided by Braun and Clarke’s (2006, 2019, 2020, 2022) phases of reflexive thematic analysis, underpinned by a critical realist approach which provides ‘*access to situated, interpreted realities’,* interpreted by both the participant during the interview, and us during analysis (Braun and Clarke, 2022: 171). This process involved familiarisation with the data, coding, generating initial themes, developing and reviewing themes, refining themes, and producing the write up (Braun and Clarke, 2006; 2019; 2021). The authors, both CHAD researchers at the time, led on analysis of each study, and themes were refined in consultation with members of Expert Citizens. For this article, we analysed, interpreted and reflected further upon patterns of meaning across both studies, which helped to develop more nuanced readings of the data, to question and discuss our assumptions, practices and interpretations (Braun and Clarke, 2019). Both researchers are Caucasian women, experienced in qualitative methodologies and research connected to multiple disadvantage. Author 1 has specific interest in social justice, lived experiences of health inequalities and equity in relation to multiple disadvantage. Author 2 is from a working-class background and has lived in Stoke-on-Trent since birth, specific interests include health inclusion and working with experts by experience.

During the analysis for both studies, workshops were held with staff/professionals and women with lived experience, to help verify and finalise the findings and recommendations reported. This provided an opportunity to reflect and learn from the findings, completing the participatory appraisal cycle by cross-checking information with a wider audience to inform recommendations (Emadi-Coffin, 2008).

Figure 1. Study 1: The provision of support services for women in Stoke-on-Trent (2019)

**Aim**

To better understand the support available to women locally and identify recommendations to inform future commissioning of services

**Data collection strand 1 conducted by Expert Citizens**

**Method**: Focus groups/interviews with 10 women with lived experience connected to multiple disadvantage

**Participants:** Women aged 19-49, currently accessing support through: offender programme, referred into by probation (n=5); homeless families and single pregnant women, referred into by housing of children’s services (n=4); drug and alcohol services (n=1).

All women had experienced homelessness/been at risk of homelessness

**Quotes**: to preserve anonymity, all quotes are labelled as S1WWLE

**Data collection strand 2 conducted by CHAD**

**Method:** Semi-structured interviews with nine priority stakeholders involved in delivery and commissioning of support services locally conducted by CHAD researchers

**Participants:** Collectively, participants represented local authority commissioning, the third sector, and the police.

**Quotes:** to preserve anonymity, all quotes are labelled as S1SH

**Data analysis and workshop**

* Led by CHAD researchers, and preliminary themes refined in consultation with the Expert Citizens who conducted data collection
* Preliminary findings presented at workshop attended by 12 people from across the local system of support, including housing, local authority, criminal justice, third sector, alcohol and drugs, and one woman currently accessing support.

Figure 2. Study 2: Women, homelessness and multiple disadvantage - the need for a gender-informed approach (2022)

**Intended data collection strand 1 conducted by Expert Citizens**

**Method**: Interviews with approximately 5 women on the Housing First case load and working with the women’s specialist worker

**Participants:** Unable to recruit any participants.

Led to additional workshop (described below) with members of Expert Citizens to incorporate women’s lived experiences.

**Aim**

To improve understanding of the experiences of local homeless women experiencing multiple disadvantage; explore the perceived impact of Housing First Stoke-on-Trent’s Women’s Worker Project; and identify opportunities for improvement and implications for the wider system of services in Stoke-on-Trent.

**Data collection strand 2 conducted by CHAD**

**Method:** Semi-structured interviews with 11 frontline staff and wider stakeholders with knowledge of the needs and experiences of homeless women and/or the Specialist homeless women’s worker role in Stoke-on-Trent’s Housing First Programme.

**Participants:** Expertise related to: Housing First, Housing First for women, women’s homelessness, domestic abuse, alcohol and drugs, and community safety/police. Most participants were from the third sector (n=7), female (n=9), and based in Stoke-on-Trent (n=7).

**Quotes:** labelled individually as S2SH01-11

**Data analysis and workshops**

* Led by CHAD researchers, and refined following workshops
* Preliminary themes presented at two workshops; 1 online with members of staff from the Housing First team (n=5), and 1 in person with members of Expert Citizens who each had experience of accessing support services for women locally and some had supported the Housing First service, e.g., as peer mentors (n=6).

**Findings**

In this section we discuss our findings in the context of three overarching themes.

Table 1 – Table of main themes

|  |  |
| --- | --- |
| Theme | Names |
| 1. | So much unmet need and revolving doors for women experiencing multiple disadvantage |
| 2. | Lack of safe accommodation for women and ‘risky’ alternatives |
| 3. | Creating safe spaces for women and the need for longer term investment and opportunities |

***“So much unmet need” and revolving doors for women experiencing multiple disadvantage***

Across both studies, women and their experiences were described as *“chaotic”, “so hard to engage with” (S1SH)* *“barred from services, don’t engage with services” (S2SH).* It was clear that the local system of support struggles to respond to the perceived complexity of women’s experiences. In Study 2 particularly, stakeholders highlighted the need for greater understanding of how traumatic events, such as childhood sexual abuse and/or neglect, domestic abuse, violence, and having children removed from their care, can have a lasting impact on women’s behaviours, lives, abilities to form ‘healthy’ relationships, maintain accommodation, and their willingness to trust and engage with services. These experiences were described as commonplace for women experiencing multiple disadvantage.

There was frustration amongst stakeholders that progress had not been made:

*“There is so much unmet need for women because again we are still kind of trying to convince people that women need a gendered response. There is still a lack of buy-in about that. And that’s incredibly frustrating because whilst that’s all going on women are just in this revolving door, or in this loop of homelessness, going from one service to the next.” (S2SH10)*

This lack of ‘buy in’ was bound up in attitudes towards this group of women, stigma, and a lack of understanding “*at that higher strategic level*” within, for example, the police, social care and children’s social care (i.e., more statutory services). As such, an important role for specialist women’s workers was proposed as capacity building within the sector by “*being a voice and an advocate*” for women in multi-agency meetings (S2SH06).

Given the lack of options and the exclusion of women from some services, there was a strong sense that nothing changes for these women; *s*takeholders talked about cycles and recurring ‘crisis points’ at which women present for urgent help, then disappear again.

*“I think looking back on our caseloads, the women have been on the longest, and then they will go off again and they will come back.” (S1SH)*

This stakeholder explained that they are currently working with a local woman they have worked with previously:

*“…about four or five times before, where all agencies come together, and we look at what limited options unfortunately there are available to her*.” *(S2SH05)*

This emphasises the need to critically examine the options perceived to be available to support women in a meaningful and realistic way to break these cycles. The extent to which support is accessible and appropriate for women experiencing multiple disadvantage specifically must be examined; this includes questions about how to improve the ability of services to gain, build and sustain women’s trust.

In Study 1, stakeholders who were interviewed reflected upon the merits of a gender-specific approach for women, and responses varied. Some prioritised equality of opportunity and regarded both men and women as better served by ‘a wider, universal service’, whilst others described them as generic and lacking in holistic, trauma-informed approaches and training. Much of this discussion seemed to focus on biological differences, rather than an understanding of gendered experiences and the impact of the emotional, mental and social aspects of women’s lived experiences. There was some concern that providing a gender-specific service for women, e.g., around domestic abuse is unfair because it would “*sort of start to stigmatise the males and might actually put them off*” *(S1SH)*. Other stakeholders stated that there are already many services for men, such as male-only accommodation, whilst voicing concern about the risks of gender-specific services:

 *“I think it is a challenge of resource because if you’re putting resource into a gender specific service, that also affects the other gender... you are sort of using your resource for that service and actually that one might be missing out slightly, so it is just about, I suppose, equality of resource.” (S1SH)*

This highlights the need to improve knowledge and understanding about gender equity, accounting for gender-specific challenges and prioritising efforts on equality of outcomes. Some stakeholders commented that research and evidence might lead to a change in resource allocation if it shows benefits to having a service that focuses on women.

In both studies, it was highlighted that housing support does generally exist when children are involved. Some women from Study 1 were receiving support because they were homeless and their children stayed with them, or because they were pregnant:

*“I was homeless (because ex-partner did not pay the rent), so they put me in here (support service) … I haven’t been on the streets homeless because I have a little one.” (S1WWLE)*

There was a clear sense that support is put in place for women with children but if children are removed, support is often also removed from the mother which can have truly devastating consequences:

*“From my experience professionals, [services] will want to get involved with a woman throughout her pregnancy, they will want to get hold of her when she gives birth, but the second that baby is removed, it is like, that’s it, goodbye from us…nobody wants to talk to them after that. So, their drug use escalates, chance of homelessness, they are more than likely put themselves back into violent circumstance because the trauma of losing that child is just ... but nobody will deal with that. It is awful.” (S2SH07)*

A need to address the lack of mental health support available locally was highlighted across both studies. For some of the women in Study 1, going to prison was framed as the vehicle for accessing support for their mental health; their time in jail had provided the time, safe space, resources and access to mental health and wellbeing support that had been desperately lacking in the community beforehand:

*“Jail saved me, even though I only did (a few) months, but it was the only time the authorities or anybody has actually stepped up and fucking helped me and I know that sounds bad by sending me to jail but it is the only time you can get support.” (S1WWLE)*

Additionally, it was common for women with experience of multiple disadvantage to not be claiming/receiving benefits, which was regarded as contributing to experiences of sex work. Along with other considerations, this presented barriers to securing accommodation:

*“But there is nothing, because once they see that risk assessment and they are not scripted (i.e., receiving a prescription for a drug substitute) and they have got no benefits in place and they are using up to £100 a day, they are not going to take people on.” (S1SH)*

The lack of safe accommodation options was a recurring pattern across both studies and is the focus of the next theme.

***The lack of safe accommodation for women and ‘risky’ alternatives***

The lack of accommodation options for women specifically experiencing multiple disadvantage was considered a huge issue that needs to be addressed across the spectrum, e.g., for emergency accommodation and maintaining tenancies. This was considered crucial to break the cycle associated with revolving doors mentioned above:

*“I get women who have been…known to the system and organisations for years and years and years, who have got loads and loads of presenting issues, so maybe addiction, poor mental health, criminal history, all sorts going on and trying to find these women safe, permanent accommodation is really difficult.” (S2SH01)*

This was also highlighted as an issue at the national level, and there was frustration that, despite learning within the sector, it had not been resolved:

*“So in terms of what is missing, I think, crisis accommodation and just…what really pisses me off…the women specialist services, so these domestic abuse services predominantly, it is acknowledged that women with multiple disadvantage struggle to access those but there’s nothing that’s been done about it, it is like, yeah they can’t access them.” (S2SH06)*

Due to concerns about perceived risk, women with substance misuse issues, and not receiving treatment, can be excluded from the usual domestic abuse support provision:

*“Because of those complexities or how it is perceived, that then excluded women from accessing traditional refuge and again I think that’s a real failing for women who are then referred into mixed hostel accommodation, exposed to further perpetration and again just in this spiral*.” *(S2SH10)*

Other barriers to securing accommodation were criminal records and poor renting histories. Mixed hostels were not regarded as conducive for women to make or maintain positive changes, rather it was framed as contributing to a downwards spiral.

Mixed-gender hostel environments were repeatedly framed as unsafe for women, posing threats to their physical safety, vulnerability to exploitation, and their recovery journeys due to the prevalence of drugs and drug users. As women with lived experience explained, following time in prison:

*“I would prefer to sofa surf than set myself up for a fail (i.e., relapse) … it is just being around people like that.” (S1WWLE)*

At the stakeholder workshop for Study 1, attendees questioned whether the main issue was the presence of males, or the presence of drugs, which requires further investigation. Concerns about women’s safety in mixed hostels locally were also regularly raised in Study 2, where a stakeholder shared an experience of a woman who (with experience of domestic abuse) was placed in a mixed hostel:

*“As soon as she got there, there were people knocking on her door, hammering, trying to get into it, males that she didn’t know, and she got exploited pretty much straight away from being there, so you know, I think it’s a much different experience for females.”* *(S2SH08)*

Across both studies, there was agreement that due to limited safe accommodation options and alternatives for women, women turn to informal (often unsafe) arrangements available to them, including ‘sofa surfing’ which can be related to ‘survival sex’.

*“Because we don’t get anything from anywhere [with services] … take everything you have got, your dignity to the point where you’re selling your soul to the next man just to live or just to feel wanted. Or just so you have got a roof over your head for the night.” (S1WWLE)*

*“People will put them up for a price which usually involves them, you know, doing some sexual acts for people.” (S2SH08)*

In the workshop with women with lived experiences (Study 2), there was surprise that stakeholders had discussed women’s experiences around sex. There was a feeling that stakeholders were often reluctant and shied away from acknowledging these experiences and they welcomed this progress towards recognising these aspects of women’s experiences. The group also emphasised the need to differentiate between ‘sex work’, which some women may choose, and ‘survival sex’, bound up in experiences of coercion, exploitation, control, ‘pimps’, expectations ‘for a roof’ and no alternative; sex was framed as the only means women have ‘to transact with’ in order to survive.

*“I would say the threat to ladies is far greater than…and* *the control is a lot greater with females than it is with [males], or the people who want them on drugs so they can use them for all sorts of things, they want them in a bad place.” (S2SH09)*

Women who are street homeless are vulnerable to violence and often partner up with a male who functions as a ‘protector’ in a bid to keep themselves safe.

However, in many cases, stakeholders described the relationship with their protector as an abusive one, involving violence against the woman, including acts of sexual violence, exploitation and coercion.

*“I think the level of violence towards women by males who are homeless as well, is quite high. The ladies that I have met, they seem to have a protector, so they will have one specific male that protects them from all the other people that are around, but that male is usually, in my experience, I am not saying for everybody, is violent or uses them for sex or that kind of thing.”* *(S2SH08)*

*“A lot of them are in abusive relationships and it’s often that they would prefer to stay in those abusive relationships, because they actually feel safer on the streets.” (S2SH05)*

In addition, if women secure accommodation (perhaps through Housing First), then they often experience a sense of obligation and/or guilt connected to leaving their protector behind.

*“Something which really kind of resonates with me is this feeling of almost kind of guilt or obligation. When they were on the streets they had relationships that were there for their safety, for protection and people kind of sorted them out when they needed help and they now feel they almost owe that back to people and feel a sense of guilt that they’ve got a nice tenancy and they are in a better place and that there’s somehow ... yes a need to kind of pay that back in a way that sometimes puts their tenancy then at risk or creates kind of problems around, neighbours and anti-social behaviour and that kind of thing”.* *(S2SH03)*

Against this backdrop, the work that the Housing First women’s project had done around securing CCTV and video doorbells for women’s properties was considered a huge benefit to customers. This was also praised in the workshops for giving women a greater sense of safety and control and helping them to “*manage their front doors*” *(Stakeholder, Study 2)*. This was particularly important given that moving into a property with support from Housing First does not necessarily mean that abusive relationships or exploitation are no longer a part of women’s lives.

*“I see that more with working with women but they can become the ones that ... they are more vulnerable where people will hone in on them and they will lose their tenancies, half the time they just leave the property and leave them to it because that is easier than asking people to leave.” (S2SH07)*

**Creating safe spaces for women and the need for longer term investment and opportunities**

Across both studies, stakeholders strongly felt that accommodation needed to be addressed first (both at the system level and the individual level), before other work could then be done with women to try and address other experiences, such as mental and emotional health, substance use and sex work. This reflected that physical safety had to come first, which was associated with being free from abuse:

*“Physical safety is a prerequisite for emotional safety, so we know that without like roof, and somewhere where they can have space of their own, then yes, they are really going to struggle to engage them and be able to start work with them around that, building that sense of emotional safety.”* *(S2SH06)*

The women with lived experience in Study 1 were all positive about the support they were now receiving. Elements they valued were related to the relationships they had built up with staff and how they made them feel: “*They are really friendly, you do feel comfortable and relaxed” (S1WWLE), “they talk about the good things” (S1WWLE);* they felt staff were invested in them and wanted them to succeed. It was emphasised that “*they don’t just palm you off, they don’t judge you*” *(S1WWLE)*. The importance of not feeling judged was a recurrent theme for women:

*“It’s how they make you feel and how they treat you when you are here, they make it about here, they make you want to come… they don’t just sit and judge.” (S1WWLE)*

The time limited (i.e., resource limited) nature of this support was the only reservation participants had:

*“They put their heart in it and everything.…And I am like, just don’t leave us and then we will be alright.”* *(S1WWLE)*

There was a sense of frustration that the service was not available long term and anxiety about what would happen to them at that point:

*“But what about me, where am I going to go, what am I going to do on (day of week), who am I going to talk to… just like dead fucking worrying about it.” (S1WWLE)*

There was a perceived lack of support after their involvement with probation ended, and a lack of ongoing support which participants felt they needed:

*“No matter what angle you try and take to be a better person, there is nobody willing to see it through and support you all the way.” (S1WWLE)*

This lack of ongoing support was also noted in the context of drug use, where participants talked about temptation always being there and there was a sense that they were not *‘cured’*; it was something they needed to work on continuously and that they felt they needed support with, but were not getting it; “*You just can’t get there yourself*” *(S1WWLE)* and that it is a long, time consuming process.

Similarly, in Study 2 stakeholders highlighted that it can take time for women to ‘settle’ into their (Housing First) tenancies because it represents a very different way of life to what they are used to. Again, this highlights the need for ongoing support to work with women for meaningful change in a way that is not restricted to short and unrealistic timeframes:

*“What I am noticing about women that have been homeless and are now in tenancies, it’s like they are restless, they can't stay in the property, because … like one of them said to us, it’s because she is lonely and she is so used to being around like chaos, that when she is on her own, it might sound lovely to us to be sat in our living room and reading a book, but for them it’s not do-able yet.” (S2SH – code omitted for anonymity)*

This highlights the need for longer-term investment in such approaches to working with women, that recognise that time is needed to counteract often long, complex histories of women’s experiences, including their (potentially complex) relationships with others, lack of trust in ‘services’, and how willing and able they are to access support perceived to be available to them.

Drawing on this experience, women with lived experience and stakeholders in Study 1 proposed a ‘one-stop shop’ akin to decommissioned local women’s centre (but not aimed at ‘reoffending’ specifically). Stakeholders suggested pooling funding to cover its cost, acknowledging that kind of provision would benefit services across the system. Having multiple services accessible under one roof such as sexual health, blood testing, bandage dressing, scripting for methadone, financial and mental health support was also considered important by both the women with lived experience and stakeholders. Further, stakeholders believed that focussing on the women’s assets and helping them to develop was a better approach than simply trying to address their health issues, such as drug use, alone.

*“Somewhere that could offer something and just support, so tapping into people’s strengths, tapping into people’s assets, what they are good at… we all know our customers are resilient, transfer that over to something else. Let’s see what people enjoy doing and be able to offer that.” (S1SH)*

This resonated with the strengths-based focus women valued in the support they were currently engaged with. Additionally, some stakeholders were sensitive to women’s needs around not judging, particularly with mothers whose children had been removed from their care, and commented on differences between women and men:

*“And I mean I am talking for women as a woman, that they are more emotional than men. They care about having a relationship with their family… most of the women that I work with, care and about that their kids have been taken off them, and they know how that feels, and how that looks to people… so it's just building people up to have a more positive life” (S1SH)*

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

**Discussion: What next?**

Drawing on the findings above, this section focuses on solutions and next steps for action. Our findings emphasise that women need a place of safety, i.e., physical safety, away from abuse, before it may be possible to work effectively to address their other experiences connected to multiple disadvantage. The gendered experiences of women featured in this work, resonate with those identified by Sosenko *et al* (2020) around poor mental health, violence and abuse, and issues connected to children.

As Steele (2021) highlights, the principles of Housing First are well suited to trauma and gender informed approaches to service design and delivery. Our research also highlights that women need robust and ongoing support to sustain changes to their experiences related to housing status and substance use, for example. Further research is needed to better understand why women with experience of multiple disadvantage leave or are excluded from services. This will be crucial in tackling the revolving doors that currently characterise the support for women. The impact of controlling and abusive relationships must be acknowledged within this, given that it can limit women’s ability to engage with services. Again, this emphasises that women need safe places, such as a ‘one-stop shop’ identified by participants. Given that the Everyone In campaign locally saw more women than expected come forward for accommodation (Riley *et al*, 2020), further research should follow to understand what has since happened – did this increased presence of women translate into longer-term engagement with services, or did they disappear again afterwards?

A recurring pattern in this research was that mixed hostels were not considered to be safe environments for women, or conducive for them to make or sustain positive changes (e.g., related to substance use). Stakeholders in Study 1 highlighted further research is needed to understand whether this is primarily about the presence of men per se, or the prevalence of drug use amongst men in such mixed environments. As the authors of ‘Gender Matters’ explain:

*“Our immediate responsibility is to acknowledge and engage with the reality of the differences revealed here, rather than relying on generic responses that serve few if any people well. And longer term, we need to better understand the dynamics underlying these gender differences, the interconnections between them, so that we can move towards more sustainable and fundamental shifts in response.” (Sosenko et al, 2020: 28)*

Of note, the current Stoke-on-Trent Homelessness and Rough Sleeping Strategy (Stoke-on-Trent city council, 2020) makes no reference to gendered experiences for women or men; instead, the strategy refers to vulnerable people and victims of domestic abuse. Hadfield and Cook (2022) argue that gender-specific approaches have recently been subject to government funding cuts, in favour of universal/mixed/’gender-neutral’ support. This preference was also observed by some of the stakeholders in this research who referred to ‘equality of resource’. However, this highlights the need to raise awareness about gender equity with a focus on equality of outcomes for women, whose experiences have long been hidden and invisible.

More recently, there are seemingly promising developments at the national level that may help gain momentum for change. A key development is the introduction of guidance from the National Institute of Health and Care Excellence (NICE) around providing integrated health and social care for people experiencing homelessness (NICE, 2022). The guidance specifically calls for consideration of gender-informed and trauma informed approaches; it recognises that psychological trauma is common among people experiencing homelessness and is particularly prevalent in specific groups such as women. Similarly, the first national strategy on women’s health for England (Department for Health and Social Care, 2022) acknowledges the particular considerations for women with experiences related to multiple disadvantage – and contains numerous references to homelessness specifically. It sets out a range of ambitions for the next ten years, recognising that they will require ‘long-term cultural and system changes’ (ibid; 10). One area of focus is the inequalities in relation to access to services, experiences of services and outcomes. The need for more research and engagement to provide a better understanding of different women’s experiences and health disparities is also acknowledged.

The women in this research valued support that was strengths-based, non-judgemental and based on relationships with people who care about them and what happens to them. The extent to which support is accessible and sensitive to the needs of women experiencing multiple disadvantage specifically must be critically examined. This includes questions about how women are treated and made to feel by different services, and how to build meaningful relationships based on trust, and to sustain their trust, to tackle the revolving doors that currently characterise the engagement with services. This also highlights the need for longer-term investment, to reflect that it can take time for services to counteract the often long, complex histories women may have, including their (potentially complex) relationships with others, lack of trust in ‘services’, and how willing and able they are to access support perceived to be available to them.

Action is also needed at both the national and local level to improve access to the social security system, for example, by providing high quality money and welfare rights advice and services to ensure people receive all the support to which they are entitled (McCartney *et al,* 2022). In Stoke-on-Trent, there have been calls to maximise benefit income for people through take up campaigns involving local advice agencies (Etherington *et al*, 2021b; Etherington *et al*, 2022). In terms of people with experience of multiple disadvantage, previously VOICES invested in programmes to support this by working with specialist benefits advisors (Gidlow *et al*, 2021b; McCormack *et al*, 2023; Pollard and Rice, 2018). However, this has not been carried forward with Changing Futures. There remains a need to address this, particularly for women for whom the alternative may be relying on unsafe informal arrangements and transactions, including ‘survival sex’.

Returning to the five key principles for a good society (Knight, 2019: 576), for women with experience of multiple disadvantage it is distressingly clear to see how far from these ideals we are of: a decent standard of living, a sense of security, freedom to be creative, respectful relationships and building a sustainable future for the next generation. How these principles apply for women with experience of severe and multiple disadvantage specifically demands further attention.

***Co-creating solutions and the importance of partnering with Expert Citizens***

In this research, the importance of involving women with lived experience in designing services and solutions was emphasised. Increasingly funders and policy makers are looking for people with lived experience to be involved in research about health and social care issues to increase the likelihood of the needs of the group being met (O’Shea *et al*, 2017). Grassroots organisations such as Expert Citizens play a crucial role in challenging the notions of ‘professional’ expertise and curated knowledge (Barnes, 2009). Working in partnership with university research teams and local authorities, Expert Citizens members bring their lived and living experience of complex social issues, such as homelessness, into research and policy, moving towards a more co-created knowledge of the issue. In addition, grassroots groups positioned within communities, working with other groups and networks, have an enhanced capacity for influence within those communities (Barnes, 2009). This influence is due in no small part to the inherent values that underpin the activities of the group (Barnes, 2009), which grow out of a community’s want and need for action on social issues, therefore the groups association with and promotion of a project can provide a kind of ‘stamp of approval’ from the community that is lacking from traditional academic research.

Since 2016, CHAD and Expert Citizens have collaborated on various participatory research and evaluation projects related to multiple disadvantage. This approach builds on our respective strengths, bringing together lived and learned experience, and our partnership continues to grow and evolve. Ultimately, the aim is for our work together to be a collaborative undertaking, that recognises the importance of partnering with people with lived experience throughout the research process and to make positive social change (Banks and Brydon-Miller, 2018: 3). Indeed, as a Civic University, Staffordshire University is committed to addressing issues affecting society, and transforming the lives of the community and its students (Gratton, 2020). Key to CHAD’s approach is working in partnership, bringing together local government, academia and local communities (CHAD, 2023); this was described by Professor Sir Michael Marmot as being ‘exactly what is needed’ at the [formal launch of CHAD](https://www.youtube.com/watch?v=OzyxgsGGnHA) in 2016 (Staffordshire University, 2016).

Regarding action on women’s experiences specifically, members of CHAD and Expert Citizens have since conducted knowledge exchange activities to co-create policy solutions with local, regional and national stakeholders. At the local level, we are building a network of people who are passionate about making changes to improve the health, lives and outcomes of women with experience of multiple disadvantage. The positivity and collaboration this endeavour has been met with exemplifies the strengths and assets within this community. This echoes other local work that found much support for more joined up working and changing the image of Stoke-on-Trent as a low-aspiration and no opportunity area (Gratton *et al*, 2019).

As with all research, it is important to acknowledge the limitations. Due to Study 2 being unable to recruit women from the Housing First service to participate, most participants were staff and wider professionals. It is crucial for further studies to consider how to gain insight from women with lived experience of multiple disadvantage, and to build that into planning and timescales. Fortunately, in this case, the collaboration with Expert Citizens presented an additional opportunity for lived experiences to be incorporated. Due to the local nature of this work, further research would be needed to explore how transferable the findings are to other areas. In addition, with the local nature of the research and protecting the identities of participants, we have not explored how the views of staff or stakeholders from different sectors vary. This would allow for a more nuanced examination of findings and perspectives across the system, which would help inform strategies about the action needed with different sectors.

Knight (2018) emphasises the power of relationships, highlighting that multiple organisations need to be involved if we wish to develop ‘a good society’; he further notes that this is easier to manage at a local level because of the relationships that already exist. In terms of action on women’s experiences of multiple disadvantage in Stoke-on-Trent, we have strong foundations to build on, and far more to be done.

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