

Women's Research: Executive Summary

This research was conducted by Groundswell and was funded by the Greater London Authority. This research is aimed at understanding more about the health conditions women are facing and how their housing issues affect their health. The second aim was to understand more about women's experiences of accessing health services when homeless.

This was a mix method study, including seventy-seven survey-based interviews and three focus groups reaching a combined total of 104 participants. Data collection was carried out between February and September 2019 in support services working with people who are homeless. Researchers who have experience of homelessness were involved in all stages of the research process, and their contribution was a crucial factor in the success of the project.

This research supports literature regarding the high health needs of women experiencing homelessness. The research shows that not only is poor health caused by homelessness, but that health is a common cause of and a factor that perpetuates homelessness for women.

Summary of findings

Factors causing homelessness. Participants had long histories of homelessness in which physical and mental health were contributing factors to their situation.

- Participants often had long and complex histories of homelessness; 65% had been homeless for more than a year, and 42% had been homeless at least once before.
- The three main reasons participants cited for becoming homeless included relationship breakdown and/or family breakdown, physical health issues and domestic violence.
- 59% either agreed or strongly agreed that their health had contributed to them becoming homeless.
- Reasons participants became homeless were often a result of gender inequality; 39% had experienced domestic violence at some point in their lives, and 25% had experienced sexual abuse.

Physical health issues. Most participants were living with several health conditions that were aggravated by living conditions and the stresses of being homeless.

- 74% had a current physical health issue.
- The most commonly diagnosed physical health issues were joints, bones and muscles (40%), blood conditions (26%), problems with feet (21%) and stomach issues (19%). The conditions which showed the biggest increase upon homelessness were issues with joints, bones and muscles, blood conditions, heart conditions and problems with feet.
- Participants frequently talked about how their living situation affected their health and exacerbated their existing health issues.
- Participants spoke of how they were affected by allergies, skin conditions, bed bugs, difficulty breathing and back pain from their accommodation.
- The stress of their situation resulted in headaches, losing hair, stomach pain, irritation in their eyes, rapid heartbeat, panic attacks, chest pain and early menopause.

Mental health. Issues with mental health were common among participants and in many cases, caused self-harm and/or addiction.

- 64% expressed that they were experiencing mental health issues compared to 20.7% of the general population of women.

- The most commonly diagnosed issues include depression (45%), anxiety/phobia (29%) and post-traumatic stress disorder (PTSD) (18%).
- Some mental health issues existed before homelessness; however, many developed new mental health issues because of their housing situation.
- Self-harm and attempted suicide were not uncommon; of those who had required an ambulance, 27% needed one because of self-harm and/or attempted suicide.
- 24% felt an addiction affected their day-to-day life, and homelessness was often a trigger for addiction.

Homelessness was causing significant damage to the physical and mental wellbeing of participants. Participants had issues with sleeping, finding enough food, keeping clean and were affected by addiction and on-going sexual and/or domestic abuse.

- 45% rarely, or never, get enough sleep. Many had anxiety which made it difficult to sleep; some participants spoke of how, regardless of how much sleep they got, they were still tired.
- 35% were eating either no meals or one meal a day; 46% of participants ate less than one portion of fruit and vegetables a day.
- Eating patterns were often erratic, and participants spoke of not knowing when they would get something to eat again. For some, this resulted in periods of overeating and hunger.
- While some felt they were able to keep clean, many did not. Busy day centres often meant there were queues for the shower and laundry, and opening times did not always fit for those who were working.
- Generally, participants felt they could easily access tampons and contraceptives.
- 35% felt that domestic and/or sexual abuse was currently affecting their day to day life.

Healthcare usage. Participants were reliant on the support provided by healthcare services and not-for-profits but highlighted a need for additional specialised support.

- The main healthcare services participants used included GP surgeries (both general and specialised), A & E, hospital admittance, counselling and support from health professionals in charities. Healthcare services in homelessness services were highly beneficial.
- The main reasons participants used an ambulance were physical health issues (53%), mental health problems (33%) and self-harm/attempted suicide (27%).
- 81% were registered with a GP, and 40% were signed up with a dentist. The research found that 17% of participants had been refused registration by a GP.
- 65% of participants felt that they struggled to find the motivation and confidence to deal with their health issues. A combination of exhaustion, poor health, stress and a lack of self-worth were barriers to engaging with healthcare services.
- There were structural and practical barriers to accessing healthcare, for example, not having money to get to appointments, inflexible appointments, being refused registration and a lack of support to get to appointments.
- 45% either strongly agreed or agreed with this statement *“healthcare services understand the issues I face as a homeless woman”* and most participants (73%) felt that they could be honest with staff in healthcare services.
- There were catch-22s related to accessing mental health services, primarily centred around housing and addiction issues.

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