Issues and Service Access Barriers for Homeless Women with Complex Needs: A Scoping Review

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Context and Overview

This literature review was completed as part of an action research project commissioned by Merchants Quay Ireland (MQI) which aims to explore the issues and challenges surrounding access to homeless, addiction and health services for women, with a view to creating and implementing initiatives that will improve access and possibly outcomes for women experiencing multiple levels of disadvantage or exclusion. This report presents the findings of a rapid literature scoping review conducted in November/ December 2019, which aimed to characterise the body of literature describing the presenting issues and services available for women experiencing homelessness in Dublin and Ireland. Specifically, we sought to build understanding of how client presentations and service provision issues would affect entry into services, and to gain insight into the breadth of potential needs and mechanisms of support after leaving services.

This review does has not applied any weighting to the articles retrieved in terms of quality of evidence or risk of bias, and due to time constraints cannot provide a fully exhaustive systematic compilation of all the existing literature available. Instead, we present an overview of the body of literature surrounding homeless women in an Irish context. . Readers are encouraged to browse the reference lists and explore the retrieved peer-reviewed and grey literature articles to gain more in-depth perspectives.

Methodology

We searched for peer-reviewed literature as well as articles published by homeless and addiction sector organisations. In order to maximise the scope of retrieved articles, the latter were not limited to research studies, and included annual reports, presentations, and strategy documents, etc. We included items which focused on, or included specific reference to, homeless women in Ireland.

We initially searched PubMed (https://www.ncbi.nlm.nih.gov/pubmed/) and PsycInfo (https://www.apa.org/pubs/databases/psycinfo/) for articles published within the last 10 years (2009-2019) using the search string **"**women homeless (addict* OR substance OR drug) access health services Ireland". Following this, we searched the OpenGrey database (http://www.opengrey.eu/), then hand-searched the websites of the following organisations for relevant documents using search terms such as "homeless women", "homeless women substance" etc.:

- Ana Liffey Drug Project (https://www.aldp.ie/)
- ANEW (http://anew.ie/)
- Casadh (https://www.casadh.ie/)
- Central Statistics Office (https://www.cso.ie/en/index.html)
- Coolmine Therapeutic Community (https://www.coolmine.ie/)
- Cope Galway (https://www.copegalway.ie/)
- Crosscare (https://crosscare.ie/)
- Cuan Mhuire (https://cuanmhuire.ie/)
- De Paul Trust (https://ie.depaulcharity.org/)

- Dublin Region Homeless Executive (https://www.homelessdublin.ie/)

- Focus Ireland (https://www.focusireland.ie/)

- Irish Council for Social Housing (https://www.icsh.ie/)

- MQI (https://mqi.ie/)

- Novas (https://www.novas.ie/)

- NWCI (https://www.nwci.ie/)

- Peter McVerry Trust (https://pmvtrust.ie/)

- SAFE Ireland (https://www.safeireland.ie/)

- Salvation Army (https://www.salvationarmy.org.uk/republic-of-ireland)

- Simon Communities in Ireland (http://www.simon.ie/ and https://www.dubsimon.ie/)

- Society of St. Vincent de Paul (https://www.svp.ie/home.aspx)

- Sonas (http://www.domesticabuse.ie/our-services/housing/)

- Sophia (https://www.sophia.ie/)

- Threshold (https://www.threshold.ie/)

Note that there are a very large number of agencies around Ireland providing services to homeless individuals, therefore due to time constraints we focused mainly on a pragmatic selection of highly visible organisations in Dublin, but also organically encountered articles from services operating nationwide or in cities such as Cork and Limerick.

In addition, we received a number of documents recording participant inputs during stakeholder consultations. We included both quantitative and qualitative sources in our synthesis. The flow of articles selection through the selection and hand review process is presented in the PRISMA flow diagram, below (Fig. 1).

PRISMA 2009 Flow Diagram
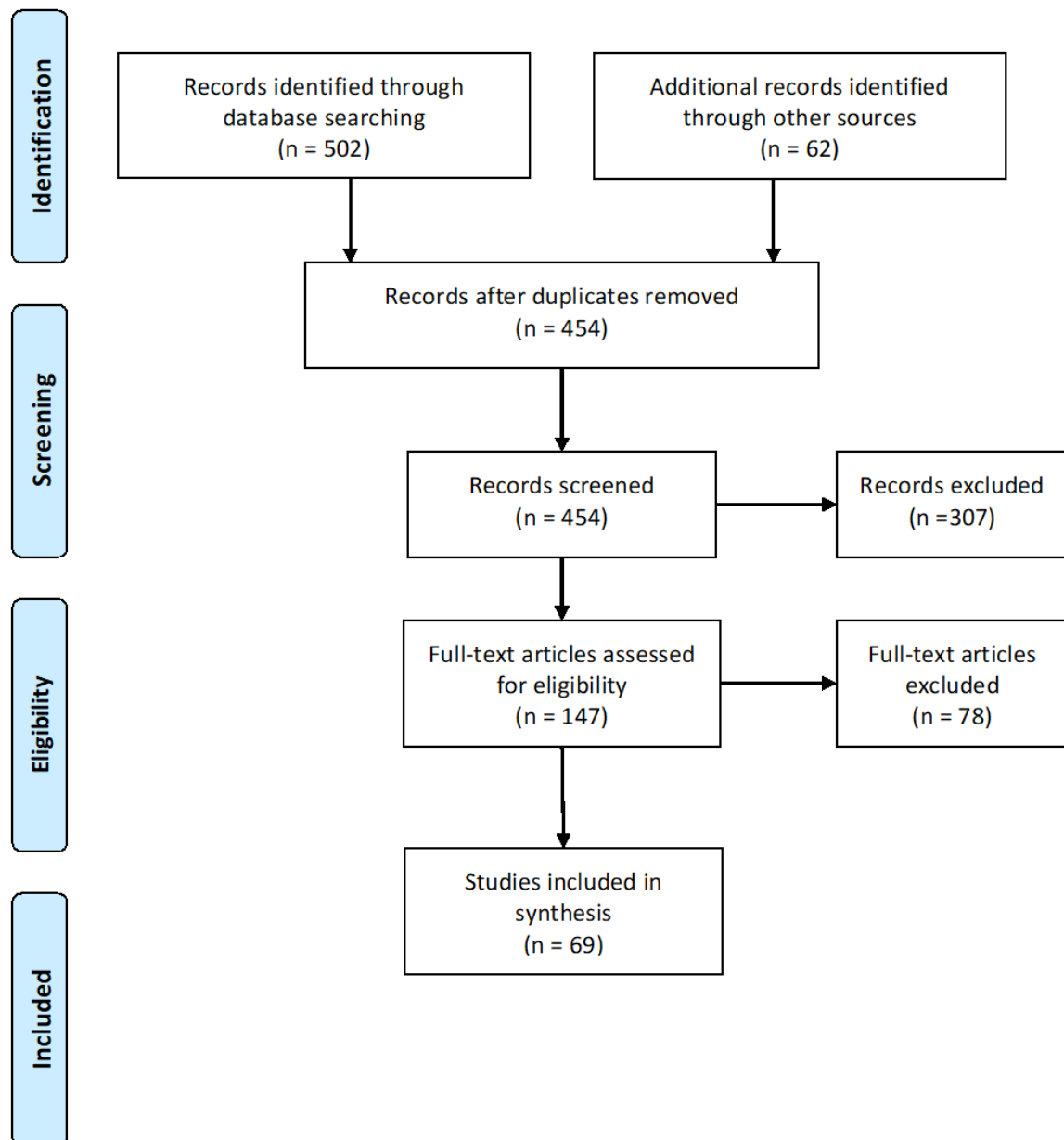
Figure 1: PRISMA Flow Diagram.

Showing flow of article selection and review during searches of peer-reviewed and grey literature.

Results

General observations

1) From our literature search, we selected 30 peer-reviewed articles and 39 grey literature articles, reports, documents, and presentations after hand review. These articles are listed in the references section.

2) There was a relatively low number of articles focusing specifically on homeless <u>women</u> in Dublin and Ireland generally although it is clear that women form a significant portion of the homeless population - approximately 42% according to the most recent national census figures (Central Statistics Office, 2016). It is likely that some degree of variation among male/female populations might occur between regions. However, it is not unreasonable to infer that large observed disparities in the sex ratio of service users may be due to other unanticipated factors that may include lack of gender-sensitive services.

3) Data is not always disaggregated by sex which can impede understanding of the scale or patterns of issues affecting homeless women. For example, the 2016 Novas Community Detox Evaluation Report (Greenwood, 2016) gives statistics on drug use by service users, but does not indicate the sex ratio among those who use which drugs. Disaggregating data could help inform where to expand services, or tailor services to women's needs.

4) Three larger grey literature reports were identified which could help inform further research: a 2013 report by Mayock et al. titled "Mapping homeless services for women in Dublin", published by the Dublin Region Homeless Executive(Mayock et al., 2013); another report written by Mayock et al. and published by Simon Communities in Ireland, from 2015, titled "Women, homelessness, and service provision"(Mayock et al., 2015a); and a 2018 report from the National Women's Council of Ireland titled "The impact of homelessness on women's health"(National Women's Council of Ireland, 2018).

5) Service gaps may exist in one region, which then impact on provision in another: For example, in-patient detoxification or rehabilitation services were not available to Cope Galway service users who then had to travel to Dublin where they faced competition for places and long waiting lists (Cope Galway, 2019).

6) There is a broad range of services available that address both general homeless needs, as well as those of specific groups among the homeless, however few have been tailored towards homeless women in particular. As a starting point for further investigation, see Mayock et al.'s 2015 report for Simon Communities of Ireland, "Women, homelessness, and service provision" which has a section outlining perceived service needs from the perspective of homeless women (Mayock et al., 2015a).

Below we present a narrative synthesis of the literature retrieved. We hand-reviewed the articles retrieved during our literature searches and assigned content from those articles to a number of thematic areas and sub-themes as follows:

Thematic area 1: About the service users

- *Complex needs*
- *General health*
- *Income, poverty, and sex work*

- *Migrant women*
- *Cyclical homelessness and addiction*

Thematic area 2: Access barriers

- *Knowledge of services*
- *Safety*
- *Service configuration*
- *Service provision*
- *Stigma and discrimination*
- *Challenges for migrant women*

Thematic area 3: Pathways out of services

- *Continuum of support*
- *Entering stable accommodation*
- *Childcare and family life*

Thematic area 1: About the service users

This thematic area focused on circumstances of the service users' lives at time of presentation to services. Retrieved articles here often outlined challenges arising due to users' *complex needs*, issues relating to *pregnancy and childcare*, *family responsibilities*, and *cyclical homelessness and addiction.*

Complex needs

Women often present to services at a crisis point, with complex needs coinciding with deteriorating physical and mental health (National Women's Council of Ireland, 2018). Various needs were represented, with some directly reported as features of women presenting to services whilst others were implied, for example through staff reports of service needs (Mayock et al., 2015a; Merchants Quay Ireland, 2019a):

> *When asked about the presenting needs of women, specifically, practitioners typically highlighted a wide range of overlapping and complex needs, including those related to mental and/or physical health problems, experiences of gender-based violence and/or abuse, histories of State care, low confidence and self-esteem, substance use problems, learning disabilities and poor coping and general life skills.* (Mayock et al., 2015a)

Mayock et al.'s 2013 report, "Mapping homeless services for women in Dublin" gives insight into the most frequent presenting features of homeless women, with substance misuse and domestic violence being common (Mayock et al., 2013). Mental health challenges have also been commonly cited among presenting needs of service users (Cope Galway, 2019; Mayock et al., 2015a; Merchants Quay Ireland, 2019a; National Women's Council of Ireland, 2018), and furthermore a need for better support for dual diagnosis was reported (Cope Galway, 2019; Merchants Quay Ireland, 2019b; Novas, 2019):

> *Currently, substance abuse services and mental health programmes are disconnected. Individuals must go to one service for mental health support and another for substance misuse treatment.* (National Women's Council of Ireland, 2018)

A wide variety of types of acute and long-term trauma were also noted, including domestic violence and childhood abuse. Guidance exists, for example as issued by the HSE, on how to recognise and respond to domestic, sexual, and gender-based violence (Health Service Executive, 2018). However, there was also a need for adaptation of services to make use of that guidance to respond adequately to these challenges and ensure that women in such circumstances can be assisted effectively:

> *… services providers … in many case suggested that intense, targeted training was required if homeless (and other) services are to respond more appropriately and effectively to women who have experienced violence, often over prolonged periods. (Mayock et al., 2015a)*

Physical and intellectual disabilities also feature among service users, with implications on how they engage with, and transition from, services. This also raises the question of how well equipped staff, services, and accommodation supports are to be able to meet their needs. The 2016 Census of Population data also indicates that people with disabilities form 27.1% of the homeless population - double that of the population in general (Central Statistics Office, 2016). Although this data was not disaggregated by gender, it could suggest some difference in distribution of the population, or it could reflect some unaddressed challenge in service provision which fails to accommodate disabled homeless women.

Poor emotional, coping, and life skills may also feature among homeless women presenting to services (Babineau and Harris, 2015) which would have far-reaching impacts on an individual's ability to live independently, remain drug-free, and maintain stable accommodation.Intensive services such as the Coolmine Therapeutic Community have met success in supporting such individuals through a holistic approach (Babineau and Harris, 2015).

The above complex needs and many other presenting features of the adult homeless are inevitably also seen among homeless youth. However, the latter also face specific challenges that must be taken into account when they present to services - Mayock and Parker provide a thorough study of these in their 2017 longitudinal research on young people's pathways through homelessness, "Living in limbo: Homeless young people's paths to housing" (Mayock and Parker, 2017).

General health

Everyday health challenges outside of physical injury and drug use may also feature among homeless women accessing services: Poor self-reported health is a common complaint among homeless women, as noted by the National Women's Council of Ireland in their 2019 briefing on women's health in Ireland (National Women's Council of Ireland et al., 2019). Although diseases such as Hepatitis and HIV are frequently seen among the homeless population (Glynn, 2016), the health impact of chronic illnesses such as diabetes on homeless women could be worsened by a) the homeless population's general tendency to engage less with the health system (Scott et al., 2013), and b) multiple factors specific to homeless women which can reduce their engagement with services such as lack of women-specific services, difficulty finding childcare (Merchants Quay Ireland, 2019c, 2019b), and past negative experiences interacting with service providers:

> *Consistent with a number of studies that have examined homeless women's service experiences and perceptions of services, a considerable number of the women in this research also reported negative encounters.* (Mayock et al., 2015a)

Income, poverty, and sex work

Women presenting to homeless services may be experiencing difficulties due to low income, or other more complex challenges such as financial abuse (Mayock et al., 2013). The pressures of maintaining

rent payments, combined with needing to pay for childcare costs, and fluctuating incomes may also lead women and families into homelessness (Focus Ireland, 2018; Mayock et al., 2014). Homeless women may also be engaging in sex work, either through financial need or as a result of coercion or trafficking and exploitation. Ruhama's 2017 annual report noted that among sex workers contacted during their outreach activities 34% were either homeless or at risk of homelessness. Complex needs were also common, and 50% reported themselves to be experiencing problems with drugs or alcohol (Ruhama, 2018).

Migrant women

Migrant women who are experiencing homelessness may present to services with challenges on top of the above presenting features. For example, language issues or worries about their legal status may make it difficult for them to speak openly about their challenges or to navigate health, homeless, and addiction services (Mayock and Sheridan, 2012). There may also be a socio-cultural dimension where a woman who becomes pregnant outside of her community's norms and may be rejected for failing to conform to moral standards:

> *Over the years the social stigma around unmarried mothers in Ireland disappeared but other issues emerged … The ostracisation that women experienced in the Ireland of the 1980s has reappeared in some migrant communities and these women are often made homeless when they become pregnant.* (ANEW Support Services, 2019)

Groups less well-represented

Other minorities, such as the LGBTQI community, were not well-represented in the literature however Focus Ireland suggest on their website that large numbers of young people may become homeless due to issues directly related to their sexual orientation or gender identity (Focus Ireland, 2019). The LGBTQI population face specific challenges and risks relating to sexual orientation and gender issues, which may service providers may not necessarily have been sensitised-to, and regular services and accommodation may not necessarily be appropriate or safe for LGBTQI individuals. Older adults were also not well-represented. This population may experience added risks should they become homeless due to chronic health conditions or frailty. Focus Ireland have noted a trend of growing numbers of homeless older adults aged 65+, as well as a general lack of research that addresses the needs or circumstances of this segment of the population (Focus Ireland, n.d.).

Cyclical homelessness and addiction.

Lack of support after initial rehabilitation may lead to relapse and re-entry into the system, or loss to follow-up (Babineau and Harris, 2015). Among the various articles retrieved, women leaving institutionalised settings such as residential rehabilitation, the care system, psychiatric hospital, or prison, as well as those who might have stabilised and entered private stable accommodation, but were then unable to pay rent or maintain childcare costs, were all at risk of this cycle of entry and re-entry into homelessness. Domestic violence may also be a factor, where women may leave refuges but leave without adequate support and end up returning to the homes of abusive partners, only to have to seek refuge again (Cope Galway, 2019; Mayock et al., 2015a, 2015b; Mayock and Parker, 2017).

Thematic area 2: Access barriers

Barriers which limited women's access to services were often noted in the evaluation and learning sections of much of the grey literature that we accessed. These were categorised into a number of themes, specifically: *Knowledge of services*, *Safety*, *Service configuration*, *Service provision*, *Administrative barriers*, *Stigma and discrimination*, and *Migrant women*.

Knowledge of services:

Some services users noted that there is difficulty in getting to know what services are available to them, for example needing to rely on other service users to help navigate the system. Others cited a desire for more information before commencing treatment (Merchants Quay Ireland, 2019c). Additionally, some service users may have misconceptions about services, such as fear of commencing methadone treatment (Merchants Quay Ireland, 2019c). There was also a concern that agencies may be presented in the media as a "drug service" with negative connotations, and their other services might not get reported or advertised as prominently, subsequently being overlooked by potential service users (Merchants Quay Ireland, 2019c).

Safety

Coercion, abuse, and domestic, sexual, and gender based violence were noted as safety concerns for homeless women attempting to access services. Fear of physical harm from abusive partners can act as a barrier to women accessing homeless services/leaving relationship (Mayock and Sheridan, 2012; O'Carroll and Wainwright, 2019):

> *A number felt "trapped" in their relationships while others had returned following initial or early attempts to flee because they had "nowhere to go"; yet others feared for their personal safety in the event of leaving an abusive partner.* (Mayock and Sheridan, 2012)

In the same vein, a perceived negative reputation of hostels can deter women from seeking them out due to safety concerns for themselves and/or their children (Mayock et al., 2012; O'Carroll and Wainwright, 2019).

> *A number were reluctant to use homeless services due to negative perceptions of homeless hostel accommodation, while others expressed safety concerns for themselves and their children in these contexts.* (Mayock et al., 2012)

A lack of gender specific areas in the homeless services was also considered to lead to safety and protection issues. A clear need was identified for addressing the specific support requirements of both genders, as many services are very male dominated/focused, or gender-blind (Mayock et al., 2013).

> *The qualitative data indicate that a number of service providers acknowledged the importance of gender-specific areas; however, they were often unable to provide these due to budget constraints and/or restrictions related to the layout of the building.* (Mayock et al., 2013)

Service configuration

In some cases, provider-side restrictions may impact on service users' access - for example if there is difficulty accommodating users with complex needs. Such restrictions might include a barring of

women with histories of anti-social behaviour, active drug users, and migrant women who do not satisfy the habitual residency condition (Mayock et al., 2013).

> *The dearth of female-only accommodation and resettlement services for women targeting specific subgroups with complex needs such as sex workers, women escaping domestic violence, and women with histories of incarceration, was also repeatedly highlighted.* (Mayock et al., 2013)

A need to fulfil criteria to access services - such as catchment areas, being drug-free and undertaking mandatory counselling as a condition of entry - can act as a barrier to engagement with services (Canavan et al., 2012; Mayock et al., 2013).

> *Admission and discharge procedures in the health services were also highlighted, with the main barrier here being a lack of clear responsibility within the services in relation to the treatment of homeless people and complex rules in relation to catchment areas.* (Canavan et al., 2012)

Service provision

In addition to the previously mentioned service gaps due to location (Cope Galway, 2019) the articles retrieved often pointed towards an overburdened capacity throughout services as well as long waiting lists (Canavan et al., 2012; Mayock et al., 2013; SAFE Ireland, 2016).

> *This situation was said to prolong women's homelessness whilst also placing significant pressure on services, particularly in relation to ongoing capacity issues within domestic violence services where clients were frequently 'turned away' due to lack of space.* (Mayock et al., 2013).

This challenge also increases the likelihood of there being an insensitivity of services to individual needs - for example, women in recovery may be placed alongside active drug users. Europe wide, there is a reported differential access to addiction treatment. There is a need for more access for female problem drug users and creation of women-focused programs to increase the proportion of women in drug treatment programs (Mayock et al., 2015).

A recent journal article by O'Carroll and Wainwright identified administrative barriers for homeless people when accessing services - for example during service navigation, there are burdens due to the application process, and literacy issues might also be present. There are also attitudinal aspects such as negative past experiences with service providers, and internalised attitudes such as feelings of hopelessness or fear of authority figures which could also limit women's engagement with services (O'Carroll and Wainwright, 2019).

There are also a number of child-specific issues that affect service engagement and service provision. Firstly, there is a basic need for support for women who are pregnant or who have children to enable them to engage with services (ANEW Support Services, 2019; Mayock et al., 2015a). Fear of becoming 'visible' and children being taken into care can also be a barrier to seeking help (Merchants Quay Ireland, 2019c; O'Carroll and Wainwright, 2019). Furthermore, despite the frequent presentation of homeless families (Focus Ireland, 2018), there is a lack of appropriate emergency homeless services for women with children (Mayock et al., 2013; Merchants Quay, 2019a).

with children drives single homeless women without children into general services that are male-dominated and may be unsuitable or unsafe (Mayock et al., 2015). The need to accommodate women with children also extends to a need for child-friendly spaces in services to occupy whilst their mothers are accessing supports, or counselling (Babineau and Harris, 2015), as well as spaces that might accommodate visitation for women whose children have been placed in care (Greenwood, 2016; Mayock et al., 2013).

Stigma and discrimination

Stigma is recognised in the literature as a leading cause of low self-esteem in homeless people in general, which then acts as a barrier to accessing services (O'Carroll and Wainwright, 2019). This may then be amplified by gender-specific factors, for example relating to pregnancy and motherhood - there is a stigmatisation of homeless women as "bad mothers" (Savage, 2016). In other cases, stigma around addiction can also be a barrier to engaging with healthcare services (O'Carroll and Wainwright, 2019). In the area of domestic violence, there may be internalised pressures from not wanting to be seen as a victim: Perceived stigma about gender-based violence can be a barrier to those seeking domestic violence support (Mayock and Sheridan, 2012).

Marginalised groups also face stigma that can deter them from accessing services - for example women from the Travelling community (Murphy et al., 2017). The latter were not strongly represented among the articles we retrieved, however this gap may be addressed in the near future, as the Independent Expert Review on Traveller Accommodation, produced in July 2019, recommended that research be commissioned on Traveller homelessness (Department of Housing, Planning, and Local Government, 2019). Elsewhere, female sex workers experiencing addiction may feel the need to hide both their drug use and their work, thus endangering their own lives by not seeking out health services (Whitaker et al., 2011). Even disruption of basic needs, such as poor self-hygiene, can be a source of embarrassment for homeless women engaging in healthcare services (O'Carroll and Wainwright, 2019).

Challenges for migrant women

As previously noted, migrant women face additional challenges compared to the general population - these may be social, cultural, legal, and language-related. Migrant women, particularly those in abusive relationships, are socially isolated. This can be a barrier to accessing information about services and entitlements. They may come from cultures where domestic violence is normalised, which can be a barrier to disclosure of abuse, or engaging with homeless or domestic violence services. Such issues can be further compounded by the legal environment: If migrant women have no immigration status, they have no right to work or to access social welfare. This can also be a barrier to leaving abusive relationships if they have a work permit through their husband's immigration status which is then lost if the relationship dissolves.

> *… one service provider talked about the repercussions for one service user of leaving her abusive husband, which left her with minimal support and also severed links with family and community networks that may have been beneficial in relation to her future attempts to exit homelessness.* (Mayock et al., 2015a)

Together these factors compromise migrant women's ability to access housing and other services (Mayock et al., 2012; National Women's Council of Ireland, 2018).

Thematic area 3: Pathways out of services

Several of the reports we retrieved make a broad range of recommendations for service improvements to support women experiencing homelessness. In particular we refer readers to the National Women's Council of Ireland report, "The impact of homelessness on women's health" (National Women's Council of Ireland, 2018), the Novas report, "We would be stronger: A report on the needs of women in Limerick with substance use difficulties (Dermody et al., 2017), Mayock et al.'s 2015 report for Simon Communities in Ireland, "Women, homelessness, and service provision", and Mayock and Parker's 2017 report published by Focus Ireland in collaboration with Simon Communities in Ireland, Threshold, the Peter McVerry Trust, and the Society of St. Vincent de Paul, "Living in Limbo: Homeless young people's paths to housing". In addition to general reconfiguration and training to make services less "gender-blind", there may be specific and context-appropriate improvements such as training in trauma-informed care for staff, sensitisation to minority issues affecting migrants, the Travelling community, or the LGBTQI population, and improved mechanisms of bridging between services. The role of well-trained and supported staff, especially case workers, also should not be understated, particularly in linking service users to external supports and navigating the landscape of service provision. Organisations will of course need to make adaptations that are appropriate to their settings, resources available, and user characteristics, however the above four reports feature a mixture of data synthesis and feedback from service users and staff which may at least touch upon challenges and solutions that will resonate across agencies.

Three broad themes emerged among improvement areas suggested by service users and staff: *Continuum of support*, *Entering stable accommodation*, and *childcare and family life*.

Continuum of support

There is a need for flexible support during and after homelessness or addiction, and support for relapse. However, there may not be enough resources available to ensure good aftercare - for example after exiting residential rehabilitation, where can a service user go that is safe and substance-free, and how can they be best supported?

> *Overall, there was considerable evidence to suggest that targeted aftercare or follow-on support was not reaching all young people and/or was not experienced uniformly.* (Mayock and Parker, 2017)

This need for ongoing support might also extend to those leaving care, or being released from prison, and was often cited by service users and staff as being a valuable means of giving service users the best possible chance to stabilise and live independently (Mayock et al., 2015a). Even where a needed service may exist, issues of demand and availability also present themselves. For example, for detoxification services and beds waiting lists may be a common feature due to the high volume of service users - reducing waiting times would obviously help provide the best support, but the issue is further compounded by factors such as absence of services in a particular region (Cope Galway, 2019; Merchants Quay Ireland, 2019b). Such breaks in being able to access services may then create opportunities for relapse or worsening of conditions for the individual.

Entering stable accommodation

Whilst service users have noted that housing and getting established in stable accommodation is a critical factor in their journey out of homelessness and addiction, there is a lack of affordable and appropriate housing options for those leaving the homeless and addiction services (Dermody et al., 2017; Novas, 2019). Various factors contribute to this, including the influence of the tourism

industry in driving up rental prices. Administrative burdens might be present, for example when applying to local authorities for accommodation, and the loss of family and friend networks can cause difficulty in finding even short term places to stay (Merchants Quay Ireland, 2019a). There is also pressure on the social housing system with waiting lists due to lack of available places being a common feature (Mayock et al., 2013; SAFE Ireland, 2016).

Childcare and family life

A focus on childcare and their role as a mother was noted as a central component of recovery from addiction, and for some women this became a main driver for adherence to programmes (Babineau and Harris, 2015). Difficulties may arise, however, due to structural barriers - lack of affordable childcare options to allow women to re-enter the workforce has been cited as a significant limitation to homeless women's successful progression (Dermody et al., 2017). There may also be some difficulty in reintegrating into family life (Babineau and Harris, 2015), and service users have expressed a desire for additional support such as training around parenting and re-establishing relationships with children (Merchants Quay Ireland, 2019c).

Conclusion

The body of literature addressing homeless women in Dublin and Ireland remains small, however a well-defined picture of the types of presenting issues, service challenges and barriers, and ways in which to address them, is nonetheless apparent.

Clear challenges still exist in the way that services are configured and provided. The direction of future programmes and research will likely feature the integration of end-to-end gender sensitivity, successful bridging between services to ensure a prompt and appropriate response to homeless women's needs, and further developing mechanisms of aftercare support.

Accessing and understanding the views of service users and frontline service staff, as has been done by several of the reports we retrieved, will be key to this improvement process to create services that give homeless women the best possible chance of entering stable accommodation, avoiding relapse, and ending cyclical homelessness and addiction.

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