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How is women's homelessness governed in contemporary society? A Foucauldian perspective

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ABSTRACT

Beginning with the Housing (Homeless Persons) Act 1977, the legislative framework within England and Wales has sought to regulate women's homelessness. In constructing the homeless woman's identity - as in the select experiences and circumstances by which her existence is acknowledged and authenticated, and in specifying the ways in which local housing authorities and local service providers fulfil their statutory duty - the state performs an omnipresent yet regulatory role in controlling bodies, creating docility and transforming the lives of women who are homeless. Through in-depth, semi-structured interviews with fifteen practitioners and thirty homeless women in Newcastle upon Tyne, the research examines the participants' perceptions and experience of women's homelessness. In particular, it draws upon a synthesis of events, relationships and decisions to explore the ways in which homeless services shape the experience of women who are homeless and the ways in which homeless women make sense of their experiences. The findings indicate that for these participants, the governance of women's homelessness - as that which is intimately linked with external forms of governance (as in the policies, programs and services that address homelessness) coupled with the self-regulating abilities of homeless women - sustains women's homelessness. In fluctuating between that of resistant and docile actors, the participants emerged as active agents in the maintenance of women's homelessness.

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Declaration

I declare that this is my own work and has not been submitted for the award of a higher degree anywhere else.

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ACKNOWLEDGMENTS

CHAPTER 1: INTRODUCTION

1.1 Background

This thesis set out to investigate, describe and analyse how women's homelessness is governed in contemporary society from the perspective of fifteen practitioners working with and around homeless women and thirty homeless women in an urban context. This PhD arose out of a personal interest in homelessness more generally and women's homeless more specifically. This interest was fueled by my curiosity in the longevity of the problem given that its origins can be traced back to the fourteenth century (see O'Connor, 1963; Foster, 1981; Somerville, 1994; Beier, 1985; Rosenheim, 1996), by the visibility of the problem given that first hand observations affirm street beggars and Big Issue vendors as common and visible figures in the contemporary inner city milieu, and also by the continuity of the problem given that despite political intervention, women's homelessness is an increasing phenomenon (Jones, 1999; Watson, 1999, 2000).

On an international level, women's homelessness is recognised as distinct from men's given the differential routes into it and the differing ways in which women experience it (Marpsat, 2008; Fitzpatrick, 2005). The result of this is that women delay, minimise or else avoid services, choosing instead to develop alternative strategies which invariably and inadvertently increase their exposure to and risk of violence, abuse and sexual exploitation (Edgar and Doherty, 2001; Baptista, 2010; Moss and Singh, 2012; The Guardian, 2014). In England and Wales, women's homelessness has been on the political agenda for centuries[1], although more recent legislation in the form of the Housing (Homeless Persons) Act 1997

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[1] Studies included in this thesis stipulate a specific geographical focus which includes, England, England and Wales, Great Britain (sometimes called just 'Britain') and the United Kingdom. Whilst England and Wales are separate countries, Great Britain (or Britain) is the official collective name for England, Wales and Scotland, whereas the United Kingdom includes England, Wales, Scotland and Northern Ireland. That said, homeless policy in Britain originated in the 14th century and was motivated by fear of social disorder following the Black Death, previously, the duty to support those who could not support themselves lay with charitable and religious institutions (Somerville, 1994). According to Beier (1995: 10), 'state action began in the fourteenth century as part of an attempt to make the able-bodied work. Tudor governments intensified the campaign because they linked mendicancy with disorder'. The introduction of the Poor Law Act in 1388 is described by Foster (1981: 44) as 'the first legislative evidence of state involvement with poor relief'. The Act distinguished the 'impotent from the able-bodied poor with implied permission for the former to beg' (Rosenheim, 1996: 513). It prohibited individuals from assisting able-bodied beggars or wandering labourers who could not provide evidence of employment (O'Connor, 1963).

represents a major development in the states response to the problem of homelessness as homeless people were, for the first time, given a right to permanent housing and added to the list of people given reasonable preference in the allocation of council house tenancies. On one level, the legislation provided a degree of societal protection for particular sub-sections of the homeless population, on the other, it operated as a bureaucratic rationing device, determining which households were given priority for housing - the emphasis being on family homelessness rather than single homelessness, and on (existing/expectant) mothers as opposed to single women. Thus particular sub-sections of the female homeless population fall through the safety net of the legislative framework by failing to 'fit' into one or more of the fundamental identities constructed by the state.

In a recent parliamentary debate on the 13th March 2014, the government was asked to publish data on the level of women's homelessness. Kris Hopkins, Parliamentary Under Secretary of State for Communities and Local Government replied by stating that the Government 'already collects and publishes some information relating to homeless women' and had 'no plans to collect any further information relating directly to homeless women' (HC *Hansard*, 13th March 2014). Mr. Hopkins did however refer to statistical data which showed that at the end of the second quarter of 2014, 8 per cent of households accepted by local authorities as 'priority need' in England included a pregnant woman. In the same period, forty-six per cent of households in priority need were female lone parents with dependent children and 10 percent were single female households. A report published by St Mungo's - a community housing association - in March 2014 found that twenty-six per cent of people who accessed homelessness services in 2013 were female and twenty-seven per cent of St Mungo's client base were female. The report also suggested that official statistics under-report the number of homeless women given that women take steps to conceal their homelessness. Steps which include sofa surfing with family or friends, or remaining in abusive relationships. Homelessness, St Mungo's argued, led women to become 'among the most marginalised people in society' (St Mungo's, 2014: 3).

This research is based on Newcastle Upon Tyne (hereafter referred to as Newcastle) - the largest city in the North East of England. Women's homelessness in this region is deeply entrenched despite having a well-established homelessness system in place. The city includes numerous diverse services which deal specifically with the needs of homeless men

and women conjointly and separately. The existence of and demand for regional services has facilitated an interest in finding out about the experiences of service providers and homeless women. Empirical studies which take as their object of inquiry homeless provision have looked more broadly at the national system of provision (Checkland and Checkland, 1974; May, Cloke and Johnsen, 2006), the efficacy of particular types of provision such as hostels, day centres and soup runs (Henry, Abrahams, Cameron and Williamson, 2010; Pleace and Quilgars, 1997; Johnsen, Cloke and May, 2005a; Johnsen, Cloke and May, 2005b), the local authority's response to homelessness (Bailey and Ruddock, 1972), homeless provision in rural areas (Cloke, Johnsen and May, 2007; Cloke, Milbourne and Widdowfield, 2000) or compared homelessness in different regions across the UK (Glastonbury, 1971). In addition, biographical and narrative accounts of homeless women have typically focused on their involvement in sex work (Harding and Hamilton, 2009), their experience of violence/victimisation (Wesley and Wright, 2009; Huey and Berndt, 2008), their use of public/institutional space (Henry, Abrahams, Cameron, Williamson, 2010; Casey, Goudie and Reeve, 2008), their routes into homelessness or conceptualisations of 'homelessness' and 'the homeless' (Smith, 1999; Watson and Austerberry, 1986; Bailey and Ruddock, 1972). There is a notable absence of literature which explores the ways in women's homelessness is governed in contemporary society from the point of view of service providers and homeless women - thus creating an opportunity for this research to address this paucity. I use the term 'governed' conceptually here in relation to the processes that render objects amenable to intervention and supervision (Foucault, 2002: 201). In this instance, the objects are that of homeless service providers and homeless women. Arguably, the experiences of practitioners and homeless women from regional areas warrants further exploration distinct from the national experience. It is against this background that the fundamental question addressed in this thesis is: How is women's homelessness governed in contemporary society?

1.2 Research aims

This research has two key aims:

1. To investigate, describe and analyse the ways in which homeless services shape and respond to the lived experience of women who are homeless;

2. To investigate, describe and analyse the ways in which homeless women experience homelessness and make sense of their experience.

These two aims are addressed via qualitative research, ethnographic observation and semi structured interviews with homeless women and practitioners across a wide range of services.

1.3 Overview of research design

Fifteen practitioners (10 female and 5 male) aged between 28 and 60 and thirty homeless women aged between 16 and 52 took part in this study. The practitioners were selected because they were working with or had previously worked with homeless women. Two of the practitioners were employed in statutory services, whilst thirteen practitioners worked in third sector organisations. The homeless women were selected because they were living in various temporary accommodation situations which included hostels (run by the local authority and distinct charities) or else were sleeping rough. These women represent a specific sub-group of the homeless population in the sense that they form part of the visible homeless population and have some level of contact and engagement with homeless service providers. All the participants were accessed through a range of services including day centres, hostels, rehabilitation centres, outreach services, and specialist advice and support services.

Describing and analysing the experiences of practitioners and homeless women required a method of investigation that provided information about the social and political landscape within which the participants made sense of their experiences. For this reason, I used semi-structured interviews as the principle method of data collection. The interviews lasted between 30 minutes and 3 hours. The data collected from the interviews was supplemented by ethnographic observations of the fieldwork site which allowed for a more extensive understanding of the social and cultural context in which human behavior occurs. These observations centred on an outreach team which actively seeks out excluded individuals including rough sleepers; a mixed sex hostel providing accommodation for single homeless people and rough sleepers; a drug worker employed by the Drug Intervention Programme to stop low level crime committed by drug users - some of whom are homeless; a female only hostel providing single room accommodation to vulnerable

women, and a day centre specialising in medical health care for homeless people. Ethnographic observations were carried out between April and September 2009. The observations provided me with a more in-depth understanding of the social, political, local and physical environment inhabited by the participants.

1.4 Structure of the thesis

The thesis is divided into two parts. Part one is comprised of two chapters (chapters two and three). These provide an examination of the relevant literature to the sociological, economic and political circumstances in which women's homelessness is perceived, constructed and governed, and the impact on homeless women's experience.

Chapter 2 begins by exploring a number of different dimensions around the meaning of homelessness. It examines the trajectory of socio-economic changes and their impact on the position of women, in terms of increasing their vulnerability and exposure to the risk of homelessness. It also explores the methodological shortcomings of quantifying women's homelessness and the multiple origins of women's homelessness in relation to class, race, sexual orientation and age. In doing so, chapter 2 provides the background and context for this study.

Chapter 3 outlines the main concepts that have informed the research questions and theoretical underpinnings of the research. It explores Foucault's notion of governmentality and the impact that this may have on the individual. In particular, it examines the way in which power makes individuals subjects by concentrating on the ways it regulates bodies through time, space and movement. It draws on the work of feminist scholars (such as Watson, 2000; Bordo, 1993; McNay, 1992; Sawicki, 1991) in order to explore the ways in which Foucault's work has been critiqued, appropriated and developed within the field of women's studies. The chapter makes a case for applying Foucauldian principles to the issue of women's homelessness.

In Part Two of the thesis, I discuss the findings and present my analysis. Chapter 4 provides the reader with a detailed and critical description of the methods used and methodological approach employed in this study. It outlines qualitative interviewing as the most

appropriate way in which to learn about the meanings practitioners and homeless women ascribe to their experiences. The chapter discusses the ethical issues involved in research with practitioners and homeless women, and the ways in which these issues were approached with particular focus on the issues of confidentiality and informed consent. It provides a description of the research process and experience, and includes a profile of the participants and the research sites in which the interviews took place.

Chapters 5, 6, 7 and 8 are organised around themes which emerged from my analysis of the empirical data. Chapter 5 is organised around the theme of hierarchical observation and describes a four-tier pyramidal model of vertical surveillance. It investigates the ways in which vertical surveillance functions in the context of women's homelessness from three inter-related perspectives: namely, the local authority, homeless service providers and homeless women. This is done with reference to the participants' perception of surveillance and their accounts of the impact that surveillance has on their professional roles and/or personal lives. The first part of the chapter describes the role the local authority plays in translating national policy into local service provision and its position as primary gatekeeper of statutory homelessness. It explores the procurement and commissioning process and the way in which the local authority assesses homeless applications. The second part of the chapter investigates the subjective and objective ways local service providers respond to the demands of the local authority and the needs of homeless women. It considers the contractual and practical arrangements local service providers enter into with the local authority and homeless women. The third part of the chapter investigates homeless women's experience of statutory and non-statutory forms of provision. It outlines that the women perceive surveillance as an extension of the state's regulatory reach - the effects of which are both authoritarian and liberatory. The chapter illustrates a dichotomy in that those within the pyramidal model are not only the focus of vertical observations but are at the same time, actively involved in the process of monitoring.

Chapter 6 continues with the theme of hierarchical observation and describes the function of lateral relays. The first three parts of the chapter reflect the experiences of practitioners working in statutory and non-statutory services and investigates the practice of delivering multiple services for homeless women and the spatiotemporal dimension of homeless facilities. In doing so, these sections explore the reality of intra-agency working, and the

ways in which the geographic proximity and temporal structure of particular services function as institutional spaces for official intervention, surveillance and regulation of homeless women. The fourth part of the chapter investigates the subjective cartographies homeless women construct around their access to and avoidance of public and institutional space. This is done with reference to the individual routines homeless women construct as a means of retaining autonomy over and detachment from institutional and official forms of service provision. The chapter illustrates a paradox, namely that surveillance (in its lateral form) both alleviates and sustains homelessness.

Chapter 7 discusses the theme of normalizing judgement and assesses the ways in which homeless women are dominantly portrayed as dysfunctional and abnormal from two distinct perspectives - that of practitioners and homeless women. The first part of the chapter explores the identities practitioners ascribe to women who are homeless and the 'appropriate' treatment they prescribe in order to restore the women to normality. This is done with reference to the norm of 'settled living' and the dual system of reward and punishment. The second part of the chapter investigates the dominant identities homeless women integrate into their own immediate subculture. It considers how homeless women accept or reject the normalized subject identities constructed for them in ways that allow them to reconcile themselves with and make sense of their own experience and status. The chapter illustrates a degree of overlap and divergence between the practitioners' conceptions of normality and homeless women's.

Chapter 8 discusses the theme of the examination and explores the ways in which the homeless woman as opposed to women's homelessness is problematised and targeted for intervention and supervision. The first part of the chapter explores the depth and breadth of information extricated from homeless women by practitioners. This is done with reference to the multiple techniques and instruments homeless women are subjected to. It identifies homeless women as active agents capable of utilising the examination for their own ends and needs. The second part of the chapter assesses homeless women's perception of the examination as a rite of passage in which they move from one social status to another. Utilising biographical accounts, it outlines similarities in the experiences of statutory and non-statutory homeless women in the aftermath of their 'officially' prescribed status. The chapter exposes the network of provision within which homeless women exist as a totalizing and individualizing system of governance.

Chapter 9 returns to the two research aims and draws together in conclusion the themes from the study.

CHAPTER 2: WHAT IS WOMEN'S HOMELESSNESS?

2.1 Introduction

> In many ways, women are no different from other low income or marginalised groups for whom there is an inadequate supply of secure and affordable accommodation, though single parents are a particularly vulnerable group. But women remain further disadvantaged in their access to housing due to their domestic responsibilities and generally lower incomes. There are also reasons why women become homeless which are gender specific, and why their experiences once homeless differ from men's in a host of ways. (Watson, 2000: 163-4)

This chapter outlines the background to the present study in terms of existing literature, and in doing so explores the construction of homelessness in general - and women's homelessness more specifically. A critical exposition of the literature reveals the differing ways in which social, political and academic discourses construct homelessness. This chapter follows the argument that whilst recognising homeless people share many common experiences, the origins of their homeless situations and the practicalities and realities involved once homeless, tend to be very different for men and women. Hence, this chapter is primarily concerned with examining the distinct and unique experiences of homeless women. The chapter is divided into four sections. The first section (2.2) focuses on the (in)adequacy of current definitions of homelessness and presents different conceptions of homelessness from differing perspectives. The next section (2.3) examines the extent of women's homelessness by focusing on the scale and composition of the problem and issues around measurement. The third section (2.4) examines the nature of women's homelessness in terms of socio-demographic factors and economic changes which produce differential outcomes for women. The final section (2.5) explores specific causes of women's homelessness in terms of the social forces and individual risk factors that lead to homelessness.

2.2 Defining homelessness

> There is remarkably little consensus among policy makers, researchers, local authorities and voluntary housing organizations as to a definition of 'homelessness', although the meaning attributed to it has important implications for quantification, policy and provision, and for any explanation of its cause. (Watson and Austerberry, 1986: 8)

Watson and Austerberry's (1986) Housing and homelessness: A feminist perspective - is regarded as a key text on women's homelessness given that it assesses women's vulnerability to homelessness in terms of patriarchal and capitalist relations. In the above quote that opened this section, the authors highlight a number of important points, namely that competing definitions of homelessness abound, that a disjuncture exists between these definitions, and that definitions can be used in different senses by differing groups. This section of the chapter critically examines these points in relation to statutory and non-statutory homelessness.

Shelter - a UK based charity set up in 1966 to address homelessness - questioned the governments (then) definition of homelessness which was contained in the National Assistance Act of 1948, Part III, Section 21(1)(b) (see Her Majesty's Office, 1948). The charity argued that instead of defining homelessness in terms of people residing in temporary accommodation hostels at any particular time, the definition should include persons 'in grossly unsuitable conditions - those for whom a house cannot be reasonably called a 'home'' (Glastonbury, 1971: 16). In concentrating on the quality of the accommodation, Shelter claimed that persons living in conditions so bad that a 'civilised family life' was impossible were 'homeless in the true sense of that word' (Bailey and Ruddock, 1972: 9). Over a decade later, the statutory definition of homelessness - enshrined in the Housing (Homeless Persons) Act 1977 - added another dimension to the definition by focusing on legal rights of occupancy. Thus, a person is legally homeless either if they have no accommodation which they have an express or implied right to occupy, or cannot secure entry to that accommodation, or are threatened with homelessness and as such, are likely to be homeless within twenty-eight days (Partington, 1978). A person is also homeless if by remaining in the accommodation they are likely to suffer threatened or actual violence from some other person living in the property. Under the terms of the homelessness legislation, households considered eligible for rehousing

must have a priority need, be unintentionally homeless and have a local connection. The priority need category includes households with dependent children, those who are threatened with homelessness as a result of an emergency (such as fire, flood or disaster), those with a pregnant woman, and households where a member is in some way vulnerable. Vulnerability is defined in terms of old age, disability and mental illness. A local authority only has a duty to provide advice and assistance to homeless households who do not satisfy the eligibility criteria (ibid). More recent legislation has extended the priority need category to include 16-17 year olds, and persons released from institutions such as the care system, the military and prison (see the Housing Act 1996 and the Homelessness Act 2002).

Academic researchers have constructed alternative terminology and definitions. Watchman and Robson (1989) cite rooflessness, houselessness, insecure accommodation and intolerable housing conditions as common examples, whereas Watson and Austerberry (1986) claim that the problem of defining homelessness arises over where the line can be drawn between those with homes and those without. They state that it is useful 'to consider the question in terms of a homeless continuum with rough sleeping at one end and absolute security of tenure in the form of outright ownership at the other' (ibid: 9). In between includes a variety of housing situations such as hostels, hotels, staying with friends, temporary lodgings, insecure private rented accommodation and mortgaged properties. For Watson (1999), part of the difficulty in defining homelessness lies in the concept of 'home' as distinct from a 'house'. Where a house is a dwelling, material or physical structure that provides shelter, a home is traditionally associated with women within the family, and within the domestic/private sphere. Thus, home and homelessness are likely to have 'strong gendered connotations' (ibid: 84). The definition of homelessness is further complicated when considering the relativity of its meaning for homeless women. For some homeless women, definitions of homelessness are intimately linked with the meaning and reality of home, as distinct from a house. In Watson and Austerberry's (1986) study, women defined homelessness in relation to a lack of social relations, privacy and control, material conditions, and emotional and physical wellbeing. An alternative understanding of homelessness was found in research commissioned by Crisis in 1999 wherein women described themselves as homeless 'only when they had nowhere to go' (Jones, 1999: 76). Most of the women in this study equated homelessness with 'rooflessness and the most extreme form of homelessness, sleeping rough' (ibid). Reeve, Casey and Goudie, (2006: 12), in their exploration of the experiences of homeless women,

found that 'not all homeless women defined themselves as homeless, despite recognising that 'officially' this was their position' (original emphasis) (see also Tomas and Dittmar, 1995: Jones, 1999; Morgan, 1999).

As illustrated by the differing viewpoints, definitions of 'homelessness' are personal, political and gendered - each of which has attracted critical commentary. For instance, the inclusion both of 'pregnant women' within the priority need category and domestic violence as a reason for homelessness in relation to whether it is reasonable to continue to occupy accommodation, reflects the needs of select sub-groups of homeless women. Pleace, Burrows and Quilgars (1997: 5) are critical of the homeless legislation in that it represents 'a progression in 1977 because of the duties to provide housing to women escaping violence', as it was 'not designed with the needs of women in mind'. They claim that the focus was on homeless families and single men as opposed to the specific needs of women. In a similar vein, Watson and Austerberry (1986: 12) note the 'centrality of the family to housing, and the notion that only 'special' groups of single people have as much right to housing'. Neale (1997: 47) makes a crucial point in that the legislation operates as 'both a definition and a rationing device' in that it 'defines homelessness, but subsequently delimits it to exclude important sections of the population who do not have a home'. By invoking the family as the means by which 'rights' to housing provision can be legitimately decided - the legislative framework creates a discursive hierarchy which prioritises family homelessness above single homelessness, and mothers above single women. An understanding of the statutory definition of homelessness is therefore crucial given its 'pivotal role both in determining the rehousing chances of homeless applicants and so in helping to 'hide' the homelessness of those excluded under it' (Webb, 1994: 21).

Official definitions of homelessness are inadequate and minimal, yet the minimal definition in terms of rooflessness tends to 'dominate the political debate' (Somerville, 1992: 531). Widdowfield (1998: 24) - in a discussion of the limitations of official and unofficial statistics - claims that 'defining homelessness in terms of rooflessness excludes those in temporary or emergency accommodation'. Further, 'extending the definition to include those in hostels still fails to consider those living in insecure and/or intolerable housing' (ibid). Within politics and academia, rough sleeping is almost exclusively perceived as a male experience and problem (Novac, Brown and Bourbonnias, 1996; Jones, 1999; Morgan, 1999) as homeless women tend to avoid sleeping on the street because of fear of

harassment or sexual assault (Jones, 1999; Smith, 1999). If homelessness is equated with rough sleeping, women's homelessness becomes less visible, is under-counted and is therefore 'underestimated' (Watson, 2000: 181). In addition, homeless women's perception of themselves as something other than the dominant image of homelessness which is 'nearly always masculine' (Watson, 1999: 86), serves to 'undermine defining themselves as such' and reinforces a 'passivity and inability to do anything about it', thus 'dominant masculine discourses are demobilising to those that cannot recognise themselves within them' (ibid). This is, as Watson and Austerberry (1986: 106) point out, an important point, since 'if homeless women do not define themselves as homeless, who will?' In a similar vein, critics of Shelter's definition point to the lack of emphasis on the home as a system of social relationships (Watson and Austerberry, 1986) and the focus on housing quality and its implications for the family (Brandon, 1973 cited in Watson and Austerberry, 1986). The complexity of defining homelessness is captured by Webb (1994: 21) who states that homelessness is a 'relative rather than an absolute concept' and its usage is 'tied up with a variety of 'wider considerations' such as politics and individual value judgements'. Definitions are 'hard to construct' yet 'crucial' because they inform 'resource and policy decisions' and, on an individual level, determine 'whether or not an applicant receives priority rehousing from their local authority' (ibid).

Clearly there are differing conceptions of homelessness from different perspectives, ranging from the minimal (that of rough sleeping) to the maximal (that of intolerable housing conditions). Hence, the definition of homelessness adopted in this study is that of Watson and Austerberry's (1986) home to homeless continuum given that it more readily encapsulates a variety of living situations homeless people experience. Having discussed the complexity involved in defining homelessness, the next section explores the extent of homelessness.

2.3 The extent of homelessness

> It is difficult, if not impossible, to obtain a reliable estimate of the size and scope of the homelessness problem. The official statistics on homelessness are unreliable because they only record the articulated demand for accommodation and ignore the many thousands of homeless persons who do not approach local authorities for assistance, families living with their parents or in overcrowded or insanitary housing, and the patients admitted

to medical institutions simply because they have no fixed abode. (Watchman and Robson, 1989: 13)

As the above quote points out, it is difficult to state exactly how many people are homeless at any particular point in time. In part, because of the lack of consensus of what constitutes homelessness (Widdowfield, 1998), but also because the homeless population is elusive, which, as Williams (2010: 49) claims, is due to 'movement, flux and location'. This section of the chapter discusses the difficulties involved in quantifying homelessness in general and women's homelessness more specifically. Here the emphasis is on two main sources of data used to measure the extent of homelessness in England, namely statutory homeless statistics and a head count of people defined as homeless.

Published by central government on a quarterly basis, statutory homeless statistics present data on each local authority's activity under the homelessness legislation. This includes the number of decisions, which in turn includes the number of acceptances (that is, the number of households accepted by local authorities as owed a main homelessness duty) (Widdowfield, 1998; Pawson and Davidson, 2006). The other main source of data is that of (physical) rough sleeper counts. In England, rough sleeper counts have been carried out on a regular basis since the late 1990s. The establishment of the Rough Sleepers Unit (RSU) in 1999 sought to reduce the number of people sleeping on the street. The RSU defines rough sleepers as 'people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes")' (Communities and Local Government, 2011: 7). Though initial counts focused on specific towns and cities where rough sleeping was known to be concentrated, they are now carried out across the country and continue to be funded by the government (Williams, 2010).

Pawson and Davidson (2006) - in their discussion of whether official measures of homelessness are fit for purpose - argue that statutory homeless statistics only record those who have approached their local authority and presented themselves as homeless, whereas not everyone is inclined to register their housing need with their local authority. Critics assert that much of women's homelessness remains hidden (see Ross, 1990; Dibblin,

1991; Reeve, Casey and Goudie, 2006) and as such, is unlikely to appear in official statistics. Webb (1994) claims that single women are particularly likely to manage their homelessness in this hidden or concealed way, while Hendessi (1992) - in a report on young women who become homeless as a result of sexual abuse - points out that young women's homelessness is more hidden than that of young men's. According to Smith (1999), the hidden homeless include women who are sleeping on friend's floors and not approaching services. A more detailed definition is provided by Reeve, Goudie and Casey (2007: 27) who state that hidden homelessness accommodation situations are those which are 'provided informally, rather than by housing or service providers and where women are … hidden from view, hidden from agencies providing accommodation to homeless people, and hidden from the statistics gathered by these providers about their service users'. Hidden homelessness situations include staying temporarily with friends, relatives or a partner, and squatting (ibid).

Pawson and Davidson (2006) further criticise statutory homeless statistics on the grounds that local authorities are given considerable discretion in determining who should be assessed. Hence, it is only where the local authority has reason to believe that a household may be homeless or threatened with homelessness, that it has a duty to assess the applicants' circumstances (ibid). Robinson (2006: 99) - in discussing the hidden and neglected experiences of homelessness in rural England - asserts that statutory homeless statistics 'employ a restrictive legal definition of homelessness which excludes many homeless situations and groups, count households not individuals and refer to the number of households recognised as becoming homeless during a particular timeframe, rather than the stock or total number of people homeless at a particular point in time'. For Widdowfield (1998), official statistics seriously under-estimate the scale of the problem as some individuals may be reluctant to 'undergo the humiliation often associated with making a homeless enquiry' (see also Pawson and Davidson, 2006). Hence, single people who do not qualify under the terms of the homeless legislation are less likely to present themselves as homeless. Widdowfield (1998) is of the opinion that official homeless statistics reveal more about the agencies/departments that compile them than they do about the actual extent of homelessness in society. Conversely, Burrows (1997: 52) suggests that official measures of homelessness 'provide some interesting insights into the social distribution of the experience of homelessness'.

As charities such as Crisis (2013) have highlighted, no conclusive national figure exists for how many people are homeless across the UK - therefore a cautionary approach is advised when interpreting homeless data/statistics. Table 1 (below) relates specifically to rough sleepers in 2012 - 2013 and provides a useful illustration of the complexities involved. In the first instance, the definition of rough sleeping used is relevant given that both statutory and charitable organisations are featured. In addition, the figures themselves are either 'snapshot' figures which count the number of people at a particular point in time, or else are 'flow' figures which count people becoming homeless over a period of time - thus, a direct comparison is problematic. Experimental statistics are described as under-developed given that that they involve a new methodology which is in the testing stage (Communities and Local Government, 2010a). The DCLG figure is based on a combination of estimates and actual street counts of rough sleepers in England - the issue here is that there is the potential for under-counting given that local authorities are advised to focus on known rough sleeper sites when conducting the actual count (Communities and Local Government, 2010b). The figures provided by Crisis (see the Observer 2014) and CHAIN (2013) (Combined Homelessness and Information Network) are themselves based on (and therefore only reflect) service user engagement, the latter of which reveals local (rather than national) needs and demand. A report by the (former) Shadow Housing Minister states that due to the way the DCLG collect information, 'data on the gender of applicants for housing is often unrecorded or unavailable', hence 'the situation women face is not recognised by the government' (Shapps, 2008: 2).

Table 1: Quantifying Homelessness				
Source	Year	Area	Number	Women Men/Both
DCLG Experimental Statistics	Autumn 2012	England	2,309	Both
DCLG Experimental Statistics	April 2012/March 2013	London	557	Both
CHAIN	2012/2013	London	6,437	Both
DCLG	2012	Newcastle	9	Both
Crisis	2012	Newcastle	301	Both

Key:

DCLG = Department for Communities and Local Government

While official homeless statistics are seen to underestimate the problem of homelessness, rough sleeper counts 'deny the very existence of rough sleeping' (Robinson, 2006: 101). This denial is important given that it is an 'extreme and very visible situation which has been adopted both as an iconographic representation of homelessness and identified by

successive governments as a policy issue deserving particular attention' (ibid). On a practical level, the approach utilised by the government in rough sleeper counts - whereby groups of enumerators frequent known rough sleeper sites on a specified evening and count the number of individuals bedded down in order to create a snapshot assessment of the number of rough sleepers in a particular locale - is somewhat insensitive and blind to the specific difficulties homeless women experience. As Tomas and Ditmar (1995) point out in their study of homeless women, various tactics are deployed by women in an effort to avoid the streets such as remaining in abusive relationships and embarking upon extended periods of sofa surfing (see also Dibblin, 1991). Smith (1999) highlights the particular difficulties women encounter in relation to rough sleeping which include unwanted sexual harassment and abuse, and maintaining personal hygiene.

In addition, there is the problem of over/under counting. In the first instance, over counting occurs when rough sleepers are counted more than once given their mobile existence (Pawson and Davidson, 2006). Smith, Gilford, Kirby, O'Reilly and Ing (1996: 6) - in their study of family and single homelessness - point out that 'any survey using a three-month snapshot and multiplying it by four will find some people in the three-month snapshot who would have appeared in other quarters because of long term homelessness'. In terms of under counting, rough sleeper counts omit large numbers of people who are not visible and provide minimal background information (Everitt and McKeown 2006). Smith et al (1996: 5-6) acknowledge under-counting in their study but point out that this occurred because the data was collected in April and June, which is 'a time when voluntary housing agencies have a lower demand for their services from young people'. Research conducted by Crane and Warnes (1997) points out that street counts in London omitted people sleeping rough in particular locations such as parks, basements and inaccessible areas. This issue is particularly pertinent to homeless women as May, Cloke and Johnsen (2007), in their study of women's cartographies of homelessness, identified four types of homeless women - one of which avoided accessing central areas utilised by other rough sleepers. That is, they deliberately distanced themselves from 'recognised spaces of homelessness' (ibid: 11). Similarly, Casey, Goudie and Reeve (2008: 910) found evidence that women avoided 'well-known places on the streets where groups of homeless people congregated and slept'. Given that single homeless women are more likely to hide their homelessness, any initiatives aimed at rough sleepers or hostel residents are likely to have a significant effect on single homeless men in particular (Webb, 1994).

Measures of homelessness (in the form of rough sleeper counts and statutory homeless statistics) offer an account, that is, an understanding of (rather than a factual count of) the number of people who are homeless, particularly homeless women, in society. Having explored the complexity involved in quantifying homelessness, the discussion moves on to consider the nature of women's homelessness.

2.4 The nature of women's homelessness

> The way into homelessness for women is not a single, precipitous route.
> (Russell, 1991: 95)

This section of the chapter discusses socio-demographic factors and economic changes which produce differential outcomes for women - either providing women with more autonomy and freedom (via the changing trends in family formation and domestic relationships and the increasing number of women entering the labour market) or else increasing women's risk of homelessness (following the rise in female-headed households, the feminisation of poverty, women's increased involvement in part time and low paid work, and the lack of affordable housing).

The growth in owner occupied housing stems from the 'right to buy' scheme which was first implemented in 1980. The scheme gave council house tenants the opportunity to purchase their home from their local authority, irrespective of the extent of local housing need[2]. By 1986, more than one million properties had been sold (Kemp,1999). Alongside the sale of council housing stock, central government introduced controls to curb local authority spending on housing. Between 1979 and 1989, council house building by local authorities fell by 80 per cent (Kemp, 1992). In the same period, the number of households accepted as homeless under the Housing (Homeless Persons) Act 1977 doubled from 56,750 in 1979 to 117,550 in 1988 (Malpass and Murie, 1990). A recent report published in 2013 by the National Housing Federation claims the gap in housing - in terms of limited stock and increasing demand - is widening. The report states that 240,000 homes a year are needed to meet the current demand yet 'in 2012 - 2013, 107,000 new homes were

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[2] Council tenants were entitled to a subsidy of 60 per cent on houses and 70 per cent on flats (Kemp, 1999).

built, 11% less than in 2009' (National Housing Federation, 2013). In addition, SSentif - a data analysis and benchmarking service - note a 14% year-on-year increase in the number of people accepted as homeless, rising to 25% in the last three years (SSentif, 2012).

In recent years, the high cost of owner occupation (due to the rise in house prices) has meant that for many people, two incomes are needed to get onto the property ladder. Thus, female employment has become increasingly important. From June 2012 - June 2013, females aged 16-64 made up almost half of the workforce - 46.71% (compared with 53.29% for males) (Office for National Statistics, 2013a). However, despite the increasing number of women in employment, the majority of women tend to be employed either in part time or low paid work. Women's employment opportunities are further constrained as more often than not, women take on the primary responsibility of caring for children. Due to their low economic status, coupled with childrearing and domesticity, many women depend financially on a male partner - and as such, are particularly vulnerable when a relationship ends. Ford, Burrows and Nettleton's (2001) study of the causes and consequences of mortgage arrears and repossessions highlights the particular problems women face following a relationship breakdown. Changes in family stability, owing to an increase in the number of people cohabiting, separating and divorcing (following changes in divorce law - see the Finer Report, 1974) point to the risk of purchasing housing as a couple.

Women's access to social housing has either been as part of a couple or as single parents - through their status as mothers as opposed to their low income and weaker position in the housing market (Smith, 1999). In 2009 - the year of the fieldwork - just under three-quarters (74%) of couple households with dependent children owned their own home whereas almost two-thirds (65%) of lone parents with dependent children rented their home in Great Britain (Office for National Statistics, 2011a). Recent survey data in 2011 records a rate of 92 per cent of all lone parents with dependent children are women, with men accounting for eight per cent (Office for National Statistics, 2012). Smith (2005: 149) is of the opinion that social housing has become an 'increasingly gendered tenure'. One reason social housing is dominated by female headed households is the 'poverty of most women', such as 'single women or lone mothers on lower wages, lone mothers on benefits, or older women living as single person household pensioners' (ibid: 150).

Welfare reform has also been linked to the rise in youth homelessness (Pleace, Fitzpatrick, Johnsen, Quilgars and Sanderson, 2008; Smith, 1999). According to Smith (1999), the withdrawal of the lodging allowance and income support payments for 16-18 year olds in the 1980's led to an increase in the number of young people sleeping on the street. Drake, O'Brien and Biebuyck (1981), in their study of the characteristics, needs and housing preferences of the single homeless, found that almost a quarter of the single homeless were women, of these over 60 per cent were aged between 16 and 29. In Dibblin's (1991) report on young women's experience of homelessness, unemployment was found to be high among young women. Moreover, Dibblin (ibid: 9) describes young women as the most 'hidden and unrecognised of all homeless people'. More recently, Crisis - the national charity for single homeless people - claims that recent welfare changes disproportionately affect young people and families. The charity launched the 'No Going Home' campaign in an effort to protect housing benefit for people under the age of 25 (Crisis, 2012). A report by the charity Homeless Link in 2012 surveyed local authorities about young homeless people in their local areas and found that 65 per cent of councils believed that government welfare reforms were 'having an impact on the ability of young people to access private rented accommodation' (Homeless Link, 2012: 29). As charities such as Crisis and Homeless Link point out, cuts to housing benefits for those under the age of twenty-five exacerbate the problem of homelessness.

There are various socio-economic factors that relate directly to women's risk of homelessness such as access to social/private housing, marital status and domestic arrangements, employment and financial status. Having identified these factors, the chapter now moves on to consider the causes of homelessness.

2.5 The causes of women's homelessness

> The causes of women's homelessness are rooted in social and gender specific explanations … Women's experiences of homelessness, while sharing many features with experiences of homeless men, reflect in addition their subordinate and disadvantaged position in society. (Doherty: 2001: 9)

In this section of the chapter, the discussion is organised around the following distinct sub-headings - housing as a site of continuous disadvantage for women, limited gender specific

research on the care-homelessness nexus, violence as a highly gendered social problem, the feminisation of poverty - a product of labour market practices and welfare policies, the link between women's homelessness and ill health, and institutional discharge and homelessness - a relatively genderless issue. The purpose of which is to enable a detailed understanding of women's pathways into homelessness which simultaneously recognises the heterogeneity of women's situations and distinct experiences.

2.5.1   Housing as a site of continuous disadvantage for women

The body of literature on women, housing and homelessness is concerned with descriptive and prescriptive analyses of the ways in which women are disadvantaged in particular sections of the housing market. The literature examines how definitions of homelessness and the housing policies which develop from these define some groups of women in need of housing whilst marginalising others, and explores the centrality of the nuclear family to housing policy, and the role that housing provision plays in reinforcing particular gender roles (Vickery, 2012; Watson, 2000, 1999; Pleace, Burrows and Quilgars 1997; Robson and Poustie, 1996; Loveland, 1995; Webb, 1994; Bailey and Ruddock, 1972; Glastonbury 1971). Within the literature, definitions of homelessness are challenged on the grounds that they are gendered and serve to 'marginalise women's homelessness at the same time as operating with normative assumptions around the patriarchal family and women's place within it' (Watson, 2000: 159-160). In the words of Doherty (2001: 12), housing markets respond 'predominantly to stereotyped gender roles and relations and their operation remains geared to the presumed prevalence of the traditional nuclear family'.

Structural factors which fundamentally disadvantage women and which place women in a particularly vulnerable position in relation to housing provision are assessed. Empirical research on women's personal experiences in the housing market and how this connects to housing policies reveals the barriers to owner occupation and the problems women encounter in their efforts to access council housing and private rental accommodation. Work by Watson and Austerberry (1986) highlights the reluctance of building societies to lend to particular groups of women, namely married women who earn more than their husbands, women in their forties or fifties, and 'career-oriented', divorced or separated women - collectively, these categories have the potential to include all women. Smith (1999) explores women's access to housing, establishing that women find it difficult to

become owner occupiers without a male partner and notes that women in employment encounter various problems in their access to housing. In terms of private renting, Webb (1994) comments on the refusal of some private landlords to house single women on the grounds that they may be prostitutes and the indifferent approach of lettings agencies towards the needs of women seeking to move away from relatives. Similarly, Doherty (2001: 12) asserts that many social housing providers show a 'lack of sensitivity' in offering women tenancies in 'locations near to former violent partners'. While Vickery (2012: 796) considers insecurity of tenure rights in the private rented sector, noting that 'price sensitivity is beginning to exclude those on lower incomes' and that 'purely economic decisions by landlords can produce profound consequences for women' (ibid: 799).

Within the literature, income inequality between men and women is perceived as a crucial factor in terms of restricting access to the owner occupied sector. Gender segmentation in the labour market - related to low pay, gender segregation and part-time employment - is seen as particularly crucial in terms of limiting the housing options available to women (Brinkley, Jones and Lee, 2013; The Fawcett Society, 2012; Elsdon, 1999; Webb, 1994; Watson and Austerberry, 1986). The claim that employment is a route out of homelessness (Blake, Fradd and Stringer, 2008) is contested as studies show that many working women simply do not earn enough to buy into the owner-occupied sector and as such, are less likely to become homeowners. Notably, low income is recognised as a particular problem for single women, widows and single mothers in terms of accessing high quality (affordable) private rental accommodation (Smith, 1999; Webb, 1994). Munro and Smith (1989: 4), in their exploration of gender differences in housing amongst homeless young adults in Britain, state that 'gender differences in housing attainment express not only the reproduction of patriarchy but also the reproduction of labour relations and of social inequality more generally'.

A debate on the distinct housing problems women encounter following relationship breakdown is also featured in the literature. Work by Dewilde (2008) suggests that at the point of separation, women (with children) are more likely to remain in the marital home (see also McCarthy, 1996). Conversely, Gilroy (1994) asserts that in the case of divorce among owner occupiers, custodial fathers have a greater chance of staying in the property compared with custodial mothers who are more likely to end up renting (see also Gram-Hanssen and Bech-Danielsen, 2008; Symon, 1990). This finding is linked to women's poorer

income levels and their limited access to full-time employment due to the gendered division of domestic and caring responsibilities (Elson, 1999; Munro and Smith, 1989). As Christie (2000) puts it, women who remain in a mortgaged property following a relationship breakdown face a new set of problems which ultimately relate to the ability of one individual to pay the mortgage and reliance on state support for women who become lone parents. One option available to women leaving the marital home involves registering their housing need with their local authority. Literature in this area highlights the use of unofficial practices by local authorities in the allocation of housing - namely, the requirement of legal proof of separation from former partners before a tenancy is granted, the quality and suitability of the housing offered, the use of one offer only policies[3], and 'subjective' assessments of morality (Watson, 2000, 1999; Loveland, 1995; Webb, 1994; Bailey and Ruddock, 1972; Glastonbury 1971). Robson and Poustie (1996: 48) note that following the introduction of the 1977 Housing (Homeless Persons) Act, some local housing authorities ignored the law by refusing to rehouse mothers with dependent children while Watson and Austerberry (1986: 49) found evidence that some local authorities refused to rehouse women residing in battered women's refuges on the grounds that they were 'not homeless in terms of the Act'.

The literature includes an integrated analysis of race and ethnicity to account for the experiences of ethnic minority women. As Tester (2007: 6) states, research on 'women and housing discrimination needs to extend beyond gender and consider other inequalities that impact women in the housing context, such as race and class'. Indeed, gender, race and class are 'systems of oppression that intersect and act mutually on one another' (ibid). For minority ethnic women, the emphasis has been on discrimination in housing access, unsatisfactory housing, inconsiderate allocation policies, and the provision of emergency accommodation. Webb's (1994) study of hidden homeless women points out that single women from ethnic minority groups are less likely to register their housing need with their local authority. Perminder Dhillon-Kashyap (1994) considers the housing needs of black women, establishing that whilst black women are a diverse group, they collectively experience - in addition to sexism and racism - discrimination in all three types of housing tenure - that is, in owner occupied, private rental and council rented housing. Phillips'

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[3]Homeless applicants were offered poor quality accommodation and had little choice but to accept it as any refusal of accommodation was 'regarded as evidence of intentional homelessness … removing any obligation on the council to provide housing' (Malpass and Murie, 1990: 257).

(1998) review of minority ethnic housing in Britain raises issues of gender, however a more detailed analysis of the experiences of women is needed, whereas Bowes, Dar and Sim's (2002) exploration of Pakistanis experiences of housing in the UK suggests that ethnicity, gender, locality and class affect peoples' housing decisions and strategies. The authors note the influence of male employment demands on Pakistani women's housing experiences.

An analysis of housing, homelessness and sexuality is also included in the literature. Empirical studies focus on issues relating to sexuality which contribute to the onset of homelessness or exacerbate periods of homelessness, housing policy/issues specific to lesbian, gay, bisexual and transgender (LGBT) people, and estimates of the prevalence of LGBT among the homeless population (Stonewall Scotland, 2009; Carlen, 1996, Smailes, 1994). Bell and Hanson (2009) consider housing and homelessness issues specific to LGBT asylum seekers while Musingarimi's (2008) work examines housing issues affecting older gay, lesbian and bisexual people in the UK, emphasising the paucity of research on this issue. Data from Homeless Link's (2011a) Survey of Needs and Provision (SNAP) show that approximately 7% of service users in an average homeless project are LGBT. The survey also points out that 79% of homeless services work with LGBT people (ibid) - notably more research is needed in this area to ascertain what the specific needs of female service users are and how best service providers can meet those needs.

The literature on women, housing and homelessness considers women's housing issues in a multiplicity of ways. In doing so, it shows that women's position in many sections of the housing market is one of continuous disadvantage - though this is shaped by a range of factors such as gender, class, age, race, sexual orientation, financial status, relationship status, childcare responsibilities, state support, discrimination in the labour/housing market and stereotypical assumptions of appropriate female behaviour. An analysis of women's experience in the housing market is therefore crucial in terms of exposing the various discriminatory policies and practices which invariably increase women's risk of homelessness.

2.5.2 Limited gender specific research on the care-homelessness nexus

The literature on leaving care and homelessness centres on the experiences of care leavers in terms of their problematic transition into independence, the policy context in which homelessness and leaving care intersect, risk factors contributing to homelessness, and the utility of support networks pre/post discharge from the care of social services (Communities and Local Government, 2008; Simon, 2008; Fitzpatrick and Kennedy, 2000; Pinkerton and McCrea, 1999; Smith, Gilford, Kirby, O'Reilly and Ing, 1996; Biehal, Clayden, Stein and Wade, 1994; Strathdee and Johnson, 1994). Part of the literature explores the prevalence of care leavers in the homeless population. In the words of Coyne (2013: 2), care leavers are 'much more likely as adults to experience … homelessness'. Numerous surveys conducted in the UK reveal that between a quarter and a third of homeless people have spent some time in local authority care (Fountain and Howes, 2002; Randall, 1988, 1989; Strathdee and Johnson, 1994). For instance, in 'Home and dry? Homelessness and substance use', Fountain and Howes (2002) report that almost a fifth (18%) of 389 homeless men and women cited coming out of care as a reason for their homelessness. Similarly, a report by the Social Exclusion Unit (1998) reveals that a disproportionate number of rough sleepers had experienced some kind of institutional life. Notably, these studies are limited in the sense that they simply document the existence of male and female care leavers within the homeless population without exploring in any real depth the ways in which gender informs, influences, mediates and shapes an experience of homelessness.

Where the literature has explored a gendered dimension to the care-homelessness nexus, an important distinction is made between young females leaving care and older females with a care background (Homeless Link, 2013; Duncalf, 2010; Anderson, Kemp and Quilgars, 1993; Randall, 1988, 1989). The literature has gone further to focus on the prevalence of female care leavers in different spaces of homelessness (Simon, 2008; Fitzpatrick and Kennedy, 2000; Pinkerton and McCrea, 1999; Smith, Gilford, Kirby, O'Reilly and Ing, 1996; Biehal, Clayden, Stein and Wade, 1994; Strathdee and Johnson, 1994; Anderson, Kemp and Quilgars, 1993). In Anderson, Kemp and Quilgars' (1993) review of single homeless people, 17% of women in hostels and B&B's, 24% of women in day centres and 40% of women at soup runs had spent time in a children's home. Among minority ethnic young people in Anderson et al's (1993) study, young women were twice as likely as

young men to have been in institutional care. Work by Crisis (2011), drawing on data from (current and former) homeless people with experience of hidden homelessness, revealed that 14 per cent of women had been in local authority care (Reeve and Batty, 2011). More recently, Homeless Link's 2013 Survey of Needs and Provision (SNAP) reports that approximately 8% of service users in an average homeless project are care leavers. Whilst these studies raise the issue of gender and race, they do not explicitly explore the ways in which class, age and sexual orientation intersect in the lives of female care leavers who are homeless.

Consideration is given to the differential experiences, consequences, coping strategies and vulnerability of women following their release from the care system. Here the literature focuses on early discharge, early motherhood, and accommodation. A consistent finding from the literature on care leavers is that many move on into independent living between the ages of 16 and 18, whereas on average their peers leave home at the age of 22 (Crisis, 2014a; The Social Exclusion Unit, 1998; Biehal, Clayden, Stein and Wade, 1994). Work by Wald (1997) on young women's transition into independent housing reveals that females typically move on into independence at the age of 17 years and four months - though young women of Asian and mixed heritage origin are less likely to move on at this age. Moving into independence at an early age indicates a 'greater risk of homelessness' (ibid: 18-19). This point is supported by Crisis (2014) who assert that young people leaving the care system early may not have the skills needed to sustain an independent lifestyle. Part of the literature explores the tendency amongst female care leavers towards early motherhood. Numerous studies reveal that between a fifth and a half of females aged between 16 and 19 with a care background are mothers compared with 5% of females in the same age group in the general population (Stein, 2006; Wald, 1997; Biehal et al 1994). Pinkerton and McCrea (1999), in their analysis of young people leaving care in Northern Ireland, found that a third of 17 year olds and a quarter of 18 year olds were pregnant within six months of leaving care. In Dixon's (2008) study of young people making the transition from care to independent adulthood, a quarter of young people were either pregnant or young parents within twelve months of leaving the care system. Work by Biehal et al (1994) points out that motherhood is not in itself a guarantee of housing as some young mothers in their study were homeless - even though homelessness legislation gives priority to people who are pregnant and/or have dependent children.

Part of the literature considers the diversity of female care leavers in relation to their experience of victimisation and their ability to cope with independent living. Work by Centrepoint in 1997 explores the relationship between abuse and homelessness, establishing that female care leavers who sleep rough are particularly vulnerable to unwanted sexual attention and robbery (Barter, 1997). Wald (1997) highlights the difficulties female care leavers encounter when living independently - namely, paying bills and rent regularly and controlling the behaviour of friends. Wald (ibid) also observes that 7 out of the 24 females in the study moved into special needs hostels, however none of the females received adequate support in terms of dealing with relationships and conflict, and finding employment - arguably skills that are needed when making the transition to independent housing.

There is a significant lack of sustained gender specific research within the literature on care leavers and homelessness. Studies that have looked at gender, class, age and race - have done so (in the main) as distinct categories when what is needed is a fully integrated analysis of the ways in which the nature and extent of these social divisions affect the lives and experiences of female care leavers who are homeless.

2.5.3   Violence as a gendered social problem

Henry, Abrahams, Cameron and Williamson (2010: 16), in their analysis of the housing related needs of homeless women and those at risk of homelessness in Bristol, identify abuse and violence within sexual and emotional relationships as a contributing factor to homelessness for women more specifically. Likewise, Reeve, Goudie and Casey (2007: 91) - in their exploration of women's geographies of homelessness - suggest that the routes into and through homelessness for many women are 'typically rooted in a context of personal difficulties, trauma, violence and marginalization'. Suffice it to say, there is a growing body of literature on gender, violence and homelessness which analyses different forms of gender-based violence experienced by females throughout their life course. Included in the literature is an examination of the policy context in which homelessness, housing instability and violence intersect, and the most common contexts in which male violence against females occurs - namely within the family and in intimate relationships (CHAIN, 2013; Fitzpatrick, Johnsen and White, 2011; Mayo, 2011; Reeve and Batty, 2011; Quilgars and Pleace, 2010; May, Cloke and Johnsen, 2007; O'Connor, 2006; Reeve, Casey and

Goudie, 2006; Pascall, Jo-Lee, Morley and Parker, 2001; Wardhaugh, 1999; Hague and Malos, 1993). Within the literature, consideration is given to homelessness as a liberatory experience for females escaping violence - though Doyle (1999: 243) cautions that 'this must be looked at in relation both to the 'homes' they have left and to possible alternatives'.

Some literature employs an integrated analysis of race and class to account for the experiences of homeless women in various forms (Morgan, 1999; Carlen, 1996). In terms of minority ethnic women, the focus is on intimate and inter-generational conflict, the importance of culturally specific refuges, and the provision of housing information, rights and available support. Lemos and Crane (2004), in their examination of the experiences of homeless ethnic minority people in Glasgow, found that many Pakistani women had experienced a breakdown in both their marital relationship and their relationship with relatives. In such circumstances, women had frequently experienced violence from both their husbands and their in-laws. The study highlights the particular difficulties Pakistani women encounter such as the language barrier - as some women arrived in the country as 'overseas brides', and the lack or limited knowledge of housing and welfare systems. The work of Banga and Gill (2008) highlights the need for specialist provision which addresses the needs of black minority ethnic and refugee women on the grounds that the 'intersection of race, class and gender in women's lives, and their experience of violence, mean that they have very defined preferences for the kinds of service they need to address their situations' (ibid: 19). A report by the Immigrant Council of Ireland considers the difficulties faced by immigrant women who experience domestic violence (Kelleher Associates, 2004). Various factors such as not being able to work, economic dependence on the abuser, and isolation in the home are perceived as increasing immigrant women's vulnerability to abuse and violence. The report recommends that women who experience domestic violence - having entered the country as a dependent spouse - should not be deported and their status should be recognised independently of their spouse. Work by Pavee Point (2011: 8) reveals that traveller women are subject to 'dual discrimination on the basis of both gender and ethnicity and it is the intersection of these structural inequalities that work to place Traveller, and other minority ethnic women, at further risk of domestic abuse and sexual violence'. Pavee Point (ibid) assert that traveller women experiencing male violence face a number of difficulties in addition to those encountered by women in the wider community. In essence, they risk bringing shame and dishonour on

themselves and their family if they leave a violent relationship, and risk isolation within their own community if they report the abuse officially and the perpetrator is a member of their community. This is not to say that women who experience male violence in the wider community are immune to societal pressure - rather that this may well be a greater deterrent against reporting for women who rely on their community for support in a society in which their status as travellers means that they are subject to multiple forms of discrimination.

An examination of forced marriage within the context of male violence against women is also included in the literature. Empirical studies focus on differential experiences, impact, legislation, cultural circumstances, resources, and reporting practices. Gill's (2004) study on the experiences of South Asian women in the UK considers the ways in which notions of honour and shame are used both to limit women's autonomy, and as a stimulus for domestic violence where women are seen to challenge these notions. The study highlights the particular difficulties South Asian women encounter such as the lack of independent immigration status, economic and personal dependency on the abuser, exclusion in/outside the community, lack of choice, and deportation. Research commissioned by the Office of the Deputy Prime Minister on the causes of homelessness amongst ethnic minority populations, reveals the main causes of homelessness amongst South Asian single women as domestic violence, forced marriage and family disputes (Homelessness and Housing Support Directorate, 2005). The literature also includes a discussion on the extent of violence against women. Prevalence surveys indicate that between a fifth and two-thirds of women become homeless as a result of male violence (Moss and Singh, 2012; Pleace et al, 2008; Smith, Bushnaq, Campbell, Hassan, Pal and Akpadio, 2008). In Shelter's study of gender differences in the treatment of men and women while homeless, 8 out of 20 women cited domestic violence as contributing to their homelessness whereas only one of the 17 men reported experiencing domestic violence (Cramer and Carter, 2002). In a more recent survey of 437 single homeless people carried out on behalf of Crisis, more than half of the women (54%) had experienced violence or abuse from a partner compared with 16% of men (Reeve and Batty, 2011) - suggesting an increase in the number of women experiencing and/or reporting male violence.

Within the literature, consideration is also given to the age of females who experience male violence. Thus, the relationship between childhood experiences of violence and

women's homelessness is well documented (Smith, Gilford, Kirby, O'Reilly and Ing, 1996; Hutson and Liddiard, 1994; Hendessi, 1992). A report by Dibblin (1991: 10) on young homeless women found that many young women left the parental home having been 'subjected to emotional deprivation and sexual and physical abuse'. Moreover, the study notes that young lesbian, Black and Asian women were less likely to approach services for assistance. Work by Crisis, on the experiences of 77 homeless women in London, Liverpool, Brighton and Bristol, found that domestic violence was the most often cited reason for homelessness in women over the age of 30 - though it was most severe in women aged between 30 and 49 with 63% citing domestic abuse as the key reason for their homelessness (Jones, 1999). Blood (2004) highlights the difficulties of older women experiencing domestic violence and considers the reasons why older women are reluctant to access refuges – though more research is needed in this area to fully appreciate the complexities involved. A more recent report by Crisis - drawing on interviews with 144 single homeless women in 19 towns and cities across England - found that over 20 per cent of women became homeless as a result of domestic violence - a figure which doubled to 40 per cent in women between the ages of 41 and 50 (Reeve, Casey and Goudie, 2006).

It is also the case that the literature has explored the utility of housing-related support services for women experiencing domestic violence. The focus here is on the quality and type of accommodation used by women, the lack of refuge provision, and the over reliance on inappropriate bed and breakfast accommodation. Consideration is also given to the differential experiences, consequences, coping strategies and long-term vulnerability of women made homeless through male violence (see Kershaw, Singleton and Meltzer, 2000; Reeve, Casey and Goudie, 2006; Jones, 1999; Tomas and Dittmar, 1995; Webb, 1994). Work by Hutson and Liddiard (1994) explores the relationship between abuse and homelessness, establishing that younger homeless females are particularly vulnerable to abuse and prostitution. Carlen (1996) considers the efficacy of mixed-sex hostels, suggesting that women who leave home to escape violence/abuse may be too afraid of men to accept a place in a mixed-sex hostel. In a similar vein, Henry, Abrahams, Cameron and Williamson (2010: 17) describe shared services as 'hostile and potentially dangerous' for women. Novac, Brown and Bourbonnais (1996) assert that because the risk of violence for women increases when they are homeless, they form relationships with men as a means of protecting themselves from other men (see also Tomas and Dittmar, 1995). Hence, women 'may be compelled to maintain a precarious balance between potential and

actual danger and their autonomy' (ibid: iv). The authors also highlight the link between victimisation in childhood and drug use/dependency/trafficking, prostitution, theft, and unemployment, asserting that a traumatic childhood can lead to problematic behaviour (also see Ralston, 1996).

The work of Bell and Hanson (2009) indicates that single homeless people who are LGBT are at greater risk of violence as a direct result of other people's negative attitude towards their sexuality. In Newburn and Rock's (2005) study of violence and victimisation in the lives of (current and former) single homeless people, 13 out of 49 women had been sexually assaulted, and 8 women had experienced violence. Similarly, research commissioned by Crisis (2008) highlights the victimisation of female rough sleepers in relation to physical, verbal and sexual assault - noting that women react to these dangers by sleeping in less visible locations and concealing their homeless identity (Reeve, Casey and Goudie, 2006) (see also Radley, Hodgetts and Cullen, 2006; Wardhaugh, 1999). In acknowledging violence as both a cause and consequence of homelessness, Mayo (2011: 2) states that women who become homeless are 'vulnerable to even more violence. Post-traumatic stress disorder, depression and other mental illnesses, substance abuse, negative self-worth, learning difficulties are all consequences of the violence in homeless women's lives' and as such, 'become major challenges to regaining a foothold in mainstream society'. In a recent study of female rough sleepers by Moss and Singh (2012), 40% of women had experienced physical/sexual abuse. The authors also point out that women may well have obtained temporary accommodation with a man by performing sexual favours - a finding which is consistent with other research such as GAP[4] - a Newcastle based project which specifically supports women involved in sex work (The Cyrenians, 2011).

The literature therefore shows that women's homelessness is commonly associated with gender based violence, and whilst it is important to acknowledge men can be victims of

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[4]At the regional level, GAP (Girls are Proud) was launched in response to research conducted in 2005 by the Drug Intervention Programme with Government Office North East. The study looked at the experiences of women involved in 'off-street prostitution and drug misuse in the North East' of England (The Cyrenians, 2011). Six in-depth interviews were conducted which revealed that 'in Newcastle and Sunderland sex work was hidden and predominantly 'off-street', with the needs of the women largely unacknowledged' (ibid). The women involved in the project identified the need for a permanent service.

violence from women or from other men, it does not appear to occur at the same level nor have the same impact as male violence experienced by women. The highly gendered nature of this phenomenon is in one sense causative, given that homelessness is a strategy used by some women to escape male violence, and in another sense, consequential, given that the risk of male violence increases for women who are homeless. An analysis of women's experience of male violence is therefore crucial in terms of understanding the role of violence in the lives of women pre/post homelessness.

2.5.4 The feminisation of poverty: A product of labour market practices and welfare policies

The body of literature on poverty, women and homelessness is particularly concerned with the gendered dimension of poverty (Smith, 2005; Wright, 1992; Agee and Walker, 1990; Millar and Glendinning, 1989). According to Edgar and Doherty (2001: 5), 'increases in the exposure of women to homelessness are at base related to the 'feminisation of poverty'; a condition which erodes the capacity of many female-headed households to establish and maintain independent homes' - a capacity which, as Orloff (1993) states, fundamentally depends on access to resources via well paid employment or alternatively, through the safety net of the welfare state. Within the literature, empirical studies of both the labour market and the state welfare system highlight gender differences in the causes, extent and experience of poverty. Millar and Glendinning (1989: 363) claim that despite the introduction of the Sex Discrimination Act (implemented in 1975) and equal opportunities legislation, women are at 'far greater risk of poverty than men; at any given stage in their lives, women are far more likely than men to be poor and their experience of poverty is also likely to be far more acute' (see also Smith, 2005). For Edgar and Doherty (2001: 5), the 'vulnerability of women and their exposure to the risk of homelessness, occasioned by the feminisation of poverty, has been aggravated in recent decades by the failure of the welfare state to offer sufficient social protection'.

An examination of the dominant characteristics of women's employment is included in the literature, here the focus is on high levels of gender segregation, low pay and part time employment. Brinkley, Jones and Lee (2013), in their report on the gender jobs split, point out that gender segregation is particularly prevalent at the lower end of the youth jobs market. They note that in 2010, only one per cent of young women worked in skilled

trades compared to three per cent in 1993 (ibid). Work by Watson and Austerberry (1986) reveals that in 1983, women's average full-time weekly wage was almost two-thirds of men's. More recent data from the Office for National Statistics (2011b) show a similar finding in that the gross weekly pay for female full time workers in 2011 was £445.1 compared to £538.5 for men. Also, the full time hourly rate of pay for males was £13.23 compared to £11.92 for females (ibid). The Poverty Site (2014) notes that in 2010 a 'fifth of the women and a tenth of the men were paid less than £7 per hour' with low paid working women accounting for approximately twice that of working men. Moreover, three-fifths of those paid less than £7 an hour were working part-time and among this group, women outnumbered men (ibid). Data from the Office for National Statistics (2013a) show that from July 2012 - June 2013, almost half (42.1%) of females in employment were working part time, compared to 11.3% of males. A report published in 2012 by the Fawcett Society - a UK organisation campaigning for women's rights - reveals that women experience a 'full-time pay gap of 14.9%', and are 'heavily limited' in their choices to take up paid work given that the costs of childcare in the UK are amongst the 'highest in the world' (The Fawcett Society, 2012: 5).

Part of the literature in this area includes an integrated analysis of race, marital status and age - thereby acknowledging the diversity of women and their experiences. Research by the Fawcett Society (2005) suggests that Pakistani and Bangladeshi women in employment earn 56% of the average hourly wage of white men whereas the Equal Opportunities Commission notes that Black, African, Pakistani and Bangladeshi women are more likely to be unemployed than white women (Equal Opportunities Commission, 2006). A report commissioned by the trade union Unison in 2006 observed that black and minority ethnic women were disproportionally likely to be working in temporary jobs and concentrated in low pay low-status jobs. Moreover, the report highlights a gender pay gap of 17% for white people and 8% for ethnic minority people (Trades Union Congress, 2006). Work by Butterworth and Burton (2013: 30) reveals that lone parents in general are more likely to live below the poverty line, and single mothers stand to lose an average 8.5% of their income after tax by 2015 which is in 'stark contrast to the loss of income of 7.5% for single fathers, 6.5% for couples with children and 2.5% for couples without children'. In considering older women's vulnerability to homelessness and the factors underlying their exposure to the risk of homelessness, Watson (2000: 161) observes that women 'over pensionable age constitute the largest group of single people' and yet have less financial

protection in the form of a pension than men, thus limiting their housing options. Data from the Office for National Statistics (2013b) show a rise in the divorce rate for the over 60's despite a decline in the number of divorces more generally (which has been falling since the mid-1990s having peaked at 165,000 in 1993). Work by the Fawcett Society (2012: 12) reveals that two-thirds of pensioners living in poverty are women, women's average personal pensions are 'only 62% of the average for men' (ibid: 5), and as many as half of all women are not able to make adequate pension provision for their future.

Parallels are often drawn between the inequalities women experience in the labour market and those experienced via benefit schemes. Davies and Joshi (1998), in their examination of the feminisation of poverty, note that in 1990 female-headed families were twice as likely to be poor as those headed by men, and were much more reliant on state benefits for their income. In a similar vein, Baptista (2010: 168) claims that women are more likely to experience higher levels of poverty because of the 'reduced commitment to welfare' and the 'particular configurations and operation of welfare policies at the national and local levels' which place 'particular challenges on women's (and female-headed households') resources and their ability to manage the risks of homelessness'. The notion of the welfare system serving as a safety net for the poorest households is challenged on the grounds that it traps particular groups of low-income households in poverty - not least lone parents, the majority of whom are women. The Women's Resource Centre (2013) claims that the freeze on child benefit until 2014, the increase in the childcare bill for working mothers/parents of approximately five hundred pounds per annum, the reduction in childcare tax credit thereby covering 70 per cent of childcare costs as opposed to the previous 80 per cent, and cuts to day nurseries and childcare services are likely to have a disproportionate effect on women as the main carers. The impact of welfare reform on older women has also attracted attention as Age UK (2013) - a UK charity working with and for older people - point out that local authorities have reduced spending on social care services for the elderly, despite the growing number of people living into their eighties and nineties - many of whom are women (Watson, 1999, 2000).

Initial predictions following the introduction of the benefit cap in April 2013 - which imposed a limit on the amount of support a household can claim regardless of need - suggest that 40,000 families will be made homeless as a result of welfare reforms (Boffey and Helm, 2011). However, data on the first four areas where the cap was first introduced

show that at the end of May 2013, 2,432 households had been affected, of which 1,897 were single parent households (Inside Housing, 2013) - thereby indicating that it is single parents who are hit hardest by the benefit cap, even though single parent families are one of the groups most vulnerable to poverty. A similar claim is espoused in relation to the introduction of the 'under occupancy penalty' (also known as the bedroom tax) in April 2013, which limits the amount of housing benefit tenants can claim in property's deemed to have one or more spare bedrooms. Those affected by the policy - namely, social housing tenants of working age - stand to lose 14% of their housing benefit for one room and 25% for two or more rooms (National Housing Federation, 2013). The options available to those affected are threefold. The first involves moving to a smaller property - however not enough smaller social housing is available. Figures provided by council's reveal that '99,079 families are expected to be affected, but only 3,803 one and two-bedroom social housing properties are available - just 3.8 per cent of the homes required to rehouse the families who are hit' (The Independent, 2013). The second option involves moving to the private rented sector - a move which may prove to be more expensive, depending on the area (House of Commons Welsh Affairs Committee, 2014). The third option involves tenants paying the shortfall in housing benefit at an average cost of £14 a week - the issue here is that more than 90% of households in social housing in England have an income level below that needed to maintain a socially acceptable standard of living - hence, these households are already experiencing financial difficulties without the added expense (Inside Housing, 2012). This policy - though aimed at reducing housing benefit expenditure - is likely to have a disproportionate effect on women given that female headed households dominate the social housing sector (as previously stated in section 2.1.2).

The literature on women, poverty and homelessness shows that poverty carries with it a strong set of risks for women - particularly for elderly women, lone mothers, women concentrated in low paid/part-time employment, and women dependent on state support. An analysis of the feminisation of poverty is therefore crucial in terms of exposing the gender-biased nature of employment practices and welfare policies which invariably increase women's vulnerability to and risk of homelessness.

2.5.5 The link between women's homelessness and ill health

The body of literature on gender, health and homelessness identifies ill health as a contributory factor to homelessness, as a pre-existing condition exacerbated by homelessness, and as a symptom of homelessness (Cockersell, 2011; St Mungo's, 2009; Reeve, Casey and Goudie, 2006; Kershaw, 2003). Prevalence surveys indicate that between 20 and 50 per cent of people become homeless as a result of drug, alcohol and/or mental disorders (Rice, Hough, Smith, Francis and La Placa, 2007; Crane, Byrne, Fu, Lipmann, Mirabelli, Rota-Bartelink, Ryan, Shea, Watt and Warnes (2005); Fountain and Howes, 2002; The Social Exclusion Unit, 1998). In a briefing paper published by Homeless Link (2011c), over 70 per cent of people using homeless services were found to have mental health problems. More recently, in Homeless Link's 2013 Survey of Needs and Provision (SNAP), many service users reported having alcohol problems (31%), mental health problems (30%) and/or drug problems (28%). In the same year, a survey of male and female service users by the homeless charity St Mungo's, found that nearly 2 in 3 service users reported having mental health or substance abuse issues (with 64% and 60% respectively). Notably, these studies simply document the nature and extent of ill health amongst the homeless population without exploring in any real depth the ways in which gender informs, facilitates, affects and shapes an experience of homelessness.

The nature and extent of health related issues and health care disparities amongst homeless women is explored within the literature. In George, Shanks and Westlake's (1991) study on single homeless people in Sheffield, many women had been admitted to a psychiatric hospital or had a history of psychiatric illness. Similarly, in James' (1991) service related study of the prevalence of mental illness in 43 women referred to a visiting psychologist at a hostel for single homeless women in South East London, over 80% of those referred were mentally ill, and 21% of those diagnosed were suffering from schizophrenia. In Marshall and Reed's (1992) study of mental illness among female hostel residents in London, 45 out of 70 women met the criteria for schizophrenia. Similarly, work by Marshall (1994) revealed that homeless women were more likely than men to be diagnosed with schizophrenia (42% compared with 26%) although they were less likely than men to have alcohol related issues (8% compared with 35%). Ravenhill's (2000) study of homelessness and vulnerable young people identified alcoholism and drug addiction as one of the three main routes that trigger homelessness for women. Whereas Anderson, Kemp

and Quilgars (1993), in their study of single homeless people, found that women were more likely to experience health problems than men. Indeed, all the women and three-quarters of the men in the soup run sample said they were suffering from at least one health problem, while nine out of ten women compared with eight out of ten men in the day centre sample reported health problems. Among those in hostels and bed and breakfast establishments (B&B's), almost three-quarters of women and nearly two-thirds of men said they had at least one health problem (ibid). Specific problems included depression, anxiety, nerves, alcohol issues, muscular/joint pains, chest/breathing problems, and walking problems (ibid). Adams, Pantelis, Duke and Barnes (1996) suggest that women residing in hostels are more likely to suffer some form of mental health problem than their male counterparts. More recent research has also found that in general, homeless men have lower levels of mental illness than homeless women, and more often have highly complex needs (see St Mungo's, 2009; Reeve, Casey and Goudie, 2006; Reeve, Goudie and Casey, 2007).

Some literature includes an integrated analysis of age and race to account for the differential experiences of women. Crane's (1993) examination of the relationship between homelessness, mental illness and elderly people found that all of the women in the study (compared to 85 per cent of men) reported or appeared to have mental health problems - notably Crane (ibid) emphasises the paucity of research in this area. In a more recent survey of people's turning points into homelessness carried out on behalf of Crisis, one of the most often cited causes of homelessness for men was substance use, whereas women cited physical or mental health problems (Smith et al, 2008). The authors note that people between the ages of 20 and 44 were more likely to cite substance misuse as their turning point into homelessness (ibid). In research published on the causes of homelessness amongst ethnic minority populations, mental health problems were found to be common among South Asian women (Office for the Deputy Prime Minister, 2005). More recent research carried out by Crisis on mental ill health in the adult single homeless population reveals higher rates of mental health problems - including self-harm and suicide - in homeless women than homeless men (Rees, 2009). Moreover, the study highlights the need for more research on mental health within particular subgroups of the street/hostel population - namely women and black and minority ethnic groups.

The literature has gone further to examine the policy context around tackling ill health, the utility of available service provision and delivery, factors that underpin and/or facilitate women's use of substances and mental disorders, and the impact of health related issues on women (Mental Health Network, 2012; The Queen's Nursing Institute, 2012; Cockersell, 2011; Homeless Link's Mental Health Hot Topic, 2011b; St Mungo's, 2009; Fountain and Howes, 2002; Sims and Victor, 1999; George, Shanks and Westlake, 1991). A study in London hostels found that half the women had contact with psychiatric services and half had a diagnosis of bipolar disorder, schizophrenia or major depression (Tacchi 1996). Croft-White and Parry-Crooke (1996: 12) - in their study of the link between housing and mental ill health - assert that homeless women with mental health problems are more likely to be excluded from hostels because of their disruptive behavior and as such, are 'doubly disadvantaged'. Cook and Marshall (1996: 118) highlight the need for women only services on the grounds that homeless women with mental health problems 'often feel stigmatised where available services are usually male oriented and dominated'. The authors also note that women from 'black and other ethnic communities and lesbians can be made to feel excluded' from services. Henry, Abrahams, Cameron and Williamson 2010: 36) - in their examination of the experiences of homeless women accessing services in Bristol, found that they had learnt to 'mask the impact of distressing life events through self medication and self harm'. Likewise, Reeve, Casey and Goudie (2006: 41) note that many women started using drugs or drinking excessively as a means of escaping, blotting out or anaesthetising past traumatic and emotional events. They state that some women began using drugs 'at a particular point in their lives when the anaesthetic these substances provided offered welcome relief from emotional and psychological distress'. This finding suggests that substance use is, in some instances, a form of self-medication. Research by Crisis claims that 'women experience some risk factors for both mental illness and homelessness to a greater extent than men' (Rees, 2009: 7). Indeed, 'histories of physical and sexual violence as a child, prior, and subsequent, to becoming homeless are common and more likely in women … Domestic violence, significantly more common in women, is also associated with high rates of mental and physical disorder' (ibid).

Therefore, the literature on the relationship between health and homeless women is relatively small given the paucity of research on ethnic differences and sexuality. What can be discerned from existing studies is that women are likely to have greater levels of disorder than men, face particular barriers in accessing services and self-medicate via the

use of substances.   An analysis of women's ill health is therefore crucial in terms of understanding what impact it has on the lives of women pre/post homelessness.

2.5.6   Institutional discharge and homelessness: A relatively genderless issue

Imprisonment is a 'partial cause of homelessness because: it leads to family breakup; it reduces family income; single people often lose tenancies while in prison; and ex-prisoners are not seen as desirable tenants' (Carlen, 1996: 32). Carlen's quote refers specifically to the relationship between prison release and homelessness, however there is a developing body of literature on women, institutional release and homelessness which explores the way in which homelessness trends are affected by the number of females leaving institutions - namely the armed services and prison. Within this literature, an important distinction is made between females who become homeless having exited some form of residential institution and existing homeless women with an institutional background (Maycock and Sheridan, 2013; Maycock and Carr, 2008). Part of the literature involves an examination of the prevalence of institutional living amongst the homeless population (Homeless Link, 2013; CHAIN, 2013; Johnsen, Jones and Rugg, 2008; The Social Exclusion Unit, 1998). Work by Crisis in 2002, drawing on interviews with 389 homeless men and women with experience of rough sleeping, found that a fifth cited release from prison as a reason for first becoming homeless (Fountain and Howes, 2002). UK Homes for Heroes (2014) - a charity set up in 2010 in response to the plight of homeless ex-service personnel - estimates that 'over 4500 previously serving members of the British Armed Forces are sleeping rough in the UK'. The report also states that the majority of ex-service personnel are male. More recent data from Homeless Link's (2011a) Survey of Needs and Provision (SNAP) show that approximately 18% of service users in an average homeless project are prison leavers and three per cent are ex-service personnel. Although important, these studies fail to explore in any real depth the role of gender in institutional discharge.

Empirical studies which have explored the extent of institutional living amongst the female homeless population include Anderson, Kemp and Quilgars' (1993) survey of single homeless people. The findings from this study show that women were more likely than men to have spent some time in a children's home or with foster parents but less likely to have spent time in prison, on remand or in a young offenders' institute. Work by Crisis in 2006 reveals that two per cent of women attributed their homelessness to their

release/discharge from an institution (Reeve, Casey and Goudie, 2006). The authors note that women very 'rarely moved from prison into settled accommodation, or even suitable temporary accommodation and amongst those who had been in settled accommodation prior to their prison sentence very few retained this housing for their release' (ibid: 64). A much higher figure of institutional living amongst the female homeless community was revealed in a recent survey of St Mungo's female clients wherein 53 per cent reported having an offending history and 36 per cent had experienced prison (2013).

The literature includes a generic examination on pathways of institutional leavers to homelessness and risk factors/experiences post release - here the focus is on housing plans and support networks (Niven and Stewart, 2005; Fountain and Howes, 2002; The Social Exclusion Unit, 1998; Anderson, Kemp and Quilgars, 1993; Paylor, 1992). A report published by the social housing provider Rverside echg (2011: 9) states that ex-armed forces personnel 'follow a similar route into homelessness' as that of the general homeless population. The report identifies four distinct 'life history trajectories' into homelessness for ex-service personnel - thus, there are those with vulnerabilities from childhood or adolescence; those who encounter difficulties whilst serving in the armed forces; those who struggle to return to civilian life following armed service, and those who encounter problems for an unrelated trauma in later life. Paylor (1992), in an unpublished doctoral dissertation on the experiences of men and women discharged from prison, found that less than half of all ex-prisoners were able to return to their former residence, with 40 per cent reportedly having no fixed abode upon release. Similarly, Seymour and Costello (2005), in their study of the number, profile and progression routes of homeless persons before the court and in custody, highlight various factors which increase the risk of homelessness for prisoners upon release - namely the tenuousness of family relations and the absence of a stable family environment to which ex-prisoners can return to.

A discussion on the utility of post-institutional accommodation is included in the literature - here the focus is on re-entry planning to facilitate housing stability and success after discharge and the geography of hostel provision. Niven and Stewart (2005) - in their study of inmates' plans after release - observed that 3 in 10 of those released from prison would have nowhere to live and women were most likely to have no accommodation arranged upon release. A study by the Howard League for Penal Reform (2013: 1) entitled No Fixed Abode: The implications for homeless people in the criminal justice system, reveals that

women are often 'moved away from existing family networks to be accommodated due to the poor geographical spread of hostels'. Within the literature, consideration is given to the differential experiences, consequences, coping strategies, and vulnerability of women following their release from institutions. In Webb's (1994) study of hidden homelessness and single women in Scotland, one woman stated that prison was better than some of the hostels she had lived in previously. Work by Maycock and Sheridan (2013: 134) on women and the homelessness-incarceration nexus, found that all of the women in the study 're-entered the hostel system subsequent to a period of incarceration'. The authors note that a 'common pattern among those who experienced multiple periods of incarceration was that they repeatedly faced the same conditions and challenges post-release. Thus … prison failed to address the ongoing cycle of their homelessness' (ibid).

This suggests that the experience of institutional living among the homeless population may have gender-specific aspects, though women have been generally overlooked in the literature, which has tended to concentrate on men's experience. This phenomenon can be explained by the significantly higher number of men within the prison system and armed forces (95 per cent and 90 per cent respectively) (see HM Chief Inspector of Prisons for England and Wales Annual Report 2012-2013; Berman and Rutherford, 2013). An analysis of women, homelessness and institutional discharge is therefore crucial in terms of exposing the prevalence of, and understanding the impact of institutional living on the lives of women pre/post homelessness.

2.6 Summary

This chapter has examined the construction of homelessness in general and women's homelessness in particular. It has involved an excavation of the literature to expose the ways in which homelessness is inadvertently dominated by the experiences of men. The chapter has illustrated that whilst homeless people, regardless of gender, share many common experiences, women's homelessness is a distinct, complex, dynamic and non-linear process involving a synthesis of events, relationships and decisions, which not only shape but are equally shaped by, each woman's homeless journey. 'Journey' is used here to denote the physical, emotional, spatial and temporal aspects of each woman's experience. Research which has analysed gendered homelessness disparities reveal that women are more likely than men to cite family violence and family breakdown as reasons

for homelessness, are likely to resort to unwanted sexual activity to secure a roof over their head, and are more likely to become homeless as a result of poverty - linked to eroding or else limited employment opportunities and a decline in (financial and childcare) support from the welfare state. In addition, homeless women seem less likely to access accommodation based services or sleep rough, preferring to find alternative solutions to their homelessness through sofa-surfing with friends and family members. Yet as this chapter has outlined, more research is needed to understand the differential experiences of homeless women as statutory and non-statutory definitions, national and regional statistics, surveys and data sets provide limited information on the heterogeneity of homeless women's experience. In exposing the gendered nature of homelessness, this chapter opens up questions of how and in what ways homeless services shape and respond to the lived experience of women who are homeless and how and in what ways the women themselves experience homelessness and make sense of their experience. These questions form the basis of this empirical study.

The theoretical/conceptual framework chapter that follows presents the key concepts which have been used to understand and analyse the empirical data in this study.

CHAPTER 3: FOUCAULT - GOVERNMENTALITY AND WOMEN'S HOMELESSNESS

3.1 Introduction

As evidenced in the previous chapter, an extensive though arguably under-theorised body of literature on homelessness exists which examines the pervasiveness of gender relations, and the relatedness of gender to other forms of subjugation such as class, age, ethnicity, disability and sexuality. In this chapter, the discussion centres on the framework which informs the empirical study and analysis undertaken in this research - that of Foucault's concept of governmentality. The first part of this chapter considers the relevance and challenges of Foucault's work to the study of women (section 3.2). The next section (3.3) sets out the main themes of Foucault's concept - that of power, power relations, and the conduct of conduct. In doing so, it outlines the ways in which the body has become a site of social control and regulation. The final section (3.4) examines the ways in which Foucault's work has been appropriated and developed within the field of women's studies - with particular emphasis on homelessness.

3.2 The relevance of Foucault to the study of women's homelessness

Michel Foucault (1926-1984) is regarded as one of the most important thinkers of the twentieth century (Mills, 2004; Danaher, Schirato and Webb, 2006). His work cuts across various disciplinary fields including philosophy, psychology, psychiatry, sociology and history, though a considerable part of his work has been of a historical nature - as in the history of madness, punishment and sexuality. Foucault's work has been concerned largely with the concepts of knowledge, sexuality, discourse and the body - though his conception of power is considered as the 'key to his work in general' (Layder, 1998: 98).

Foucault is one of many theorists who have conceptualised power. For instance, Galtung (1996) distinguishes between two forms of power, namely power over others and power over oneself. In the first instance power is related to both empowerment and disempowerment, thus the more power A has over B, the less power B has over A.

Galtung's theory of power engenders an understanding of what one is or has, and where one is situated within a structure. Alternatively, Bourdieu's focus on the dynamics of power in society exposes the differential and subtle ways in which power is conveyed and social order retained within and across generations (see Bourdieu, 1984, 1986 and 1992). Goffman's insights into what power is and how it actually functions allow us to understand the normal, dispersed pervasiveness of power whilst recognising the practices of individuals. As previously stipulated, it is Foucault's concept of power that is deployed in this thesis as a means of seeing and understanding how women's homelessness is governed in contemporary society.

Foucault's work has been extremely influential and as such, has been critiqued, appropriated and developed in a multiplicity of ways. However, one major criticism of his work relates to his lack of focus on gender issues. Given that Foucault explored how power makes individuals subjects by concentrating on the ways it regulates bodies through time, space and movement, his explanation is markedly gender-neutral. Indeed, he fails to analyse or even acknowledge the importance of gender in the play of power. Critics of Foucault assert that his discussions 'gloss over gender configurations of power' (Diamond and Quinby, 1988: xiv), treat 'the body throughout as if it were one, as if the bodily experiences of men and women did not differ and as if men and women bore the same relationships to the characteristic institutions of modern life' (Bartky, 1988: 63). For McNay (1992: 11-12), Foucault's silence, 'no matter how diplomatic or tactical - on the specificity of sexual difference does not distinguish Foucault's thought significantly from the gender blindness and biased conceptual habits of more traditional theoretical discourses'. Despite these criticisms, Foucault's work has had a profound influence on feminist scholars - a point which will be explored in more detail in section 3.4. 'Governmentality, gender and homelessness'. In this thesis Foucault's work is used as a means of describing, analysing and making sense of the way in which women's homelessness is governed. Indeed, his concept of governmentality engenders an understanding of government not only in terms of the policies and practices of those in positions of authority but also in terms of the actions and reactions of homeless women. The concept of governmentality facilitates an analysis of the different rationalities and technologies that govern homeless women. In so doing, it exposes the diversity of forces that seek to observe, examine, amend and govern homeless women's conduct. In setting out the main themes of governmentality, the next

section of the chapter adopts a critical approach - the purpose of which is to expose the limitations of Foucault's ideas.

3.3 Governmentality

The concept of governmentality was a major theme in Foucault's work from 1978 onwards (Garland, 1997). His interest centred on the 'problematic[s] of government', that is, the processes that render objects amenable to intervention and supervision (Foucault, 2002: 201). Foucault was interested in questions such as 'how to govern oneself, how to be governed, how to govern others, by whom the people will accept to be governed' and 'how to become the best possible governor' (Foucault, 2002: 202). Foucault describes governmentality as a means of exercising power and claims that in modern societies, three forms of power co-exist. Hence, he claims that modern power can be viewed as a tripartite concept of 'sovereignty-discipline-government' (Foucault, 2002: 219).

3.2.1   Three forms of power

Foucault differentiates governmentality from both sovereign power and disciplinary power. Sovereign power is concerned with governing territory and its inhabitants. It involves governing via the use of laws and is dependent upon 'obedience to the law' for the 'common good' (Foucault, 2002: 210). Disciplinary power is a form of power involving both discipline and disciplines. It focuses on the human body and aims to produce 'industrious, able, obedient and disciplined subjects' (Rose, 1990: 221), in addition, disciplines such as medicine, psychiatry, psychology, social work, and public health wield power over individuals. Disciplinary power involves governing via the use of norms. Norms operate externally to the individual but are also internalised, hence individuals learn the art of self-control. Disciplinary power takes place in many 'varied spheres' including 'the central state machinery itself, the church, the school, the home, the factory, and economic life' (Rose, 1990: 222). Governmental power involves biopower. Biopower coalesces around two poles - one of which focuses on the species body and is concerned with regulating biological processes such as health, longevity, sexual functioning, childbirth, and death. The second pole targets the individual body and involves training and discipline. According to Foucault (2002: 211), the 'instruments of government, instead of being laws, now come to be a range of multiform tactics'. These different 'forms of exercising power' are

supported by a 'complex of laws', 'institutional practices and forms of expertise' which interweave to produce 'an intricate web of policies and practices that cannot be reduced to a single formula' (Garland, 1999: 21).

Disciplinary power is underpinned by three techniques of control - namely, hierarchical observation, normalizing judgement, and the examination. In hierarchical observation, the 'exercise of discipline presupposes a mechanism that coerces by means of observation' (Foucault, 1979: 170). According to Foucault (ibid: 171), the observatories which emerged in the classical age - that is, in the period from 1660 to the end of the 19th century - secretly prepared a 'new knowledge of man'. These observatories were modelled on military camps and existed in housing estates, asylums, schools, hospitals and prisons. Foucault describes a system of surveillance involving a 'network of relations' which operate both vertically and laterally, in ascending and descending relays (ibid: 176). Though the network consists of individual parts, it forms a single system of surveillance, perpetually surveying all those located within the network. Foucault (ibid: 177) asserts that power in the hierarchized surveillance 'functions like a piece of machinery'. Normalizing judgement became 'one of the great instruments of power at the end of the classical age' (Foucault, 1979: 184). Normalization is the process through which individuals are coerced into complying with specific standards of normality. Normalization functions by identifying behaviour which is not covered by the law and by implementing processes for differentiating and correcting behaviour which does not reach a specified standard. Techniques of normalization exist at 'every level of the social body' (ibid: 303) and are dispersed through 'a whole series of institutions' such as the school, the workplace, and the army (ibid: 297). Furthermore, the judges of normality are omnipresent, as Foucault states (1979: 304):

> We are in the society of teacher-judge, the doctor-judge, the educator-judge, the 'social worker'-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements. (Ibid)[5]

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[5]Notably, Foucault uses the male pro-noun here - a point raised by Lois McNay who states that 'when Foucault talks of the body or the self it is a male version … thus … he perpetuates the patriarchal habit of eliding the masculine with the general' (1992: 195).

Foucault describes the institutions using techniques of normalization as a 'carceral network' or 'carceral continuum' (ibid: 301-303) and claims that the carceral system attained power via the growth of disciplines such as 'medicine, psychology, education, public assistance' and 'social work' (ibid: 306). While carceral mechanisms are 'distinct' and intend to 'alleviate pain, to cure, to comfort', they also 'tend to exercise a power of normalization' and thus subject bodies and forces to 'multiple mechanisms of 'incarceration'' (ibid: 308).   The technology of normalization involves the use of punishment. This is administered when individuals fail or are unwilling to conform to a particular standard of behaviour. The examination combines hierarchical observation and normalizing judgement and 'establishes over individuals a visibility through which one differentiates' and 'judges' (Foucault, 1979: 184). It is a technique that makes it possible to qualify, classify and punish individuals. The examination is an innovative ritual of the classical age which existed in the hospital, the school and the army. It has several features. First, it transforms 'the economy of visibility into the exercise of power' (ibid: 187) - hence the subject is assigned a compulsory visibility. Second, it 'introduces individuality into the field of documentation' (ibid) - here the subject is embedded within a wealth of documentation and is thereby categorised and individualised.   Third, the examination makes each individual into a case that can be 'described, judged, measured, and compared with others' (ibid: 191). The examination is at the 'centre of procedures that constitute the individual as effect and object of power, as effect and object of knowledge' (bid: 192).

Foucault's conception of disciplinary practices and disciplinary power has attracted criticism. For instance, McNay (1992: 11) claims that Foucault 'neglects to examine the gendered character of many disciplinary techniques', similarly Bartky asks 'Where is the account of the disciplinary practices that engender the 'docile bodies' of women, bodes more docile than the bodies of men?' Indeed 'Women, like men, are subject to many of the same disciplinary practices Foucault describes. But he is blind to those disciplines that produce a modality of embodiment that is peculiarly feminine' (Bartky, 1988: 63-4). Poster (1984: 103) points to the limitations of Foucault's explanation of disciplinary power, asserting that he fails to mention that bureaucracy and the computer 'both foster the principles of disciplinary control' and as such, widen the character of disciplinary power into the latter part of the twentieth century.

3.2.2   Relations of power

According to Foucault (2002: 336), power is not conceived as something that exists with its 'own distinct origin, basic nature or manifestations'. It does not exist outside of relations between collectives and individuals, it only exists 'in action' (Foucault, 1980: 89). Power is not something that resides in the individual, collective, sovereign state or economic realm. Foucault (1980: 88) criticises the classic juridical theory of power in which 'power is taken to be a right, which one is able to possess like a commodity and which one can in consequence transfer or alienate'. Foucault (ibid) also opposes the Marxist conception of power in that inherent within it, is an assumption of the 'economic functionality of power'. Here, power is conceptualised in terms of the role it plays in the 'maintenance of the relations of production and of class domination' (ibid). Foucault claims that both the juridical and Marxist conception of power share a common point in that they are dominated by an 'economism' (ibid) whereby power is perceived as a commodity and is 'located in the economy' (ibid: 89). Instead, Foucault argues in favour of a non-economic analysis of power. Foucault (2002) claims that since medieval times, the focus has been on juridical forms of power and legal procedures. As such, power has only been linked with the state. Foucault argues that power does not radiate 'downwards from a superstructural position' (Vighi and Feldner, 2007: 88). Instead, power is conceptualised as 'a system of relations spread throughout society, rather than simply a set of relations between the oppressed and the oppressor' (Mills, 2004: 35). He states that power

> ... must be analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localised here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and organised through a net-like organisation. (Foucault, 1980: 98)

Foucault advocates an 'ascending analysis of power' (ibid: 99) where 'it becomes capillary, that is, in its more regional and local forms' (ibid: 96). He asserts that the analysis of power should focus on the techniques and tactics of domination. Foucault claims that the mechanisms, techniques, tactics, procedures and technologies of power are adopted when they become economically and politically useful. He advocates an analysis of the 'economic advantages and political utility' that derives from governmental technologies (ibid: 101). Foucault contests the notion of power he refers to as Reich's hypothesis - that

is, the belief that the mechanism of power is repression. He is also critical of an alternative hypothesis whereby power is conceptualised as war. Here the 'basis of the relationship of power lies in the hostile engagement of forces' (ibid). He calls this Nietzsche's hypothesis and asserts that these two theories of power are linked as repression can be seen as the 'political consequence of war' (ibid: 91). Foucault (1980: 119) describes the repression based model of power as 'inadequate' and provides an alternative view in which power is conceptualised as productive and as a force which brings about 'forms of behaviour and events rather than simply curtailing freedom and constraining individuals' (Mills, 2004: 36). According to Foucault (1980: 119), power

> … traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression.

To identify power as repression is, according to Foucault, to adopt a purely juridical notion of power. Such a model centres on 'nothing more than the statement of the law and the operation of taboos' whereby 'all the modes of domination, submission, and subjugation are ultimately reduced to an effect of obedience' (Foucault, 1990: 85). He asks 'if power were never anything but repressive, if it never did anything but say no, do you really think one would be brought to obey it?' (Foucault, 1980: 119). He asserts that power would be somewhat fragile if its only purpose was to repress, 'if it worked only through the mode of censorship, exclusion, blockage, repression' (ibid: 59). He argues that power is successful when its mechanisms are undetected. Foucault (1990: 86) states that 'power is tolerable only on condition that it mask a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms'. Power is acceptable when those whom it dominates believe that it is not just oppressive but is something which leaves 'a measure of their freedom intact' (Foucault, 1990: 86).

Foucault's theory of power involves a re-conceptualisation of 'the role that individuals play in power relations' (Mills, 2004: 35). He argues that individuals are not just the recipients of power, indeed they are 'always in the position of simultaneously undergoing and exercising power' (Foucault, 1990: 98). He suggests that power does not have 'an absolute capability to tame and subject individuals', thus 'power is only power … when addressed to individuals who are free to act in one way or another' (Gordon, 1991: 5). Governmental

power 'assumes a free subject' (Dean 1994: 178). This does not mean an 'individual who exists in an essential space of freedom' but 'one whose subjection is consistent with forms of choice' (ibid). According to Foucault (2002: 342) power is

> ... exercised only over free subjects, and only insofar as they are "free." By this we mean individual or collective subjects who are faced with a field of possibilities in which several kinds of conduct, several modes of behaviour are available.

Governmental power requires the agency of people. Agency here refers to the 'ability to react to, and resist, governmental ambitions to regulate' conduct (McKee, 2009: 471). Foucault (1990: 95) argues that 'where there is power, there is resistance'. Power and resistance are both 'essentially related to agency' in the sense that 'there must be agency on both sides for either to exist' (Kelly, 2009: 117). Foucault's concept of resistance has attracted criticism. Guthrie and Castelnuovo (2001), in their study Disability management among women with physical impairments: the contribution of physical activity, found this concept limited due to Foucault's perception of resistance as an individual act. Hence, it was not suitable for examining how experiences of physical activity empowered disabled women as a collective group in society. Similarly, Ashton-Shaeffer, Gibson, Autry and Hanson (2001: 97) argue in their study - Meaning of sport to adults with physical disabilities: A disability sport camp exercise - that Foucault's notion of power as localised 'tends to ignore the macro-structures of oppression'.

Foucault (2002: 220) claims that power relations have increasingly become encapsulated within the state apparatus. He refers to this as the 'governmentalization' of the state. He claims that all forms of power relation must refer back to state power - not because they are derived from it but because they have been 'elaborated, rationalized and centralized in the form of, or under the auspices of, state institutions' (Foucault, 2002: 345). Although power relations have become increasingly subjected to state control, Foucault advises against an analysis of such relations based on the assumption that the state is the primary source of power. Foucault (ibid) states that 'the analysis of power relations within a society cannot be reduced to the study of a series of institutions or even to the study of all those institutions that would merit the name 'political'. Power relations are rooted in the whole network of the social'. Foucault advocates an understanding of state power in terms of the techniques and tactics of government. These tactics

> … make possible the continual definition and redefinition of what is within the competence of the state and what is not. … the state can only be understood in its survival and its limits on the basis of the general tactics of governmentality. (Foucault, 2002: 221)

The techniques and tactics of government rework and blur the social divisions between state and civil society, public and private, men and women, parents and children. As previously stated, Foucault was interested in the problematics of government, that is, the processes that render objects amenable to intervention and supervision. He advocates an analysis of the problematics of government involving rationalities - which are ways of thinking and forms of reasoning inscribed in particular systems of social practices (Foucault, 2002), and technologies - which are ways of acting or the 'diverse and heterogenous means, mechanisms and instruments through which governing is accomplished' (Dean, 2010: 269). Foucault was interested in how the practices of governance and their methods of exercising power are dependent on 'rational principles' (Foucault, 2002: 213). He uses the term 'governmentality' to describe different rationalities that organise 'practices and supply them with their objectives, and knowledge' (Garland, 1999: 17). Foucault (1979: 27) states that 'there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations'.

Foucault uses terms such as 'the problematics of government', 'political rationality' and 'governmentality' to refer to the 'changing discursive fields within which the exercise of power is conceptualised' (Rose and Miller, 1992: 175). Discourse or discursive formations are sites of knowledge and power that define what can be written, spoken or thought. Discourse structures 'what statements it is possible to say' and 'the conditions under which certain statements will be considered true and appropriate' (Mills, 2004: 66)[6]. Discourse is what makes governmental rationalities feasible. The concept of governmentality involves an analysis which focuses on the theorisations, explanations, formulations and calculations inscribed within governmental practices (Foucault, 2002). An examination of governmentality involves the recognition that objects are discursively constructed and therefore amenable to intervention and supervision.

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[6] The statement is 'a unit of discourse' which takes place in 'a discursive formation' (Downing, 2010: 48).

Governmentality is described by Foucault as an 'art' (2002: 201) or as 'ways of doing things' (ibid: 230). Governmentality is both an applied and technical art (Dean, 1994). An analysis of governmentality exposes not only the ways of thinking 'through which authorities have posed and specified the problems for government', but also the ways of acting 'through which they have sought to give effect to government' (Rose and Miller, 1992: 177). Governmentality involves technologies of government and rationalities of government. These two aspects of governmentality are not independent of each other given that 'technologies have particular rationalities inscribed within them' (Dean, 1994: 188). Technologies of government are the 'means, mechanisms and specific instruments which make possible forms of administration, power and rule' (ibid: 187). It is 'through technologies that political rationalities and the programmes of government that articulate them become capable of deployment' (Rose and Miller, 1992: 183). Technologies of government establish a 'multitude of connections' between 'the aspirations of authorities and the actions of individuals and groups' (ibid).

3.2.3   The conduct of conduct

According to Foucault (2002: 341), governmentality is 'the conduct of conducts'. To conduct involves leading others as well as oneself. This 'wordplay on conduct encompasses any calculated attempt to direct human behaviour towards particular ends' (McKee, 2009: 468). Thus, Foucault's concept of governmentality involves two distinct forms of governance - namely the governance of others and governance of the self. Governmentality is defined as a way of acting to influence the way in which people conduct themselves. It involves structuring 'the possible field of action of others' (Foucault, 2002: 341). Foucault uses the term governmentality to refer to the way an individual controls their behaviour or indeed, shows others how to behave. It is 'the government of the self by oneself in its articulation with relations with others' (Foucault 2000: 88). Foucault is interested in the meaning of self and how individuals produce a particular self through techniques of self-knowledge, self-examination and self-mastery (Foucault, 2000: 225-249). He argues that technologies of the self are procedures that 'exist in every civilisation' and are the means by which individuals 'determine their identity, maintain it or transform it' (Foucault, 2000: 87). Technologies of the self

> … permit individuals to effect by their own means, or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (ibid: 225)

Technologies of the self include various operations such as dialogue, listening, meditation, training, examination of conscience, letter writing and confession (Foucault, 2000). According to Foucault (ibid: 291), these practices are not 'invented' by the individual, rather they are 'models that he finds in his culture and are proposed, suggested, imposed upon him by his culture, his society, and his social group'. Foucault's intention was to investigate how government is not simply the ordering of actions and procedures. Government functions via subjects. Foucault argues that governmentality involves 'reflections on modes of living, on choices of existence, on the way to regulate one's behaviour' and attaching 'oneself to ends and means' (Foucault, 2000: 89). The governance of individuals does not only involve the external governance of their conduct and existence, it involves the self-governing abilities of individuals themselves in terms of their 'feelings', 'thoughts' and 'desires' (Foucault, 2000: 223). According to Rose (1990: 1),

> … our personalities, subjectivities, and 'relationships' are not private matters … On the contrary, they are intensively governed. … Thoughts, feelings and actions may appear as the very fabric and constitution of the intimate self, but they are socially organised and managed in minute particulars.

Foucault describes governmentality as 'the encounter between the technologies of domination of others and those of the self' (Foucault, 2000: 225). Technologies of domination are technologies of power which 'determine the conduct of individuals and submit them to certain ends' (ibid). Through these technologies power relations become 'blocked, frozen' and practices of freedom become 'extremely constrained and limited' (Foucault, 2000: 283).

3.3 Governmentality, gender and homelessness

As previously stated, the work of Michel Foucault has been hugely influential - not least within the field of feminist thought. In 'Foucault and Feminism', Lois McNay (1992: 11)

asserts that Foucault's theory of power and the body indicates to feminists a way of placing 'the body at the centre of explanations of women's oppression that does not fall back into essentialism or biologism'. Jana Sawicki, in 'Disciplining Foucault: Feminism, power and the body', advocates a 'Foucauldian feminism' (1991: 8), noting that Foucault's writings 'focus our attention on how traditional emancipatory theories have been blind to their own dominating tendencies' and 'are historically linked to disciplinary practices that have been more oppressive than liberating' (ibid: 97). Sawicki claims that Foucault encourages 'negative freedom', that is, the freedom to question all forms of power (ibid: 8).

The concept of power is central to feminist theory and has thus been explicitly discussed and conceptualised in multiple ways. Some feminists have conceptualised power as a resource, perceiving it as a positive social good which is unequally shared amongst women and men and which simply needs to be reallocated more equally. For instance, Susan Moller Okin (1989) in 'Justice, Gender, and the Family', claims the advantages and burdens of family life are unevenly distributed amongst husbands and wives. She states:

> When we look seriously at the distribution between husbands and wives of such critical social goods as work (paid and unpaid), power, prestige, self-esteem, opportunities for self-development, and both physical and economic security, we find socially constructed inequalities between them, right down the list. (ibid: 136)

In advocating gender neutrality and gender equality, Okin (ibid) sees a possible end to gender based discrimination.

Other feminist theoreticians have viewed power as a relation of domination. Feminists from different political and philosophical standpoints have utilised numerous terms in their conceptualisation of domination - namely oppression, patriarchy and subjection. The common theme in such analyses relates to an understanding of power that is unfair or illegitimate. For Catherine MacKinnon, gender difference is itself a function of domination, hence in her view men are powerful and women are thus powerless. As MacKinnon puts it, 'women/men is a distinction not just of difference, but of power and powerlessness …. Power/powerlessness is the sex difference' (MacKinnon 1987, 123). MacKinnon (1987: 3) identifies heterosexual intercourse as an exemplar of male domination, thus 'the social relation between the sexes is organized so that men may dominate and women must

submit and this relation is sexual - in fact, is sex'. In 'Money, Sex, and Power: Toward a Feminist Historical Materialism', Nancy Hartsock (1983: 1) explores '(1) how relations of domination along lines of gender are constructed and maintained and (2) whether social understandings of domination itself have been distorted by men's domination of women'. Hartsock (ibid) states that power and domination have constantly been allied with masculinity and thus what is needed is a reconceptualisation of power specifically from a feminist standpoint, one that is concentrated in women's life experience and more specifically, in accordance with their reproductive role.

Feminists have also reconceptualised power as empowering and transformative. Miller (1992: 241) rebuffs the definition of power as domination and instead defines it as 'the capacity to produce a change - that is, to move anything from point A or state A to point B or state B'. Miller (1992, 247-248) is of the opinion that power conceived as domination is traditionally masculine whereas a feminine understanding of power differs somewhat:

> 'there is enormous validity in women's not wanting to use power as it is presently conceived and used. Rather, women may want to be powerful in ways that simultaneously enhance, rather than diminish, the power of others'.

Conceptualising power as that which has the ability to transform and empower oneself and others is prevalent in the work of Virginia Held (1993). Held (ibid: 137) perceives women's distinctive experiences as mothers and caregivers as the starting point for new understandings of power. She states that the 'capacity to give birth and to nurture and empower could be the basis for new and more humanly promising conceptions than the ones that now prevail of power, empowerment, and growth'. Held (1993: 209) states that 'the power of a mothering person to empower others, to foster transformative growth, is a different sort of power from that of a stronger sword or a dominant will'.

In analysing a multiplicity of social phenomenon, some feminist scholars have applied and/or developed Foucault's ideas. For instance, Beverley Skeggs (2004), in 'Class, Self, Culture' employs a Foucauldian approach in her exploration of how subjectivities are constructed. Based on the experiences of 83 working class women, Skeggs (ibid: 6) focuses on 'how particular discourses and technologies make classed selves' through both

'productive constitution' and 'processes of exclusion'. Skeggs (ibid: 81) identified class as central to the ways the young women lived and experienced their lives, moreover, respectability' was something that some working class women strived for, thus it was understood as 'a central mechanism through which the concept class emerged'. Susan Bordo (1993), in 'Unbearable Weight: Feminism, Western culture and the body', utilises Foucauldian concepts in her analysis of primarily female eating disorders - namely anorexia nervosa and bulimia. She perceives these disorders as disciplinary technologies of the body, noting that the anorexic woman utilises extreme practices in order to conform to cultural norms of an ideal physical shape and weight. In the anorexic, Bordo sees the link between power and self-control with the attainment of the slender body. This link is a clear demonstration of the way in which disciplinary power relates to the social control of women. For Bordo, Foucault's work provides a useful means of exploring and explaining women's complicity with patriarchal ideals of femininity. Similarly, Lealle Ruhl (1999), in Liberal governance and prenatal care: risk and regulation in pregnancy, draws upon Foucault's concepts of technologies of domination and technologies of the self in her analysis of contemporary mainstream methods of regulating pregnancy. Ruhl (ibid: 103) notes how pregnancy advice manuals 'discipline the pregnant subject' and 'provide a measure of what the ideal of responsible behaviour might be for a pregnant woman' (original emphasis). In a similar vein, sports feminists have appropriated and extended Foucault's ideas. Jennifer Wesley (2001), in 'Negotiating gender: Bodybuilding and the natural/unnatural continuum', modifies Foucault's definition of technologies of the self to include technologies of femininity. Wesley (ibid: 167) describes bodybuilding as a 'technology of the self through which participants can negotiate gender identity'. Moreover, she claims that through bodybuilding, 'individuals can and do reify dominant constructions of gender identity, but at the same time negotiate meanings of gender through the body' (ibid: 168).

Sophie Watson (2000: 169) - a key author in the field of women's homelessness (see Chapter Two) - has asserted that 'gender is constructed in a host of ways' and that 'combating women's homelessness requires flexibility and innovative approaches'. In 'Homelessness revisited: New reflections on old paradigms' (2000), Watson reflects on the Marxist-feminist approach she adopted in her analysis of women's homelessness. In recognising that early feminist arguments have become 'stuck', she advocates the use of Foucault's concepts of power, micro-politics, resistance and discursive practices because

they offer 'some useful insights' into homelessness (ibid: 166). According to Watson (ibid), homeless people's use of public space and vacant properties, and their involvement in housing campaigns amount to local resistances. These 'local resistances in specific sites' are what Foucault refers to as 'micro-politics and represent important strategies for change' (ibid: 166). Watson advocates 'interrogating the education of housing managers' (ibid) and 'paying attention to local contexts and the locally different effects of (housing) policies on different groups of people' (ibid: 167). She asks 'how are particular discourses mobilized and in what arenas and how can we intervene to change these?' (ibid). Watson (ibid: 168) asserts that the homeless woman's body represents a 'challenge to the feminine body, the mother or wife located in the home' and as such 'comes to be the 'feared 'other', held up as a counterpoint to happy 'normal' life'. Thus, for Watson, the way in which homeless bodies are constructed offers an 'illustration of the way in which negative symbolic representations can serve yet further to marginalise the already marginalised' (ibid). Watson does not explicitly conduct empirical research in the areas she describes, rather she points to the possibilities and implications of Foucault's work to the issue of homelessness.

Within the UK, the literature on homelessness and Foucauldian theory remains relatively undeveloped. What does exist focuses on the development of policy and provision for homeless people, the housing provider-recipient relationship, changing government responses to street homelessness, the concept of homelessness as social exclusion, and the way in which rural service providers and service users interconnect with contemporary governmentalities and mobilities of homelessness. Joanne Neale (1997), in 'Homelessness and theory reconsidered', draws upon Foucault's concepts of 'regimes of truth' and 'micro-powers' when discussing the importance of theory in the development of policy and provision in the UK for homeless people. She notes that micro-powers operate by 'endeavouring to maintain existing power configurations and inequalities in order to sustain their own 'regimes of truth' (ibid: 52). In accordance with Foucauldian thinking, Neale clams that whilst there are no 'grand structural forces' that cause homelessness, there are forces which 'make it likely that some individuals will fare worse than others in the housing stakes' (ibid). Moreover, because 'micro-powers seek to maintain the status quo, a likely objective of any policy or provision will be to 'normalize' homeless people' (ibid: 53). Neale (ibid) contends that efforts to normalize homeless people are encapsulated in rehabilitative schemes which both treat and reform the homeless

individual. In relation to Foucault's assertion that injustices can be resisted at the particular points they manifest themselves, Neale notes how 'resistance to local exercises of power' could 'result from increased user control of homelessness services' (ibid: 53). Similarly to Watson (2000), Neale (ibid) also applies Foucault's work in a general sense, however in contrast, Neale (ibid) links her discussion of Foucauldian theory to existing empirical research.

Anne Grocock (2008), in Foucauldian principles and issues of homelessness, employs the concept of governmentality when analysing the housing provider-recipient relationship in the UK. In allocating housing, Grocock (ibid) claims that housing providers order and rank individuals - thereby dividing the homeless population. Given that mainstream housing and homelessness provision is underpinned by the notion of deserving and undeserving, people are assessed in accordance with a stringent set of criteria before they can be added to the housing list. Moreover, their position on the list - which is relative to others on the list - is determined by a 'points' system, which in itself produces gradations of need. According to Grocock (ibid), the 'application of gradations' is both a 'disciplinary process' and a 'normalizing one' as individuals must confirm (on an annual basis) their wish to remain on the waiting list (Grocock, ibid: 11). Grocock (ibid) identifies two practices through which the homeless individual is rendered an object of knowledge. First, the individual is the subject of scientific study and second, the individual employs technologies of the self as a means of both seeing themselves and of being seen in a particular way. The latter practice includes the examination and confession. The examination renders individual differences/abilities visible, more predictable and controllable. In relating these practices to a particular subset of the homeless population - that of homeless youth - Grocock (ibid) argues that the examination is performed by local authorities when formulating housing strategies, thereby satisfying legislative demands. For Grocock (ibid), the confession involves direct quotes from individuals about their experiences. Of note, Grocock (ibid) does not link Foucauldian theory to existing empirical data analysis due to the paucity of research in this area.

In 'Rephrasing neoliberalism: New Labour and Britain's crisis of street homelessness', May, Cloke and Johnsen (2005) employ a governmentality perspective in their analysis of changing government responses to street homelessness. Here the authors examine the 'basic rationale of state welfare provision', the 'practices and technologies of the state

through which change has been enabled' and 'the state's attempts to change the subjectivities of welfare providers, welfare recipients and of a broader public' (ibid: 704). The authors examine Britain's crisis of street homelessness via an analysis of two specific government policies - namely the Rough Sleepers Initiative (initially implemented by the Conservative government) and the Homelessness Action Programme (introduced by New Labour). They also assess the impact of governmental responses in two specific locations, namely Bristol and Bodmin via interviews with outreach workers and (ex) hostel residents, hostel staff, a CAT (contact and assessment team) and the RSI (Rough Sleepers Initiative) Homelessness Team. May et al (ibid) conclude that statutory homeless service providers are increasingly subject to central government control via funding rules, performance targets/indicators and the threat of exclusion from actively participating in the shaping of government policy. They also highlight a crucial point relating to the limitations of governmentality in that it fails to represent a 'total capture' of welfare services by central government given that not all of the services experiencing a crisis of street homelessness were able to access central government funding (ibid: 727). Moreover, some services in receipt of government funding actively circumvented the rules dictating funding which prioritised homeless persons with both a local connection and those regarded as entrenched and vulnerable by the city's CAT. The authors conclude that the 'governmentality of homelessness has produced considerable geographical unevenness in the provision of services for homeless people' (Cloke, Johnsen and May, 2007). Crucially, May et al's (2005) focus is on street homelessness and as previously stated in Chapter 2, section 2.2 Defining Homelessness, street homelessness is primarily a male experience (Jones, 1999; Smith, 2005; May, Cloke and Johnsen, 2007).

Following on from this study, Cloke, Johnsen and May (2007), in 'The periphery of care: emergency services for homeless people in rural areas', question how rural service providers and service users interconnect with contemporary governmentalities and mobilities of homelessness. Adopting a case study approach of a remote friary in the south of England, a small hostel run by a non-statutory organisation in a small town in the west of England, and two advice centres in a coastal resort in the north of England, the authors conclude that the existing governance of service providers and clients is 'highly fragmented and partial in terms of the reach of welfare policy into rural localities' (ibid: 32). The focus of this study is on location - that is, on rural homelessness rather than urban homelessness,

though arguably a more detailed and critical examination of the ways in which differing responses to homelessness are conditioned by a person's gender is needed.

In 'Homelessness and social exclusion: A Foucauldian perspective for social workers', Chris Horsell (2006) conducts a dual analysis of the concept of homelessness as social exclusion in both British and Australian government policy. In noting how the most prominent use of the term describes a wide range of issues - i.e. unemployment, poor skills, low income, poor housing/health, family breakdown, criminal environment, substance use, rough sleeping, and school retention - Horsell concludes that in 'operational terms' the concept highlights the personal rather than 'structural features of social exclusion' (ibid: 216). Horsell (ibid) opts for an alternative reading of homelessness as social exclusion using Foucault's concepts of discourse, power/knowledge and surveillance. In doing so, Horsell (ibid) argues that a Foucauldian approach 'makes a significant contribution to an analysis of welfare discourses as sites of power and an account of the way subjects are constituted by power relations' (ibid: 223). Moreover, Horsell (ibid) challenges the view that 'the realm of the social is a single whole and gives support for resistance against the governmentalisation of the individual'. Horsell points to the limitations of Foucaults' concept when applied to policy and practice - in that 'class, gender and race are not solely constructed discursively' (ibid). Given that the focus of this study concerns social policy, the gendered impact of social policy on women's homelessness is not explored.

In terms of women's homelessness, the international and national literature includes a limited number of examples of empirical research based on Foucauldian concepts. Studies that do exist explore biographical and narrative accounts of women who are homeless, and the efficacy of existing policies. For example, within the Australian context, Parker and Fopp (2004) utilise Foucault's technologies of domination and the self in their analysis of homeless women in Adelaide. These concepts were chosen because they provide a means of highlighting both 'the structural forces keenly felt by the women' and the 'women's voices' which showed 'signs of agency' (ibid: 146). As noted by the authors, much of the Australian literature omits the perspective of people who are homeless - thus by focusing on homeless women, the authors endeavoured to 'inject into policy debate and development the voices of the people most adversely affected by it'. The study looks at the causes of homelessness, the experiences of people who are homeless, and what policies should be implemented to address the issue. Parker and Fopp (ibid: 149) note that

whilst Foucault's conception of technologies of the self involves a self-imposed transformation - whereby individuals are passive docile bodies - the homeless women in their study were both aware of 'the apparatus of domination being exerted on them', and displayed a 'sense of personal knowledge and understanding of agency'. The techniques of domination and the self highlighted by the women include dividing practices - whereby the women are separated from the rest of society; and blame - wherein the homeless population is perceived as responsible for their predicament - an opinion both observed and internalised by the women. The authors draw specific policy implications from their research; namely for women to be included, the need for more affordable housing, supportive relationships and time to take small steps. Parker and Fopp (2004) comment on the limitations of Foucault's technologies, noting that they 'did not allow, and could not explain, how the women mediated their reality in a way which they felt was conducive to change for their betterment' (ibid: 153). The methodological tool used in this study is that of secondary analysis of interviews with 20 women in a homeless hostel, yet as previously stated in Chapter 2, section 2.3 The Extent of Homelessness, much of women's homelessness remains hidden from agencies providing accommodation.

Marsh, (2006), in an unpublished MA thesis called 'People out of place: Representations and experiences of homelessness in Christchurch, New Zealand', uses Foucault's concept of governmentality to explore how the media, service providers and homeless women understand female homelessness. This concept was chosen because it provides a means of exploring 'why homeless people are perceived as "unmanaged" or "uncontrolled"' (ibid: 103). The study involves an analysis of documentary films, newspaper articles, reports and letters to editors, as well as qualitative interviews with service providers and homeless women. According to Marsh (ibid: 107) homeless women 'fail to fit into social norms' and as such, are 'prone to increased levels of state control which seem to step in when something happens, or to decreased levels of control as many of them seem to be largely anonymous'. Moreover, institutions seek to control homeless women via various techniques of surveillance which include putting the women 'into "reform" schools, overseeing the upbringing of their children, taking their children out of their care, enrolling them in rehabilitation programmes and stopping them on the street to ask them what they are doing' (ibid: 105). Marsh (ibid) notes that the purpose of intervention is to help homeless women reaffirm their self-control in order to be reintegrated back into society, however despite attemps at self-governance, homeless women are often unsuccessful

because they lack the knowledge of how to go about this. Marsh (ibid: 117) concludes that 'homeless women are dominantly represented as "people out of place"'. The women participating in this study represent a particular subset of the female homeless population, namely that of women who actively engage with/access homeless services. As pointed out in Chapter 2, section 2.5.1. Housing as a site of continuous disadvantage for women and in section 2.5.3. Violence as a gendered social problem, not all homeless women access services.

In the UK, there seems to have been little research into women's homelessness employing Foucauldian theory. Indeed, a single study by Casey, Goudie and Reeve (2007) makes reference to Foucault's concept of resistance. The study - which examines single homeless women's use of public space - draws upon data from a questionnaire survey of 144 homeless women in 17 towns and cities across the UK. The women lived in a variety of temporary accommodation situations such as hostels, B&B's, refuges, squats and on the streets. Over 30 per cent of the women were from minority ethnic groups. In addition, in-depth interviews were conducted with 44 homeless women in Leeds, London, Sheffield and Norwich. The women ranged in age from 16 to 59, and 30 per cent of the women were from minority ethnic groups. The authors perceived homeless women's use of public space as a form of resistance and identified two strategies of resistance which the women employed, namely - challenging the rules of legitimacy regarding the use of public space, and resisting homeless identities. In terms of challenging the rules of legitimacy, the women devised particular strategies for circumventing or complying with access to public places such as blending in so as not to appear homeless, using spaces at particular times and for limited periods, and negotiating access with gatekeepers, i.e. park attendants, security staff and librarians. The women resisted being labelled as homeless by presenting themselves as legitimate users of public space. This involved various strategies such as retaining their 'pre-homeless' identity; presenting a 'respectable' self - thereby rendering their homelessness invisible; and by dis-identifying with other more stigmatised homeless people. The authors note that in contrast to earlier literature, the findings show that homeless women 'can and do occupy prime public space in order to meet their needs' (ibid: 913). This study makes a valuable starting point for further research because it focuses on the needs of women within the UK from their own perspective. However, it does not compare and contrast the experience of service providers and homeless women collectively at the regional level - which is the focus of this thesis.

3.4 Summary

This chapter has outlined the key concepts of hierarchical observation, normalizing judgement and the examination that have informed the empirical study. These concepts were chosen because they provide a means of exploring contemporary trends in the governance of women's homelessness. The construction of power as constraining and liberating has been examined in terms of the way it permeates society, is intrinsic in social relations, and is entrenched in a system of practices, institutions, and technologies - which function on all of the levels of daily life. The focus on the body as a site of subjugation and the way in which power makes individuals subjects by focusing on the ways it normalizes bodies through time, space and movement has also been examined in this chapter. In recognising Foucault's failure to analyse or even acknowledge the importance of gender in the play of power, this chapter sets out a theoretical, conceptual framework for understanding how homeless women are categorised, differentiated, marginalised, prioritised and socially excluded from participating fully in social life. Through an understanding of how official and subjective responses to women's homelessness take shape, we can start to see how behavior is governed through a variety of state and non-state institutions, and individuals (which includes professionals working with and around homeless women and homeless women themselves). Foucault's work on governmentality thus provides a wide-ranging and insightful theoretical means of analysing gendered relations on a micro and macro level. In the context of women's homelessness, it provides a useful framework for investigating the ways in which homeless services shape and respond to the lived experience of women who are homeless and the ways women experience homelessness and make sense of their experience.

The following section of the thesis presents the empirical research which informed the theoretical, conceptual framework outlined in this chapter.

CHAPTER 4: METHODOLOGY

4.1 Introduction

In the preceding chapters I have outlined various ways in which women's homelessness has been constructed, contexualised and conceptualized in social, political and academic discourse. I have argued that the problem is highly gendered given the divergent definitions, measurements, routes into and experiences of homelessness that abound and illustrated the need for a more extensive multidimensional and intellectual analysis of the differential experiences of women. In this chapter I document the methodology, methods, relationship to the epistemological framework of the thesis and also discuss my experience of the research process. This involves outlining the purpose of this study and how it was conducted. I begin by describing the primary research aim and the specific research questions that informed the study. I then go on to describe the research process from refining the research question, gaining access to the research sites and participants, and the principle method of data collection used - that of semi-structured interviews. Finally, I describe the ethical dilemmas that were encountered and provide a profile of the research sites and participants.

The subsequent section outlines the key questions which informed the collection and analysis of the data.

4.2 Research aims and objectives

The participants in this study consisted of fifteen practitioners (10 female and 5 male) aged between 28 and 60 and thirty homeless women aged between 16 and 52. The practitioners were selected because they were working with or had previously worked with homeless women. For example, one practitioner had recently worked in a female only hostel, however when interviewed, was volunteering in a male only hostel. Two of the practitioners were employed in statutory services, whilst thirteen practitioners worked within voluntary services. The women were selected because they were homeless at the time of the fieldwork, living in various temporary accommodation situations which included mixed-sex and women-only hostels (in both the local authority and voluntary sector) or

sleeping rough. These women represent a particular subgroup of all homeless women - namely that of visible homeless women.

All but three of the women had been homeless on more than one occasion. All the women were accessed through a range of services including day centres, hostels, rehabilitation centres, outreach services, and other specialist advice and support services. In the interests of confidentiality, the practitioners referred to in this study have been identified by their role, whilst the homeless women referred to in the study have been given pseudonyms. The primary aim of the study was to investigate how women's homelessness is governed in contemporary society from the perspective of 15 practitioners and 30 homeless women. In particular, the following research aims provided a focus for the study:

1. To investigate, describe and analyse the ways in which homeless service providers shape and respond to the lived experience of women who are homeless;
2. To investigate, describe and analyse the ways in which homeless women experience homelessness and make sense of their experience.

4.3 Refining the research question

The original research focus of the study was to be the victimisation of 'single' homeless women. I sought to explore the relationship of single homeless women's specific living environments in relation to their experience of victimisation given that research on female homelessness has tended to focus in a sustained way on the national system of provision (Checkland and Checkland, 1974; May, Cloke and Johnsen, 2006), the efficacy of particular types of provision (Henry, Abrahams, Cameron and Williamson, 2010; Pleace and Quilgars, 1997; Johnsen, Cloke and May, 2005a; Johnsen, Cloke and May, 2005b), the local authority's response to homelessness (Bailey and Ruddock, 1972), homeless provision in rural areas (Cloke, Milbourne and Widdowfield, 2001; Cloke, Johnsen and May, 2007), homelessness in different regions across the UK (Glastonbury, 1971), homeless women's involvement in sex work (Harding and Hamilton, 2009), and use of public/institutional space (Henry, Abrahams, Cameron, Williamson, 2010; Casey, Goudie and Reeve, 2008), also their routes into homelessness or conceptualisations of 'homelessness' and 'the homeless' (Smith, 2005; Watson and Austerberry, 1986; Bailey and Ruddock, 1972). However, during

the initial fieldwork stage, this focus changed to the victimisation of homeless women and was subsequently changed a second time after the data collection stage to the governance of homeless women[7]. The change in my focus occurred for two reasons, the first of which concerns practical problems in accessing 30 single homeless women, the second refers to my own limited understanding of the context within which homeless women exist.

In my early meetings with practitioners, one point drove me to the conclusion that researching 'single' homeless women would be problematic. Namely, that many homeless women were intimately involved, that is to say that they were not single despite occupying a single bed space within accommodation based projects. I was informed by numerous practitioners that it would at best be difficult, and at worst, impossible to find 30 homeless women who were not intimately involved, that is - single. The second point that drove me to the conclusion that researching the experiences of homeless women would be problematic was my own perception and lack of understanding of the context within which homeless women exist. I felt that I would not be able to fully appreciate and understand the complexities and nuances of individual experiences without first having an informed understanding of the context within which the women's experiences actually occur. Thus, I felt it necessary to shift the focus from the victimisation of homeless women to an analysis of the governance of homeless women. Given that the revised focus of the research was on seeking understanding of experiences and on generating accounts of their meaning from the viewpoints of those involved, qualitative methodology - which shares its philosophical foundation with the interpretivist paradigm - was deemed appropriate. The interpretivist approach of the study, concerned with capturing meanings, motives, reasons and subjective experiences, leans towards qualitative methods for the collection of data (Willis, 2007).

4.4 Accessing research sites and participants

Gaining access to 30 homeless women and 15 practitioners who worked with them, involved multiple layers of communication, negotiation, consent and access. In the first instance, access to the research sites and participants initially involved a telephone conversation with an organisation that (primarily) recruits homeless people to sell

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[7] Of note - the forms listed in the appendices section were distributed before the change of topic.

newspapers and magazines to the general public. I spoke to the manager who welcomed the opportunity to meet up and discuss the research in more detail. During a pre-arranged meeting, I was informed that many of the newspaper/magazine vendors were male, with very few females performing the role within the city. Of the female vendors that did exist, most were of Polish origin and spoke very little English - which in itself presented a potential challenge in terms of the language barrier. The manager directed me to the west of the city centre where two specific organisations working with homeless women were based. The first service I accessed was a voluntary service (Project 1). Upon arrival, I observed various security measures - including an intercom system, CCTV and an electronic door - which prohibited access. Once inside, I met with a project worker and provided a brief outline of my research. I asked if the organisation would be willing to work with me and introduce me to practitioners and female clients within the project with a view to identifying participants for the study. The project worker offered to circulate details of the research on my behalf and canvas support amongst female service users and practitioners within the project.

The second service I accessed was also a voluntary service (Project 2). Again various security measures (such as an electronic gate, intercom system, CCTV, and an electronic door) located on the periphery of the grounds and the front entranceway, prevented me from accessing the main building independently. I negotiated entry via the intercom system, wherein I revealed my identity and explained the purpose of my visit. I met with a support worker who advised me to contact the hostel manager (who, at the time, was not on duty) to discuss my research. I was also advised to visit another project nearby which, whilst being part of the same organisation, provided an altogether different service for homeless people. I was given the name of a 'lead' practitioner within the service who was to become a crucial point of contact in my research. I use the term 'lead' here to refer to the management status of the practitioner. Indeed, this practitioner was the primary gatekeeper through which I negotiated access to many of the research sites and participants in this study.

My meeting with the 'lead' practitioner (Project 3) required further navigation and negotiation of various security measures located both externally and internally (i.e. an electronic door, CCTV, reception staff and project staff), however it proved to be extremely valuable. Having explained the reason for my visit, I asked if the organisation would be

willing to work with me and introduce me to female service users and practitioners within the project with a view to identifying participants for the study. The practitioner offered to contact other organisations, services and agencies working with homeless women on my behalf and relay the details of the research. Further, the practitioner stated that fellow colleagues would be encouraged to participate in one of two ways - either by facilitating access to female service users or alternatively, by participating in the interviews directly. Through this contact, I found out about other projects within the organisation, one of which included a day and night outreach service which actively seeks out excluded individuals such as rough sleepers, sex workers and individuals with drug, alcohol and/or mental health problems. The aim of that project, according to the 'lead' practitioner, is to enable homeless people to 'access an entire system of integrated support on one site through a non-threatening single point of entry'. Two other projects included a specialist advice and support service for female sex workers and a domestic violence unit. I was advised to contact the Manager of Women's Services who was in charge of overseeing the two projects, to explain the purpose of the research, canvass support and negotiate access. I was asked to provide further details of the research for circulation and so I emailed a copy of the cover letter (see Appendix I) to the 'lead' practitioner. Through my contact with the 'lead' practitioner, I received emails from numerous practitioners who were interested in supporting the research - this included female only, mixed-sex and male only hostels, day centres, and specialist advice and support services (see section 4.6 The participants - projects 6 - 12).

In a telephone conversation with the Manager of Women's Services, I outlined the aims and objectives of the research and requested access to the domestic violence unit and the specialist advice and support service for female sex workers. The Manager offered to circulate the details of my research to staff within both projects so that they could discuss my request with female service users. I emailed a copy of the information sheet (see Appendix II) and a draft version of the interview guide - given that I had not finalised the questions at this point (see Appendix III). My request for access to both projects was initially declined. The manager of women's services explained that:

> Women involved in sex work get asked to be involved in so much research
> it becomes intrusive for them. At the moment they are already involved in
> a couple of research projects and they feel it's overloading them to ask
> them to do more at this stage.

Shortly afterwards, I received an email from a support worker within the specialist advice and support service for female sex workers expressing an interest in my research:

> Hi Maggie, I'm a support worker for (Project 4). We work with women involved in sex work or women described as being sexually exploited. I received some information about your research which states you would like to conduct semi-structured in-depth interviews with staff and women using our services. If you would like more information … or already think it would be a good project to interview, please let me know. After reading your research topics I am sure we will have lots of useful information to discuss, I am also aware that you would like to interview 30 women, I will be speaking to some of the women this week about your research and will find out if they are interested in being involved if so we will get in touch with you.

I met with three practitioners from the specialist advice and support service for female sex workers and discussed various aspects of the research such as the aims and research focus, confidentiality, anonymity and the participants' right to withdraw. I took along a PhD as an illustration of what the document would look like once completed. I reasoned this was a useful way of introducing the subject of my research, of explaining what I was interested in doing and of providing a context for the practitioners to ask questions. The service agreed to support the research and provide clients with relevant details (Project 4). During the meeting I became aware that the project was hosting a 'women's day' the following day, an event to provide service users and their families with an opportunity to meet socially. Practitioners within the service organised the venue, food, (non-alcoholic) drink and entertainment. I offered to come along to help with the food and also to introduce myself to the women. I emphasised that I was not intending to promote the research - merely show my face. The practitioners agreed. My experience of the 'women's day' was insightful and interesting. I used the opportunity to chat to the women - of which there were approximately ten. I refereed a game of rounders, took photographs throughout the day at the behest of a support worker and participated in a general knowledge quiz - I was now a 'known' face.

I contacted a practitioner with statutory responsibility for rough sleeping via telephone and provided an overview of the research. The practitioner agreed to support the research and invited me to attend a common case management group meeting (CCMG) as an observer. The CCMG is held once a week and is attended by representatives from 'the Housing Advice

Centre, Police, day centres … the Ace team[8], Drug and alcohol services, Mental health services and accommodation providers' (Newcastle City Council, 2010). The purpose of which is to discuss individual cases, agree action plans on how individuals will be supported off the streets into accommodation and support services, and monitor individual cases (Newcastle City Council, 2010). I found the meeting informative and interesting as practitioners collectively discussed individual care packages (in Chapter 6 I discuss the case management approach in more detail). After the meeting, I was introduced to a Homeless Prevention Officer (Project 5). I was given a detailed explanation of how the local authority responds to homeless applicants. Both the practitioner with statutory responsibility for rough sleeping and the Homeless Prevention Officer agreed to be interviewed as part of the research.

I received an email invitation from the Manager of Women's Services to attend a two-day training course on 'Sex work and sexual exploitation training'. To coincide with the dates of the training course - I arranged to visit a female only hostel. I thought it would be a good opportunity for me to talk to female residents about the research (Project 2). On the first visit to the hostel, I met with two female residents. I took along a PhD to show the women what the finished product would look like. I also talked about the way quotes were used and displayed. I reasoned this was a useful way of broaching the subject of my research, of explaining what I was interested in doing and of providing a context for the women to ask questions. The two women agreed to participate in the research and signed consent forms there and then (see Appendix IV). On the second visit, I was unable to speak to any of the residents as they were all out at the time. I was unable to gain access to service users at one other day centre I contacted, as it was felt it would undermine confidentiality and the relationships the organisation had fostered with service users. Despite further efforts to alleviate this concern, I was unable to enlist the full support of this service, however I did visit the centre, meet with volunteers and observe the organisation in practice, at the invitation of the trustees (Day Centre C).

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[8]The Adults Facing Chronic Exclusion programme was established in 2007. The Newcastle based pilot project (ACE) was initially funded for 18 months. Following the success of the pilot scheme, the project was jointly commissioned by Newcastle City Council and Newcastle Primary Care Trust. The project is 'made up entirely of ex-service users. They establish contact with rough sleepers, get to know them, build up trust and connect them into services, such as the Day Centre, housing provision or local mental health and drug abuse services' (The Cyrenians, 2011).

Homeless women represent a difficult group to study and access due to their transient lifestyle - this became apparent on my second visit to the hostel where, despite prior notice, female hostel residents who had verbally expressed an interest in participating in the research were absent. It was vital the women participated in the research voluntarily - as I felt it may reduce the likelihood of non-participation. I hoped to interview women who were living in hostels and sleeping rough and to include practitioners from a variety of services and organisations who were working with or had worked with homeless women. I did not aim to provide a representative sample of all homeless women and practitioners but to explore a range of experiences. The sample would therefore be obtained using a variety of methods. I hoped to access key gatekeepers who could 'get me in' to organisations with a view to displaying information posters (see Appendix II) in a variety of services, and other participants would be derived through snowballing.

Having begun to make inroads with key practitioners, I designed an information sheet to display in various services and organisations which outlined my project and requested homeless women who may be interested in being interviewed to contact me. I decided that respondents could contact me through my Durham University email account and my mobile phone number. This enabled me to control what personal information was made available to participants, although I was mindful that my mobile phone number would be displayed in various services and may invite unwelcome contact. The information sheet was circulated to practitioners working in a variety of housing and homeless information and advice services, and accommodation-based and floating support services. An issue that emerged when designing the poster was how to get homeless women participating in the research. Uncertain about this, I sought the advice of various practitioners. A project worker warned me against offering gift vouchers and explained how on one occasion, gift vouchers were offered as an incentive for eye tests. The vouchers were subsequently used to purchase bottles of Lambrini from a local convenience store. The store enquired as to the source of the vouchers and informed the police, who in turn notified the service as to how the vouchers were being spent. Two hostel managers warned me against offering a financial incentive as they felt it would be unhelpful and most likely be used to purchase drugs and/or alcohol. Alternative suggestions were put forward such as a toiletries bag and a free lunch. The practitioners reasoned that these incentives were practical and could not be used in a 'detrimental' way. I also sought the advice of practitioners in a specialist advice and support service for female sex workers. I mentioned the possibility of

purchasing a gift for each of the women as opposed to handing over a gift voucher or financial incentive. Although the idea was welcomed, it was pointed out that some women would prefer to choose their own gift, therefore this approach would not be appreciated in the same way by all service users. At this stage in the project, I began to question whether it was wise to ignore the advice of gatekeepers on how to thank the women, given that I needed the gatekeepers' support to access services, practitioners and women.

Walsh, Rutherford and Kuzmak, (2009: 302) gave homeless women an honorarium because they thought it was 'appropriate to honour the time and effort as well as the value and expertise the women lent to the study'. I also wanted to let the women know that I appreciated their time, I reasoned that a £10 shopping centre gift voucher was the most appropriate way of thanking the women. The use of incentives is in line with other research involving homeless women (see Fountain, Howes, Marsden, Taylor and Strang, 2003). I felt it was necessary to inform the women from the outset that I was not offering money. In reflecting on my decision, I considered the possibility that it may deter some homeless women from taking part, which in turn - could potentially affect my sample.

Thirty homeless women and fifteen practitioners came forward to be interviewed over a three-month period. They were accessed in several ways and were very much an opportunity sample. Some participants responded to the information sheet made available to service providers, other participants were approached whilst accessing services, and some participants were contacted by practitioners working with and around homeless women. An important methodological issue was how I was going to get the participants - namely the homeless women - to talk about their personal experiences. Indeed, interviewees need to feel some level of trust in the researcher before they feel comfortable enough to talk about their personal experiences (Arksey and Knight, 1999; Jones, 1985). I achieved the trust of the participants in two ways - in the first instance, I was introduced to women who had already established a positive and trusting relationship with individual practitioners. This became apparent during informal and formal conversations with the women. I believe this approach helped me to gain the trust of the women as the women appeared to respect the judgment of particular practitioners. Second, I visited different services on several occasions which included a specialist advice and support service and a female only hostel. I actively used each visit to establish a rapport with the practitioners and women, and to find out about their roles, interests and everyday practices. In doing so

I became familiar with their family life, upcoming holidays, what they liked to eat and where they liked to go. I believe this approach also helped me gain the trust of the participants because they began to talk about their personal lives openly.

4.5 Ethnographic observations of the fieldwork site

Ethnographic observations were conducted in the fieldwork site to gain an understanding of the homeless milieu, the facilities and services available to homeless women, the ways practitioners and clients interact, the needs and demands of homeless women, and the way practitioners across a range of services respond to the needs and demands of homeless women. These observations were not collected as 'data' for inclusion in data analysis chapters but rather as contextual information. Ethnographic observations were conducted on an outreach team, a mixed sex hostel, a drug worker, a female only hostel and a day centre specialising in medical healthcare. Cloke, Johnsen and May (2005: 4) assert that participant observations of homeless services can prove 'vital in establishing relationships of trust with service users who can otherwise be wary of talking with 'outsiders'', in facilitating interviews with people with chaotic lifestyles'.

The ethnographic observations I conducted began when I shadowed an outreach team on the 23rd April 2009. Shadowing outreach workers provided me with the opportunity to carry out observations of homelessness in its most acute form. I arrived in the west end of Newcastle at 6am and met with two outreach workers. The outreach workers routinely searched locations within the city centre known locally as 'hotspots' (Homeless Link, 2008) for rough sleepers or signs of rough sleeping. Our first stop was known locally as the 'Keep', and two men were bedded down there. The outreach workers introduced themselves and asked the men their names. They then asked the men if they had somewhere warm to sleep that evening and proceeded to contact an accommodation service on a mobile phone thereby securing a bed space for each of the men. The outreach workers probed the men as to the whereabouts of other known rough sleepers. One outreach worker telephoned a service to check on whether other rough sleepers had accessed the overnight accommodation previously set up for them. The two rough sleepers were advised to make their way to a day centre located in the west of the city centre where they would be given something to eat and further advice, support and

assistance with housing, health and finances. We left the 'Keep' with agreement from both rough sleepers that they would visit the day centre.

Our next stop was underneath a viaduct. The two outreach workers made their way towards a space wherein several tins of unopened food, a blanket and a prescription lay. The identity of the rough sleeper was derived from the label on the prescription bottle and it was someone the outreach workers knew. They left the property intact in the knowledge that they had established the identity and location of this particular rough sleeper. One of the outreach workers explained that they would return to the area sometime later in the day to speak to the rough sleeper in person. We then drove to a car park and exited the car. We walked directly underneath another bridge towards the remnants of a fire. Plastic packaging used for syringes littered the ground but no needles or indeed, rough sleepers were visible. Our final stop was a disused car showroom. On a previous occasion, the outreach workers located a female rough sleeper here but now the building was boarded up, with no obvious signs of entry. Given that daylight had broken, the outreach workers decided to end the search. On the journey back to where we started from, the outreach workers told me that the lighter mornings increased the difficulty of locating rough sleepers as they were more likely to be moved on by workers or members of the public, or else they moved on voluntarily to escape the public gaze. I was also informed that outreach work is carried out at night which brings a different set of problems in the sense that rough sleepers were known to consume alcohol at night as a means of counteracting the cold and helping them cope with their environment, however they were less likely to engage with services when intoxicated. Furthermore, they may not necessarily have bedded down at the time the outreach workers conducted their search of the various locations. I was advised that the most appropriate time to catch up with rough sleepers was in the early hours of the morning when the alcohol was less of a buffer against falling temperature and the offer of support was more likely to be welcomed.

I shadowed practitioners in a mixed-sex hostel on the 18th May 2009 (Project 7). I arrived at the project at approximately 9.30am and was immediately drawn to the multiple security measures in use. The entrance to the building included CCTV, an intercom, and a doorbell. Once inside I met with the manager and other practitioners and explained that I was interested in learning more about the project. I was informed that the hostel offered half board accommodation with provision for 31 bed spaces. At the time, it housed six

homeless women. I was given a tour of the building. The interior consisted of a long central corridor with doors on each side leading into single bedrooms, all with en-suite facilities. Kitchen facilities were located at one end of the corridor, however they were not openly available to residents. Residents were allowed to make cold sandwiches in their bedrooms, and whilst this was not in keeping with the rules of the project, it was openly tolerated. Laundry facilities were available but the room was constantly locked as clothing often went missing. A small interview room was located next to the entrance hallway wherein staff conducted referral interviews. The building was three storeys high, with a lift and staircase access to the upper floors. Each floor included a shared lounge containing a seating area and a television set.

The main office was located on the ground floor and was fairly compact. The room contained several filing cabinets, desks and chairs. Residents were allowed to enter the main office as and when they needed to or were required. Two residents entered the main office whilst I was there, a female in her mid-40's and a male of roughly the same age (this female was to become one of the women I interviewed). The female talked positively about moving to another part of the country in the near future. I was informed by the manager that the female had been evicted from the project several times because of her violent conduct towards other residents. I was given a hand-held battery operated personal alarm and told to carry it about my person at all times - especially if I walked round the building on my own (though this was highly unlikely given that I was a supervised visitor). I was advised to press the device if I felt in danger and staff would respond. The manager explained that staff had never used the device however they were required to carry it. As well as being unable to gain entry without permission from staff inside the building, residents were unable to exit the building without staff assistance. Anyone wishing to leave the premises had to ask a member of staff to be let out and staff carried keys about their person at all times. I questioned why staff controlled access in and out of the building and was informed that the security was to keep drug dealers out. Before leaving the project, I asked the manager if I could put up an advertisement of my research with a view to recruiting participants - the manager agreed.

In conducting ethnographic observations of the services, practitioners and clients, I gained a greater depth of understanding of the local context and social environment inhabited by the participants. I also formed important relationships that helped to support the research

-access and process. For example, another aspect of my ethnographic research was shadowing a drug worker who worked as part of the drug intervention service. We met at a male only hostel at 9.30am on the 19th of May 2009 (Project 9). The hostel provided 35 bed spaces - all of which were occupied at the time. The service also provided accommodation for up to three homeless couples - though they were housed in a separate annex located in the hostel grounds. The drug worker explained that our first task involved transporting a male hostel resident to a doctor's appointment. The drug worker talked about several recent and near fatal incidents whereby hostel residents (both male and female) were hospitalized having taken a drug overdose - thus the practices of the service were under intense scrutiny on the day of my visit. We then drove to the quayside to visit a doctor's surgery which had been specifically set up for drug addicts. I was informed that clients were given appointments within three days whereas an appointment via the NHS would take six weeks. We entered the building and the drug worker handed over a small cake to the receptionist. Upon leaving the service, the drug worker explained that small gifts of this sort would be remembered when a favour was needed - such as a quick appointment for a client.

Next, we attended a 'RIG' (Risk Intervention Group) weekly multi-agency meeting in the centre of town. Twelve practitioners were present representing the police, probation service, drug treatment services and accommodation providers. The purpose of the meeting was to provide/obtain an update on specific homeless individuals. The discussions centred on service user engagement and service provision. After leaving the meeting, I accompanied the drug worker to a Lifeline Project. This is a harm reduction service based in the centre of Newcastle. I met a worker there who informed me that 60 per cent of their client base were steroid users. The worker also talked about the stigma attached to the service and explained how the service was misunderstood in the sense that it educated individuals about safe drug use rather than encouraged drug use per se. We made our way back to the hostel and met with a male support worker who was a recovering drug addict. The support worker talked about life as a homeless drug addict and the difficulty of mentoring new residents. Next, we picked up a homeless woman and escorted her to a male only hostel for a meeting with the drug worker and a housing officer from Newcastle City Council. During the meeting, the homeless woman was asked about her needs, her future goals, and what the two services could do to aid her both now and in the future. Steps were agreed to tackle the immediate problem of the female becoming street

homeless. As the meeting concluded, so too did my observation of the drug worker. The drug worker offered to contact women on my behalf and relay details of the research with the aim of recruiting participants. In addition, the drug worker agreed to be interviewed as part of the research.

I then shadowed a female only hostel on the 1st of July 2009 (Project 2). I arrived at 9.45am and rang the buzzer on the electronic gate which was located on the periphery of the grounds. I was immediately asked to identify myself via the intercom system. I stated my name and why I was there and was advised to make my way up the concrete steps towards the front door. I pressed the door bell and was greeted by the manager. Once inside, I was escorted to the 'office' which was located on the first floor of the building. Three female residents came into the office and the manager explained to the women that I was conducting research on homeless women and participants would be given a £10 gift voucher as a thank you for their time.   All three women said they were interested in participating and filled in a consent form. The manager explained that the project held 'ten single homeless women at any one time'. I was informed that staff were on site 24 hours a day and whilst residents had their own bedroom, they shared other facilities such as the shower room, kitchen, lounge and outdoor space.   Staff and residents collectively organised menus and prepared meals. The manager gave me a tour of the building and explained that nine CCTV cameras monitored the interior and exterior. I enquired as to why there was so much security and was informed that previously male visitors congregated on the steps of the building along with female residents and consumed alcohol, also bailiffs looking for individuals with outstanding debts frequently entered the premises in order to remove goods to the value of the debt. Hence, the security measures were introduced to control and restrict access. The manager explained that the office was kept locked when not in use and all staff were advised on how they could quickly access the office and their sleeping quarters if they felt at risk. The hostel accommodated homeless women for up to two years however the manager explained that former residents were regular service users. This was perceived as 'a failure of the service to help these women adjust and cope with independent living'. I sat in the office with the manager and a support worker and informally asked them about their roles and the way the service responded to the needs of homeless women. During the conversation, the support worker agreed to be interviewed as part of the research. Upon leaving the service, I asked if I

could return at a later date and talk to the women more directly about the research. The manager agreed.

Lastly, I also shadowed a day centre specialising in medical health care on the 10th of September 2009 (Project 12). I met with the manager and staff who worked in the project. A support worker gave me a tour of the building which was formerly a public house. The location of the reception area on the ground floor allowed staff to observe all who entered the building, monitor clients in a separate lounge area and observe service users accessing another area which housed the bathing and toilet facilities, the needle exchange scheme and was where the auxiliary nurse practiced. Security doors prevented clients from wandering around the building at their own leisure. The upstairs consisted of numerous compact rooms - one of which was used by a GP and one other stored donated clothing and footwear. The reception area included a couple of chairs, a desk and electronic equipment (i.e. telephone, printer and fax). Service users were required to 'sign in' before they were given access to internal services. I spoke to different members of staff informally about the service and their individual roles - several of whom indicated that they would be willing to participate in the research. I was also informed that very few homeless women accessed the service, further, of those who did, there was no regularity to their access. Thus it was not possible to predict when the women would next visit the service. I ended my visit in the knowledge that the manager was willing to support the research and staff were interested in participating directly.

4.6 The participants

The participants were to be derived from a range of relevant services which included housing and homeless information and advice services, and accommodation based and floating support services. The fifteen practitioners:

1. The Drug Worker is a 51 year old male interviewed at home.
2. The Outreach Worker is a 28 year old male interviewed in a voluntary service.
3. Support Worker 1 is a 39 year old female interviewed in a voluntary service.
4. Support Worker 2 is a 29 year old female interviewed in a voluntary service.
5. Worker in a Day Centre is a 47 year old male interviewed in a voluntary service.
6. The Homeless Prevention Officer is a 46 year old male interviewed in a statutory service.

7. Support Worker 3 is a 44 year old female interviewed in a voluntary service.

8. Community Psychiatric Nurse is a 53 year old male interviewed in a voluntary service.

9. Project Worker 1 is a 50 year old female interviewed in a voluntary service.

10. Project Worker 2 is a 60 year old female interviewed in a voluntary service.

11. The Hostel Volunteer is a 54 year old female interviewed in a cafeteria.

12. The Hostel Receptionist is a 41 year old female interviewed in a voluntary service.

13. Support Worker 4 is a 36 year old female interviewed in a voluntary service.

14. The Housing Support Officer is a 38 year old female interviewed in a voluntary service.

15. The Practitioner with Statutory Responsibility for Rough Sleeping is a female who did not provide details of her age. This practitioner was interviewed in a statutory service.

The following twelve projects participated in the research:

Project No.	Type of service	Age of clients	Provision
1	Mixed sex hostel	16-25	Key worker system involving support, advice, advocacy, training and resettlement, incorporates a training programme
2	Female only hostel	18+	Staffed 24-hours, advice and support, life skills, laundry and meals, shared facilities, on-site support
3	Day centre A	16+	Open access, laundry, healthcare
4	Specialist advice & support service	18+	Support service for sex workers in the North East
5	Specialist advice & support service	18+	Offers advice to homeless people as well as providing emergency accommodation
6	Male, female. family hostel	16+	For applicants where there may be a statutory obligation
7	Mixed sex hostel	17+	Staffed 24-hours, laundry and meals, shared facilities, advice on housing, resettlement, life skills and welfare benefits
8	Female only hostel	17+	Staffed 24-hours, laundry, advice on housing and benefits, visiting GP and emotional support
9	Primarily male only hostel	18+	24-hour waking shifts, laundry and evening meals, shared facilities, occasionally accommodates women
10	Female only hostel	16+	Key worker system for support, advice on housing, benefits, living skills, resettlement and counselling
11	Female only hostel	18+	Laundry, food provided on a self-catering basis, support
12	Day centre B	16+	Advice on healthcare, needle exchange, housing, welfare

The thirty homeless women:

The homeless women who took part in this study were individually diverse, yet collectively similar in their experience of being female and homeless. An analysis of the women's narratives revealed that twenty women were single and ten were in a steady relationship - though two of the women's partners were incarcerated. One woman was pregnant at the time of the interview and seventeen of the thirty women had children - in total, there were thirty-six children. Twenty children were under the age of eighteen - of these, ten lived with relatives and ten were made the subject of a care order and placed in the care of the local authority. Sixteen children were above the age of eighteen and lived independently of the women.

All of the women described experiencing some form of traumatic or emotional event in their past. These women stated that they used drugs and alcohol as a form of self-medication - a means of escaping, blotting out or anaesthetising past events. The women identified various experiences which they believed facilitated their initial and/or continual use of drugs and alcohol - these included (physical, sexual and emotional) abuse, bereavement and (voluntary or forced) separation from partners, family and friends. A variety of pathways into homelessness emerged from the women's narratives, echoing the 'causes of women's homelessness' discourse discussed in Chapter 2, section 2.5. The most prevalent being the breakdown in intimate partner relationships (many of these women were victims of domestic violence/abuse), followed by relationship breakdown with parent(s), eviction from public/private housing, release from an institution (such as prison and the care system), returned from living overseas or else had run away from home.

1. Hannah aged 24, became homeless when her relationship with her ex-partner broke down. She is a victim of domestic violence. Hannah has been homeless for two years during which time she slept rough, stayed in a mother and baby unit, a bed and breakfast hotel, a female only hostel, a garden shed, a women's refuge and local authority emergency hostel accommodation. At the time of the interview Hannah was living in a female only hostel. Hannah is a heroin user and alcohol dependent. Hannah has two children - neither of whom live with her, one of whom she has contact with.

2. Sarah aged 22, became homeless when she returned from living abroad. Sarah has been homeless for eight weeks during which time she slept rough and stayed in a squat with her partner. At the time of the interview Sarah had spent her first night in a

female only hostel. Sarah is alcohol dependent and has a history of mental health problems.

3. Sally aged 43, became homeless when her relationship with her ex-partner broke down. Sally has been homeless for two months during which time she stayed in a bed and breakfast hotel and local authority emergency hostel accommodation. At the time of the interview Sally was living in a female only hostel. Sally is alcohol dependent and suffers from depression. Sally has two children who live with her relatives and with whom she has minimal contact.

4. Agnes aged 44, became homeless following her release from prison for supplying class A drugs. Agnes has been homeless for twenty-seven months during which time she stayed with relatives, in a female only hostel, in local authority emergency hostel accommodation, slept rough and stayed with friends. At the time of the interview Agnes was living in a female only hostel. Agnes is a former heroin addict and has a son aged 15 - she does not know where he is living.

5. Anne aged 38, became homeless when she moved back into the area. She has experienced intermittent episodes of homelessness from the age of seventeen. During this time, she has lived in multiple mixed sex hostels, local authority emergency hostel accommodation, a hotel and slept rough. At the time of the interview Anne was residing in a female only hostel. Anne is a former heroin addict and a recovering alcoholic, she has a history of mental health problems. Anne sleeps with men for money and drugs.

6. Georgia aged 20, became homeless when her relationship with her adopted parents broke down. Georgia's parents asked her to leave the family home because of her aggressive and violent behaviour - she was sixteen at the time. Georgia has been homeless for four years and has stayed in various mixed sex hostels, a bed and breakfast hotel, various female only hostels and slept rough. At the time of the interview Georgia was residing in a female only hostel. Georgia regularly drinks alcohol and is often violent to other service users when drunk.

7. Rose aged 43, became homeless when her relationship with her ex-partner broke down. She is a victim of domestic violence. Rose has been homeless for two years during which time she slept rough, stayed with relatives, lived in a mixed sex hostel, in local authority emergency hostel accommodation and in numerous female only hostels. At the time of the interview Rose was residing in a female only hostel. Rose is

alcohol dependent and has a son over the age of eighteen and a grandchild whom she sees on a regular basis.

8. Tracey aged 49, became homeless when she was evicted from her council property for rent arrears and anti-social behaviour. Tracey has been homeless for six years and has spent time in a mixed sex hostel and slept rough. At the time of the interview Tracey was living in a mixed sex hostel - having been evicted from the hostel on several occasions previously for violent conduct towards other service users. Tracey is a recovering alcoholic. Tracey has several children and grandchildren whom she has contact with.

9. Sky aged 26, became homeless following her release from prison for shop lifting. Sky has been homeless for fifteen days during which time she slept rough with her partner. At the time of the interview Sky had spent her first night in a council property. Sky had a child who died of cot death and she is a former heroin addict.

10. Claire aged 34, became homeless when her relationship with her ex-partner broke down. She is a victim of domestic violence. Claire has been homeless for five years during which time she stayed in a women's refuge, a male hostel, a squat and slept rough. At the time of the interview Claire was living in a council flat. Claire has two children - both of whom are in the care of social services. Claire was pregnant at the time of the interview. Claire regularly smokes cannabis and has slept with men for drugs and money. She regularly accesses services for the homeless because it is where she feels comfortable.

11. Linda aged 52, became homeless when the accommodation she worked and lived in was sold. Linda has been homeless for thirteen months during which time she lived with her parents, stayed with friends and slept rough. At the time of the interview Linda was living in a mixed sex hostel. Linda has a child of adult age who lives in another part of the country.

12. Sakura aged 22, became homeless when her relationship with her parents broke down. Her parents evicted her from the family home when she was sixteen. Sakura has been homeless for six years during which time she stayed in a male only hostel, numerous female only hostels, slept rough, stayed in local authority emergency hostel accommodation and in hospital. At the time of the interview Sakura was living in a mixed sex hostel. Sakura regularly drinks alcohol and defines herself as a social drinker.

13. Katrina aged 20, became homeless when she was evicted from her council flat for rent arrears. Katrina has been homeless for twelve months during which time she lived in a

mother and baby unit and a mixed sex hostel. At the time of the interview Katrina was living in a mixed sex hostel. Katrina has a child - however the child is in the care of social services. Katrina smokes cannabis on a regular basis.

14. Lexi aged 16, became homeless when her relationship with her mother broke down. Her parents are divorced. Lexi has been homeless for six months during which time she has lived in a women's refuge and a mixed sex hostel. Lexi's mother is an alcoholic and would often hit Lexi when she was drunk. At the time of the interview Lexi was living in a mixed sex hostel.

15. Kelly aged 26, became homeless when her relationship with her ex-partner broke down. She is a victim of domestic violence. Kelly has been homeless for twelve months during which time she slept rough. At the time of the interview Kelly was living in a mixed sex hostel. Kelly regularly drinks alcohol.

16. Betty aged 40, became homeless when her relationship with her partner broke down. Betty has been homeless for over three years during which time she lived in local authority emergency hostel accommodation, in several female only hostels, in prison, with friends and in a mental health resource hostel. At the time of the interview Betty was residing in a female only hostel. Betty is a former heroin user and a recovering alcoholic. She has a history of mental health problems.

17. Sophie aged 49, became homeless when her relationship with her mother and her step father broke down. Sophie moved out of the family home at the age of twenty-one and has been homeless for twenty-eight years. During which time she slept rough and lived in several female only hostels. At the time of the interview Sophie was living in a female only hostel. Sophie has a history of mental health problems.

18. Tia aged 23, became homeless when her relationship with her parents broke down. She was evicted from the family home by her mother. Tia has been homeless for over two years during which time she stayed with friends, relatives and slept rough. At the time of the interview Tia was living in a female only hostel. Tia has one child who lives with her relatives. Tia is a heroin addict and drinks alcohol on a regular basis.

19. Abi aged 19, became homeless when her relationship with her parents broke down. Her father was violent to her. It was a mutual agreement to leave - she was sixteen at the time. Abi has been homeless for three years during which time she stayed with friends, in local authority emergency hostel accommodation, in a mixed sex hostel, in a female only hostel and slept rough. At the time of the interview Abi was living in a mixed sex hostel. Abi is a former heroin addict and a recovering alcoholic.

20. Louise aged 38, became homeless when her relationship with her ex-partner broke down. She is a victim of domestic violence. Louise has been homeless for three years during which time she has lived in a female only hostel, local authority emergency accommodation, with relatives, in a night shelter, in a mixed sex hostel and slept rough. At the time of the interview Louise was living in a female only hostel. Louise has two children of adult age - one of whom was recently released from prison, the other son is still in prison. Louise has one grandchild whom she has no contact with. Louise is a former heroin addict.

21. Sharon aged 43, became homeless when her relationship with her partner broke down. Sharon has been homeless for eighteen months during which time she lived in a bed and breakfast hotel, local authority emergency housing, with friends and a female only hostel. At the time of the interview Sharon was living in a female only hostel. Sharon is alcohol dependent.

22. Emily aged 20, became homeless when her relationship with her mother broke down. Emily was evicted from the family home at the age of fifteen and was placed in the care of social services. Emily has been homeless for five years during which time she lived in a mixed sex hostel, in several female only hostels and with friends. At the time of the interview Emily was living in a female only hostel. Emily uses cannabis on a daily basis.

23. Yvonne aged 31, became homeless when she was evicted from her council property for anti-social behaviour. Yvonne has been homeless for three years during which time she lived with relatives, in a mixed sex hostel, in a female only hostel and slept rough. At the time of the interview Yvonne was living in a female only hostel. Yvonne is a heroin addict, alcohol dependent and has a history of mental health issues. Yvonne sleeps with men for money and alcohol.

24. Angela aged 25, became homeless when her relationship with her parents broke down. Her father was violent towards her. At the age of fifteen, Angela was placed in the care of social services. Angela has been homeless for seven years during which time she has lived with friends, in several female only hostels, with relatives and in local authority emergency hostel accommodation. At the time of the interview Angela was living in a female only hostel. Angela is a heroin addict.

25. Amy aged 38, became homeless when the property she lived in was sold. Amy has been homeless for four years during which time she has slept rough, stayed with friends, relatives and in a female only hostel. At the time of the interview Amy was living in a female only hostel. Amy was addicted to amphetamines and is alcohol

dependent. Amy has four children - all of whom are in the care of social services. Amy has no contact with her children. Amy sleeps with men for money and alcohol.

26. Lauren aged 33, became homeless when she terminated her housing tenancy to escape her violent ex-partner who was due to be released from prison. Lauren has been homeless for eight years during which time she has slept rough, stayed in local authority emergency hostel accommodation, with friends, in a tent, in a squat and in a mixed sex hostel. At the time of the interview Lauren was living in a male only hostel. Lauren is a former heroin addict and is alcohol dependent. She has seven children - six of whom are in the care of social services and one other who lives with the biological father. Lauren has no contact with any of her children.

27. Julie aged 51, became homeless when her relationship with her ex-partner broke down. Julie has been homeless intermittently for eleven years during which time she lived in a mixed sex hostel and a female only hostel. At the time of the interview Julie was living in a female only hostel. Julie has two children and two grandchildren whom she has contact with. Julie sleeps with men for money and a roof.

28. Rhonda aged 50, became homeless when she was evicted from her council property for anti-social behaviour and rent arrears. Rhonda has been homeless for four years during which time she has lived in a bed and breakfast hotel, a female only hostel, a women's refuge, local authority emergency hostel accommodation, a mixed sex hostel and slept rough. At the time of the interview Rhonda was sleeping rough. Rhonda has a son of adult age and is alcohol dependent. Rhonda sleeps with men for a roof.

29. Chloe aged 27, became homeless when her relationship with her parents broke down. Chloe has been homeless for ten years during which time she has lived with friends, relatives, in a male only hostel, a mixed sex hostel and slept rough. At the time of the interview Chloe was living in a supported housing project. Chloe has one child who lives with her relatives. Chloe is a recovering alcoholic and sleeps with men for a roof.

30. Zoe aged 24, became homeless when her relationship broke down with her parents. At the age of thirteen she was put into the care of social services. Zoe has been homeless for six years during which time she has slept rough, stayed in a bed and breakfast hotel and stayed in her partner's accommodation. At the time of the interview Zoe was sleeping rough. Zoe is a heroin addict and is alcohol dependent. She has two children - both of whom live with her relatives. She has regular contact with the children. Zoe sleeps with men for drugs, money and a roof.

4.7 Methodology for interviews

[T]o understand other persons' constructions of reality we would do well to ask them (rather than assume we can know merely by observing their overt behaviour) and to ask them in such a way that they can tell us in their terms. (Jones, 1985: 46)

Qualitative methods are 'more subjective and flexible and are structured in such a way to allow for novel themes and findings to emerge' (Barbour, 2001 cited in Walsh et al, 2009: 302). The use of qualitative interviews in research with homeless women is not uncommon (see Walsh, Rutherford and Kuzmak, 2009; Wesley and Wright, 2009; Harding and Hamilton, 2009; Barrow and Laborde, 2008; Huey and Berndt, 2008; Reeve, Goudie and Casey, 2007; Casey, Goudie and Reeve, 2007; Radley, Hodgetts and Cullen, 2006; Watson and Austerberry, 1986). Informed by a governmentality perspective and the adoption of the Interpretivist view (in that knowledge is socially constructed rather than objectively determined), the research sought to establish the meanings that individuals use to make sense of the environment they inhabit. Thus semi-structured interviews provided a useful means by which practitioners and homeless women could express their opinions, knowledge and experiences in their own way and enabled the generation of rich and detailed information. Taylor and Bogdan (1984: 88) assert that:

The hallmark of in-depth qualitative interviewing is learning about what is important in the minds of the informants: their meanings perspectives, and definitions; how they view, categorize and experience the world.

The informal observations I undertook in and with the different service providers served two specific functions: first, to gain a more holistic understanding of the issues affecting homeless women from the perspective of service providers and second, to develop an understanding of the field in order to help shape and structure the interview schedule. Thus, I kept a research diary throughout the entire fieldwork stage. This was a deliberate decision, taken primarily because of the large number of research sites, practitioners and homeless women I encountered. In the diary I recorded telephone conversations, telephone calls, email correspondence, meetings, appointments, research site visits, notes, and my thoughts - thereby producing an account of my experiences. The diary was kept on my computer. Robson (2002: 1) asserts that it is 'good practice to keep a full and complete

record of all the various activities with which you are involved in connection with the project'.

The interviews were semi-structured and involved open and flexible questions, that is, I had a list of questions for the participants to talk about. However, I was free to alter the order of the questions, add new questions in and probe for more information during the course of the interviews. Seale (2006: 182) asserts that the use of open ended and flexible questions 'provide better access to interviewee's views, interpretations of events, understandings, experiences and opinions'. In this study, the use of semi-structured interviews allowed for a more detailed exploration of the personal, distressing and sensitive experiences relating to women's homelessness. Indeed, most of the participants' accounts contained topics of a sensitive nature involving family conflict, voluntary or forced separation from children, substance misuse and dependency, rough sleeping, physical, emotional, financial and sexual exploitation in childhood and/or adulthood, medical and mental health issues, low self-worth, and aggressive and violent behavior (both expressed and experienced).

Oakley (1981: 41) asserts that 'the goal of finding out about people is best achieved when the relationship of the interviewer-interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship'. In contrast, Ribbens (1989) asserts that 'the attempt of the researcher to place herself and give personal information may be seen as an imposition rather than as a welcome offer of friendship' (cited in Seale, 2006: 184). The approach I adopted was to ensure the focus stayed on the participants during the interviews. I sought to refrain from interrupting, asking too many questions or shifting the focus of the discussion away from the participants as it was not my opinions, knowledge and experiences that were the object of inquiry. This approach is supported by Ribbens (1989: 584) who asked 'is not part of the research exchange that I have expressed an interest in hearing about the interviewees' lives?' However, I did not actively hide my opinion when it was sought by participants. I was open about my lack of knowledge of homeless service providers and female service users within the city. In doing so, I found that all of the interviewees were helpful in educating me about the services available to homeless women, the routines homeless women construct in their efforts to survive and the way service providers respond to the women's needs. I answered personal questions when asked but I was cautious not to

reveal too much detail as the participants were the focus of the study. Given the detailed and sensitive nature of much of the material the participants provided me about their experiences, it seemed appropriate that I share some personal details of myself with the participants (see Edwards 1993). Many of the questions I was asked required a concise response, for example, what I intended to do after I had completed my studies, if I had children and whether I had ever been homeless. I sought to conclude each interview positively, for example, by asking homeless women what their hopes were for the future and by asking the practitioners what they liked about their job.

The next section discusses the interview processes.

4.8 The interviews

The fifteen practitioners and thirty homeless women who took part in this study were interviewed individually. The interviews ranged in length from 30 minutes to three hours. The interviews with the practitioners were based on a broad set of questions (see Appendix VI), although I was able to explore other themes which arose during the interviews. The themes were based around the limitations of existing resources, recruitment issues and multi-agency working. I began all of the interviews by asking each practitioner to talk about the service they worked for and their specific role within the service. I did not have any problems recruiting 15 practitioners. Some participants I recruited during my visits to various services, others contacted me via email and indicated their willingness to get involved. One interview was conducted in the interviewee's own home and one other took place in a cafeteria, the remaining interviews were conducted within services, more specifically, in a meeting room, staff room, office and storage room. At the start of the interview, I asked each practitioner to complete a consent form (Appendix IV). I explained the purpose of the research to ensure that each participant was fully aware of what their participation would involve. I then explained the issues of confidentiality, anonymity and of their right to withdraw from the interview at any time (section 4.10 provides a more detailed discussion of the ethical guidelines I adopted). I explained that each practitioner would be identified by their role. I informed each practitioner that what they discussed in the interview would be confidential and the interviews would be taped, transcribed and accessed by me alone. Practitioners were invited to talk about their experiences of working with homeless women through the use of questions such as: 'What issues do

homeless women present to you in terms of your role?' and 'Are there any women who you can't help and if so, why?' If the participant needed to pause the interview (as was the case with the drug worker whose partner entered the family home during the interview and the support worker in a voluntary service whose interview was interrupted when a female service user entered the office), I paused the recording device until the participant was ready to continue.

The interviews with the homeless women were based on a broad set of questions (see Appendix V), although I was able to explore other themes which arose during the interviews. The themes were based around their use of public space, the survival strategies they employed and their experiences of different spaces of homelessness. I began all of the interviews by asking the women to explain how they became homeless. I did not have any problems recruiting 30 homeless women given the volume of female service users accessing the different services for homeless people within the city. Some of the women responded to the information sheet made available to service providers, other women were approached by practitioners whilst accessing services, and some women were contacted via telephone by practitioners working with and around homeless women. All but one of the interviews were conducted within the associated service - more specifically, in an interview room, office, lounge area or bedroom (the latter refers to interviews carried out in accommodation based projects). The remaining interview was conducted in a flat occupied by the partner of one of the women. At the start of the interview, I asked each of the women to complete a consent form (Appendix IV). I explained the purpose of the research to ensure that the women were fully aware of what their participation would involve. For instance, the women were advised that their participation in the research may cause them some distress. I explained that, should this be the case, I would not be able to provide the women with professional support and that they would need to talk to their support worker with a view to identifying where they could get help. I then discussed the issues of confidentiality, anonymity and of their right to withdraw from the interview at any time. I informed the women that what they discussed in the interview would be confidential and the interviews would be taped, transcribed and accessed by me alone. I asked each of the women to decide what pseudonym they would like to use. Homeless women were invited to talk about their homeless journey through the use of questions such as: 'What led to you becoming homeless?' and 'Did you ask for any help?' If the participant needed to pause the interview (as was the case when I interviewed Tia aged 22,

who fell asleep during the interview and Louise aged 38, who exited the room during the interview to make herself a cup of tea), I paused the recording device until the participant was ready to continue.

At the earliest opportunity I transcribed and word processed the interview data. I recorded specific details of the interview on an excel spreadsheet. I used the spreadsheet as a reminder of each interview during the analysis stage. From the practitioners' interviews, I recorded the date of the interview, the name of the service provider, the participants' role, age and gender, and the type of provision. From the interviews with homeless women, I recorded the pseudonym, age, date of interview, where the women were currently living, where the interview took place, the initial cause of the women's homelessness and the length of the interview.

I conducted a thematic analysis of the interview data. Thematic analysis is 'an emphasis on what is said rather than on how it is said' (Bryman, 2004: 412). This involved creating a coding scheme in advance, which was theoretically informed. I did this by identifying core themes derived from the three technologies of power outlined in Chapter 3, namely hierarchical observation, normalizing judgement and the examination (Foucault, 1979). The three core themes I focused on included surveillance, judgements and examinations. I then printed out all the interview transcripts and subsequently conducted a line by line analysis and even sometimes an analysis of single words, colour coding each transcript in relation to the three core themes. I developed additional themes in relation to the three core themes in order to understand the specifics of how each core theme operated and indeed, what each core theme included. For example, under the concept of hierarchical observation, I looked at the different ways practitioners and homeless women surveyed each other and their environment. I organised the data into the following codes - paper, manual and electronic surveillance. Under the concept of normalizing judgement, I looked at the judgements practitioners and homeless women conduct on themselves and each other. I organised the interview data into the following codes - shelter/housing, health, basic living skills, rewards, punishment, appearance and identity. Using the concept of the examination, I looked at the different ways practitioners and homeless women are examined. I organised the data into the following codes - verbal, written, visual and electronic. This approach allowed for a detailed analysis and understanding of the data.

4.9 Additional research associated data

To augment an understanding of women's homelessness, additional methods of data collection, organisation and presentation have been included in this study. This includes freedom of information requests, cartographic representations and case studies. A more detailed discussion of these methods will now ensue.

4.9.1 Freedom of Information Requests (FOI)

Supplementary data in the form of freedom of information requests has been utilised in this study. The UK Freedom of Information Act (FOI) 2000 made provision for 'the disclosure of information held by public authorities or by persons providing services for them' (see Freedom of Information Act 2000, Chapter 36). Under the Act, a request for disclosure of information can be made to any number of public bodies which includes education authorities, local government, publically owned companies and the National Health Service (NHS). Written communication asking for release of information was sent to Newcastle City Council on three separate occasions in order to better understand local need and demand in relation to the provision of housing and homeless services. Freedom of Information requests for data have many advantages including a very high response rate given that organisations are 'legally required to respond to information requests, and nationally representative data that are highly objective' (Griffiths and Dhuffar, 2014: 1).

The first FOI request - number 4127 - sent on the 5th December 2011, requested information on housing tenure, Newcastle's Homelessness Strategy, unemployment figures, homeless applications and acceptances, emergency accommodation provision, and the availability of specialist support programmes for homeless men and women. A more detailed discussion of this information can be found in this chapter, section 4.12.4 Homelessness within the city and Chapter 5, section 5.2.1 Implementing policy and practice: How the local authority makes use of surveillance. The second FOI request - number 4139 - sent on the 13th December 2011, requested information on the total expenditure on Supporting People services within the city in 2009 - the year of the fieldwork. This included a detailed breakdown of spending on 'core' housing and homelessness information and advice services, in addition to accommodation based and floating support services. Information was requested on the funding of support services for

people with a range of support needs which included single homeless people, homeless families with support needs, people with an offending history, people with drug and/or alcohol problems, young people, teenage parents, people with mental health problems, women escaping domestic violence and abuse, and refugees. A more detailed discussion of this information can be found in Chapter, 5, section 5.2.1 Implementing policy and practice: How the local authority makes use of surveillance. The third FOI request - number 8827 - sent on the 13th May 2015, requested information on the total expenditure on 'core' housing and homelessness information and advice services, in addition to accommodation based and floating support services in the year 2015 - the purpose of which was to ascertain which services Newcastle City Council prioritised in their efforts to address and alleviate homelessness. A more detailed discussion of this information can be found in Chapter 5, section 5.2.1 Implementing policy and practice: How the local authority makes use of surveillance.

4.9.2 Cartographic representations

To further an understanding of the milieu inhabited by homeless women - an environment which envelopes every realm of their daily lives and in which they alternate between that of a reluctant and willing participant in their choice, use and avoidance of public and institutional space - a map of 'institutional and public space', and a map of the 'women's use of institutional and public space' is included in Chapter 6 (see sections 6.4.1 Geographic Proximity and 6.5.1 Spatial Proximity). These maps - derived from the interview transcripts - facilitate a visual understanding of the way in which the behavior of service providers and homeless women is shaped by particular time-space constraints. The maps represent interactions and relationships, as well as the choices and decisions made - all of which influence the women's journey through, and experience of, homelessness.

Various studies which have included cartographic representations in their analysis of homelessness have focused on socio-spatial relations between the street homeless and the housed population (see Wardhaugh, 1996: 703), the 'strange maps' of city life performed by the homeless (see Cloke, May and Johnsen, 2008: 241), and the homeless landscape within which homeless women exist (see Reeve, Goudie and Casey, 2007). For instance, Julia Wardhaugh (1996: 704), in 'Homeless in Chinatown: Deviance and Social Control in Cardboard City', conducted research on the street homeless in Manchester. In analysing

the temporal and spatial ordering of the homelessness circuit, survival strategies and policing responses, Wardhaugh (ibid) concluded that homelessness was a 'spatial phenomena' and that traditional theorisations of space were not particularly useful in analysing street homeless people's use of space. Wardhaugh (ibid) claimed that 'the classic division of space into public and private domains' has meaning only where there is a safe private sphere from which one ventures into an unsafe public sphere. Thus, the distinction between the two domains is 'less clear-cut' for street homeless people. Paul Cloke, Jon May and Sarah Johnsen (2008: 241), in 'Performativity and effect in the homeless city', claim that the geography of homelessness allows for a 'more nuanced reading of urban space' (p. 241). In exploring the 'journeys and pauses made by homeless people in the city of Bristol', they assert that the location of hostels and shelters contribute to the 'regulation and containment of homeless people' (ibid: 247). According to Cloke et al (ibid), places to eat reinforce both the 'centrifugal pull of homeless services located in the marginal spaces of the city, and the mobilities of homeless people as they journey into prime city spaces in search of alternative sources of food' (ibid: 252). Kesia Reeve, Rosalind Goudie and Rionach Casey (2007), in 'Homeless Women: Homelessness Careers, Homelessness Landscapes', mapped homeless women's housing and homelessness situations, significant events and experiences, and engagement with services. They concluded that women's homelessness was not simply 'an experience', or a sequence of temporary accommodation situations but is instead a 'dynamic, and non-linear, process' (ibid: 3). In this thesis, cartographical representations depict locations of interest, necessity and choice and are analysed in relation to spatial behavior and particular time-space constraints. They are an abstraction of reality in that they allow for a visualisation of select information and provide a means of understanding and interpreting the ways in which women negotiate their way through their homelessness.

4.9.3 A case study approach

In an effort to build up a picture of women's homelessness journey, and to demonstrate their personal experiences once homeless, Chapter 8, sections 8.3.1 and 8.3.2 present the housing histories of two statutory homeless women: Georgia and Sophie and three non-statutory homeless women: Sarah, Agnes and Tracey. The inclusion of case studies - as a means of engendering a detailed contextual analysis of multiple real-life cases - has been employed in previous studies of homelessness (see Casey and Batty, 2011, Casey, Goudie

and Reeve, 2007). For instance, in 'The hidden truth about homelessness: Experiences of single homelessness in England', Casey and Batty (2011) employed a case study approach. In focusing on the differential spaces of homelessness, the women's narratives exposed the particular situations of individual women but the issues which arose were indicative of the experiences of many of those participating in the study. Likewise Reeve, Casey and Goudie (2007) employed a case study approach in their analysis of women's journey through homelessness. Life maps of the women's experiences were constructed as a means of demonstrating the ways in which women negotiate their way through their homelessness.

In this thesis, the discussion is focused on the particular situations of five women but the issues which emerge from the women's narratives reflect the experiences of many of the women in this study - thus Georgia, Sophie, Sarah, Agnes and Tracey are not atypical. Attention is paid to the origins of their homelessness and on their access and eligibility to housing welfare and provision. Each of these women are different - in terms of their age, routes into homelessness, and length of their homeless journey. However, across these narratives the same issues emerged and in each case key correlations between their housing situations, multiple service access and prolonged exposure to homelessness were apparent.

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4.10   Ethical considerations

Ethics are the rules which define how researchers must act when examining complex problems and issues. Ethics advocate the aims of research and the standards that are central to collective work. Moreover, they help foster public support for research whilst ensuring that researchers remain answerable to the public. It is particularly important to abide by ethical guidelines where the research involves both human participants and a sensitive topic. According to Lee (1993: 4), sensitive topics are areas that are 'private, stressful or sacred, or expose stigmatizing or incriminating information' (cited in Shuqiao, 2003: p3). Research on women's homelessness falls within the above definition of a sensitive topic and therefore requires ethical consideration. At the outset, I consulted the British Sociological Association's Statement of Ethical Practice and the British Psychological Society's Code of Ethics and Conduct (2009) (BPS) for guidance. When confronted with several ethical dilemmas during the interview stage, I chose to adopt the BPS Code of Ethics

and Conduct given that it addressed more specifically the ethical dilemmas I encountered, namely that of confidentiality and informed consent.

The BPS's Code of Ethics and Conduct (ibid: 15) states that psychologists should 'recognise that ethical dilemmas will inevitably arise in the course of professional practice' and 'accept their responsibility to attempt to resolve such dilemmas with the appropriate combination of reflection, supervision, and consultation' and 'engage in a process of ethical decision making'. In researching homeless women, one of the ethical considerations is that of confidentiality. The BPS's Code of Ethics and Conduct (ibid: 11) states that it is important to recognise that breaches of confidentiality may occur in

> … exceptional circumstances under which there appears sufficient evidence to raise serious concern about: (a) the safety of clients; (b) the safety of other persons who may be endangered by the client's behaviour; or (c) the health, welfare or safety of children or vulnerable adults.

In the event of such cases, psychologists are advised to 'consult a professional colleague when contemplating a breach of confidentiality' and 'document any breach of confidentiality and the reasons compelling disclosure without consent in a contemporaneous note' (ibid). There were two occasions where I considered breaching confidentiality - both of which I recorded in my fieldwork research diary. First, during an interview, a homeless woman revealed that she was going to 'kill' another homeless woman. I had previous knowledge through the drug worker that this particular interviewee had recently served time in prison for drug offences and was not known to be violent, however I was also aware that both females were living in the same accommodation based project. I did not know the interviewee well enough to determine whether or not her comments were simply an 'off the cuff' remark as opposed to an intended deed and given the nature of this disclosure, I made the decision to consult my supervisor and the BPS's Code of Ethics and Conduct for guidance. I decided that the service should be made aware of the conflict amongst residents and so I telephoned the service and spoke to a support worker. I talked about the conflict that arises in my own home as a result of five people sharing one house and moved the conversation forward by asking how staff identify and deal with tension and conflict in the hostel. The support worker informed me that staff are not given any specific training but nevertheless keep an eye on the relationships between

residents. I suggested that staff within the project monitor the women for potential conflict and the support worker thanked me for 'the head's up'. On reflection, I feel that this approach enabled me to respect the confidence of the female interviewee whilst at the same time ensure the safety of other service users.

Second, during an interview with a female hostel resident, I was informed that a male practitioner had recently asked several female residents about their experiences of child abuse. Rose aged 43, explained how this occurred:

> He asked if I was abused when I was a child and what's that got to do with him? At the time I didn't realise until he started like asking all the younger girls. It's like he tries to read yer mind, his job is night staff - to check on the residents and just keep everything calm. Like cause we've all been talking about it, we've all complained about it cause he's got no right to be asking us these questions. Another female hostel resident was saying about being abused as a child and he was asking for more information. At the time, the way I was feeling, see I was coming down off the alcohol at the time when he asked me, I says aye cause I didn't realise, click at the time and he asked, I said aye I was abused as a child but I cut it off and I thought well what's he asking is that question for? Not even me support worker for three years asks questions like that so I complained.

I reasoned that because the staff within the project including the manager, were aware of this issue, it was not necessary for me to raise it as a fresh concern. I was however able to ascertain further details during an interview with a practitioner in the same project who explained that the issue was 'being addressed'. Another ethical issue involved in interviewing homeless women who are alcohol and/or drug dependent is informed consent. According to the BPS's Code of Ethics and Conduct (2009: 12), it is important to make sure that

> … clients, particularly children and vulnerable adults, are given ample opportunity to understand the nature, purpose, and anticipated consequences of any professional services or research participation, so that they may give informed consent to the extent that their capabilities allow.

It was not possible to ensure that the women attending the interviews were sober and drug free. However, I was satisfied that all of the women I interviewed were competent at the

onset of the interview and able to give informed consent. In one of the interviews I conducted, a homeless woman 'nodded off' several times. When prompted, the woman responded but I decided to stop the interview after this occurred twice. I reasoned afterwards that this interview data should be included in the research as it was felt that the woman had understood the research objectives and had given informed consent. Furthermore, the woman explained that her tiredness was due to sleep deprivation owing to personal issues.

4.10 The realities of research

Recounting my experience of the research process involves some consideration of the risks I was exposed to. For example, conducting research in the field of homelessness exposes the researcher to certain risks, including ill health and being a victim of crime. Simply by accessing homeless services, I took such risks. At different times during my fieldwork I was reminded of my vulnerability, of the possibility that my health could be affected by the environment I inhabited and that I could be a victim of crime. It was whilst attempting to locate a homeless service that I became fully aware of how vulnerable I was, owing to my lack of knowledge of the area, of homeless services and of service users in general. The following excerpt from my fieldwork research diary provides a useful illustration of this point:

> After struggling to find the service (Project 11), I called in a cafeteria and asked the staff if they knew of the organisation. I was directed to a doorway six doors down and advised that it was the building with bars on the windows. I made my way back down the street and located the building, I knocked on the door and waited but no-one answered. I knocked again, at this point a young women approached the front doorway and entered the building. She asked me who I was looking for and I explained that I hoped to speak to any of the staff. She beckoned me inside the building and the door promptly closed behind me. The female knocked on the door of the staff quarters. No one answered and she opened the front door and ushered me out onto the street, pointing to a building over the road, suggesting I go there. (Research diary excerpt, entry date: 14/04/09)

I was advised by several practitioners to carry about my person anti-bacterial hand cream or spray at all times. On one occasion a drug worker handed me a tube of anti-bacterial

cream and suggested I use it. I enquired as to why I needed this and I was informed that the handrails in the hostel I had just exited were touched by numerous people - many of whom were service users and it was not unknown for faeces (present on service users' hands) to be transferred onto the hand rail(s). On another occasion I was informed during an interview with a homeless woman that my presence in one particular service had not gone 'unnoticed' by other male and female service users. According to the woman, I was viewed as someone 'who had money' and therefore I was advised to be on my guard every time I entered and exited the service. I thereby revised the type of clothing I wore when visiting services and 'dressed down' - that is, I opted to wear less formal clothing which was both comfortable and practical. I refrained from wearing jewellery or carrying a bag, choosing instead to place about my person various items that I needed which included my car keys, a mobile phone and a small amount of money (for parking).

Another issue that became apparent was the emotional impact of the interviews on both the interviewee and myself as the interviewer. For example, the distress at re-visiting traumatic memories may cause additional harm to the participant as they relive the experiences that facilitated their current situation. Indeed, many of the homeless women interviewed in this study had experienced severe hardship and trauma throughout their lives. One woman cried as she recounted how it was that she became homeless. The transcription of another women's experiences, Anne aged 38, brought tears to my eyes. Anne explained how a traumatic experience at the age of 14 was the catalyst for her homeless journey. In her words:

> I was gang raped and I never telt me ma the secret until I was older and I used to glue sniff and gas sniff and I used to drink half bottles of brandy, three and twenty-four packs a day of lager. I turned an alcoholic and I was just taking as much tablets and that many overdoses and cutting me arms, I was wounding meself cause I was frightened.

Anne moved away from the area at the age of seventeen but returned within twelve months. The local authority placed Anne in a hotel. On the first night she was raped by a naked man who kicked her bedroom door down at 3am. Anne did not report the incident to the police although she removed herself from the hotel at first light. Anne spent her time working as a sex worker and was regularly attacked by clients. She was a recovering alcoholic and drug addict and had a history of mental health problems. On one occasion, a

male client raped Anne whilst pressing a hammer up against her cheek bone. The following excerpt from my fieldwork research diary reveals the difficulties I experienced when reflecting on the interview:

> I shed a tear today when transcribing one of the interviews. It was Anne's - I listened to the choices made for her and by her. I have questioned myself as to whether I should have interviewed this person because she appears to be so damaged by her experiences. Her head was bowed down throughout the course of the interview - much like that of an old age pensioner, her voice was devoid of energy, the sound is enervated and monotone. In sitting down, she places her body at an angle - perhaps she protects herself from me. I remind myself that she has a story to tell and her story, her words and her experiences are welcome in this research, for indeed who am I to silence her voice? (Research diary excerpt, entry date: 02/08/09)

The distress at re-exposing traumatic memories was considered in advance of the interview stage and considerable thought was given to the issue of minimising harm (BPS's Code of Ethics and Conduct, 2009). For example, in terms of the participants - where signs of distress or anxiety were apparent during interviews, the interview was stopped and only recommenced at the participants' direction. Where this occurred, I directed the interviewees to 'their' support worker with a view to accessing appropriate counselling services and support. On a personal level, I found the interviews draining even though I felt privileged that the participants were able to share their experiences with me. In an effort to off-load some of the distressing aspects of the participants' experiences, I organised a supervision session with my previous academic supervisor.

4.11 Leaving the field

I decided to leave the field after I had conducted interviews with 15 practitioners and 30 homeless women. My departure from the field was influenced by time restraints (see Bloor and Wood, 2006**).** Although I did not deliberately seek to stay in touch with any of the participants I interviewed, leaving the field was not straightforward given that I began to collect unwanted clothing and toys in my locale and deliver the items to one of the services involved in the research. On several occasions I came across some of the women and practitioners I interviewed whilst going to and from the service. I felt compelled to ask

how they were and was given an update on what had happened in their lives and services since our last meeting. During the course of my fieldwork I had observed many homeless women however my understanding and perception of homeless women had altered significantly from that of fear, pity and ignorance to one of empathy, understanding and respect. For me, each chance meeting served to remind me that the women's experiences were not forgotten.

4.12 Newcastle: A social, demographic and economic profile

In order to provide a context in which the participants' narratives can be understood, this section discusses employment, housing, homeless services and homelessness within Newcastle. Much of the discussion centres on 2009 - the year of the fieldwork - however more recent data is included in order to provide a more up to date picture.

4.12.1 Employment

Newcastle is a city and a metropolitan borough located in the north-east region of England. It covers approximately 44 square miles (Encyclopedia Britannica, 2011). In the twentieth century, the city was a leading centre for shipbuilding, coal mining and railway (Sustainable Community Strategy, 2010). It was at 'the cutting edge of invention and innovation developing, for example, the steam turbine as well as electric lighting' (ibid: 5). The decline of Newcastle's industrial base in the 1970s and 1980s increased unemployment levels (ibid). The economic fortunes of the city began to change in the mid-1990s following a boost in economic growth which brought employment back to the city. Over the past 15 years, Newcastle has 're-invented itself as a vibrant regional capital attracting investment, creativity and jobs' (ibid: 3). In 2009, the economy rested mainly on the city's function as a major service sector (see Table 2 overleaf). Official labour market statistics show that women accounted for forty-nine per cent of the workforce, and over ninety-four per cent (94.1) of women were employed in the services industry. This figure is above the regional average of 91.2 per cent and the national average of 91.0 per cent (Nomis, 2011).

Table 2: Women's employment in 2009				
	Newcastle- Upon Tyne (employee jobs)	Newcastle- Upon-Tyne (%)	North East (%)	England (%)
Female Employment Jan-Dec	58,700	59.2	63.1	65.8
Female employment by industry				
Manufacturing	2,100	3.5	4.7	5.2
Construction	700	1.2	2.0	2.0
Services	55,900	94.1	91.2	91.0
Distribution, hotels and restaurants	13,100	22.7	20.7	19.6
Transport and communications	1,300	2.2	3.2	4.5
Banking, finance and insurance	7,700	13.0	12.3	16.0
Public admin. education and health	29,700	50.0	48.8	44.5
Other services	3,700	6.2	6.2	6.4

Source: Nomis (2011)

More recent figures show that the economy continues to rest on the city's function as a major service sector (Nomis, 2015). Official labour market statistics show that in 2014, over ninety-four per cent (94.4) of women were employed in the services industry. This figure is above the regional average of 91.4 per cent and the national average of 90.9 per cent (ibid).

4.12.2 Housing

In 2009, the population of Newcastle stood at 273,500 (Newcastle City Council, 2011a). These residents faced a number of 'challenges' in terms of 'securing housing' (Newcastle City Council, 2011b: 8). For instance, in the period 2003-2005, house prices rose significantly, with entry level house prices almost doubling. This meant that first time buyers struggled to enter the housing market (ibid). In addition, income did not keep pace with house price inflation, with 'half of the city's households being below £20,000 per year' (ibid). Whilst the need for affordable housing increased, 'the supply of social housing' decreased at an annual rate of '800 units per year' from 2003 (ibid). By 2008, some 5,000 units of council housing were no longer available. This decrease was attributed to the impact of the right to buy scheme and the demolition of selected council stock (ibid).

Table 3 (overleaf) provides summary data on housing tenure in Newcastle in 2009. Owner occupied and private rented housing accounted for 68.2 per cent of the total housing stock, well below the national average of 81.9 per cent. Local authority housing accounted for

24.8 per cent of all tenure, well above the national average of 8.1 per cent. Registered social landlords accounted for 6.2 per cent of the total housing stock, well below the national average of 9.7 per cent.

Table 3: Housing tenure in Newcastle in 2009				
	Newcastle-Upon-Tyne		England	
	(No)	(%)	(No)	(%)
Total Dwelling Stock	119,100		22,564,000	
Local Authority	29,508	24.8	1,819,696	8.1
Registered Social Landlord	7,367	6.2	2,195,195	9.7
Other Public Sector Dwelling Stock	1,000	0.8	73,698	0.3
Owner Occupied & Private Rented Dwelling Stock	81,230	68.2	18,476,000	81.9

Adapted from the Office for National Statistics (2009)

The number of repossessions increased significantly from 217 in 1997 to 869 in 2008/9. Also, deprivation was a significant issue in the city as 'one third of the city's people' lived in 'an area amongst the 10% most deprived in the country' (Newcastle City Council, 2011b: 8). Figures in 2011 show a similar picture as owner occupied and private rented housing accounted for 69.3 per cent of the total housing stock, well below the national average of 82.1 per cent. Local authority housing accounted for 23.6 per cent of all tenure, well above the national average of 7.5 per cent whilst registered social landlords accounted for 6.3 per cent of the total housing stock, well below the national average of 10.1 per cent.

4.12.3 Homeless services within the city

In 2007, Newcastle City Council developed a Homelessness Prevention Network. The network consists of a 'group of agencies who are committed to working together to prevent and reduce homelessness in Newcastle' (Homeless Prevention Network, 2012: 2). The network includes social and supported housing providers, education, training and employment services, care and support services, drug and alcohol agencies, criminal justice agencies and health services (ibid). The diversity of agencies in existence is represented by the practitioners participating in this study. Members of the network are expected to work with others to 'prevent homelessness, keep the information flow up-to-date', and 'improve services and develop what is needed' (ibid). The network has implemented a series of homelessness prevention protocols including Pathways to Independence, Prevention from Eviction and Repeat Homelessness and CAF Training (2006), Hospital Discharge and

Homelessness Prevention Protocol (2007), Newcastle Debt Advice - Debt Co-ordination Process (2008) and Drug Management Protocol (2006) (Fitzpatrick et al, 2011).

Table 4 (below) provides summary data on emergency and non-emergency accommodation in Newcastle. At the start of 2009, Newcastle City Council operated with two emergency accommodation units which consisted of a 9 roomed female unit and 47 self-contained flats which were available for single men and women, and families with children. The 9 roomed female unit was closed in 2009. The remaining self-contained flats offered a total of 120 bed spaces of emergency accommodation for single men and women, and families with children. An additional 156 bed spaces considered to be emergency access were managed by charitable or registered social landlord organisations. Of these, 97 were available for men only, 41 were available for single men or women, and 18 were available for women only. Ten bedrooms were available for families with children (Newcastle City Council, 2009). A further 477 bed spaces considered to be non-emergency accommodation were managed by charitable or registered social landlord organisations. Of these, 385 were available for single men or women, 70 were available for men only and 22 were available for women only. Six bedrooms, two bedsits and four flats were available for families with children.   When combining emergency and non-emergency accommodation in Newcastle in 2009, the total number of bed spaces managed by charitable or registered social landlord organisations was 633. Of these, 426 were available for single men or women, 167 were available for men only and 40 were available for women only (ibid).

Table 4: Homeless accommodation in Newcastle in 2008/09			
Emergency Access Accommodation			
	No. of bed spaces	Gender	Age
Local Authority	120	M/F/Fam-Ch	16+
Charitable/registered social landlord	156		
	97	M	18+
	41	M/F	16+
	18	F	17+
--			
Non-Emergency Access Accommodation			
Charitable/registered social landlord	477		
	385	M/F	16+
	70	M	16+
	22	F	16+

Source: Newcastle City Council, 2012

In 2012, Newcastle City Council operated with one emergency accommodation unit which consisted of 47 self-contained flats - offering a total of 120 bed spaces of emergency accommodation for single men and women, and families with children. An additional 163 bed spaces/rooms considered to be emergency access were managed by charitable or registered social landlord organisations. Of these, 94 were available for men only, 41 were available for single men or women, and 18 were available for women only. Ten bedrooms were available for females with children (Newcastle City Council, 2012a). A further 570 bed spaces/units and flats considered to be non-emergency accommodation were managed by charitable or registered social landlord organisations. Of these, 475 bed spaces/flats were available for single men or women, 60 were available for men only and 29 were available for women only. Six bed spaces were available for females with children. When combining emergency and non-emergency accommodation in Newcastle in 2012, the total number of bed spaces managed by charitable or registered social landlord organisations was 733. Of these, 516 were available for single men or women, 154 were available for men only and 47 were available for women only (ibid).

4.12.4 Homelessness within the city

Statistics collated by Newcastle City Council for the Department for Communities and Local Government show that the number of homeless applications recorded in 2008/9 was 576. Of these, 344 were accepted as being unintentionally homeless and in priority need (Freedom of Information Request 4127). Of the 344 acceptances:

> 51 per cent were lone parents with dependent children;
>
> 21 per cent were couples with dependent children;
>
> 5 per cent were single person households, of which there were 2 males aged 16/17, 6 adult males and 9 adult females.

Of the 344 acceptances, 288 were provided with settled accommodation by being granted a secure tenancy in local authority or registered social landlord accommodation or an assured short hold tenancy in the private rented sector, 9 made their own arrangements, 13 had no further contact with the local authority, 4 moved in with relatives/friends, 17 refused a Part VI offer, 7 were accepted by another local authority, 4 returned to their last address and 2 returned to the parental home (ibid).

More recent figures show that 220 households were accepted as statutory homeless in 2012/13 (Newcastle City Council, 2013). Whilst this figure represents a significant reduction when compared to the 2008/9 figure, it represents a slight increase from the 2011/12 figure wherein 204 households were accepted as statutory homeless. Of the 220 acceptances:

49 per cent were lone parent with dependent children;

21 per cent were couples with dependent children;

14 per cent were single person households, of which there were 18 males aged 18+ and 17 females aged 18+.

The latter figure points to a rise in the number of single homeless women accepted as statutory homeless. Of the 220 acceptances, 173 were provided with settled accommodation by being granted a secure tenancy in local authority accommodation, 9 refused a Part VI offer, 8 were rehoused by a registered social landlord, 6 were accommodated in the private rented sector, 3 made their own arrangements and 2 failed to respond (ibid).

4.13 Summary

Chapter four has outlined the methodology that is adopted in this research in examining the narratives of fifteen practitioners and thirty homeless women in relation to the question of: How is women's homelessness governed in contemporary society? Chapter five moves the analysis forward by detailing the socio-structural context within which the practitioners and homeless women engaged in made sense of their experiences.

CHAPTER 5: A MODEL OF HIERARCHICAL OBSERVATON IN RELATION TO WOMEN'S HOMELESSNESS

I trust none of them [homeless women], no one. Oh that sounds awful but they would tell you all the right things you wanna hear or they think you wanna hear but whatever they've sat and told me, I've known there's a glimmer of truth somewhere but I believe nothing any of them say, nothing. The hardened ones that know the system nod in the right places and they say yes in the right places. (Hostel Volunteer)

5.1 Introduction

Chapter four described the way in which this study was carried out. This chapter and the three subsequent chapters present the empirical data and analysis of this study.

As previously explained in Chapter 3, Hierarchical Observation is a 'mechanism that coerces by means of observation; an apparatus in which the techniques that make it possible to see induce effects of power' (Foucault, 1979: 170-171). The apparatus consists of vertical and lateral relays which increase its 'productive function' (ibid: 174) and whilst its 'pyramidal organization gives it a 'head', it is the apparatus as a whole that produces 'power' and distributes individuals in this permanent and continuous field' (ibid: 177). In this chapter and the subsequent chapter, I present a model of Hierarchical Observation based on the narratives of fifteen practitioners and thirty homeless women. Under the headings of Hierarchical Observation 1 and 2, I examine surveillance in its capillary form of existence - more specifically, as that which operates both vertically and laterally. The first section (5.2) in this chapter outlines a four-tier pyramidal model of women's homelessness. I use the pyramidal structure as a means of formulating, categorising and illustrating the different relationships, processes and practices that are central to an understanding of women's homelessness. The next section (5.2.1) presents the views of practitioners working in local government. It explores the local authority's dual role of procuring and commissioning services in response to local demand and need, and that of assessing homeless applications. Section 5.2.2 discusses the contractual and practical arrangements local service providers enter into with the local authority and female service users. The last

section (5.3.3) in the chapter deals with homeless women's experience of statutory and non-statutory forms of provision, their use of public space, and their encounters and relationships with gatekeepers, the general public and peer groups. The chapter explores both the practical realities that the participants experience as a consequence of surveillance, as well as their own constructions of surveillance and the contradictions this entails.

The first section in this chapter presents a model of hierarchical observation as a means of contextualising women's homelessness.

5.2 Hierarchical Observation 1 - Vertical Surveillance

In the context of women's homelessness, the research (which includes a mixture of fieldwork and ethnographic observations, reading of grey literature, available literature on homelessness and interviews) evidences a pyramidal network of surveillance involving central government, the local authority, homeless service providers and homeless women. The network performs 'multiple and intersecting observations' as a means of making homeless women visible and therefore knowable, finding out about them, changing and controlling them (ibid: 171). In terms of structure - see Figure 1, homeless women are situated at the base of the pyramid. Homeless services in the form of housing advice and support services, accommodation based and floating support services are located on the second tier. Their remit is to assess and address the needs of homeless women so as to move the women on into independent living. The local authority forms the third tier and its role involves preventing homelessness from occurring, tackling repeat homelessness, and reducing the amount of people in temporary accommodation. Central government occupies the pinnacle from which it subjects all those within the network - namely, the local authority,

Figure 1:

A pyramidal structure of vertical surveillance

Central Government

Local Authority

Service Providers

Homeless Women

service providers and homeless women - to perpetual surveillance, resulting in the constant and omnipresent control of their conduct.

The pyramidal network of surveillance consists of vertical relays which run from 'top to bottom' and from 'bottom to top' (Foucault, 1979: 176). This chapter discusses how vertical surveillance was a key theme raised in the interviews. First, for practitioners working in statutory services, it emerged when describing the role the local authority plays in translating national policy into local service provision and its position as primary gatekeeper of statutory homelessness. Second, practitioners in a range of homeless services talked about surveillance when recounting the subjective and objective ways service providers respond to the demands of the local authority and the needs of homeless women. Third, in the accounts the women gave, surveillance emerged as a paradoxical facet of their lives, operating as both a safety device and an instrument of repression. A more detailed discussion of these themes now follows.

5.2.1 Implementing policy and practice: How the local authority makes use of surveillance

It is important to understand how services in receipt of government funding are monitored as this was a key theme raised by respondents working in local government.

Supporting People (SP) is a central government programme for funding housing related support services. Initially launched on the 1st April 2003, SP provides 'strategically planned housing-related services' to vulnerable people with the goal of 'improving their quality of life by providing a stable environment to enable independent living' (Department for Communities and Local Government, 2008: 7). The programme is managed and delivered at the local level and decisions about which services to procure are made by the local authority. Fitzpatrick, Harding, Irving, Pawson and Sosenko (2011: 17), in their evaluation of homelessness prevention in Newcastle, claim that 'SP funding is critical to homelessness alleviation and prevention. … with the commissioning process and enforcement of contract compliance playing a major role in the changes to homelessness services in the city'. The commissioning of services has undoubtedly played a key role in shaping the landscape of homeless provision given that it allows the local authority the freedom and flexibility to

purchase services that are strategically and regionally relevant[9]. Newcastle City Council's 2008/9-2012/13 Supporting People strategy identifies the following priorities relating to homeless people and provision:

> Establish accommodation standards for supported housing; improved management information to inform commissioning; improve move on from approved premises through the pathways process; and services able to respond to homeless people facing chronic exclusion. (Newcastle City Council, 2008: 23)

Under SP, the local authority has priority over bed spaces for the first hour of each working day. This means that accommodation providers in receipt of SP funding have a duty to inform the local authority's Housing Advice Centre (HAC) of any immediate or forthcoming vacancies in a project, and interview homeless women registered with and sent by the housing advice centre when a vacancy arises. This is a contractual obligation between this particular local authority and local service providers rather than a statutory obligation.

Ensuring service providers in receipt of SP funding meet their contractual obligations is a crucial and ongoing part of the local authority's role. As such, the Supporting People programme includes a specific mechanism for monitoring the progress and performance of individual services. This takes the form of the quality assessment framework (QAF). This framework includes seven compulsory performance indicators - consisting of three national Key Performance Indicators (KPIs) and four Service Performance Indicators (SPIs). KPIs provide information on the number of individuals that have been supported by a service, supported to move on to greater independence, and supported to maintain independence. SPIs are used to monitor services and centre on contractual obligations such as service availability, staffing and length of stay. The performance of service providers is reviewed on a quarterly basis and data is fed back through performance indicators. For example, accommodation providers that have a high number of evictions over a certain time period are investigated whereby individual cases are reviewed to determine what happened, why it happened and whether it could have been prevented. Where the local authority is satisfied that a particular service has failed to deliver according to the terms of its contract,

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[9]In determining which services to commission, the local authority can refer to the 'Strategic Review Guidance' (SITRA, 2012: 3-4). The guidance sets out how administering authorities should assess whether a service is 'strategically relevant' and whether it meets a 'demand' (ibid).

the commissioning team is informed and they then determine if the incident is a one-off and what can be done to ensure the service provides what it should be providing.

In 2009 - the year of the fieldwork - the total expenditure on Supporting People (SP) services in Newcastle was £17,616,674. Of this, £812,847 was spent on 'core' housing and homeless information and advice services delivered by the Council's Housing Advice Centre. In addition, SP funding of £9,424,078 was used to commission a range of accommodation based and floating support services from organisations to alleviate or prevent homelessness. These housing related support services included support for people with a variety of needs, including, but not limited to, single homeless people, homeless families with support needs, people with an offending history, people with drug and/or alcohol problems, young people, teenage parents, people with mental health problems, women escaping domestic violence and abuse, and refugees. £1,795,281 of SP funding was spent on homeless services specifically for young people and £1,563,742 was spent on accommodation and support services specifically for people with mental health problems. In the financial year 2009/10, £2,016,295 of SP money was allocated to Your Homes Newcastle (YHN) homelessness services. This was used to fund homelessness services for single homeless people, young people, refugees and people with mental health problems (Freedom of Information Request 4139).

In April 2011, funding for Supporting People services was rolled into the Revenue Support Grant. There is no identifiable allocation within the Revenue Support Grant for Supporting People services. That said, in 2014/15, Newcastle City Council spent £9,650,226 on services previously funded via Supporting People. In addition, £6,493,960 was spent on commissioning a range of services from organisations to deliver accommodation and floating support to single homeless people, homeless families with support needs, people with an offending history, people with drug and/or alcohol problems, young people, teenage parents, people with mental health problems, women escaping domestic violence and abuse, and refugees. A further £1,294,124 was spent on homeless services specifically for young people aged 16-24 and £718,272 on homeless services specifically for people with mental health problems. Newcastle City Council commissioned YHN to deliver homelessness services for single homeless people, young people, refugees and people with mental health problems. The cost of these commissioned services in 2014/15 was £1,270,330 (Freedom of Information Request, 8827).

Whilst the Supporting People programme provided services which enabled individuals with a range of housing support needs to live independently, and hence to participate more fully in the life of the community, it was also a source of contention as practitioners talked about the importance of setting targets so as to avoid creating a dependency culture:

> Supporting People expect that within a two-year period women are moved on through the system into independence. That's probably wishful thinking cause for some people that's never gonna work but it's got to have some sort of target because otherwise yer creating dependence and people will be in hostels for years and that's not really a very good use of a resource and it's not a very good use of money. (Practitioner with Statutory Responsibility for Rough Sleeping)

As well as commissioning services, the local authority conducts assessments to establish eligibility under the homeless legislation. It is through homeless applications that the local authority monitors the profile of service users. Here the local authority's Housing Advice Centre (HAC) is a key point of contact for people who are homeless or threatened with homelessness. Homeless prevention officers investigate each application to determine if the applicant is eligible for rehousing under Part VII of the Housing Act 1996. If the applicant is literally homeless or it is unreasonable for them to continue to occupy their current home because of violence or another reason, belongs to a priority need group, is unintentionally homeless, has a local connection and is eligible - the local authority has a duty to provide accommodation (The National Archives, 2002). If the applicant does not satisfy the criteria, the local authority only has a duty to offer advice and assistance. A homeless prevention officer outlined the different stages of the assessment process:

> We provide a service where we would also need to provide emergency accommodation if someone presented and they were literally homeless and they fell into the priority need group - while we investigated the homeless case. I see everybody who comes through the door, it's an initial assessment which takes five, ten minutes, take some brief details. If it's something that I can deal with within the five minutes, somebody's literally homeless and they need a hostel and there's a hostel bed, I would ring the hostel and sort it out that way. If it was a complicated case and say someone who come in presented as literally homeless and they've got children and they're potentially priority, what I would then do is pass them over to a colleague who would investigate, take much more time, so they would investigate the case and then decide whether we need to provide them with emergency accommodation.

Applicants are entitled to a written decision of the local authority's investigation and have twenty-one days in which to appeal (Freedom of Information Request 4127). If accepted as homeless, the applicant (and any other person who might reasonably reside with them) is offered a range of options according to their circumstances and requirements, with the aim of discharging the section 193 duty, that is, the duty to persons with priority need who are homeless unintentionally (Housing Act 1996). Applicants who wish to pursue a Part VI offer, that is, the allocation of council housing, fall into two groups - those that are eligible to bid for accommodation on the choice based lettings scheme and those that are ineligible due to past behaviour. For those that are eligible, a priority card is issued for the scheme which is valid for three months (this is not an actual card but a status), after which, if the applicant has been unsuccessful either the card will be extended or an appropriate offer sought outside the bidding process. For those who are not eligible, an appropriate offer is secured outside the bidding process (ibid).

Each homeless application is examined on an individual basis and the local authority's response is determined by the results of their investigation into the circumstances surrounding the applicants' homelessness (Robson, 1978). For instance, where rent arrears threaten or cause homelessness, the local authority's response is at once direct, pragmatic, cautious and controlled:

> A lot of the time people are evicted cause they haven't paid their rent. There's times where we pay their rent to get them back into somewhere - two, three times when we pay people's arrears off. We don't physically hand the service user the money, we would arrange with the accommodation provider to invoice us, so big amounts of money don't get handed over to the client so the client cannot take advantage of us. (Homeless Prevention Officer)

Where domestic violence/abuse is cited as the cause of homelessness, the local authority is prohibited from conducting a thorough and detailed investigation into the applicants' circumstances as this may exacerbate the situation:

> Where somebody presents and they're fleeing violence, really you have to be very careful because as a local authority when you're assessing under the homeless legislation, you have to make enquiries into their circumstances and one of those enquiries would be to confirm

homelessness. But you could never contact somebody where they've been accused of being a perpetrator of violence because you could be putting somebody at further risk. (Practitioner with Statutory Responsibility for Rough Sleeping)

That said, where domestic violence/abuse is documented as the cause of homelessness, the applicant is automatically accepted for re-housing. As pointed out by a homeless prevention officer, 'the vast majority of victims, survivors of domestic violence are female' (reflecting the 'violence as a gendered social problem' discourse outlined in chapter 2).

Under the guise of funding regimes and homeless applications, the local authority legitimately surveys homeless services and homeless women. In the next section, the practitioners' experience of surveillance is examined in the context of their role as distinct service providers and as mediators between local government and homeless women.

5.2.2   Assisting and resisting surveillance: How service providers accomplish this

Of the services participating in this research, most received funding via the Supporting People programme, the remaining services were in receipt of government funding not streamed through SP. This involved a similar process of procurement whereby a service submits a funding application, specifying what it intends to deliver, the clients, outcomes and cost. This information - alongside considerations of local need, demand and priorities - is used by the local authority to recruit services. A worker in a day explained that documents based on multiple variables - such as the number of individual clients, returnee visits, services offered, numbers helped/referred into substance treatment, accommodation, mental health, and GP's - are sent to the local authority every three months as part of the monitoring process. Practitioners also commented on the level of autonomy given to service providers once a contract has been awarded, provided they remain 'within the constraints' established by their contract with the local authority and submit to 'various forms of monitoring and regulation' (Garland, 2001: 116):

> I'm doing the funding now so I say this is what I want for the next year, fifty-two thousand pounds to run the day centre and this is what I am offering to do. They say yes or no, give you the funding money or they don't. As long as I'm doing what I say I'm going to be doing and we are

> hitting their requirements, they're quite happy. If I'm not well they can come back and say well you've not addressed the rough sleepers issue, what are you doing with people's substance misuse? But they couldn't come to us and say 'right, for our fifty-two thousand we want you to do x, y and z' because that would be above and beyond what we normally do for them. So they have a certain say but once the contract goes out, then it's really left up to us how we deliver it. (Worker in Day Centre)

Despite the contractual requirements of funding regimes, individual practitioners were able to circumvent the local authority's gaze using arbitrary recording practices. In one service, the personal details of female clients were omitted from the paper and electronic records kept by the service - a practice readily applied to former colleagues turned service users:

> I've worked with women here that I don't even put through the books because they might be an ex-member of staff for example who's now relapsed so I don't put em through the books. One, to save them embarrassment from other members of staff that might see their name on a form. Is it right? Makes common sense. An ex-member of staff comes to me 'I'm fucked, can you help me?' Do I need to make it official? No, I'll actually support them outside of the service, but through the organisation. (Worker in a Day Centre)

It is somewhat ironic that the practitioner adopted this practice given the requirements of statutory funding regimes.

In this study, practitioners explained that they used physical and electronic forms of surveillance to observe homeless women. Here the focus was on monitoring service user access prior to, at and beyond the point of homelessness, frequency of access, the needs and demands of homeless women, and the response of service providers. Practitioners also used their observations to determine who would be given access to a service and also how best to reach women who seldom frequented services. This resulted in some services implementing specific strategies to engage women. Such strategies included prioritising vulnerable women, circumventing emotional barriers preventing service user access, pre-empting conflict within services, and catering for women with a multitude of complex issues and needs - of which homelessness is only one.

> We have a meeting on a Monday and we go through all our clients and we see who needs prioritising cause someone might be sorted, some might have been assaulted the week before. It's the one's that's homeless that are really in danger, we prioritise them. We've got one who we've never seen for weeks - she was prioritised today and we know that she's taken a lot of drugs. (Worker in a Day Centre)

There was a general consensus that accepting a bed space was a key factor in helping the women move on into and sustain an independent lifestyle. The difficulty of engaging female rough sleepers intimately involved with male rough sleepers was something practitioners had observed first hand. It was also a cause of concern as often these women declined the offer of a bed space simply because they did not want to leave their partner on the street alone. In order to alleviate this problem, practitioners in a day centre actively enlisted the support of male partners in an effort to move women off the street. Each male partner was asked to persuade his female partner to accept a bed space, the emphasis being that he was doing something selfless, he was putting his partners' welfare and needs before his own, he could visit her and he too would soon be accommodated. In a similar vein, the lack of hostel provision available to couples was also observed, though practitioners did acknowledge the existence of mixed sex hostels which provided separate accommodation for men and women. One particular hostel addressed this issue by providing a limited number of bed spaces for couples, despite maintaining its status as a male only establishment - though this strategy was not widely practiced and was very much in its infancy. Observations conducted in a day centre induced practitioners to prioritise the needs and demands of female service users above those of their male counterparts to the extent that male clients were excluded from the service (be it short-term or for a more prolonged period) where they presented a direct risk/threat to female service users.

> We had an incident recently where it was a dominant male who was only something like twenty-one and she was forty-eight, mental health problems and he would batter her. Both of them were addicts, he shoved a glass ashtray in her face, really messed her up badly. This happened quite recently so he's not allowed in the project at the minute, depending on if the woman is going to continue to use the service then her needs come before him I'm afraid. (Outreach Worker)

This practice was not restricted to male service users:

There is a number of female clients that are renowned for [violence], I'd run for the hills if one of them turned on me and I'm probably two foot bigger than her. I've seen her in the town absolutely demolishing lads in a violent way and yeah they have that reputation where people won't come here because of that individual possibly coming here. We'll monitor it, if the violent individual's here and we can see that other people won't access because of her then we will ask her to leave for the day. (Support Worker 2)

The point here is that homeless women are categorised and ranked in relation to homeless men and other homeless women.

Practitioners acknowledged that within services, female clients were monitored to such an extent that staff did this without even realising it, and that CCTV captured more ominous aspects of the women's behaviour not always observed first hand, such as rule breaking, unauthorised access, physical confrontation and conflict. This resulted in some services implementing practices to prevent or else limit women's access to a service.

When talking about the duty to interview women registered with and sent by the housing advice centre - practitioners working in accommodation based projects pointed out that they were not obliged to offer the women a bed space. This was a contractual obligation between the local authority and local service providers rather than a statutory obligation. Where a bed space remained vacant after the first hour had passed, accommodation providers consulted their own list of applicants and allocated the bed space accordingly. Allocations were based on a combination of subjective and objective observations carried out by staff. This approach divided opinion as some practitioners described it as a get out clause given the frequency with which it was used and that it was used to exclude some of the most chaotic women from services. Conversely, other practitioners perceived it as crucial so as to maintain a balance between the needs of all those residing in a project with the ability of the service to meet and/or manage those needs. Practitioners in accommodation based projects gave a number of reasons why women were prevented from accessing the service. Here past, present and future behaviours were considered including, but not limited to, making false allegations against members of staff, displaying hostility towards other service users and/or staff, conviction(s) for GBH or arson, or else had support needs which were deemed 'too high' for the service to manage.

You've got to look at the balance of the whole building at the time and sometimes we can get away with not having such high risk people if there's a few others who need a bit more extra time. We couldn't have a house full of girls with even medium risks cause we've got to have a balance of lower and medium. If we feel they are too high needs, well that's ok, we don't just have to offer them a bed. (Housing Support Officer)

Surveillance conducted in a day centre alerted practitioners to an aspect of their provision which adversely impacted on a particular subgroup of homeless women. In accessing the service, female hostel residents were failing to develop and/or practice a variety of skills needed for independent living. The centre itself provided free food and contacted external services, agencies and organisations on behalf of and at the behest of service users - hence there was no incentive for the women to cook, budget or communicate with other professionals directly. To counteract this problem, the centre changed its admissions policy and excluded female hostel residents from the service. The idea being that these women would be given the opportunity to cook for themselves in the hostel they resided in, given practical advice on budgeting from staff within the hostel, and given access to the hostels' telephone facilities so that they could personally establish contact with services/agencies.

During interviews, practitioners expressed a number of pejorative views of female services users based on their observations. Some postulated that homeless women were untrustworthy, devious, bed hoppers and predators. Others claimed that women intentionally adopted a professional victim role so as to gain access to resources:

I see one client at the moment who is an older woman who knows the system very well and is more than aware of how it works. The easiest thing for her to do at the moment is to play that victim card and it's a very harsh way of looking at it but to use it as an excuse not to attempt to address her issues. She's more than aware of what she needs to do to progress but right now she isn't putting any effort into that. She's very comfortable in playing the victim role. There's a lot of support around her and she attempts to play people off within agencies, she's a professional victim. (Support Worker 3)

The point here is not whether or not individual homeless women are or are not victimised, the point here is that practitioners are making an assessment on the women's claim to be a genuine victim.

In keeping with the views of practitioners from the local authority, creating a dependency culture was a recurring theme throughout the interviews with service providers. Numerous respondents made reference to this in their description of homeless women as 'institutionalised'. The term 'institutionalised' refers to women who depend on the system of provision having failed to establish or sustain an independent lifestyle outside of it. Respondents proffered differing views as to who was ultimately responsible with some suggesting it was due to women's prolonged use of homeless services and/or recurring homelessness. The outreach worker provided support for this view when describing a homeless woman who had 'been in and out of hostels for many years' as 'institutionalised by the lifestyle she lives'. Conversely, the worker in a day centre admonished support workers for doing 'too much' for homeless women as this created dependency.

Through the use of paper, electronic and manual recording practices, practitioners working in homeless services are able to conduct, acquiesce, resist and utilise surveillance in ways that facilitate, thwart and obscure service access. In the next section, homeless women's perception of surveillance as double-edged is examined. Here the focus is on the positive benefits and deleterious effects homeless women experience.

5.2.3 The double edged nature of surveillance: The experience of homeless women

The thirty women who took part in this study were acutely aware that they - by virtue of being female, homeless, and/or service users - were the focus of multiple and intersecting observations in the form of electronic recording systems and manual surveillance. In the accounts the women gave, they talked about the positive benefits and negative effects of being surveyed.

5.2.3.1   Positive benefits derived through gatekeeper observations

Positive benefits addressed the women's practical and emotional needs and in some instances, were literally life-saving. Rose's chance meeting with an outreach worker proved to be the difference between life and death:

I ended up a couple of houses down, there was loads of rubbish in the garden like settees and that so I lay on one of them for about a week. [Outreach worker] was doing his rounds and found me drinking a can and I was being sick and there was blood in it. If he hadn't of been there and seen that, I would have continued drinking, I wouldn't have cared about blood or owt like that. He was 'no you're going straight to hospital', came with me. I was really ill - I was dying. I didn't even know I had a blood clot, if it wasn't for [Outreach worker] dragging us to the hospital, I would have still continued drinking, I wouldn't be alive today, cause even the hospital said could have continued for four weeks, yer blood clot would have burst, you would have bled internally and you would have died. (Rose aged 43)

Rhonda and Sarah derived benefits which were equally life-saving via their access to a drop-in service for women only:

This has been my lifeline. If I didn't have this, I dunno what an earth I would have done. Honestly, these have got me through. It's been marvellous, I mean they've been a great help, financially and with food. When me benefits have been stopped from time to time and I haven't had anything coming in, they put us up food parcels. (Rhonda aged 50)

These have done loads for us, pointed us in the right direction and they just help us do stuff through the day. I would be taking heroin twenty-four seven and some of the stuff like cooking takes me mind off having smack. (Sarah aged 25)

Another benefit highlighted by women during interviews was that of safety. Hannah recounted how she felt 'safe' when accessing a mixed-sex night-shelter because she had observed first-hand the intensity with which staff monitored the behaviour of service users. Her decision to access the service was profoundly influenced by the actions of a male support worker:

I clicked with a man called Dave and he made sure I was alright. We would all sleep here. I felt safe, because I knew he was keeping an eye on all of the men. (Hannah aged 24)

Similarly, Betty's fear of unwanted and uninvited visitors stemmed from her childhood experiences, thus she too felt reassured by the level of surveillance operating in the hostel she resided in:

> Well there's camera's round the building that get watched from the office, you've got an intercom system to get in so I know people can't just walk in off the street. As a youngster I was abused by a parent and I've seen people come and go in me life and I've never had security. I've been in and out of care all me life, I feel as if I've been passed from pillar to post and being here and the security, knowing that nobody can get in unless you want them to get in, if you don't want to see somebody you don't have to see them, it's just, I dunno, I like the security. (Betty aged 40)

Visibility was considered by some women to be an important factor in maximising safety when sleeping rough, and many even suggested they were extremely proficient in selecting spaces overlooked by CCTV and/or gatekeepers[10] for this purpose. Such spaces included a train station, city centre bus stops, park benches, and outside homeless services and commercial premises. In Claire's narrative of the risks associated with rough sleeping, she revealed how she felt safer sleeping on the steps of a homeless service specifically because it employed CCTV. Claire reasoned that if her possessions were stolen or if she was physically attacked, she would rather it was caught on camera. Amy and Georgia talked about the locations they selected when bedding down and the practical and emotional benefits these locations afforded them:

> Used to try and sleep outside banks that had cameras on them cause I used to be frightened. Anything could of happened to is. There was a business park, there was camera's up there and that's where I felt comfortable pitching me tent. (Amy aged 38)

> I just slept in the Metro Station cause it was sheltered from all the rain and there was cameras around as well. There was always people there, it was always busy. (Georgia aged 20)

Access to resources was another positive benefit homeless women derived through gatekeeper surveillance. Here the women adopted a pro-active approach in their efforts to secure a roof over their head by pretending to be drunk and disorderly when in the public realm. The purpose of which was to attract the attention of the police, thereby increasing their chances of being arrested, thus securing a bed space for the night - albeit in a police cell. Where successful, this strategy gave women some respite from the public

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[10] The mélange of gatekeepers observing homeless women includes the police, the public, shop assistants, park keepers, and numerous practitioners working in homeless services.

environment they would otherwise have inhabited. An environment which, according to Zoe, deprived her of her femininity and humanity:

> Yer trying to think of any option in yer head, please give us one option where I can stay and yer rack yer brains to think obviously. And then yer still end up sleeping with, if yer lucky, with blankets, with land cowies like R A T's and spiders and everything. They could be going up yer nose and everywhere but you're not human. Yer might as well be a dead fox or something what a vulture comes. Yer not even a woman, not even human. (Zoe aged 24)

Some of the women described engaging in criminal activity as a means of drawing attention to themselves. By doing so, they secured access to a range of services and resources which had proved difficult to access/acquire by conventional methods such as regular meals, shelter, access to a gym, drugs and medical health care. Hannah compared her life on the streets to that of imprisonment. For her, it was imperative that others observed her criminal behaviour, thus getting caught was part of the plan. The real prize was capture and punishment whereas the consolation prize was to escape unnoticed with the spoils of her criminality.   Hannah talked about how she was repeatedly arrested and detained because of her criminal behaviour - this was something she 'loved' because it meant spending less time on the street. Her feelings of euphoria were echoed in the narratives of other women in similar circumstances:

> I wasn't bothered if I got locked up for shop lifting. What was going to happen? I'd go to jail, I would have somewhere to live and I would have three meals a day, exercise and the gym. That's why I used to do it, cause I used to think get caught, go to jail, got nowt to loose. When I was out on the streets, I was getting arrested twice a day and then I was getting kept in for court - I loved that bit cause I knew that I wasn't going out in that fucking freezing cold and the doctor gave is some DF and some valium to keep is right. DF is dihydracodeine and diazepam. (Hannah aged 24)

A point worthy of note here is that contrary to the opinions of practitioners in section 5.2.2 none of the thirty women in this study pretended to be a victim of domestic violence/abuse in order to secure a bed space.

5.2.3.2 Deleterious effects resulting from gatekeeper surveillance

In contrast to the positive benefits, the women also talked about the negative effects they endured as a result of the differing forms of surveillance they were subjected to. Here the women's public display of anti-social behaviour engendered unfavourable consequences. For Rhonda, this took the form of a financial penalty whereas for Zoe, this centred on the sustenance she received whilst in police custody:

> I've deliberately, I've thought right I'll get drunk, shout and ball, I'll get a bed for the night. Go to court, do yer for drunk and disorderly, I mean I would pay the fines, didn't care. (Rhonda aged 50)

> I was glad if I got locked up cause it was warm and yer got one of them horrible in the police station, meals. I used to purposely act as if I was drunk and disorderly. (Zoe aged 24)

Women who were unable or unwilling to conceal their homelessness were more readily observed by gatekeepers and whilst they all performed the same function - that of excluding illegitimate users from the public realm - their methods varied. Homeless women who fortuitously came into contact with the police were excluded in one of two ways - via move on powers which are used as a means of preventing crime and maintaining public order and safety - and banning orders whereby the women are prevented from accessing an area for a specified period of time. Numerous tactics were employed by the women in their efforts to escape the gatekeepers gaze:

> You had to hide in corners, in the back alleys and that, out of the way of the police cause they would come and like chase yer. They take yer name and your address and they get you checked out, they do a PNC check on yer. It's a person's check, then they keep yer name but now what they do is to give yer a banning order from an area. It's like a forty-eight hours ASBO to keep you out of the area for forty-eight hours, so I got them. (Mary aged 40)

Homeless women were also exposed to the reality of private policing wherein the methods of exclusion were much more intrusive and aggressive in their application. For instance, Tracey recounted an incident involving two night watchmen, a fellow female rough sleeper and a water hose:

We were sleeping under Eldon Square one time and there's an all-night café just across the road and I'd gone over there for the toilet and to get a drink of water and I come back and there was these two workers, night watchmen and they hosed her with freezing cold water, proper squirted her with a water hose asleep under the cardboard. Get up you tramp. She was on the streets and everyone did know her cause she was an oldish lady, she was about sixty. The shop workers and the security people got to know who she was and they just disrespected her, totally disrespected her. She wasn't doing anything, she was just in a doorway under cardboard and I had left her for five minutes and when I had went back she was soaking wet. (Tracey aged 49)

Claire's access to a train station was closed off for an indefinite period of time following her encounter with security officials. Having failed to conceal her identity as a homeless woman, she was unable to present herself as a legitimate user of the space.

If I wanted to go and sit in central station out of the rain, might tell is to move - the security. I used to say to them 'I'm just sitting here waiting for a train' but they would just say 'look you're gonna have to move or we'll phone the police'. So I think it was cause of the way I dressed or the way I looked then, cause I could have been waiting for a train, them don't know that. (Claire aged 34)

Even women who sought temporary respite in public toilets were unable to conceal their homelessness indefinitely - resulting in their expulsion from that space:

I've went into the public toilets and I've actually fell asleep in there and staff, if they know I'm in there and I've been ages, I've actually fell asleep and got the police to come out and get is out and moved is on. (Lauren aged 33)

Another negative effect highlighted by women during interviews was that of sexual harassment. This took the form of unwanted sexual advances, unwanted physical contact, leering, rude gestures, and rape and occurred whilst the women accessed public and/or institutional space. Of the thirty women participating in this study, two women were raped - one was gang raped by strangers whilst sleeping on the street, another woman was raped in a hotel by another resident. The latter victim was placed in the hotel by her social worker because of the lack of accommodation available to homeless women. Four women were sexually assaulted. In the accounts the women gave, all the perpetrators were

identified as being male, some of whom were homeless, others were friends, strangers or else staff in homeless services. The assaults took place on the street, in hostels, and in squats. Three of the women had established some form of friendship with the perpetrator prior to the incident. Claire described a mixture of emotions when recounting her experience:

> There was one night I was in a squat with a lad. He says 'or you can come to the squat with me' and I went to the squat with him it was like a warehouse thing and there was a bed. He was on the top bed and I was on a mattress on the floor and I said I was scared cause of the rats, I could hear noises so he says 'well get up on here with me' but then he overpowered is and I started crying. I had bruises all over me arms where he was trying to rape is, he was really aggressive, he was stronger than me, really terrifying, plus being in the dark in a squat with him, I'm lucky I got away. What was worse is that I classed him as a friend, known him for years, talking to him, thinking that everything was alright but once I got alone with him, started off with just a cuddle but then started to kiss me neck then squashing is, hand round me neck everything, sticking his fingers in me mouth - that was a bit scary cause he's on the streets, he's dirty, disgusting, kept sticking them in me mouth, trying to push his fingers back out me mouth. But then afterwards, treating is like nothing had happened, acting like nothing's happened. (Claire aged 34)

Some women were propositioned more than once - by men from one or more of the different categories or alternatively propositioned by numerous men in one instance. The women identified different locations where this occurred which included homeless services, pubs, private accommodation, in grave yards, cars and in the street. In exchange for sex, the women were offered a bed for the night, food, alcohol, drugs and money. These women claimed they were targeted because it was assumed they would do anything for money, because they lived in hostels with known prostitutes, or else walked the streets alone at night. Offers were rejected for numerous reasons, for instance some women were already intimately involved and chose to preserve that relationship, others expressed a lack of trust in people, some did not agree with prostitution whereas others were simply not interested or tempted by the offer. Sarah described two very different occasions whereby she was propositioned - both of which she rejected. The first took place in a day centre and involved a homeless man. She described the subtle approach used in which good sex with a man was proffered as the means of restoring her heterosexual identity:

> In People's Kitchen where you get the food, I mean you get the comments but they are not like pushy about it. I think it's partly because me and my partner are lesbians and you get comments. Just the stupid comments like 'oh, you're not really a lesbian, you haven't had good sex with a man' and blah, blah, blah. It's just things like that. (Sarah aged 22)

The second incident occurred on the street when she was sleeping rough and involved a stranger. When talking about the incident, Sarah suggested that men purposely engaged her in conversation in order to assess her vulnerability and determine which tactic to employ in order to achieve their aim. In her experience, verbal offers of accommodation were supplemented with numerous incentives and yet she was acutely aware of the unspoken expectation underpinning each offer. Some offers were more direct than others and involved the use of force or an offer of payment upfront:

> We were sleeping outside on the benches where the church is and we were cuddling and one man came and started to try and get wer to go to his house, we didn't want to and he just wouldn't leave it and had the luck that one lad came and told him to go away. With men, they see two girls who are obviously homeless, they think they can take advantage of them in a sexual way. Normally they just first came and start and be nice and ask what you are doing there. Some of them can be violent, some of them not but I think the fact that they see that you are homeless they think you're an easy target and that you'll go back to their house. They are offering you food, they are offering you alcohol, sometimes drugs but they have just got one thing on their mind. We've also had men offer wer money for sex. (Sarah aged 22)

5.2.3.3   Positive benefits women derived through their own observations

Homeless women derived a number of positive benefits from their own observations of public space, homeless services, individual practitioners and other homeless people. These benefits revolved around their need to 'survive'. Hence, knowledge of the rules governing access to, use of, and behaviour in public and institutional space was considered to be an important factor in self-preservation:

> There's always bitchiness in lasses hostels, girls are very bitchy, especially the young generation well I'm twenty-six-year-old, I couldn't be bothered with all that. I just say hello, I just keep myself to myself because when I

was younger myself, I've learnt through hostels to keep yourself to yourself and to keep whatever someone said to yerself. (Sky aged 26)

I just got a little bit of food [from a day centre]. I didn't want to look like too greedy. I didn't want to gear anyone in the room up against me. But I used to just sit with my head down, eat my meal, not bothering making conversation and get involved with other people and eat my meal and do what I had to do and get out of there. (Louise aged 38)

Women who possessed this knowledge developed strategies which allowed them to bypass or else satisfy the rules of occupancy. In the accounts the women gave, they talked about the buildings and amenities they inhabited in their homeless journey. Individual use varied considerably from recreational use to using the space to identify potential and pragmatic sites for rough sleeping, from ephemeral intermittent use to prolonged periods of occupation. Public places such as libraries, churches, toilets, commercial premises, retail outlets, airports, bus and rail stations, and various other outdoor locations such as parks, bin-bays, alleyways, under libraries and bridges and the streets themselves featured prominently and regularly in the women's accounts. In order to secure access to these spaces, women adopted behaviour associated with the function of that space. For instance, Hannah wore sunglasses and pretended to read a book whilst sitting on a public bench in the centre of town. In doing so, she successfully presented herself as a legitimate user of the space whilst disguising her real activity - that of sleeping. Other women avoided carrying specific items about their person which they felt could potentially expose their homeless identity. These items included surplus clothing, large bags, food, sleeping blankets and tents. Personal items were stored in a variety of places including graveyards and homeless services. Linda decided against carrying a large bag about her person, opting for a small bag in which she concealed a change of clothing, soap and a towel. The rest of her belongings were stored in the boot of a friend's car.

Many women were conscious of the external image they projected and emphasised the importance of personal hygiene and cleanliness when accessing public space. Hannah and Sky were aware of the stigma surrounding their status as homeless women and took active steps to conceal that aspect of their identity. Whilst Hannah measured her appearance against that of other homeless people, Sky engaged in a thorough cleaning/grooming ritual which enabled her to disguise her identity and prepare herself emotionally for the day ahead:

I didn't look homeless because I always tried to take care of me appearance. I didn't look as bad as most people and I thought I looked alright. (Hannah aged 24)

I was always clean. It says a lot about you I think. I'd get up on the morning, get a bath, dry me hair, straighten it, put a bit of mascara on, a bit of eye shadow, makes me feel better. I never looked homeless, never ever cause I always got a shower and got meself sorted out. (Sky aged 26)

Conversely, some women relinquished their femininity in favour of a more neutral (arguably more masculine) identity. The emotional cost of adopting this strategy is apparent in Claire's narrative:

I dress like this cause it gives them a fear of me and I want to fit in here. Cause I look a bit weird and I don't look like a girl and I'm wearing this hat and dressed like a boy. If I come in here with backy and nice trainers on and all that, they question yer all the time, 'Have you got a tab? Have yer got some skins? Have yer got twenty pence?' And you just get it all the time so I've started dressing like this to fit in so I can come here yer know. I feel I can't be a lady anymore and that's what hurts us cause I wanna be a lady and I wanna be feminine and back to normal but too scared to be like that. (Claire aged 34)

The decisions women made around service access were based on their observations of the amenities on offer and the volume and behaviour of service users, also their knowledge of staff personalities/reputations. Katrina espoused positive comments about the hostel she resided in and the relationships she had cultivated with other residents and staff. That said, women in hostels talked about the importance of balancing civility with that of survival. These women were proficient in determining the level of support needed to maintain healthy relationships with other service users without impinging on their own emotional, physical and practical needs and wellbeing. Rose - having observed physical altercations between service users and staff first-hand - spent much of her spare time in her bedroom alone as opposed to communal areas. Likewise, Yvonne talked about the different personalities and needs of the women in the hostel she resided in and the personal boundaries she implemented in order to maintain a level of detachment:

I'm a good conversationalist but I never try to get too pally-pally with anybody, it's cause they just get too clingy and you end up getting roped in to the carry on's and I can't be bothered with that, I'm trying to upgrade

meself. Oh I've listened to them and I've went out with them and this, that and the other but I know when to draw the line. Like I say I just like to keep meself to meself and I do relate to people well, too well sometimes and that's where they end up like trying to get too clingy to yer and like I say I'm too old for that now. (Yvonne aged 31)

Some female rough sleepers avoided congregating in locations accessed by other homeless people in order to preserve their own safety. This behavior stands in sharp antithesis to the doctrine of homeless services which advocate bedding down in known rough sleeper sites and bedding down in groups rather than alone. The women explained that this decision was motivated by a lack of trust in other homeless people, a preference for solitude, and a fear of being attacked. For example, Rose and Sakura both avoided bedding down with other rough sleepers, they associated the company of others with the theft of their belongings and the potential for other forms of victimsation:

> I wouldn't sleep rough with anybody. They always told is at [Day Centre] - if you're sleeping rough don't do it by yerself - but I just wouldn't do it with anybody cause yer get robbed and everything. (Rose aged 43)

> I used to go to the [Day Centre) which is like for food. I think they were like 'oh some places where you can go', they used to give us sleeping bags there and used to say 'or this would be a good place to sleep' under Byker Bridge or under the bridge near the quayside. And they used to say that was the best place to go cause no one hardly went there. People would be there - I never really went to them places because they were alcoholics, not really trustworthy. (Sakura aged 22)

Similarly, Kelly actively sought out the company of other homeless people during the daytime yet purposely avoided their company at night. When asked by fellow rough sleepers where to bed down, she suggested locations away from where she herself was sleeping. Her concerns and actions were echoed in the stories of many women in this study:

> Asking is if I know where to stay but if I didn't knar them, I wouldn't show them where to stay cause you dunno who they are, you dunno who they are gonna bring with them, I'm not showing them where I'm staying, I would tell them other different places where they could gan but I would never take strangers to mine where I was sleeping. I wouldn't do it. I liked to be gannin in me own place where I knew that it was always safe, well

not safe but without them cause you divint knar them that well, yer divint knar their background, yer divint knar what they're capable of. Aye, sit and have a drink with them when there's loads of wer, sit in a public place but not to be sleeping somewhere that's hidden with the people that you divint really knar as well as you should if you're trusting someone to sleep next to yer - you've gotta knar a bit about them haven't yer? Drinking with them in a group - you're talking to all different people, not really gonna be able to do anything really to yer are they? (Kelly aged 26)

That female rough sleepers avoid congregating in 'known' rough sleeper sites is consistent with research conducted by May, Cloke and Johnsen (2007) and Casey, Goudie and Reeve (2008).

Another positive benefit homeless women derived from their own observations concerned the role of sex in their everyday lives. Of the thirteen women propositioned in this study, nine used sex as currency. That is, they exchanged sexual favours for a bed, food, alcohol, money and drugs. The women's experience of selling sex is consistent with previous research which suggests that homeless women obtain temporary accommodation with a man by performing sexual favours (Moss and Singh, 2012; The Cyrenians, 2011). Five of the thirty women secured a bed for the night in this way, one was paid in drugs, three more were given money - of which one bought alcohol and two others purchased drugs. All the clients were male, two were friends and seven were strangers - one of which was a drug dealer. Women who engaged in this practice searched the streets for potential suitors and whilst some of the women were quite specific in the men they searched for, others were less selective. Chloe had a particular penchant for inebriated foreign men whereas any male would suffice for Zoe. Despite acknowledging the dangers involved in selling sex, Zoe continued to accept offers from willing participants:

> I used to wander round the streets at four, five o'clock in the morning until I could find somewhere. Take a man off the streets and go and sleep at his house. I needed to do it cause I had nowhere to live. Somebody who was drunk and somebody who was foreign. (Chloe aged 27)

> I just try and bump into people. Just walk round sometimes, just walk round anywhere and there could be a rapist, a murderer or anything but if they invite us into their flat to sleep at theirs for the night then that's what I'll do – I'll go and sleep at theirs. Yer know - what I'm saying is if them say like 'just come with me', or 'you're alright pet, come with me, yer can lay on the sofa or something, sleep on the settee, don't worry, I won't harm

you' then I'd go, like I'd go with him cause I'm just too weak and I'll go with them to sleep on their settee but it could be anybody. Loads of times I've done it. (Zoe aged 24)

Homeless women slept with 'friends' in order to secure a bed for the night. Rhonda frequently employed this tactic and was acutely aware of what was expected of her in return for a roof. She described the emotional rollercoaster she experienced and the frequency with which she used sex as currency. In recounting her experiences, she differentiated between friends and gentlemen, choice and necessity, and pleasure and tolerance:

I've slept with men to have a roof, to have somewhere to stay. Men I already know, they're not strangers, they were good friends and they've said 'you can come and stay with me'. There has been some gents where I've slept in their spare room and on their settees but there's been a couple where it's been on the condition that I sleep in their bed. It's not really discussed as such. There's been a lot of times when I really hadn't wanted to but I thought well if it's gonna be somewhere to stay for a while - put up with it. One man in particular took is in to be kind and the choice was mine if I wanted to sleep in the spare room or I wanted go on the settee - he would leave us alone but we've always been very close as friends so I didn't really mind to be honest with yer. There was times when 'or no' but 'or whey yer know', if that makes sense. The one particular what I'm talking about, degraded, vulnerable. Just used to try and blank it, just pretend I suppose. (Rhonda aged 50)

5.2.3.4   Deleterious effects experienced through women's own observations

Homeless women experienced a number of negative effects from their own observations of public space, service providers and other homeless people. For instance, Linda was unable to remove the feeling of dirt from her body despite eradicating all visible traces. Her routine of cleanliness changed post-homeless and this was something she struggled with:

I didn't sleep for two nights and I felt dirty and even though I did wash myself in McDonalds and in another toilet, felt dirty and I'm not used to that, I'm used to having a shower every day and a bath at night and I just couldn't cope with washing yer clothes and things like that. (Linda aged 52)

Self-exclusion from services was a common theme in the women's narratives. Reasons for doing so included a lack of support/empathy from staff, avoidance of other known service users, over-crowding, embarrassment or hostility towards/from other services users. Kelly explained how the quantity of (male and female) clients accessing a day centre, the abusive language and confrontational behaviour they openly displayed and the limited resources available to women resulted in her excluding herself permanently from the service:

> They used to help you with getting a bath and that but then there's loads of other people using it and there's only one shower for the girls so sometimes you'd be there all day and you could use the washers for free but there's other people doing their washing, there's only one washer and one dryer so some days you couldn't do it. I wouldn't go back there even if I did become homeless again, I would never go again, it's crap. (Kelly aged 26)

Similarly, Angela felt uncomfortable on account of the different personalities frequenting a day centre. From her observations, she concluded that not everyone was homeless and therefore were not in genuine need of the service. She decided within a relatively short space of time that it was not somewhere she wanted to access:

> I've only been once. There's loads of charvers and that go there, there's loads of little radgies and that go. Radgy is youngens swearing and wanting to fight all the time. I don't know if they're homeless cause they wouldn't know who's homeless and who's not. I went with one of me pals, went on a Thursday, went to go and get some clothes, that's only time I went. I went in, ten minutes, I didn't stay long. Just something about the place I just didn't wanna stay. I just don't feel comfortable there. Loads of homeless people go there and they're not homeless, they've got their own places but I just don't like going, not my thing. I just don't like to go. (Angela aged 25)

Tracey explained how the response she received from staff in the housing advice centre prompted her to stop frequenting the service. She attributed the blasé attitude of practitioners to her official status as a non-statutory homeless woman:

> Every day I would gan in and they're hopeless they are, they just divent do nowt. They just say you're not a priority, there's more people that's more priority than you, there's nowhere available, if there's nowhere available then

they can't put you anywhere. They tell you to come back, there might be something available tomorrow, there might be something available the next day, you go back and back and back and back. In the end I just kick off and I never bothered ganning back. (Tracey aged 49)

There was a clear distinction in the women's narratives between what they saw as 'statutory homeless' and what the local authority considered 'statutory homeless'. Linda (aged 52) re-counted how she lived in 'tied' accommodation and when the business was sold, was simultaneously made homeless and unemployed. In her words, 'I got a job living in and then some other people took it over so I lost my job, so then I lost where I was living'. Linda subsequently registered her homelessness with the housing advice centre and following an investigation into the circumstances surrounding her homelessness, was found to be intentionally homeless. The duty owed by the local authority was simply to provide Linda with advice and assistance. Similarly, Lauren (aged 33) - a former and potential victim of domestic violence - approached the local authority and asked to be re-housed in another area because her violent ex-husband was due to be released from prison and knew of her whereabouts. The local authority refused Lauren's request and so Lauren felt she had no alternative other than to abandon her tenancy - thereby making herself street homeless. Although Lauren failed to secure alternative accommodation, she reasoned that she was safer living on the streets:

I had a house but then he was due out, me ex-husband was due out of prison and he knew where I lived and I had to just go. I had to go cause he used to beat the pulp out of is and I couldn't get nowhere else to live so I just put meself on the street basically.

Lauren subsequently registered her homelessness with the local authority's housing advice centre and following an investigation into the circumstances surrounding her homelessness, was found to be intentionally homeless. The point here is that Lauren's domestic violence concern was not regarded as genuine given that it was rejected by the local authority - a point which was highlighted by practitioners in Chapter 5, section 5.2.1.1. Thus, the duty owed by the local authority was simply to provide Lauren with advice and assistance. Following this decision, Lauren spent nine months 'staying with friends on floors and couches' and 'staying on the street in a tent'. The experiences of statutory and non-statutory homeless women is explored in more detail in Chapter 8.

For homeless women, the effects of vertical surveillance are multiple and divergent. In one sense, positive benefits can be derived yet in another, its effects are somewhat injurious - irrespective of whether it is conducted by the women themselves or gatekeepers. Whilst its authoritarian function ensures a level of conformity, homeless women are able to develop opportunities for resistance in which they challenge and adapt surveillance for their own ends and needs.

5.3 Summary

This chapter has explored the ways in which surveillance functions in the context of women's homelessness. It has done so from three inter-related perspectives: namely, the local authority, homeless service providers and homeless women. The stories and histories of the fifteen practitioners and thirty homeless women illustrate a dichotomy, namely that they are the focus of observations and are at the same time, involved in the process of monitoring others. Collectively, the participants viewed surveillance as that which enables distinctive forms of categorisation, differentiation, marginalisation and prioritisation. They believed that surveillance - in the form of electronic and paper based recording systems and manual surveillance techniques - works to impose order, to discipline and normalize. For the local authority, surveillance was perceived as a necessary part of funding regimes and the means by which the local authority fulfils, assesses and enforces its duty under the terms of the homeless legislation. For service providers, surveillance represented an extension of central government power, distributing government directives and influencing discussions as to suitable responses to (centrally defined) local service needs and demands so as to make sure homeless services stay on course. Simultaneously, observations at the local authority level opened up possibilities for resistance in that it was used by practitioners to determine and dictate who might be 'deserving' of the sector's aid and thus given access. For homeless women, surveillance represented a significant extension of the state's regulatory reach - the effects of which were both inclusive and exclusive, compulsory and optional, authoritarian and liberating.

Overall the data shows that surveillance is vertically orientated, is unidirectional and runs from both top to bottom and from bottom to top. The following chapter analyses the way in which lateral surveillance forms an integral part of the pyramidal network of surveillance outlined in this chapter.

CHAPTER 6: HIERARCHICAL OBSERVATION 2 - LATERAL SURVEILLANCE

If you have three women who's literally homeless and a bed becomes available and you put a referral in, you bet yer bottom dollar, I could do it quite easily, I could tell yer who's first, second and third on their list even though they'll not say that. If you put somebody forward with no issues whatsoever, you'll find that hostels will be pretty much fighting over them and they're quite quick to get back to yer saying 'oh yes, we've got a bed'. However, if you put somebody forward who is chaotic and they've been through the system, you'll find nobody's in a hurry to give you a ring to say yer know 'oh, we might have a bed in a weeks' time'. (Homeless Prevention Officer)

6.1 Introduction

The previous chapter presented a pyramidal model of hierarchical observation involving central government, the local authority, service providers and homeless women. It illustrated how surveillance operates via vertical relays. These relays function as a disciplinary technique of control which subjects all those within the pyramid to multiple and intersecting observations. This chapter continues on the theme of hierarchical observation and explores the function of lateral relays. The chapter is presented in four main sections. The first two sections (6.2 and 6.3) explore the practice of delivering multiple services for homeless people. Section 6.4 explores the spatiotemporal dimensions of homeless facilities. This is done through an exploration of the practitioners' experience and perception of inter-agency working and their construction of homeless services as focal points for homeless women and other service providers. It includes an examination of the geographic proximity and temporal structure of day centres and hostels, in particular, of the ways in which their rigid regulations function as institutional spaces for official intervention, surveillance and regulation of homeless women. The final section (6.5) explores the subjective cartographies homeless women construct around their use and avoidance of public and institutional space. This is done with reference to the women's experience of service provision and public space as inclusionary or exclusionary, optional or necessary and as constraining or enabling.

Firstly, the chapter assesses the disjuncture between political rationales and their effects in reality via an analysis of multi-agency working, as this was a key theme raised by respondents working in local government.

6.2 Policing multi-agency working: The local authority's role

The 'Common Case Management Group' (CCMG) is an example of multi-agency working. The use of case management as a governmental approach to micro-manage the conduct of homeless people was initially implemented in 2008 (Newcastle City Council, 2010). CCMG involves weekly meetings with practitioners in statutory and non-statutory services, including, but not limited to, the Housing Advice Centre (and its commissioning/rough sleeping/homeless prevention teams), Adult Services, Police and Probation Services, Drug Treatment and Addiction Services, Homeless Day Centres, Mental Health Services and Supported/Emergency Housing Providers. The CCMG focuses on three groups of 'multiply excluded people' - namely those who 'are, or who are at risk of being: rough sleeping or homeless', 'involved in harm related to use of drugs and/or alcohol' and 'high rate offenders' (Newcastle City Council, 2012b: 10). The meeting is used as a forum in which to discuss and monitor specific cases, and agree action plans on how best to support individuals off the streets into accommodation and services (Newcastle City Council, 2010). Rough sleepers verified through the case management process are prioritised (Newcastle City Council, 2012b). In theory, the benefits of CCMG are multiple in that:

> All key agencies are round the table together
>
> There is good co-ordination of the actions, and no effort is wasted on duplicating actions
>
> There is much better understanding of each other's roles, and people know who to talk to
>
> Information is shared
>
> Agencies take a common approach, so service users hear a consistent message from all the professionals they meet
>
> People who attend the meetings trust each other to deal with what is said professionally and respectfully. (Newcastle City Council, 2012b: 11)

In reality, practitioners claim the benefits outlined above are in contradistinction to some of the practices of individual services. For instance, a homeless prevention officer explained that a 'hardcore of services' attend the CCMG regularly, yet other services 'dip in and out' of meetings on a purely ad hoc basis. In doing so, these services fail to provide or else receive updates on individual service users. Designating 'actions' is another key function of the CCMG. An 'action' is a task, activity or an act that needs to take place. The 'action' designates responsibility to a named service or representative of a service, however actions are not always completed in a specified time period. Uncompleted actions are rolled over until the next meeting, thereby attracting a greater level of scrutiny, accountability and peer pressure by other service providers in attendance:

> You go to meetings and you've got action plans and it's a case of 'right so what's happened since the last time?' And then, agencies will say 'ee well, they've never engaged, they've never come to the meetings' and a lot of the time I challenge in a constructive way by saying 'right so they didn't attend their appointment, what did you do after that?' When something fails, I think you have to take your responsibility, sometimes the women who you deal with are not ready, it's not at a good time to be able to move forward but it is little steps. I think using the excuse that somebody hasn't engaged, I personally think it's a cop-out. (Homeless Prevention Officer)

During interviews practitioners acknowledged the limitations of each other's roles in terms of time restraints and caseloads, and were of the opinion that an agency was only as good as the individual that represented it. As a Homeless Prevention Officer pointed out, 'there's better workers in all organisations so it just depends on the worker. Some workers who you're working with, you're really confident and competent in what they're gonna do, some others you're not as confident, competent'. The information sharing agreement was another contentious practice highlighted by practitioners during interviews. This agreement allows representatives (from different services, agencies and organisations) to exchange information with and gather information from other practitioners at the CCMG. Representatives are permitted to relay the information back to colleagues in their own organisation, though some individuals were not always willing to share information with other services or else were selective in the depth and breadth of information they imparted. The practitioner with statutory responsibility for rough sleeping called for all stakeholders to exchange information more readily and openly in an effort to formulate and deliver an integrated care package. In a similar vein, a homeless prevention officer

highlighted the subjective nature of information sharing amongst voluntary services, the rationale underpinning decision making, and the impact of with-holding information on service users:

> You've got lots of agencies coming together to discuss cases where yer can share information but they'll be instances where it's slow to come through and I think there'll be instances where people withhold information that might influence whether somebody got a tenancy or not, whether somebody got a hostel or not. When we put somebody forward for a hostel, we give all of the relevant information and it's not up to you to pick and choose what that information is. If anybody's got any offending history, drug issues, mental health, if you've got all that information and any risk assessment, you've got to give that information because if you don't and it all goes pear shaped, you've got to take responsibility. It's a matter of being accountable for people who you're putting forward. It's no good putting someone forward for something and withholding massive information and then when it fails because you've withheld that they've got a real heroin issue and they've failed two month along. Well you've set them up to fail really and you've done them no favours.

The notion that agencies take a common approach so service users hear a consistent message from all the professionals they meet was contested by practitioners on the grounds that accommodation providers 'cherry pick clients'. That is, they selectively choose which homeless women to engage with from a list of applicants registered with the local authority's housing advice centre. The straightforward cases - those where the applicant has minimal complex needs and issues - are selected first and foremost, thereby allowing services to fulfil their contractual obligations with minimal disruption, effort and resources. The more complex cases - those where the clients' needs are multiple and require more time, energy and resources to resolve - are more readily excluded by and from services:

> Hostels is getting paid lots of money to house and support these chaotic women but there's elements will only pick and choose, they'll cherry pick the less chaotic people. (Homeless Prevention Officer)

The contribution of basic needs services such as soup kitchens and day centres was also problematised by practitioners. By working independently of the local authority, it was felt these services not only sustained the lives of homeless women but sustained their very

existence and status as homeless women. Such was the strength of feeling that the practitioner with statutory responsibility for rough sleeping openly called for the cessation of these services:

> Where we know people can get free food, it creates an incentive not to accept accommodation, not to address their problems because they know that especially in the summer for example, they can sustain that lifestyle, save money, not pay rent by sleeping in a tent and eating in the [basic needs service] - I don't wanna be totally unfair and totally critical but I do think that we could manage without having that service.

In this study, practitioners criticised the way services responded to the needs of homeless women. The case of a seventy-year-old female rough sleeper provides a useful illustration of this point. This case, which was regularly discussed at the CCMG, was extremely controversial, not least because numerous practitioners representing a variety of different organisations, agencies and services were directly involved, all of whom had been unsuccessful in their attempts to help the woman sustain a settled way of living. From the perspective of the local authority, the problem lay with mental health services and their decision not to section the female under the Mental Health Act 1983. According to the practitioner with statutory responsibility for rough sleeping, the female was street homeless - though this was not the first time. On the previous occasion, she was placed in local authority emergency accommodation, however when the local authority attempted to move the female into her own accommodation, she refused to leave. Thus, the local authority claimed that it would be 'too distressing for staff to ask her to leave a second time', and so refused to accommodate her. The situation was further exacerbated by the females' refusal to accept other offers of accommodation because she considered the local authority's emergency accommodation 'her home'. Instead, the local authority opted for an approved mental health professional to assess the female. Knowing that the female would not willingly consent to an assessment, Section 136 under the Mental Health Act 1983 was used (Directgov, 2012). Section 136 gives a police officer the power to remove a person from a public place who appears to be suffering from a mental disorder and take them to a place of safety for an assessment. In this instance, the assessment was carried out in suite 136 at the general hospital and medical staff were alerted to the female's ability to evade specialist intervention:

The one thing that I'd specifically said was that this female is very skilled at evading sort of like professionals, she knows what to say, she's not gonna give anything away, yer have to spend a prolonged amount of time with her in order to get some sort of insight really into what's going on. (Practitioner with Statutory Responsibility for Rough Sleeping)

The seventy-year-old female rough sleeper was assessed by a community psychiatric nurse. Thirty-five minutes later it was concluded that the female had 'capacity', hence she was deemed capable of making informed choices. This meant there was no legal obligation on the part of the local authority to intervene, if the female was not willing. This was not the outcome the practitioner with statutory responsibility for rough sleeping envisaged:

We were all pretty shocked, a seventy-year-old woman sleeping between two bins on her hands and knees, won't access services, doesn't want any type of intervention, a history of mental health problems. The other thing is, when she was picked up by the police she had several thousands of pounds hidden on her person in her coat and as a seventy-year-old female sleeping rough in the city, totally exposed and at risk of abuse, chronic self-neglect and like I say, a history of psychiatric interventions throughout her life, how can yer make yer decision, a conclusive decision about somebody's health? (Practitioner with Statutory Responsibility for Rough Sleeping)

The claim that some practitioners lack compassion, are apathetic to the needs of homeless women and make little effort to resolve or else alleviate homelessness was espoused by a homeless prevention officer. It was claimed that such practitioners were unenthusiastic about their job having spent a prolonged period of time dealing with (more often than not) chaotic women. The priority here, according to the homeless prevention officer, was to ensure services continued to engage with hard to reach or difficult to engage homeless women:

We've got a small population of women who go through the services, who we've done everything we can to get organisations to pick up the part that they're supposed to but again yer find it's just a cop-out cause the agencies say 'ee well we've made an appointment but she didn't come' and then they leave it at that which is frustrating purely because we know that person might go and stop with a friend or go back to family for a day, a week, a month but you know that it's not sustainable and that it's gonna

fail and that's what happens unfortunately, it's a regular occurrence. (Homeless Prevention Officer)

The Common Case Management Group legitimates the local authority's lateral surveillance of service providers and select homeless women. The case management approach requires an emphasis on accessibility to a wide range of services in order to help homeless women achieve the government's objective of sustaining an independent lifestyle. Thus, problems in service coordination and joint working, linked to inadequate practice and/or resource issues limits the success of this approach. In the next section, the experience of practitioners working in non-statutory homeless services is examined in the context of the CCMG.

6.3 Assisting and resisting intra-agency working: The conduct of local service providers

Practitioners working in homeless services expressed mixed views about the benefits of the CCMG. On a positive note, a worker in a day centre claimed the meetings provided an opportunity to focus on non-priority homeless women and agree action plans on how best to support female rough sleepers off the streets into accommodation and services. Moreover, representatives developed an understanding of how other agencies operated and used the meetings to actively foster good relationships, thereby 'breaking down a lot of barriers' (Project Worker 1). The importance of 'putting all that information into one place and sorting it out' was also recognised, though practitioners were conscious of the lack of communication between services and the impact this had on those reliant on that service:

> We just ring up and you get random people every single time and yer passed from one department to the next and one department's not talking to the other. Income Support's not talking to Incapacity and they don't communicate so yer get told different things from different people and I just think there's a group of people who are getting left out of the benefits system and they're losing a lot of money. (Support Worker 1)

In contrast to the views of practitioners working in local government, a worker in a day centre accused the housing advice centre of with-holding information via failing to establish or else declare on their risk assessment form whether female applicants pose a

risk to staff or other service users - a more detailed discussion of risk assessments ensues in Chapter 8, section 8.2.1. The importance of sharing information was highlighted by a community psychiatric nurse who admitted engaging in a 'bit of detective work, a bit of digging around'. In so doing, this practitioner was able to find things out about people which had not been disclosed, for instance, 'it was not uncommon to find out that some individuals had a history of stabbing people'.

The notion that CCMG members trust each other to deal with what is said professionally and respectfully was another key theme in the interviews. Practitioners recognised the benefits of the hand-holding exercise whereby clients are transported from one appointment/organisation to another. For example, a project worker explained that a drug worker escorted a female client to and from a service specialising in medical health care for her contraceptive injection. Given that the females' partner sought to impregnate her and was known to be physically violent towards her, the arrangements were made without his knowledge, involvement or agreement. In pursuing this course of action, practitioners ensured the female remained safe and in control of her reproductive capacities:

> One of the workers in the other organisation, when she needs her three
> months' contraceptive injection, they managed to bring her here and say
> they're taking her shopping because he wants her to have children. Now
> this girl [sic] in particular has had eight pregnancies. (Project Worker 2)

As well as escorting women to a variety of housing, health and support services, practitioners also accompanied women to recreational services:

> It might be taking them to the gym, we take them to the college to get
> their hairs cut. (Support Worker 2)

Practitioners identified a number of benefits following the introduction of the hand-holding exercise which included improvements in both inter-agency working and the behaviour of clients. For instance, support worker 4 escorted a female service user to court. Having been evicted from local authority housing following a dispute with her neighbour, the female's behavior deteriorated to such an extent that she seldom frequented services. The practitioner claimed that recent improvements in her behavior were due to the 'dogged determination that somebody's actually going to work with her and begin to progress and

advocate on her behalf'. Other benefits included clients staying in treatment longer, maintaining tenancies for longer, attending appointments and improved behaviour in and around services. In addition, service users' use of street illegal drugs, drinking and criminality declined as a result of the increased amount of time spent in and around service providers/provision.

In the accounts practitioners gave, they explained that they used the CCMG to discuss individual care packages and the use of 'actions' prevented duplication work as each service was fully aware of what was happening around a particular client. That said, a support worker pointed out that agencies 'doing the work' were 'acutely aware of the levels of action and inaction taking place'. Thus highlighting gaps in provision across services which undermine case management as an effective technique for addressing the needs of homeless people.

That services have a better understanding of each other's roles and people know who to talk to was acknowledged in the practitioner's narratives:

> I offer the support in, I could get them if they want, help with drugs or alcohol. We don't do that ourselves, we refer them to agencies, help with benefits, fill in housing forms, just general. Whatever their needs are, we can support them, we are more using outside agencies than doing it ourselves. (Support Worker 1)

> If you've worked and built up a rapport, a professional rapport and relationship with a service or an agency, they're a lot more forthcoming, they know where you're coming from, they know what your direction is so they're more, they feel more confident about giving that information over, knowing that it's going to be used correctly. (Support Worker 4)

There were however some criticisms of the CCMG. Practitioners did not always agree on the course of action other services adopted. In recounting the case of the seventy-year-old female rough sleeper outlined in section 6.2, a worker in a day centre openly criticised the local authority for its refusal to house the female rough sleeper a second time:

> It'd be too distressing for the staff to ask her to leave because she always refuses to leave but it wouldn't be too distressing for me when I do morning outreach to come across her dead. I have to be very professional,

lets put it that way, if it wasn't my job on the line, I'd go to the papers. If it wasn't because of all the bridges that we've rebuilt over the last two years by all the good work, partnership working, I would challenge it really strongly. This is something we have been talking about for six months, she's been street homeless for over a year and we're still bringing her up at the rough sleepers case management and it's ongoing.

A community psychiatric nurse criticised residential schemes for refusing to accommodate homeless applicants unless there was' a guarantee of a care package in place, delivered by mental health services'. The issue here is that homeless people are kept in services longer and remained on the case loads of mental health teams and social work teams unnecessarily. The same practitioner explained that this happens because of the way services are funded. For instance, it was not uncommon for Supporting People to stipulate that a care package had to be in place for funding. A worker in a day centre castigated accommodation based projects for excluding homeless people from provision on the grounds that their support needs were too high. The practitioner dismissed the decision as a get out clause given the frequency with which it is used and that it is used to exclude some of the most chaotic people from provision even though they are the people who really need the help:

One of the bug bearers for me is when some of our clients are refused support and accommodation. One of the reasons when we challenge that decision why they've been refused that accommodation is their support needs are too high and we hear that time and time again. Is it not about working with the client, yes they may be high risk but is it not about how you manage those risks?

Other practitioners criticised the limited resources available to women who sought to amend their behaviour:

Like Maria, we'd referred her to Plummer Court and she's gonna do her alcohol education but it will be January before she gets an appointment for treatment - she could be dead by then. (Support Worker 1)

That services use pre-requisites was another contentious issue raised in the interviews. A prerequisite is a requirement as a prior condition of something else and is used by service providers to facilitate change. Their use evoked a mixed response among practitioners as

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some claimed that they actively encouraged women to address aspects of their behavior/situation in the immediate future whereas other practitioners rejected the idea outright of with-holding resources from women in need of support unless they visibly demonstrated a commitment to invest in their own self-development:

> When yer say 'can't accept it' sounds awful, like you're just deciding but if somebody's too high, like their mental health needs or we've done the risk assessment, we've gathered feedback and they're just far too chaotic or really drinking heavily or still using a lot of drugs - sometimes it's just an outright no - at this moment in time we're not able to support this person or if we feel where we want to see them engaging a little bit more with the drug and alcohol services they've just started to work with so we'll review it in a couple of months, it's not always just yes. (Support Worker 3)

The narratives of practitioners working within and independent of the local authority reveal a lateral network of surveillance which is both flexible and cohesive and yet at the same time, volatile and disjointed. In the next section, the ways in which spatial and temporal aspects of homeless facilities exert an additional layer of lateral surveillance on women is explored.

6.4 The spatiotemporal dimension of homeless services

The geographic proximity and temporal structure of homeless services means that co-ordination among services is more viable and thus, the filigree of observation is more acute, given the access service providers have to clients and other providers. This was a key theme raised by practitioners during interviews.

6.4.1   Geographic proximity

Figure 2 (overleaf) is a map of services and organisations relevant to this research. It features four female only hostels, one male only hostel, and three mixed sex hostels - one of which accommodates families. Also included are three day centres, a hotel and six specialist advice and support services. These services cater for a variety of different needs and offer advice and support on housing, health, welfare and local services. Practical support is also available in the form of washing facilities (bath/shower and laundry),

Figure 2

Map of services and organisations involved in this research

We've now probably around nine hundred coming in, on average a month. We just doing sausage rolls and chips which takes ten minutes. You throw it in the oven, the oven does the cooking for you, very little washing up. (Outreach Worker)

We've got big free food leaflet that we give out and that's directing them to all different services. (Project Worker 2)

We've got a project called Appletree and we can get volunteers who come out, take actual some of the girls shopping, go out, make menus, come back and do the cooking with them. (Housing Support Officer)
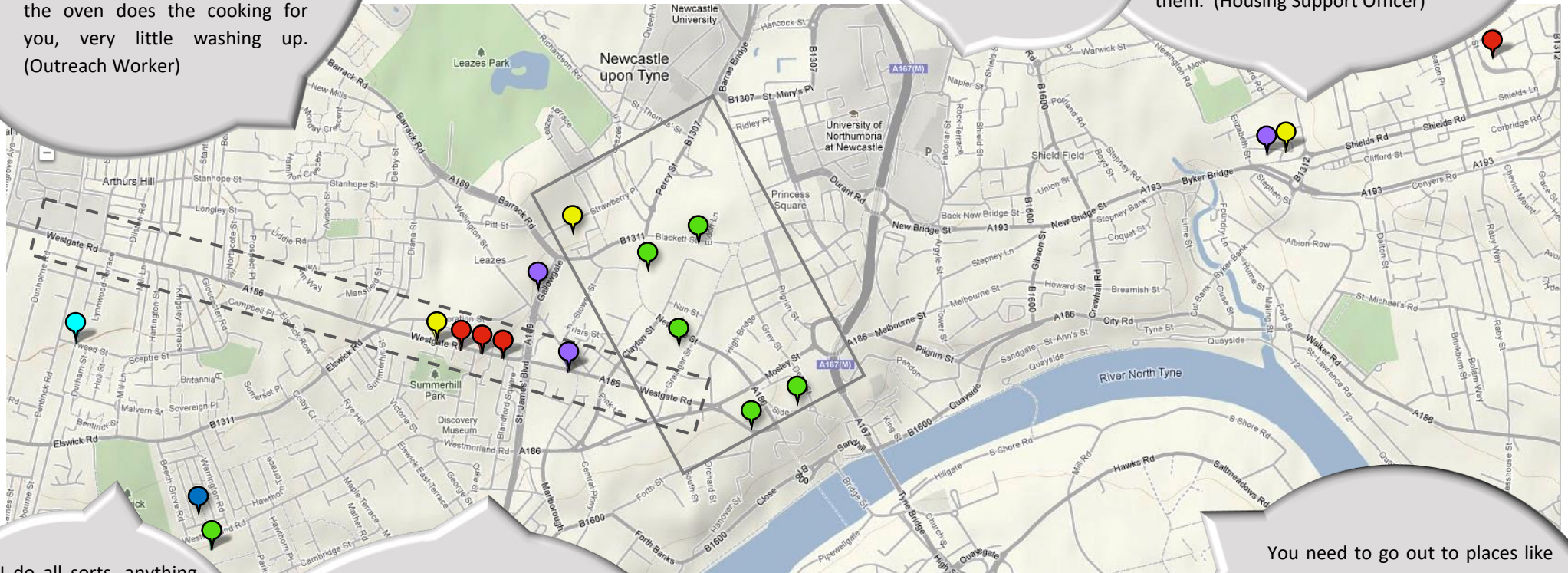
I do all sorts, anything and everything that these women need cause that's how we work. (Support Worker 2)

If I couldn't find a way of improving the way somebody sleeps on the street, then I would have failed. Saying 'look, there's a safer place to sleep or if you go to the People's Kitchen you'll get a blanket and food'. They're the base lines that you've gotta get right, thems very very simple things. So if you even improve on that little bit, you're doing something. (Drug Worker)

Key:
Red icon   female only hostel
Navy Blue icon   hotel
Purple icon   mixed sex hostel
Yellow icon   day centre
Green icon   specialist advice & support service
Light Blue icon   male only hostel

You need to go out to places like day centres, Crisis, you need to go out, instead of you being stuck in an office, you need to go out and go to the people who are not accessing services cause if you're not, them are usually the people that really need yer help. (Homeless Prevention Officer)

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a clothing store, and food and shelter. Many of the services (particularly female only hostels) are concentrated in the west end of Newcastle close to the city centre (represented by the solid grey rectangle on the map), furthermore they are located in marginal places within prime city centre space. For example, the west of the city centre is characterised by a concentration of prostitution, private rental accommodation, drug problems, individuals in low pay/low skilled jobs and criminality. Of the 1,107 crimes committed in central Newcastle in February 2015, 613 occurred in and around the Westgate Road area (represented by the dotted grey rectangle on the map). These crimes included 300 anti-social behavior related offences, 86 violent and sexual offences, 51 thefts from the person, 21 criminal damage and arson offences, 17 drug offences and 14 public order offences (Police UK, 2015). The 2011 UK Census contains demographic information on all postcodes in the Westgate Road area. In terms of housing tenure, the majority of properties in this area were privately rented. Women accounted for just under half of the population (47.57%) though the area hosted a rich diversity of ethnic groups, including Indian, Chinese, Pakistani and Eastern European - comprising 41.95% of the population collectively (Office for National Statistics, 2011c). In terms of economic activity, semi-skilled and unskilled manual workers, those on state benefit/unemployed, and lowest grade workers accounted for 43% of the population.

In the accounts practitioners gave, services offering free or inexpensive food were described as important, regular and central focal points for homeless women and outside agencies. I use the term 'outside' here to refer to services that access other forms of homeless provision but are unconnected to and independent of that particular provider. Practitioners claimed that homeless women created a 'food route' having familiarised themselves with the numerous services offering drinks at different times of the day/night and of those providing a hot and/or cold meal. Information on the availability and proximity of food was disseminated by practitioners using a variety of techniques:

> We've got big free food leaflets that we give out and that's directing them to all different services. (Project Worker 2)

> If I couldn't find a way of improving the way somebody sleeps on the street, then I would have failed. Saying 'look, there's a safer place to sleep or if you go to the People's Kitchen you'll get a blanket and food'. They're the base lines that you've gotta get right, thems very simple things. So if you even improve on that little bit, you're doing something. (Drug Worker)

There was a general consensus that female rough sleepers bedded down in locations because of their close proximity to services offering food. Practitioners involved in outreach described first-hand experiences in which they encountered homeless women sleeping in a disused car salesroom, in alleyways and graveyards or between discarded furniture in a garden simply because these locations were situated near day centres which the women accessed on a daily basis. Demand for food services was such that a worker in a day centre claimed that 'around nine hundred' clients accessed the service each month. The popularity of food services was attributed to the failure of staff within such services to interrogate clients on the circumstances surrounding their homelessness. Thus individuals simply 'turn up, they're given food and that's it, no questions asked' (Practitioner with Statutory Responsibility for Rough Sleeping).

Food services were also a focal point for outside agencies intent on linking up with hard to reach or else difficult to engage homeless women:

> You need to go out to places like day centres, you need to go out, instead of you being stuck in an office, you need to go out and go to the people who are not accessing services cause if you're not, them are usually the people that really need yer help. (Homeless Prevention Officer)

A practitioner from the housing advice centre routinely visited a day centre along with a member of the Pathways team. Pathways is a 'housing related support service which aims to give vulnerable people 'Pathways' into independent living and prevent homelessness' (Your Homes Newcastle, 2012). Other professionals given access to the same day centre included an optician, a community psychiatric nurse and a GP. This practice was not restricted to day centres as professionals from the emergency services, the medical/health profession and welfare services were given access to a female only hostel as a means of normalizing the residents, that is to say, of helping the women lead settled lives. This took the form of what Du Rose (2006: 38) describes as 'social support' which involves 'helping, teaching, treating, guiding and counselling' - (a more detailed examination of normalization occurs in Chapter 7).

> Smoking sometimes, they'll go into the living room if it's a flat with a settee and they'll sit and have a cigarette together and they have had things over

the smoke alarms for health and safety so we have fire talks, the fire brigade come down and we organise fire talks, explain the dangers of doing that. (Support Worker 3)

In addition to professional intervention, volunteers were given access to projects:

We've got a project called Appletree and we can get volunteers who come out, take actual some of the girls shopping, go out, make menus, come back and do the cooking with them. (Housing Support Officer)

The notion of taking services to people as opposed to waiting for individuals to access services at a time of their own choosing was very much a priority for many agencies and service providers. In this respect, particular homeless services served as focal points for homeless women in need of sustenance and outside agencies intent on linking up with homeless women accessing such services. In the next section, the way in which the cyclical schedules of homeless services govern women is examined.

6.4.2   Temporal structure

In this study, time as well as space emerged as a key component in the social ordering of homeless women (see Wardhaugh, 1996; Murray, 1984). This was reflected in the practitioner's discussion of food provision more generally. For example, of the three day centres offering food, one served breakfast every weekday at 9.30am and lunch at 11.30am for a small fee. The second day centre served breakfast every weekday between 8am and 9.30am and lunch at 12pm for free, whilst the third day centre served a freshly cooked meal free of charge three evenings a week between 6.30pm and 8.30pm and one day a week between 1pm and 4.30pm. Set meal times were generally perceived as a pragmatic solution to what was otherwise a complex issue, especially where they formed part of the everyday practice of accommodation based projects. Within hostels, food was generally served at similar times throughout the day, though there were slight variations across projects. In women only hostels, breakfast was served between 9am and 11am and evening meal was served at 6pm. In mixed sex hostels, breakfast was served between 6am and 10am, and evening meal was served between 2pm and 5pm. This practice induced homeless women to access food services at a specified time and place in order to receive sustenance. Failure to do so meant that women potentially went without food or else

resorted to other measures (such as begging, stealing and selling sex) as a means of acquiring food.

A time-based feature of hostel provision is the operation of a curfew system, thus anyone returning after a specified time is denied entry and recorded as absent for the night. Practitioners in this study talked about the different curfews in operation. For example, in one female only hostel, residents were required to return by 11.30pm on a week night and 1pm on a weekend, whereas in another female only hostel, residents were required to return no later than 12 midnight. The operation of a curfew system in hostels serves to responsibilise residents and regulate their behavior given that government guidelines dictate payment of housing benefit is dependent upon residents spending four or more nights a week in the hostel. Women who slept out more than the specified amount risked losing their hostel place:

> We've had quite a few abandoned tenancies where they're allowed three nights out a week. Erm, some have been out like five or six in a row so then they're classed as not needing the bed cause we class it as they've abandoned their tenancy, so they're discharged. (Support Worker 1)

It is worth noting here that this practice was used to govern the behaviour of free and capable adults rather than individuals who were incapable, infirm or else below adult age.

Another temporal feature of hostels is that of set visiting times. All of the six hostels participating in this research regulated visits and visitors. Two hostels stipulated that visitors were allowed between the hours of 9am and 4pm Monday to Friday. Another stated that visitors were allowed until 11pm whereas a fourth stated that visitors could stay until 6pm - though this was at the discretion of staff. Visiting hours in the fifth hostel operated from 1pm until 4pm, whereas in the remaining hostel visitors were allowed between the hours of 12 noon and 10pm. Women only hostels prohibited visits from children and/or men, advocated single visits from females aged 16 and over and stipulated areas of the hostel to be used for visits. The use of set visiting times in accommodation based projects is not uncommon as Williams (1996) highlighted this in her study of the physical environments of shelters. On a positive note, this practice is instrumental in

facilitating and sustaining support networks given that residents are permitted to entertain family, friends and others in what is essentially their living space. That said, it also exerts a degree of control over how homeless women spend their time as women are required to locate themselves within a service (and indeed, within a particular part of that service) at a certain time in order to entertain individuals who are otherwise independent of the actual provision and as such, are restricted from accessing that space.

Homeless women are routinised by the sociotemporal dimension of provision given that their access to services is largely determined by the cyclical schedules and geographic location of the organisations upon which they depend. The geographic proximity and temporal structure of homeless services dictate when/where food is available, the level of engagement services require of service users, and when it is appropriate to invite non-residents into their living space. In the next section, the individual cartographies homeless women construct in their efforts to negotiate and navigate their way through the system of provision are examined.

6.5 Individual cartographies homeless women construct

The thirty homeless women who took part in this study expressed a mixture of emotions when describing their access to and use of homeless services and public space. These women were acutely aware of the operational practices of services and gatekeepers and as such, created an intricate cartography around access which enabled them to retain autonomy over their ability to care for themselves and their bodies. All of the women in this study admitted accessing multiple services and locations in the course of their homeless journey. The women's narratives revealed the level of priority they attached to specific forms of provision, the rationale underpinning their choice and use of homeless services, and the emotional and practical impact of provision on their lives. Spatial and temporal aspects personalised and individualised each map.

6.5.1 Spatial dimensions

Figure 3 (overleaf) is a map of the different types of provision accessed by the women. Included are (female/male only and mixed-sex) hostels, a hotel, day centres and various

Figure 3

Map of services/organisations and rough sleeper sites
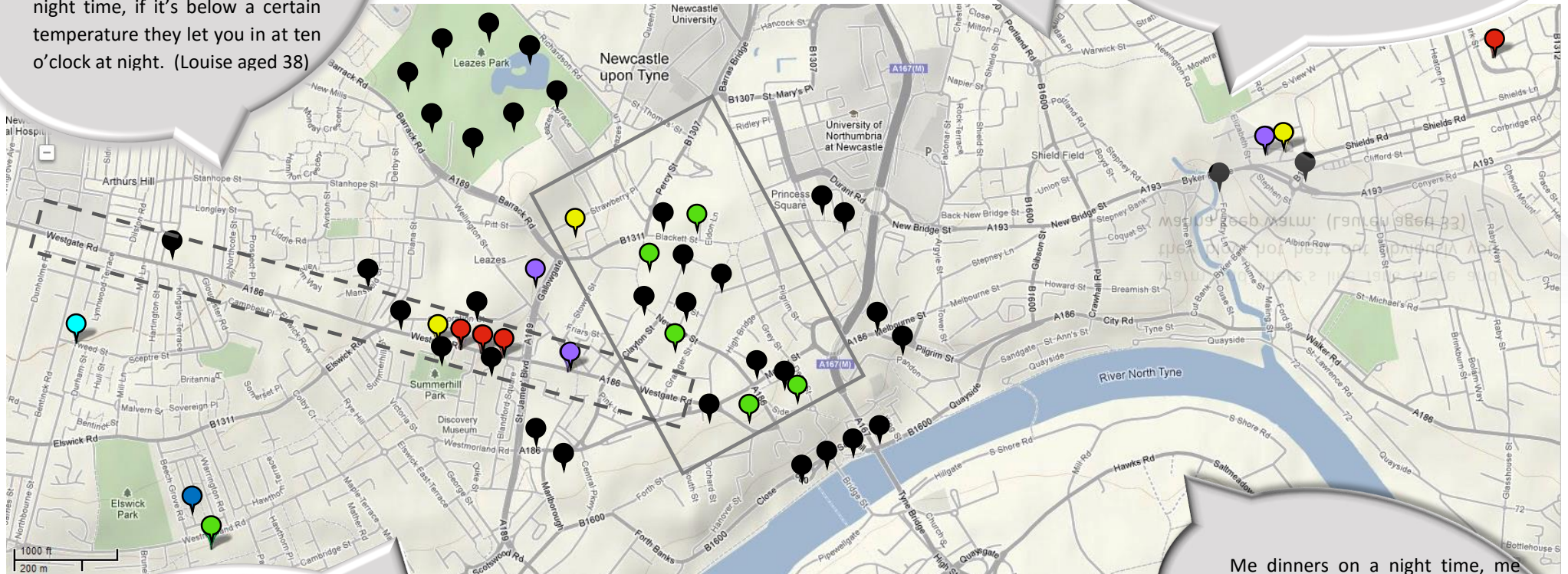
My little brother took me (to a night shelter) and they said that they done weekend stays and if it was a certain temperature on the night time, if it's below a certain temperature they let you in at ten o'clock at night. (Louise aged 38)

We go round the kitchens on Thursday, we go round and have a cup of tea. (Sally aged 43)

Was loads of people sometimes cause it's a popular place for people to stay under the library, next to the library. It's warm and there's like fans there and they blow hot heat out obviously you wanna keep warm. (Lauren aged 33)

I've slept outside a few times, I've slept in a few squats with other people, there's a few buildings, big tall ones and if you buzz and somebody lets you in, then you just go sit on the stairs like, say if it's got fifteen floors you sleep on the twelfth because nobody uses the stairs, they use the elevator. (Sarah aged 22)

Me dinners on a night time, me food was going. If I wasn't in the house for six o'clock for the dinner getting made, say if I came in at seven or eight, I'd have no dinner left. I started to come in at six, that way I got fed. (Chloe aged 27)

Key:
Red icon   female only hostel
Navy Blue icon   hotel
Purple icon   mixed sex hostel
Yellow icon   day centre
Green icon   specialist advice & support service
Light Blue icon   male only hostel
Black icon   rough sleeper sites

specialist advice and support services focusing on housing and health needs. The map also depicts rough sleeper sites. Many of the women described the geographical location of service provision as instrumental in shaping their experience of homelessness. For example, Georgia advocated a particular female only hostel because of the location it occupied in the city. Its location removed her directly from another area which she believed may well have facilitated her use of drugs:

> This one is the best cause it's in the centre of town, I know people from all over, people don't live that far away that I know and it just gets is out of the place. I know I probably would start taking hard drugs if I stayed in Byker, I would probably have been on smack or something now. (Georgia aged20)

Women with experience of rough sleeping emphasised the importance of finding a sheltered space in close proximity to a day centre. They talked about the advantages associated with their choice of location, the type of service they sought access to and the emotional impact of knowing that external influences reshaped the individual cartographies which they themselves constructed. Their narratives also reveal the different types of sheltered space they accessed when sleeping rough:

> Five months solid I was on the streets in an old car place. It had just become abandoned and there was a couple of people knew and it was warm, it was close to where we could just wake up on a morning and go and get a wash and that at [Day Centre]. A couple of months it got burnt down. People started to use it for heroin, so more people were finding out about it and they've burnt it. (Kelly aged 26)

All of the women interviewed in this study (whether sleeping rough or residing in accommodation based projects) created a 'food route' involving one or more of the food services depicted in Figure 2. None of the women's maps included all three of the day centres providing food. Sakura's weekday routine consisted of morning visits to a day centre wherein she breakfasted and interacted with fellow service users and staff. In the afternoon she visited a library service and multiple retail outlets in the centre of town until such time that another of the day centres opened for evening service. Similarly, Tracey's personal map was based on her

access to two day centres located at opposite ends of the city centre. Whilst both addressed her basic needs, she prioritised one above the other.

During the daytime she used the facilities in a day centre specialising in medical healthcare because of the amenities it offered and its location. It was situated in an area she wanted to reside in and near to a hostel she sought access to. This service became her main source of survival whilst living on the street, though it was supplemented with weekly nocturnal visits to another day centre in a neighbouring area. Moving between the different locales reveals the level of importance homeless women attach to particular types of provision. This point also reflects Cloke et al's (2008) finding that homeless people travel to meet basic survival needs.

What transpired from the women's narratives was the construction of specialised and dynamic maps based on personal and emergent needs. For non-statutory homeless women, this included finding a sheltered space. Hence the maps of (current and former) female rough sleepers were embedded with knowledge of night-shelters and rough sleeper sites (some of which were public knowledge, others were less publicised). In the accounts given, female rough sleepers talked about the different spaces of homelessness they inhabited and the strategies they employed in response to the institutional and public spaces in which they found themselves located. The women's maps convey an intricate understanding of the environment in terms of where, when and how to derive positive benefits from it:

> When I was on the streets, me friend went and brought is up to the night shelter, so I actually used to sleep just in there on the floor. It was 10 o'clock on a Friday night it opened, you came and got some soup, a sleeping bag, came upstairs and we all lay on the floor. We would all sleep here on a Friday, Saturday and Sunday night through to the Monday but on a Saturday we got hoyed out at eight o'clock because obviously it is not a working day here, it never has been. (Hannah aged 24)

> I've slept outside a few times, I've slept in a few squats with other people, there's a few buildings, big tall ones and if you buzz and somebody lets you in, then you just go sit on the stairs like, say if it's got fifteen floors you sleep on the twelfth because nobody uses the stairs, they use the elevator. (Sarah aged 22)

> Was loads of people's sometimes cause it's a popular place for people to stay

under the library, next to the library. It's warm and there's like fans there and they blow hot heat out, obviously you wanna keep warm. (Lauren aged 33)

Whilst some female rough sleepers purposely opted to bed down in city centre sites, others sought out less public locations on the outskirts of the city, believing that they were less likely to be joined by other rough sleepers or approached by members of the public. The volatility of individual maps was apparent in the women's descriptions of how, when and where they publicized or indeed, hid their homelessness from services, fellow homeless people and members of the public.

It is clear that despite homeless women's practical knowledge of the social milieu, their routines of movement are primarily shaped by the geographies of service provision. In the next section, the way in which the temporal dimensions of homeless services and public space govern women is examined.

6.5.2 Temporal dimensions

Time - in the context of women's homelessness - is organised around specific events. These events are associated with the daily survival needs of homeless women and the schedules of services working with and around homeless women. The primary survival needs espoused by the women in this study include sustenance, shelter and hygiene. It was not uncommon for female rough sleepers to organise their time around the availability of food. Specific meal times, i.e. breakfast, lunch and evening meal, featured prominently in the women's maps:

> I come to [Day Centre] every single day. Come here eight o'clock on a morning, jump in the shower, shot some clothes in the washing machine, have a breakfast, put them in the dryer, watch tele. It is good for the homeless cause you'll always get fed every day here, your breakfast and something else. I feel as though I'm cared for. (Sky aged 26)

> I used to have a bath there [Day Centre 1] everyday, get a change of clothes, something to eat hot at half past eleven and then I was just on the streets until the next day. So that went on for three year. (Tracey aged 49)

I went to the soup kitchens every night at six o'clock, they supplied food, they supplied tea, coffee and they used to give you a food bag to take home which was like pasties from Greggs that Greggs didn't sell, bread, cakes. Things that yer needed to eat and that didn't need to be heated up. (Katrina aged 20)

Women residing in hostel accommodation acknowledged that - by incorporating set meal times into their daily routines - their personal time was effectively regulated:

Me dinners on a night time, me food was going. If I wasn't in the house for six o'clock for the dinner getting made, say if I came in at seven or eight, I'd have no dinner left. I started to come in at six, that way I got fed. (Chloe aged 27)

Daily or intermittent use, specific days and times, long-term or short-term access signified the extent to which formal rules around food provision governed homeless women:

I went there [Day Centre] for two year, I needed food to eat and the day centre was shut dead early so you have to get up early on a morning and get there on time to get some breakfast. (Sakura aged 22)

I used to go to the Kitchens, Alison's Kitchens which is like for food. I went there for two year. (Hannah aged 24)

We used to go to the soup kitchens on a Tuesday night for a hot meal. (Tracey aged 49)

Women also constructed their time around some form of shelter access. For women residing in hostel accommodation, this meant adhering to the curfew system. Kelly aged 26, explained that she complied with the residential rules of the mixed sex hostel she resided in because the curfew time imposed by the hostel did not directly affect her freedom of movement. Similarly, Tia aged 23, a resident in a female only hostel, chose to abide by the curfew, yet was unsupportive of this practice:

You're only allowed to sleep out certain nights, you've got to be in by like stupid times like eleven o'clock.

Female rough sleepers seeking shelter were also governed by temporal restraints which included multiple measurements. Here units of time include decimal time, days and seasons:

> My little brother took me into [Day Centre] and they said that they done weekend stays and if it was a certain temperature on the night time, if it's below a certain temperature they let you in at ten o'clock at night. (Louise aged 38)

Personal hygiene and appearance emerged as significant factors influencing the women's choice and use of public and institutional space. Many women recognised the practical benefits associated with cleanliness such as access to sheltered and heated public spaces, yet the operating times of services imposed temporal limitations on the women. Female rough sleepers wishing to access mainstream homeless services were restricted to weekday and daytime opening hours:

> On a weekend, we had nowhere to go for a bath or a shower or nothing because it [Day Centre] wasn't open at the weekend. (Tracey aged 49)

Public space operated as an essential resource in the absence of official service provision and whilst some services opened weekends, early morning and late nights, opening hours in other services were much more limited:

> At the weekend we used to go to McDonalds or KFC and have a strip wash, even though we couldn't change wer clothes we used to still have a strip wash in the toilets but we couldn't wash wer hair or brush wer teeth or nowt like that. Used to go to the cathedral at the town as well, have a strip wash there, used to say a prayer and light candles. (Tracey aged 49)

> I used to go and wash me hands and things in the quayside toilet. (Lauren aged 33)

The subjective routines homeless women constructed allowed them to retain some level of autonomy over and detachment from institutional and official forms of service provision. That

said, the temporal strategies by which spaces of homelessness are organised, serve to discipline homeless women.

6.6 Summary

This chapter has explored the ways in which lateral surveillance functions in the context of women's homelessness. It has done so from three distinct perspectives: namely, the local authority, service providers and homeless women. The narratives and experiences of the fifteen practitioners and thirty homeless women illustrate that lateral surveillance is - in its spatialities and temporalities - simultaneously volatile and constant, fluid and fixed, personally separate yet professionally connected across the homelessness network. Moreover, it is the functioning of these counter point themes that shape individual experiences. Collectively, the lateral 'gaze' was perceived by participants as that which is not simply exercised on homeless women and services by gatekeepers, but is also a way of homeless women looking at their own behaviours and that of others. They described surveillance as that which is constant and ever-present, as an external and internal technology of discipline. For the local authority, surveillance was perceived as the means of promoting a form of responsibilised autonomy over homeless services and select homeless women. The emphasis being on ensuring practitioners account for their actions or lack of, work within specified conditions and guidelines, and enlist homeless women to form a chain of coordinated action in the process. For service providers, surveillance operated as a more visible form of government-at-a-distance, involving inter-agency cooperation and the responsibilisation of individuals and services. Hence, the problem of women's homelessness was to be remedied by procedures that actively sought to subjectify and objectify the women. For homeless women, lateral surveillance stressed the responsibility for individual actions and ensured homeless women 'addressed' and 'took responsibility' for their own. Consequently, homeless women became the objects of their own gaze, engaging in a process of reflexivity in which they constantly monitored their conduct so as to conform to or else reject external influences. Overall this chapter and the previous chapter show that surveillance is both vertically and laterally orientated - reflecting a strong hierarchical power structure, employing differential rationalities and technologies for gathering information in order to manage, control and influence those within the network. In the next chapter I examine normalizing judgments as an essential part of the system of discipline given that they

ensure service providers, practitioners and homeless women conform to a subjective ideal of appropriate conduct.

CHAPTER 7: NORMALIZING WOMEN AND THEIR HOMELESSNESS

I think it's our duty and responsibility to try and encourage them [homeless women] and it might be it has to be small steps or it could be that yer just meet up with that woman and go for a coffee, yer discuss the weather, it doesn't have to be totally intrusive but some intervention has to be offered. It comes down to a bit of a balancing act, how far do you actually go before it becomes a bit like stalking and this is a controversial issue with rough sleeping? So are we saying that where somebody doesn't want the help, doesn't want to access accommodation that we're going to just leave them to continue to live that dangerous life threatening sort of lifestyle? I don't think it's necessarily a choice that is being made consciously and it's not an informed choice so again I just think we can't leave it alone, something has to be done. (Practitioner with Statutory Responsibility for Rough Sleeping)

7.1 Introduction

Normalizing judgment refers to the measurement of behaviour against a socially constructed norm and the enforcement of a particular standard of behaviour via the use of specific strategies and techniques which seek to produce self-regulating normalized individuals (Foucault, 1979: 177-184).   According to Foucault (ibid: 184), normalization 'imposes homogeneity' and 'individualizes by making it possible to measure gaps' and 'determine levels'. Through normalizing judgments, individual actions are referred 'to a whole that is at once a field of comparison, a space of differentiation and the principle of a rule to be followed' (ibid: 182).   Normalization differentiates and individualises by situating individual characteristics, skills and status within a hierarchy. Disciplinary techniques are used to correct transgressions and minimise deviations. Further, the techniques involve direct management and observation, and stress the need to facilitate a change in personalities, views and conduct in an individualised way. Disciplinary techniques facilitate conformity through the use of reward and punishment, however Foucault (ibid: 180) states that punishment must be avoided 'as far as possible' and rewards should be 'more frequent than penalties'. In this chapter I examine normalizing judgements conducted by and on homeless service providers and homeless

women. The chapter is presented in two main sections. The first (7.2) explores the rationality of service providers in placing their standards of normality above those which the women have for themselves. This is done through an examination of the norm of 'settled living' and the multiple issues this norm embodies. It includes an examination of the dual system of reward and punishment used to reinforce positive behaviour and discipline negative conduct. The second part of the chapter (7.3) explores two related dimensions in the process of normalization - both of which are from the perspective of homeless women. The first, examines the normalizing judgements homeless women are subjected to whilst the second explores the judgements homeless women conduct on themselves. In doing so, it exposes the steps women take to amend their conduct and establish a more propitious identity or else reject the system that judges them on the basis of what it defines as normal. It includes an examination of the emotional and practical impact of normalizing judgements on the lives of homeless women.

Firstly, the chapter assesses the way in which homeless women are assessed and objectified to a variety of social measurements and problems, as this was a key theme raised by practitioners across services.

7.2 A holistic approach to governance: The role of practitioners

In the accounts practitioners gave, they emphasised a particular rationality - that of settled living - and multiple technologies - that of helping, teaching, treating, guiding and counselling - by which settled living is fostered. The notion of settled living was 'officially' referred to in the National Assistance Act (1948: 9) which instructed the National Assistance Board to 'make provision whereby persons without a settled way of living may be influenced to lead a more settled life'. In this study, practitioners used the term 'settled living' to refer to a variety of normative standards relating to shelter/housing, health and basic living skills. Women who failed to meet these standards were viewed as abnormal and subjected to intensive supervision and intervention. In the words of support worker 4:

What we attempt to do when we first make contact is to address basic needs, like

accommodation, benefits, GP registration, if they need a mental health assessment, if they need drug or alcohol assessments and then we'll link up with other agencies and services in the area to work alongside with the person.

Practitioners constructed their relationship to homeless women in terms of helping the women return to normality. Given that the norm of 'settled living' encompasses a variety of issues - of which homelessness is only one - a more detailed discussion of this norm now ensues.

7.2.1 Shelter/Housing

Resituating homeless women within a sheltered environment of their own was considered to be crucial in terms of restoring normality to their lives. Thus practitioners described the adoption of a threefold strategy aimed at moving homeless women into independent accommodation. The first stage involved outreach teams engaging female rough sleepers in order to link them up with services and move them into hostel provision. In discussion, female rough sleepers were described as the antithesis of independent living and were seen to occupy a liminal space between the margins of inclusion and exclusion. The space is one that service providers were able to gain access to but not necessarily control of. Practitioners from both statutory and non-statutory services talked about the way in which they concentrated their efforts on engaging this particular subgroup. According to a worker in a day centre 'it's about getting people off the streets into accommodation and supporting them through that'. A similar point was espoused by the drug worker:

> My part is to pick up the people who are homeless, like invisibles, they're out on the street, they're sleeping rough so we can target and get them into housing.

Two services participating in this research performed outreach as a means of establishing contact with female rough sleepers. One service involved a high proportion of former rough sleepers (both male and female) in its service and street outreach team. In both services, outreach staff worked in pairs and visited specific locations within the city, known locally as 'hotspots' at particular times of the day and/or night drawing upon their own personal knowledge and practical experience of where and when female rough sleepers congregate and

bed down. Support worker 4 explained that outreach can be 'anywhere from four o'clock in the morning or sometimes late evening so up until two, three o'clock in the morning'. Multiple resources were utilised in an effort to move female rough sleepers off the street:

> Going out onto the streets, making contact with those people who are literally homeless, making sure that there is a robust plan in place in order to help them access accommodation and support, working with the other providers who deal with people who are rough sleeping who are homeless, trying to guide them and direct them in terms of what should be happening around their housing. Making sure that there's accommodation available for people, moving people on so that we can get the next person in, making sure people have got the right type of support. (Practitioner with Statutory Responsibility for Rough Sleeping)

There was a general consensus that outreach teams were successful in their efforts to normalize the housing situation of female rough sleepers - though 'success' was not necessarily measured by the number, or indeed movement of female rough sleepers into hostel provision. For example, a support worker explained that through outreach, practitioners could identify homeless women who were new on the scene, track homeless women who were working with services, and monitor the welfare of homeless women who refused to engage with services. However, practitioners also acknowledged in discussion that on occasion, their efforts to house female rough sleepers were thwarted by the very women they sought to assist. In describing one female rough sleeper as 'very chaotic' and 'very hit and miss', support worker 2 explained that 'she chooses when she'll engage'. Thus, the practitioner could do nothing more than monitor the female:

> I'm having difficulty tracking her down but I know where she's going to be in the morning so I'm going to go there in the morning and pick her up. If she's not going to engage, there isn't a huge amount that I can do other than just keep going to where I know she's going to be, monitoring how she is and that she's safe and well. (Support Worker 2)

Sustaining accommodation also proved to be problematic as hostel accommodation was not always the preferred choice of homeless women:

We've got one who we'll get her into a hostel but she just keeps on getting herself evicted cause she likes being on the streets so with her it's just about keeping her safe, making sure that during the day she's got somewhere to go to and get a shower, get somewhere warm, to eat, she attends all her appointments but she doesn't want a house so. (Support Worker 1)

That said, women identified as 'rough sleepers' were not always offered hostel accommodation. A worker in a day centre talked about a female who was prevented from accessing several types of accommodation because of the risk she posed to herself, to other service users and to other service providers. In this instance, the woman's exposure to the most acute form of homelessness, that of rough sleeping, was prolonged:

I had to think it through whether to put one of the most chaotic females that we have in a room with six tourists, wake up to all their gear gone. And I know I'm making a judgement on what would happen but I have to look at those risks. I'm putting her into sharing a room with four or five different females, knowing a nightmare what she is, four strangers. One - if she doesn't have a fight with them, two - if she doesn't sneak someone into her room, she steals half and he steals half. I know I'm really stereotyping but I have to think this way. If I put her into hostel accommodation with nine other women would she survive the weekend? Probably not. Would she cause trouble in there? Probably yes. Would she be asked to leave by staff? Yes. If I put them into a B&B, what's the implications of that? And this is my role to think ok can I justify the expense? Probably. What could be the repercussions if I put her in there? She's fleeing domestic violence, is she likely to let Kevin in? Yes. Are they likely to kick off and loose that access to the hotel? Yes. Can I manage that situation? No. Is there likely to be damage and the police called to an incident? Probably. Are they worth the risks? No. Weighing all that up against she's got to sleep Friday, Saturday and Sunday night on the streets, well she's been doing it for the last four or six weeks, is those three nights gonna make any difference to her? No. And if you look at all the risk factors and the likelihood of all those risks being carried out, you've got to say no. Is she in danger of dying? Probably not. Now how vulnerable is she? Is she any more vulnerable than she was the night before? No. Is she any more vulnerable than last week? No. So there's not a desperate need to house her this weekend. (Worker in a Day Centre)

Situating homeless women within supported housing can also be counter-productive to their well-being as practitioners acknowledged that in some cases, women actively increased their

drug use and/or alcohol consumption as a direct result of living in hostel accommodation. Peer-group pressure and environmental influences were identified as contributing factors:

> We had four young people in, two have drink issues, one drugs, end up with all four of them having all of them. (Support Worker 1)

> One woman in particular, yes she has a drink issue, I found the latter part of her being there she was drinking more and more. When she first moved in she loved it cause she had a room, she had a roof over her head but then a project can be erratic but peaceful at the same time because there could be a settled group of women in it, you just need one in to disrupt the full household and make it a nightmare and to live in it and I think with this lady in particular, she started drinking more. (Hostel Volunteer)

In discussion, service providers acknowledged the pitfalls and risks associated with hostel provision yet primarily placed responsibility for avoiding these primarily on the women. Practitioners were less concerned with the suitability of provision for women with potentially addictive personalities and on the likelihood of such women being able to successfully reform aspects of their behaviour to meet the required standard. Ironically, practitioners were fully aware that the environment designed to address the housing needs of homeless women was, in some instances, the very environment that sustained and even compounded their experience of being homeless:

> It's generally not their first time, so you're saying to people you know what the problems are, you know what's gonna happen, you know what the temptations are, if you're tempted, give us a call. Living in them conditions, yer know in the hostel conditions, yer vulnerable to all sorts of stuff. (Worker in a Day Centre)

The second stage of normalizing homeless women's housing situation involved practitioners helping homeless women move on from hostel accommodation. One way in which they did this involved helping female residents fill out housing application forms for various accommodation providers. Support worker 3 claimed that it was part of their 'job description' whilst the housing prevention officer asserted that it was in the best interests of services in receipt of Supporting People (SP) funding to help female service users complete and submit

housing applications given that one of the outcome monitoring tools used by SP centred on appropriate, suitable and timely move on. The housing support officer revealed that housing application forms 'were generally completed shortly after the women moved into the project, cause obviously it takes quite a long time and at least the women knew that it was getting done'. Each application form included a formal letter of support - thereby representing an official endorsement by the service of the women's readiness and ability to lead a 'normal' settled life. Practitioners explained how support letters were submitted to housing associations, private landlords and the local housing authority. The content of which focused on personal and practical changes individual applicants had made in relation to their ability to lead and sustain an independent lifestyle. For example, in cases involving outstanding rent arrears, support letters explained how the applicant had kept up to date with current rental payments and intended or had taken steps to set up a repayment scheme for arrears accrued. In cases of exclusion for anti-social behaviour, support letters commented specifically on the applicant's improved behaviour. Homeless women were permitted and encouraged to use internal resources within services to check on the progress of housing applications. In the words of support worker 3, 'the women generally come in the office and ring from there'. The importance attached to independent living was encapsulated in the comment of project worker 1 who stated that 'with housing, we ring up daily'.

Filling in housing application forms served to normalize homeless women's housing situation as the women were participating in a process that was open to non-homeless individuals - thus it was 'normal'. Further, practitioners encouraged the women to think of their current situation as temporary and as independent living as the norm. That said, the hostel volunteer claimed that female hostel residents were not always helped to move on into their own accommodation:

> I'm just trying to think how many have really moved onto their own accommodation, one I know of who was so sick of the projects and feeling as if she was getting no help, she got out herself through a private landlord. I think it is a lot to do with the support workers - no you're not ready, I don't think you'll be able to manage, but by saying no, no, but what are they doing to help them manage? (Hostel Volunteer)

Though service providers endeavoured to dictate the point at which women were ready to move on into their own accommodation, practitioners asserted that in reality, homeless women retained the ability to determine their own exit point, thus nullifying the restraints of hostel provision at a time of their own choosing.

The third stage of normalizing homeless women's housing situation involved practitioners in floating support services liaising with formerly homeless women - now living independently, in order to help them sustain an independent and settled lifestyle. I use the term 'floating support' here to describe a number of different housing support services delivered to people in housing association, private rented or local authority housing. Floating support services provide 'general, non-specialist support with daily living skills, practical tasks or emotional support which promotes or maintains a person's ability to live in their own home' (Social Information Systems Ltd, 2012: 7). Practitioners explained that floating support was used to monitor the women's transition from dependence to independence. More specifically, it was used to assess how the women were coping with the reality, practicality and normality of independent living. For example, a housing support officer explained that it was used to 'make sure all the bills are set up' whereas an outreach worker in a day centre used it to assess a number of issues:

> I'll go out, visit, if they are maintaining their tenancy, are they paying their rent, do they want to get involved in activity to fill their day? Do they need drug, alcohol referrals? Do they need other outside help? They might have mental health issues, I could get a CPN to come assess them.

The duration of floating support varied according to individual services. The housing support officer explained that staff 'go out, do floating support for six months', whereas the outreach worker stated that floating support involved 'limited outreach' which lasted 'six to eight weeks'. Floating support performed a vital function in that it legitimated the actions of practitioners in terms of enabling their continuous discretionary observation, judgement and governance of the women's conduct, whilst remaining on the periphery of the process.

7.2.1 Health

Practitioners sought to normalize homeless women's health. Here they utilised numerous practices and programmes as a means of reducing the harmful consequences associated with various high risk activities homeless women were known to engage in. Activities that include illicit drug use, alcohol misuse and unsafe sexual practices. I use the term 'unsafe' here to refer to behaviour that could potentially result in unwanted pregnancy and the transmission of sexual diseases (STD's). Some of the practices and programmes were delivered by and within individual services whereas others required specialist intervention from external resources. Referrals to external services were viewed in a positive light by a worker in a day centre who was of the opinion that 'there's enough services and forward thinking within the region, within drugs services, within housing to help people move forward'. Thus, referrals to outside agencies were common practice:

> I could get them if they want, help with drugs or alcohol. We don't do that ourselves, we refer them to agencies, whatever their needs are, we can support them in whatever they are, we are more using outside agencies than doing it ourselves, we don't do counselling and things like that. (Support Worker 1)

> We make appointments for opticians, we can do dental, chiropodist and offering yer know where they could go for a detox, so we do refer to a lot of services (Support Worker 2)

One way in which practitioners helped to normalize homeless women's health focused on illicit drug use. Many of the services in this study offered specialist help to people who misused drugs which included promoting healthy living and minimising harm for people still using substances, linking people into addiction treatment programmes, needle-exchange schemes, and counselling services. One of the day centres participating in this research specialised in medical healthcare and part of the service it offered homeless women included a needle exchange scheme[11]. Project worker 1 explained how the scheme operated:

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[11]Needle exchange schemes have operated in the UK for over twenty years whereby sterile injecting equipment (such as syringes and needles) are offered to people who inject illicit drugs, also advice is given on safer injecting techniques and appropriate disposal. Needle exchange schemes are 'considered

> We've got a big needle exchange, we have a rule in there - if people don't bring any returns back, they're only allowed two actual pins and a lot of them will say 'well go on, give is three, they're free, they're free. Oh we'll just have to use a dirty needle'. Well so be it, and I would never break the rules, none of us would break the rules in the needle exchange.

Practitioners efforts to reform women's illicit drug use achieved mixed results, in part because the women themselves either failed to attend an appointment or else relapsed having completed a detoxification programme:

> If you've got somebody who has got drug issues and you put them forward for say Plummer Court which is an agency which works with people with drug and alcohol issues, but a lot of them, because of their very chaotic nature they do not attend their appointments. (Homeless Prevention Officer)

> There was one lady, she went into rehab, clean, then she went into a project that leads yer on to yer own accommodation but she fell a bit off the wagon and then she arrived back in our project and they evicted her because she wouldn't pay her rent. (Hostel Volunteer)

The second way in which practitioners helped to normalize homeless women's health focused on alcohol abuse. On the basis of NICE guidelines[12], some practitioners in this study adopted a pro-active approach rather than a reactive response to alcohol abuse. For example, instead of making abstinence from alcohol an immediate objective, practitioners in one service sought to minimise personal harm and adverse effects via managed alcohol intervention[13]. I use the

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effective in assisting drug users to stabilise and normalise their lifestyles' (Bertschy, 1995 cited in The Review of Mental Health and Learning Disability, 2005: 123).

[12] Guidance published by the National Institute for Clinical Excellence (NICE) on alcohol-use disorders states that 'for people who are alcohol dependent but not admitted to hospital, offer advice to avoid a sudden reduction in alcohol intake and information about how to contact local alcohol support services' (2012: 10). Further, 'while abstinence is the goal, a sudden reduction in alcohol intake can result in severe withdrawal in dependent drinkers' (ibid). Additional guidance published by NICE (2011: 29) states that 'when the alcohol-dependent individual stops drinking, the imbalance between … neurotransmitter systems results in the brain becoming overactive after a few hours leading to unpleasant withdrawal symptoms such as anxiety, sweating, craving, seizures and hallucinations. This can be life threatening in severe cases and requires urgent medical treatment'.

[13] A managed alcohol program is a treatment that was given to homeless people with chronic alcoholism in Canada whereby participants residing in a hostel were allowed up to 90ml of sherry or 140ml of wine

term 'managed alcohol intervention' here to refer to the practice of funding alcohol for alcohol dependent service users in advance of an impending medical detoxification. This practice was unofficial in the sense that it did not form part of the remit of the service and was intended to complement rather than replace traditional forms of treatment. Further, practical efforts to alleviate the adverse health effects of alcohol abuse did not mean that the service endorsed the behaviour itself. In the words of an outreach worker:

> An alcoholic for example, a severe alcoholic who drinks ten litres of cider a day, maybe's a bottle of Tudor Rose, maybe's a couple of cans of super strength lager, maybe's half a bottle of vodka on the night, just to tip them over that edge to get to sleep, to go cold turkey from drinking that amount of alcohol can put them in the alcoholic fit where they could fit, it could kill them. So I can understand a service helping in that kind of scenario, not for someone who's a binge drinker.

At first sight it may appear unethical for a homeless service to fund an alcohol dependent women's alcohol consumption, however NICE guidelines do suggest that the actions of the service were entirely appropriate given the circumstances and the potential negative effects that accompany alcohol withdrawal. That said, practitioners' efforts to normalize homeless women's alcohol misuse achieved mixed results, in part because of the limited resources available and women's reluctance to amend their behavior:

> If the woman wants to then we will get them on a drug treatment course or an alcohol course but some of them, some of them don't want to. (Support Worker 2)

A third way in which practitioners helped to normalize homeless women was via sexual health care. The service specialising in medical healthcare offered homeless women access to GP services. According to project worker 2, homeless women obtained advice on how to protect themselves against unwanted pregnancy and sexually transmitted diseases (STD's). Numerous

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every hour from 7am until 10pm, every day. The participants reduced their alcohol intake over time rather than going through a medicalised detoxification in an allocated hospital ward (Podymow, Turnbull, Coyle, Yetisir and Wells, 2006).

practitioners described the availability of preventative measures such as the morning after pill, condoms, and the contraceptive pill, injection and implant, as particularly beneficial to homeless women given that they were known to be sexually active and also to engage in unsafe sexual practices (which may or may not be consensual). For example, a worker in a day centre explained how some homeless women involved in long term relationships were known to 'disappear for three or four days with somebody else', during which time they were 'drinking, using (drugs) and sleeping together' before returning to their original partner. In a similar vein, a community psychiatric nurse talked about a female service user who was 'invading herself into some of the residential schemes, selling sex to a lot of the men and taking all their benefit off them', some of whom had learning disabilities. An outreach worker talked about a female service user who had been taken to a warehouse by her male partner when she was drunk and high on valium - which he supplied her. Whilst there, she a performed a sex act on herself and on her partner in front of a male audience, whom her partner had arranged to meet in advance. A small fee was charged for spectating which subsequently funded the male partners' alcohol addiction. Such experiences were not uncommon as support worker 2 described how one particular female service user was effectively 'pimped out' by her male partner in exchange for illicit drugs:

> He got her onto heroin and that's how they're able to get their money, she's drunk and she's used and that's it, he just says 'here, you can have her for a ten-pound bag' and she doesn't know what she's doing. Different things that she's says you'll pick up on and you'll challenge her and say 'well he's taking you down here and this is what's happening' and her body's covered in bruises and she will show you her body when he's not around.

Practitioners talked about the existence of various schemes for females working in the sex industry - some of whom were homeless. One example included a 'health drop-in clinic' which was set up for women who avoided accessing mainstream health services. The drop-in clinic provided free condoms, smear tests, pregnancy tests, STI checks, contraception, drug treatment and someone to talk too. Another example included an informal drop-in which was established to build confidence and raise self-esteem. According to project worker 2, it was 'the peer support the women give each other' that gave the project a 'lot of strength cause the

women are really, really good with each other and they class each other as like a family'. Another scheme operating within the service gave women who had been a victim of a crime through sex work the opportunity to report the crime anonymously and receive confidential support:

> We've got worksafe which is a mobile phone number which anyone can phone if they've been raped or assaulted and they don't wanna report it to the police. They can report it to us and we can report it to the police anonymously and then we can text all the other women we work with and say like there's a man in a white van, he's going round, he's assaulting women or we can text them all the information. (Support Worker 2)

Practitioners' efforts to normalize homeless women's sexual health practices achieved mixed results. Given that sexual activity is a natural part of adult life, the issue here relates to the role sex plays in the lives of homeless women:

> There's very few that do exit and stay exited from sex work and drugs, there's very, very few. (Support Worker 2)

> Obviously a lot of them are asking for pregnancy tests, a lot of them will ask to see the GP for the morning after pill. (Community Psychiatric Nurse)

The fourth way in which practitioners helped to normalize homeless women's health focused on mental health care. Practitioners were aware that homeless women did not always have access to mental health care because of their mobile and transient lifestyles. According to a community psychiatric nurse, 'when people become homeless they often loose contact with their GP, loose their registration, cause obviously rough sleepers move around'. In an effort to provide homeless women with an access route into mainstream mental health care, two services provided access to a community psychiatric nurse (CPN). In one service, homeless women were able to access a CPN for one hour each week, whereas in the other service, homeless women were able to access a CPN during the operational hours of the service. Practitioners described some success in their efforts to normalize homeless women's mental health given that a number of women utilised the service, however non-attendance on the part

of service users was also an issue. Problems also arose where women actively sought to engage with mental health services. A CPN talked about a female service user who 'demanded' a mental health assessment when 'she was drunk' yet 'when she's sober she won't be interviewed or allow an assessment, she won't engage, that's not uncommon'. According to the CPN, 'this was no good to anybody cause if they're drunk, you're sort of wasting yer time really cause they'll not remember what they've said or you don't know how reliable what they're telling yer is cause the way they're feeling and the way they're thinking is influenced by whatever substance they've been using'.

7.2.2 Basic living skills

Another way in which homeless women were helped to lead settled lives was via independent living skills. Practitioners criticised homeless women for the limited and in some instances non-existent basic living skills they possessed. Thus, basic living skills training was offered and implemented in several of the hostels, day centres and specialist advice and support services involved in this research. A housing support officer explained how staff helped the women construct menus, shop for groceries and prepare and cook meals. Weekly cookery sessions were offered in another service because staff liked to 'do nice stuff' for the women claimed support worker 2. In several of the female only hostels, practitioners helped the women learn how to clean - both their clothing and their surroundings. Thus, it was not uncommon for staff 'go into their flats and help them learn how to do the washing machine' (housing support officer). Several of the female only hostels implemented a cleaning rota whereby each resident was allocated a specific task, on a specified day, at a particular time. Individual performances were evaluated and the women were placed in a hierarchical system according to their abilities. The results were used in two ways - first, as a barometer of their ability to sustain an independent lifestyle and second, as a gateway to additional provision. The importance of developing and exercising basic living skills was espoused by practitioners across a range of services - for instance, the hostel volunteer asserted that without these skills, homeless women struggled to sustain an independent lifestyle:

What happens when they move on if some haven't even the basics to boil an egg,

how they're gonna survive in a flat? I've been within the project volunteering or working for three years and I've seen some people go full circle and they're back to square one, back in the hostels that I originally met them in three year ago because I think once that person who has maybe major issues gets behind the closed doors, doesn't know how to pay the gas, doesn't know how to pay the electric, one girl didn't even know how to go to the shops and buy food, how they're gonna manage in the flat?

However, practitioners also commented on the disjuncture between advocating and teaching/enforcing basic living skills as females residing in one project ignored the cleaning rota and staff failed to monitor or indeed take action for the apparent inaction of residents. Support worker 1 criticised the speed at which accommodation services addressed rent arrears whilst the hostel volunteer called for basic living skills training to form part of the tenancy agreement in an effort to ensure a greater level of uniformity:

Some [women] don't even pay their rent, they don't pay any gas, electric … the rent can get arrears to such proportions. How - when they are only paying nine pound or twenty-five a week? Make sure it's sorted and worked out early on, not another warning and then a twenty-eight-day notice and then you have to pay something, sort it best you can then but don't let it go on for weeks and months. (Support Worker 1)

Life skills - one girl didn't even know how to boil an egg. I think there should be certain tasks that they have to do, say once a week, it's within their agreement to attend. Budgeting, maybe one silly simple cookery lesson but they have to attend it and if they miss for three times, get a warning but at least help, even to learn them how to do some beans on toast - but nothing like that. (Hostel Volunteer)

In discussing the importance of helping homeless women claim benefit entitlements, support worker 1 explained that 'project workers help women with all their housing benefits and basically everything that they need'. Likewise, staff within day centres performed a number of tasks in their efforts to help the women claim benefits. There was a general consensus that women with mental health problems found it particularly hard to deal with the benefits system. Project worker 1 highlighted the case of a woman who had been homeless for ten years, was sleeping on the street and was diagnosed with paranoid schizophrenia, who was

sent a letter (via a 'care-of' address)[14] by the benefit's agency asking her to attend an appointment. She failed to attend, having never received the letter and in her absence was deemed 'fit for work'. Thus her benefit payments were instantly stopped. The frustration of the project worker was clear:

> I find it really frustrating that they're not looking at the whole picture - the persons' history, how long they've been on the sick, how long they've been homeless and how long they've been chaotic and to stop their benefits is tragic really … you know that woman's out on the street with no money. (Project Worker 2)

An equally critical assessment of the way the benefits system treats homeless women in general was espoused by project worker 1:

> I think people who are quite vulnerable which sometimes women are on the streets on their own, I've seen women ring up to try and get a crisis loan cause they've got no money and they've been refused. I know they've got to have a specific thing to use it for but sometimes you just think if it's a woman on her own and if she could get some money at least she could go and sit in a café and at least they're safe and they're sitting indoors somewhere.

The narratives of practitioners reveal that normalization works in hierarchically coded ways which diversely individualise homeless women via a process of inclusion, exclusion, marginalisation and prioritisation. Also, the complexities involved in facilitating a change in the women's shelter/housing situation, health and basic living skills occur at the level of service provider and service user. The next section looks at the way homeless services use reward and punishment as a means of amending homeless women's conduct, views and lifestyle.

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[14] A 'care of" address is used when you send mail to someone who does not actually live at the address in question.

7.3 A disciplinary approach to change: The use of reward and punishment

Conformity to prescribed norms is often achieved where there are repercussions for non-conformity. In the governance of homeless women, norms are reinforced by a dual system of reward and punishment. Indeed, disciplinary technology forms an integral part of homeless provision and is used to bring the women's thoughts and actions in line with the objectives of government. Practitioners in this study talked about the different techniques and strategies they employed in their efforts to reinforce positive behaviour and discipline negative conduct. They gave descriptions which revealed the rationale underpinning their use of disciplinary technology and the complexities involved in shaping the women's behaviour. A mixture of competing and comparable views emerged in relation to the utility and suitability of this system.

7.3.1 Rewards

There was a general consensus amongst practitioners that punishment was to be avoided where possible, as the use of rewards was considered more effective. Within the context of women's homelessness, rewards can be verbal or practical, used to motivate change or in recognition of ongoing efforts or accomplishments. They can be universally applied, individually tailored, gender neutral or gender specific, and be of monetary, personal or practical value. A worker in a day centre talked about an approach used by practitioners to modify the behaviour of abusive and confrontational homeless women. Thus, practitioners within the service asked specific female service users to specify a reward that they themselves would like to receive. A reward that appealed to the individual rather than the collective. The reward was then offered to the individual female in exchange for various amendments to the female's conduct. The service was of the opinion that homeless women would be more willing to alter their behaviour if the reward was of personal interest. Also, that rewards encouraged homeless women to accept self-responsibility for monitoring their own performance and altering aspects of their behaviour that did not meet the required standard. However, the reality was not quite as straightforward:

I sat her down and I said 'if you had a wish today, what would you want?' Said 'to have my hair done, I haven't had it done for years'. I said 'I'll pay for it but this is what I want you to achieve within a week, I want you to stop writing on the walls, stop being abusive to staff and stop shouting within the building'. Three simple tasks and I was lenient around some of them, do you know what I mean? I can't expect her to be an angel overnight. She didn't last an hour before I had to ask her to leave. I bought a tent which I wouldn't buy for anybody else and it went straight to crack convertors, cash convertors within an hour. (Worker in a Day Centre)

Where homeless women failed to meet a particular standard of behaviour, practitioners encouraged the women to participate in one or more educational, training and/or health related treatment programmes in order to reach the required standard. For example, support worker 4 explained that 'if we feel we want to see them engaging a little bit more with the drug and alcohol services they've just started to work with, we tell them that we'll review their application for a bed in a couple of months'. Thus, homeless women who visibly demonstrated a commitment to invest in their own self-development were rewarded with the possibility of access to additional provision. Some rewards were instantaneous as the hostel volunteer explained how 'one client used to get vouchers for Boots because she went to an appointment somewhere, whether it be from the appointment she went to, they give her it'.

The use of rewards attracted criticism as the hostel volunteer suggested that it misrepresented the reality of life of those living independently. Other practitioners called for services to do more to help the women develop the necessary skills for independent living without the use of rewards:

If it's in-house, when they sign the house agreement, even if it's once a fortnight, you have to attend life skills or half an hour cookery lesson or a budgeting group but there's nothing like that. Even the simple tasks of cleaning their rooms, well if you've been in the project I've been in you'll have seen how filthy it is. If they can't keep their own bedroom clean, what chance do they stand? (Support Worker 1)

In addition to the use of rewards, practitioners also talked about the way punishment was used to reinforce positive behaviour and discipline negative conduct.

7.3.2   Punishment

Surveillance of homeless women is understood as a vital function through which practitioners identify behaviour in need of correction. For example, when an infraction of the rules occurs within services or where the terms of provision are violated by homeless women, punishment is administered. More often than not, homeless women are punished rather than rewarded for their behaviour. Practitioners described punishment in terms of a continuum with verbal warnings at one end and outright denial of a service at the other. In between lies a number of different punishments which include written warnings, final written warnings, a twenty-eight-day notice, a seven-day notice, and temporary exclusion. Punishment can be informally administered. For example, a drug worker talked about the way in which verbal threats of police involvement were used to amend and prevent problematic behaviour. This course of action was used in specific instances where there was a genuine concern for the safety and wellbeing of a female service user. Likewise, the warnings and eviction procedure was used by practitioners within accommodation based projects to encourage compliance with the rules of a service - though homeless women still had the option to accelerate, delay and even alter the outcome:

> We use the warnings and evictions procedure, it depends how many warnings they've had as to where we'll take it to. Normally they get verbal, for drugs or alcohol it would be a written warning, and there's a final written warning and you get yer notice, twenty-eight days but that can be suspended, it just depends on the situation. Could be a seven-day notice, could be immediate eviction, depends on how serious. (Support Worker 1)

Support worker 4 explained that on occasion, women were denied access to services:

> Sometimes we do have to keep people out of the service because they're quite aggressive and abusive to other clients. We've had a woman punch another

woman in the face and we've had to exclude that woman for a month.

Homeless women who refused to conform to the rules of a service were excluded from that service. Yet exclusion was not perceived by practitioners as repressive, on the contrary, the aim of exclusion was to encourage conformity. Practitioners identified a number of issues which resulted in the exclusion of women from individual services such as substance use on the premises, rent arrears, non-engagement, threats to or physical assaults on staff and other service users, intimidation, possession of a lethal weapon, drug dealing, and abusive language. The housing support officer outlined a variety of hostel rules that female residents were required to adhere to:

> There's quite a few house rules, to be here four nights out of seven for housing benefit, they can have a female visiting over the age of sixteen, one visitor at a time preferably and the visitor must leave at eleven. They are allowed to drink alcohol and smoke, no drugs at all allowed, no males at all, signing in and out the book is for health and safety for fires but we do ask them to do that. I've had to give someone a twenty-eight-day notice for bringing a male into the building cause there's people suffer domestic violence and they're just not allowed in and normally it would get reviewed after twenty-one days, if it hasn't happened again then they would be allowed to stay but it would be reviewed every month to make sure it wasn't happening again.

All the practitioners in this study advocated the use of punishment to the point of exclusion and yet the majority asserted that they were unwilling to deny homeless women access to service provision on a permanent basis. Where exclusion had been used as punishment, practitioners adopted a range of strategies which allowed them to continue to deliver services to those excluded. For instance, meetings between service users and practitioners were held in alternative venues. A community psychiatric nurse continued to use the same premises to deliver services to an excluded client, however the client was prevented from accessing other amenities on site. The sleeping practices of homeless women - that is, whether they were sleeping on the street, sofa surfing or residing in supported housing projects - and the type of behaviour being punished such as threats, non-engagement or physical violence - were key factors in determining the type and duration of the punishment to be administered.

We had one [eviction] at the weekend for violence, she was on a seven-day notice so she was just evicted. We had another eviction, knife under her pillow, twelve-inch knife. (Support Worker 1)

If somebody's banned for a month, we'll say right review their case in a month's time. If their situations changed, if they're then not in accommodation or they're presenting as NFA, we might look at that and say 'right, yer back in' after that month. (Project Worker 2)

All the practitioners in this study described punishment as an individual and temporary measure. This was considered necessary in order to work effectively as a disciplinary tool. There was a general consensus amongst practitioners that homeless women required multiple chances to modify their behaviour, and that the system of provision reflect this complexity.

You cannot just rule people out cause they've messed up whether it be once, twice, three times, ten times. You've got to accept that people can move on, people can change, they might have been evicted ten times because of their behaviour, that's not to say that they haven't took that on board, you've got to give them another chance. (Housing Support Officer)

The practitioner with statutory responsibility for rough sleeping explained the importance of assessing cases on an individual basis rather than simply adopting a blanket exclusion policy:

I don't think it's right to have a blanket exclusion policy. I think everything has to be looked at on a case by case basis because otherwise yer writing people off. It can take months, years for an intervention to work and for it to get the desired results. You have to be really skilled at dealing with difficult situations, yer need to know how to diffuse it, when to step away.

The dual system of reward and punishment was used by practitioners to encourage and/or coerce homeless women to use the outcomes of their actions to adjust future behaviour, thereby emphasising the women's own responsibility to effect change. In the next section, the normalizing judgements exercised on and by homeless women are examined.

7.4 Objective and subjective constructions of homelessness: The experience of women

Being homeless is not a simple definition of where someone is situated within the social realm, it refers to complex and shifting experiences, perspectives and identities. To be homeless brings with it an awareness of absence, a consciousness of difference, of deviation from the norm. From the perspective of homeless women, normalizing judgments operate on two levels, namely, as that which is conducted on the women by external forces and that which the women themselves conduct. It is important to understand both aspects as they were key themes raised in discussion.

7.4.1 Cultural assumptions of homeless women

A recurring assertion within the narratives of homeless women was that they are judged in accordance with dominant societal stereotypes - namely, that of drug addicts, alcoholics, welfare scroungers, work-shy individuals and tramps. The women gave descriptions of the adverse reactions associated with particular labels - with many recounting first-hand experiences. Notably, the adverse reactions highlighted by the women emanated from multiple (though divergent) subgroups within society which included the general public and the police:

> They [the public] put you in a category. If you live in a hostel, you can only be an alkie or druggie in a hostel. That's what people say. I just think they look down their nose at yer but like it could happen to them do you know what I mean? When you're homeless you are just worthless, useless, nothing aren't yer? To them yer just like a bum on the tax. (Tia aged 23)

> The police, I've been on the streets and haven't had a change of clothes and they've locked is up and they didn't wanna touch me wrists so they just got me handcuffs by the middle and dragged is into the car and then when I'm sitting in the car they were like 'or shut the fuck up man yer stink'. It makes is feel like the fucking pieces of fucking wank, they're horrible pieces of shit. I'll put me hands up right, I did say 'boss why am I locked up for?' and they started to look at each other and laughed and then they just say 'or shut up man yer stink' but I wasn't resisting arrest or anything to the horrible police so why did they have to sit in the

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front seats and be cheeky cunts and say 'or fuck off man yer stink' like little school children? I hadn't said anything wrong to them. Why couldn't they just do their job and take is to the police station? (Zoe aged 24)

In the accounts the women gave, they described dominant stereotypes as ill-fitting and superficial given that they were not informed by an intimate knowledge of the women they purported to describe.

7.4.2 'They' just look at yer like!

Homeless women believed they are judged on the basis of their status, this in turn induced a mixture of emotions in many of the women which included that of docility, anger, worthlessness, embarrassment, capitulation, shame, frustration and acceptance:

> The police just think you are homeless and they don't care. They just look at yer like shit, at first I was angry but then I started accepting it. There's nothing you can do. If you try to do something, they just say you're being cheeky or you've been verbally aggressive and they will just arrest yer. (Sarah aged 22)

> Some people would snigger at yer some people would like er say remarks to yer. Erm tramps, beggars, you should be getting a job. They were just daft little words that they would say like 'yer f-ing tramp, you need to get somewhere to live and get a job, yer divint need to be on the streets begging. It hurt, really hurt cause it could happen to them anytime, do you know what I mean. They don't know what's round the corner, nobody does yer knar so. [I felt] Angry aye, very angry but that's life. (Betty aged 40)

In describing different behaviours in different contexts as offensive, unhelpful and judgemental, the women were alerted to how stigmatised they were in the eyes of others. This prompted some of the women to adopt strategies which allowed them to circumvent the gaze of others in society. For Kelly, this literally meant avoiding eye contact with members of the public so as to avoid physical altercations:

> They [the general public] just look at yer like you're scum cause you're homeless, so I'd rather stay away from that than people look down on is. They're ne better

than is because they're not homeless, just fucking arseholes. I didn't really used to pay attention to them because they'd probably end up thinking 'ee, look at the state of them'. So I didn't really used to look at them cause it used to piss is off and if I did see someone doing that - I would have started kicking off, cause they've got no right to look at us like that. I divint treat them with disrespect so they shouldn't be looking at me with disrespect. (Kelly aged 26)

Another strategy involved women detaching themselves emotionally from their former selves although where this occurred, women behaved in ways that mirrored how others perceived them. For instance, Sarah believed that eye contact was a powerful indicator of how homeless women were viewed in society. She asserted that prolonged exposure to such perceptions induced women to internalise the observers view and substitute the version of normality the women traditionally subscribed to, with one that was much more in keeping with how others perceived them:

> The way people treat you because sometimes if you look at the way they interact with their eyes, it's like a reflection and then that's how you start to feel about yourself and then you stop to be a nice person. A lot of homeless people are like that because people then start to feel that they then have to protect themselves and then they just start behaving like dickheads. They just forget themselves, who they were and start to be like a machine, like a robot, with no emotions, just tell everybody to fuck off and start to commit crimes and start to do things that they would never contemplate doing before and then eventually they start to think that what they're doing is alright, it's normal but it's not normal just that it's come to feel like that. (Sarah aged 22)

The negative observations women were subjected to had a detrimental effect on the women's psyche:

> Everybody sees people who are homeless as like a waste of time, but they don't realise that the way they make homeless people feel is making them worse and then eventually you even stop trying to find help for yourself because of the way other people made you feel. Everybody who's homeless isn't a piece of shit, they are becoming like that because of how they are treated, it's because nobody will help them and because they are losing their confidence to have the strength to be anything different. (Sarah aged 22)

Irrespective of how and why the women came to be homeless, they were ascribed an identity which more often than not, fostered negative reactions. However, the women themselves did not necessarily subscribe to the judgements of others - choosing instead to conduct judgements of their own on themselves.

7.4.3 (Am I) A homeless woman (?)

The thirty women interviewed in this study were defined as homeless in accordance with official criteria, or because they were residing in supported housing projects for homeless women (and men) or else were sleeping rough - in essence they were all homeless, and yet when asked to define a homeless woman, opinions varied. Some women readily recognised themselves as 'homeless'. For Rhonda, the interior décor of the hostel she resided in, the reality of communal living and the confrontational and hostile behaviour of other residents defined her status:

> I'm homeless, that is, still homeless. You sleep in a grotty little room in shared accommodation where people aren't getting to sleep for others and people shouting and balling and banging, things getting broken and all that. You feel secure obviously you're safe and secure but you are still in actual fact homeless. Not yer own home. (Rhonda aged 50)

This point of view reflects Watson and Austerberry's (1986) study wherein women defined homelessness in relation to a lack of social relations, privacy and control, material conditions, and emotional and physical wellbeing. For some women, homelessness related to a 'state of being' as opposed to a physical structure or material conditions. This was apparent in Sophie's description of the accommodation she resided in as a 'home'. She personalised the space, for her it represented something more than a roof. It is worth pointing out that (at the time of the interview), Sophie had lived in hostel accommodation for twenty-eight years:

> I don't think of myself as homeless, I class it as me home. I live here. (Sophie aged 49)

Women talked about the moment of realisation in which they came to identify themselves as part of the homeless community. For Louise, repeated access to service provision facilitated her acceptance of her identity and over time she began to define herself as a homeless woman. The change in her vocabulary represents the change in her understanding (and acceptance) of her status:

> I thought it couldn't happen to me, I couldn't end up on the streets, sleeping in a sleeping bag. I felt more embarrassed to be honest and like I say it was all new to me but after a few times you've been in there [homeless service] I started to realise that I'm like these people, I may as well be accepting it. I am these people. I knew I was one of them. (Louise aged 38)

In contrast, several women rejected their status as 'homeless' and explained that their initial interactions with other homeless people reinforced their own view that they did not belong to the same collective. In accessing homeless services, these women acknowledged the status of homeless people and yet identified themselves as service users. The complexities involved in this view are epitomised when considering the perspective of Louise who claimed that she was not a homeless woman despite living on the street and accessing a day centre. In choosing to construct their own identity, these women drew on dominant public perceptions and media depictions of what a homeless woman looks like. These women associated the identity of a homeless woman with the outward appearance she projected and drew upon the iconic image of the 'bag lady' as an accurate and appropriate representation of the homeless woman:

> Somebody who wanders the street, drinks, begs money for drink and food if they need it, goes to places where they can actually get food for homeless people and just sleep on the streets - that's all I can really say. (Lauren aged 33)

Tia (aged 23) described unkempt and untidy homeless women as the 'other', as something different from their own identity. Despite belonging to the same category, she was able to reject the label because it did not fit with her own appearance:

You notice that they've always got the same clothes on and they're scruffy. They get a bit scruffy, they'll have food stains down their top and black in their fingernails - you can see where their hair's been cut short but they've let it grow longer and they just sit on the floor with a cap on the floor, wanting money to put in or they'll stand and sell the Big Issue. Like generally I think after they've been homeless for that long I think they stop caring in themselves. I still made sure I had a shower all the time and I still made sure I had clean clothes to put on.

Where the minimal notion of homelessness - that of the 'no roof' definition - was held, women rejected the homeless label. Indeed, because they were not literally sleeping on the streets, they did not consider themselves homeless. For these women, homelessness was intricately bound up with the absence of a physical place:

I don't see it as homeless at the moment cause I've got this roof over my head, I'm happy where I am. (Louise age 31)

Yvonne - though she did not consider herself 'homeless' - recognised that she occupied a liminal space, betwixt and between homelessness:

Just waiting to sort meself out, temporary accommodation. (Yvonne aged 31)

The complexities involved in self-identity were reflected in the narratives of women who simultaneously accepted and rejected their status as homeless. Their reasons for doing so centred on personal opinion and practical considerations. For instance, women who had the option of returning to the family home utilised both definitions because they reasoned that their use of hostel accommodation was one of choice rather than necessity. In a similar vein, a woman who spent equal amounts of time staying in her partners' accommodation and sleeping rough on the street used both definitions because collectively, they reflected the reality of her situation.

A little bit but my mam always said I could go back whenever I wanted but I just

don't want to because I know for a fine fact that everything will just start over again and she will be exactly the same as she was. (Lexi aged 16)

I consider meself a half homeless person because the couple of nights that I can stay here, other people are freezing to death out there, that's how. (Zoe aged 24)

7.4.4 Housing

The majority of women in this study sought to amend their housing situation. Of the two females sleeping rough - Rhonda's (aged 50) immediate concern centred on securing a bed space in a hostel (with a view to moving into her own accommodation). However, given that Rhonda had been temporarily excluded from many of the hostels in the area for her 'aggressively verbal' behaviour towards other residents, coupled with the reluctance of accommodation providers to house her (due to her ongoing dependence on alcohol and outbursts of violent behaviour), offers of a bed space were not forthcoming. Rhonda, however attributed her continuing rough sleeper status to the limited provision available to women, stating 'there isn't any hostels left, there isn't any bed spaces, there is nowhere, there isn't, there's this great demand, there is so many homeless people you would not believe'. Likewise, Zoe's (aged 24) future goals centred on finding somewhere to live. Her immediate sleeping arrangements alternated between spending time with her partner in his council property (a relationship which Zoe described as extremely volatile and abusive) and sleeping on the street (or indeed with strangers where possible). Despite describing her experience of rough sleeping as horrible, Zoe was not registered with the local housing authority, private landlords or hostel providers within the area. Thus despite her desire to secure her own accommodation, Zoe had not taken any practical steps to facilitate this.

Women residing in hostel accommodation admitted filling in housing application forms with a view to acquiring a tenancy of their own. These women talked positively about moving into their own rented accommodation in the near future, indeed some women openly contemplated addressing issues which they believed hindered their future housing options:

I moved on to [a female only hostel], I have lived there for six and a half months

roughly and I went to an appointment yesterday to apply for me own tenancy with another association, not the council. It's like supported accommodation where the staff come for two hours a week. (Hannah aged 24)

I wanna move on, I wanna get me own place but it's not like bad living here, I'll stay here until I get somewhere else, it's better than being on the streets. Getting out of here is the main priority and getting me own place like. (Kelly aged 26)

I'm gonna start paying me arrears again today to get me own home and away from here. I want me own place back. I know that's gonna happen, well once I start paying me arrears again and I've got the forms. (Tracey aged 49)

That said, women faced a number of personal and practical barriers in their efforts to normalize their housing situation. For instance, Lauren (aged 33) struggled with the hostel environment to such an extent that she frequently abandoned her bed space in favour of the street:

I didn't like being in them (hostels). I just couldn't cope, I just didn't like it. It was me own fault though, I just couldn't cope being there cause I'm a private person anyway and I get paranoid like I dint like being around people I dint knar. I'm just used to me own little surroundings and I couldn't cope. It was cracking us up. So I just used to put meself back on the streets. (Lauren aged 33)

Sakura (aged 22) felt that practitioners in the hostel she resided in were more preoccupied with securing a rental income than they were with helping her move on into her own accommodation:

They didn't help me move on, they wanted me to stay there, they wanted the housing benefit, they wanted me to pay rent. They didn't want me to move on, they wouldn't help me out moving on cause yer had to wait for them to say 'we'll try and get yer moved on now'. Nine times it was like 'oh no, we still want to keep an eye on yer, see how yer progress, see if you can handle yer own flat'. I think that's what was going on. Yeah holding me back a lot. I would have loved to move out and get my own flat, not being cooped up being held back by hostels.

Lexi's (aged 16) move into independent living was delayed by the process itself and the different stages women have to navigate their way through:

> I'm trying to get me own flat but I've got to wait until they've received my references before I send the form away.

Georgia (aged 20), explained that she was unfamiliar with floating support services despite moving into a council property having previously resided in hostel accommodation. Georgia explained how her inability to adapt to the reality and normality of independent living resulted in her eviction:

> I kept on having parties though even though I had got told that wasn't allowed. I got kicked out of the flat because I found it harder living by meself when I had been that used to living with other people, living around other people. Well, that was the plan, invite one or two friends round but then there would be like six, seven other people turn up at the door and half the people I didn't even know, it would be people they knew. I had loads of friends but I just wanted company.

Rose (aged 43), stated that various hostels rejected her application for a bed space because of her past behaviour:

> Because of me record, because I've got police assaults and all that on me record, so a lot of them wouldn't take is, a lot of the hostels wouldn't take is cause I wouldn't stop drinking, I was dead aggressive when I was drinking. I ended up on the streets.

Sakura was evicted from the hostel for rent arrears and slept rough for four weeks before moving into a council property with her partner. She was evicted by her partner and spent another four weeks on the street before moving into a female only hostel. In addition, women with a criminal history found it difficult to secure a tenancy of their own - a point which will be returned to in Chapter 8.

7.4.5 Health

In discussion, several women admitted using illicit drugs to control the emotional pain they experienced from past and present events which included physical/sexual assault, miscarriage, bereavement, abstraction from children and rough sleeping. The women consumed heroin, speed, diazepam and cannabis by way of injection, sniffing/snorting, smoking and/or in tablet form. Illicit drug use was described by the women as a coping mechanism in that it enabled them to derive temporary relief from a somewhat painful reality. In a similar vein, women admitted consuming alcohol in the form of wine, sherry, cider, vodka, lager and whiskey in order to escape, blot out or anesthetize past and present events such as sexual assault, bereavement, and family problems. Other women consumed alcohol in order to cope with their immediate surroundings. For instance, Kelly explained that she drank alcohol because she was sleeping rough in a derelict building on her own. Whilst she was afraid of being attacked, she was more afraid of being attacked whilst awake and sober. She reasoned that it was better to be intoxicated and asleep - that way, she would have little knowledge of such an event, should it occur. Many of the women in this study welcomed the opportunity to remedy problematic behavior. Some women signaled their intention to attend addiction treatment services, others actively sought the help of specialist drug and alcohol treatment services and were either awaiting a medical detoxification or else attempting to detox:

> Well get meself detoxed erm I'm gonna stick with NECA[15] after cause obviously I've gotta go through Plummer Court haven't I, to get detoxed. (Lauren aged 33)

> I was helping meself, I was willing to go to rehab and to help meself. (Rose aged 43)

> I'm at Plummer Court at the minute yer know like trying to get meself sorted with the detox. (Yvonne aged 31)

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[15]NECA (North East Council on Addictions) is a registered charity that provides services to people with substance misuse problem and their carers through the North East (see North East Council on Addictions).

However, some women were unwilling to attend a detoxification programme, choosing instead to continue in their use of illicit drugs and/or remain alcohol dependent:

> I dinit want to at the minute cause I'm not ready to yet, I like what I'm doing at the minute, I'm not ready to. What's the point in trying to do it if I'm not ready to do it meself? I just like drinking it, I just like drinking. (Kelly aged 26)

Several women took steps to normalize their sexual/mental health practices. For example, when Kelly (aged 26) was sleeping rough, she opted to have the contraceptive implant fitted. In her words, 'I had an implant in me arm cause I didn't wanna have a baby. It's not right is it? No, definitely not, no, no way. No I wouldn't do that like'. Likewise, Amy (aged 38) readily anticipated her meeting with a CPN, stating 'as soon as I get over to the doctors, they will set up a CPN for is. So I'm gonna be seeing a CPN, er, and just try to build me self-esteem up because it's a bit low'. Sarah (aged 22) purposely accessed a day centre in order to see a CPN, she stated, 'I went to see a community psychiatric nurse, and they did actually put is in Plummer Court[16] but it was only for three days, then I was on the street again'.

7.4.6 Wanting Normality

Many of the women in this study defined their status as abnormal in the sense that they described normality as that which was absent from their current existence. The women's understanding of utopia included having a home of their own, a family or (more) contact with existing family members, material possessions, to be healthy and a job:

> I wanna have me own house with me kids back and a car and me job and that's it -
> I don't want to win the lottery and stuff, it would be nice but I don't want all that, I
> just want normality and family. I want to rebuild the relationship with me parents
> and me like siblings. (Hannah aged 24)

> You're not normal cause you haven't got a job or you haven't got a house or

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[16]Plummer Court is the NHS Trust's integrated drug and alcohol service (Newcastle Families Information services, 2012).

you've got an addiction. (Claire aged 34)

Other women associated normality with a level and state of consciousness which they derived from their illicit drug use:

> I don't feel me, I don't feel normal without the cannabis, I can't explain it, like an alcoholic having no drink, that's how I feel like and when I have a smoke, I feel all relaxed and I just feel, I feel normal, I know that sounds daft but I feel normal. (Emily aged 20)

That said, some women also felt that normality was not something they could actually attain, in part, because they lacked the physical structure and/or material conditions that negate homelessness or else because they had become somewhat comfortable in their homelessness existence:

> I've seen [homeless] men approach women asking them for money but it pisses is off cause I want that normal life again and I think is that what it's gonna be like still, they're still coming up to yer and asking yer for money, or yer got as smoke, have yer got this, have yer got that? It makes yer frightened to be like, be normal again, I just blend in with them and be the same as them to be honest. (Claire aged 34)

Homeless women were aware that normalizing judgements produce both positive and negative effects on their lives. Some women passively accepted the identity constructed for them by others whereas other women saw themselves as authors of their own future in the sense that they considered how to derive a more favorable outcome from their actions and altered their behaviour accordingly.

7.5 Summary

This chapter has explored the ways in which normalizing judgements function in the context of women's homelessness. It has done so from two distinct standpoints, namely that of

practitioners (from public and third sector services) and homeless women. The narratives and experiences of the fifteen practitioners and thirty homeless women depict a bilateral process of continuous and pervasive normalization. Within this process homeless women are governed as objects and as self-reflective and self-forming subjects. Collectively, the participants viewed normalizing judgements as that which classifies, objectifies, individualizes and disciplines. They believed that homeless women are either normalized or pathologised with respect to particular aspects of their behaviour, and appropriate corrective treatments are thus sought and applied or else ignored and resisted. For practitioners, normalization identified, imposed and enforced moral values thereby producing meaningful subjects or else docile objects. For homeless women, normalization created the opportunity for them to see themselves as active participants in their own subjectification in the sense that they too conducted a variety of normalizing judgements against which they measured themselves. That said, through overt and covert practices, homeless women were able to subvert the construction of normalized subject identities in ways that allowed them to reconcile themselves with and make sense of their own experience and status.

Overall the data shows that practitioners and homeless women have related and divergent conceptions of what normality entails. The following chapter analyses the examination given that it represents the techniques of an observing hierarchy and those of a normalizing judgment. Via the examining gaze, it possible to qualify, classify and punish homeless women.

CHAPTER 8: THE EXAMINATION AS A
TOTALIZING INSTRUMENT OF CONTROL

Service user details are stored in a case file, clients have their own file, their own number, they're confidential files which contain a lot of information. (Project Worker 2)

8.1 Introduction

The examination is a tool for observing and a disciplinary process with several distinct operations which involve measuring and hierarchizing the skills, knowledge and characteristics of individuals (Foucault, 1979). According to Foucault (ibid: 189), the examination - which combines hierarchical observation and normalizing judgement - situates individuals 'in a network of writing; it engages them in a whole mass of documents that capture and fix them'. The individual becomes a case which can be 'described, judged, measured, compared with others' (ibid: 191). The examination produces results and from the results classifications are derived that form the basis of knowledge. This knowledge is used to identify differences in order to remedy, detain or exclude individuals who deviate from the norm. The examination not only identifies the problem but simultaneously supplies the knowledge which prescribes the appropriate treatment.   In this chapter I explore the examination as a technique of knowledge and a technology of power. The chapter is presented in two main sections. The first (8.2) explores the rationality and technology of the examining gaze from the perspective of practitioners. This is done with reference to numerous techniques which make homeless 'women' visible as opposed to women's 'homelessness'. In doing so, it assesses the examination as that which is not simply directed at homeless women but is also the means by which homeless women survey, interpret and construct their own status and identity. The second part of the chapter (8.3) explores homeless women's perception of the examination as a rite of passage in which they move from one social status to another. In doing so, it employs a case study approach to describe the experiences of statutory and non-statutory homeless women.

8.2 Objectifying and subjectifying homeless women: The gaze of practitioners

In interviews, the examination was described in ways which can be understood as a totalizing instrument of control in that it qualifies numerous professionals working within a variety of settings to vacillate between distinct yet inter-related events within the homeless woman's journey, and therein to observe, record and exchange information with other like-minded professionals. The practitioners pointed out that this exists in a variety of forms including verbal, written, visual and electronic - which are translated into the following instruments - referrals, interviews, risk assessments, support plans, action plans and key notes. Collectively these instruments concentrate on the homeless woman in her entirety and construct and ascribe individual identities to the woman using a multitude of labels of which homelessness in only one. Thus, she is simultaneously homeless, alcohol dependent, drug dependent, mentally unstable and promiscuous. The importance attached to observing, examining and normalizing homeless women is encapsulated in the comment of the worker in a day centre:

> We've looked at everyone's individual needs, if you're not willing to address it then fuck off to the People's Kitchen. If have a support need, are you willing to address it? If the answer's no, you're comfortable sleeping on the streets in Newcastle, going into Fenwicks and pinching aftershave and then selling it to buy drugs, then don't come here. If you're not comfortable with it and want to address those issues and get a house, and get a benefit and get a doctor and are willing to work with a support worker, you're more than welcome and we'll support you through that process. You might be homeless with substance misuse but still not want to address yer substance misuse but want to address yer housing and I'm willing to work with that. But if you're homeless and have a substance misuse problem and an alcohol problem and are not willing to address any of them. You know when you've had enough, come back and see me.

Practitioners acknowledged that the label becomes the primary means of identification and the primary focus of provision - hence, the alcohol dependent woman is directed towards specialist advice, support and/or treatment services, likewise the illicit drug user, the mentally vulnerable and the sexually permissive female. Given that the examination holds homeless women in a mechanism of objectification and subjectification, a more detailed discussion of the various instruments used in relation to the depth and breadth of information they extract now follows.

8.2.1 Multiple instruments

Practitioners described the 'referral' as a paper-based or verbal application for access to a specific resource which is either conveyed, sent or received across services. The referral for housing is that of a confidential paper document sent to accommodation providers from multiple services such as probation, mental health, housing, drug and alcohol. The referral contains a vast amount of information about the applicant such as their offending history, substance use, mental health, personal status, housing history, service access, demographic criteria, needs/risk assessment and also recommends the type of accommodation that would best suit the clients' needs. The referral serves as a prelude to further examination instruments and as a gateway to additional provision:

> We can refer people into various hostels depending on their situation, their age, sex, drug, alcohol misuse, mental health, learning disabilities. (Outreach Worker)

> There was one girl on her referral it said that she's got a habit of making allegations against male members of staff and we thought we can't even have her here because we do have male members of staff on a night time on their own. (Support Worker 4)

Homeless services use interview forms to capture information which is essential to processing a referral, contractual obligations and good practice. According to the housing support officer, interview forms cover 'past housing issues and this is where we find out the reasons as to why they were evicted i.e. rent arrears, anti-social behaviour etc'. These forms do not provide a complete picture of a client's life but rather provide key objective information. This is then used by practitioners to build a bigger picture through contact with other agencies involved but most importantly with the client themselves. Information is passed between agencies through email exchanges and face to face dialogue. Practitioners explained that it is often their own perception of a clients' life that is passed verbally in an information flow separate to that contained on paper or electronic records. In this respect, the picture built of a client is more reliant on human interaction than the data captured on paper. That said, practitioners pointed to the limitations of interviews, claiming that the persona presented by female applicants was in some instances a partial or else artificial reflection of their true personality:

They can come and present something quite different in an interview and then when they come in, they're not that quiet sort of withdrawn person yer know and then others yer know do play more of I would say like a victim role 'oh it always happens to me'. (Hostel Volunteer)

In some services, risk assessments formed part of the interview process. Risk assessments involve the identification and evaluation of potential hazards, taking into consideration existing precautions. Practitioners use this instrument to determine the most appropriate measures to adopt in order to minimise harm and reduce the risk to an acceptable level. Risk assessments were conducted either visually, electronically or on paper and were used to assess a number of issues. Whilst variations exist across services, identifiable risks focused on individual needs such as mental/physical health, abuse, hygiene, criminality, disability, behaviour, mobility, and finances:

> The risk assessment records the women as a low, medium or high risk. Therefore, if there were previous rent arrears, the client would be placed at high risk of putting her tenancy at risk due to past arrears. This is then reviewed within three months. (Housing Support Officer)

Risk assessments informed practitioners in their decision making. In the words of support worker 1, 'depending on what comes out of the risk assessment, it's if we have a vacancy or do they go on the waiting list or do they get put on review? It just depends'. The worker in a day centre described risk assessments as a 'nightmare' given that the service operates on an open door policy which means that 'anybody could walk in off the street'. Thus risk assessments were not always carried out with immediate effect:

> I wouldn't expect a risk assessment to be done in the first day or two because the client needs to be comfortable. You're asking someone really personal questions, you're expecting to open up within the first ten minutes of walking in the door and divulge that information and I'm not saying some wouldn't but if you did a risk assessment then and then maybe five or six days later when you've built up a rapport, you'd get a lot more information and they'd probably be a lot more detailed so do we carry out risk assessments as soon as they walk through the door? No cause I can't see the point in it, I don't think you'd achieve anything. (Worker in a Day Centre)

In a similar vein, the practitioner with statutory responsibility for rough sleeping cautioned against forming pre-emptive judgements on the basis of information recorded in a risk assessment:

> Sometimes I think it's difficult because yer might read a risk assessment prior to seeing somebody and yer might think oh my god, what am I about to meet? And then you'll meet the person and yer have to be careful not to have yer judgement completely shrouded by the information that you've read but you have to be sensible and you have to take into consideration the risk, how you're going to interact with that person, where you're going to interact with that person and yer can never be complacent.

Support plans focus on the needs of individual women based upon their risk assessment. Identified risks are incorporated into actions that are agreed by the support worker and service user. Support worker 4 explained that a support plan is a person centred document, drawn up every three months between the client and support worker. Support plans primarily focus on accessing/engaging services, anti-social behaviour, budgeting, communication, cultural/social needs, alcohol/drug use, prescribed medication, emotional support needs, hygiene and household cleaning, meaningful use of time, mental health needs, nutrition and diet, rent and service charges, self-harm, depression and housing. The housing needs aspect of the support plan identifies issues relating to the clients housing history:

> The main one is they're going to need housing support - financial issues, health, physical harm, abuse, housing background - how have you built up those arrears? Has it been a case of not getting out of bed, not opening letters, not claiming housing benefit, not claiming job seekers allowance? Looking at the responsibility of her actions, what are you going to do differently to address the issue? So we look at need, recognising that need and addressing it. (Housing Support Officer)

An action plan is formulated on the basis of the information gathered in the support plan and focuses on ways of reducing identified risks. This plan sets out what support should be given, the duration of the support and the expected outcomes. The support plan ensures that the relevant support is delivered in a way that best suits the client's needs, as support worker 2

explained, 'you do yer support plans and yer action plans and yer work towards their goals. It's not what you want for them, it's what they want for their selves'. The limitations of support plans were also espoused by support worker 2:

> When you do a support plan, again the women have to want to address the issues, if they don't want to then it's pointless referring them cause they're not gonna work with them. It's what they want to address, you can't force them to stop drinking or the drugs but as long as we've got the support there, they do want it. Most people do eventually maybe not when they first come but it's so hard.

Another examination instrument used by practitioners was that of key notes. In some services, key notes were recorded in the clients' personal files on a daily basis by individual practitioners, whereas in other services key notes were recorded less regularly and were verbally conveyed. A day centre manager explained how shift patterns separate practitioners from clients, therefore in order for practitioners to keep up to date with any developments that may have occurred in their absence, they are required to revisit the key notes of the clients they key work at the start of every shift. Key notes provide a running commentary on what is happening with a client at a particular stage in their homeless journey. Appointments, cleanliness of room, friction with other service users are examples of what is documented. According to the hostel volunteer, 'if a client divulges something serious it is wrote in their key notes'. Similarly, support worker 4 explained what is recorded in key notes:

> They include what's been happening, have they been to probation? Have they had a good week? Have they been out, been to Plummer court? It's all recorded - so if staff are off, they can look at them, if something is happening, staff are updated. Key notes are put in the clients file, their file is confidential - only on a need to know basis, also give verbal key notes.

The plethora of tests and their extensive use as instruments of decision making and problem solving objectify homeless women and yet are subject to several distorting tendencies at the level of service provision and service user. Hence, the information the examination purports to extract is subjectively manipulated, filtered and obscured at various junctures.

8.2.2 How homeless women (ab)use the examination

Practitioners in this study were of the opinion that homeless women understood two key points about the examination, namely that it defined their status in society and that it was open to manipulation. Drawing upon personal experience and anecdotal evidence, practitioners asserted that homeless women used the examination to fabricate experiences or else assume a particular gender role in order to legitimate their status as deserving homeless women. By transforming themselves into an official subject - that is, by fitting into one or more of the categories constructed, recognized and endorsed in social and political discourse as 'deserving' - the women were able to challenge the authorities to act by the standards which they themselves had set. One way in which they did this was to present themselves as victims of domestic violence in the knowledge that the local authority was unable to conduct a thorough and detailed investigation into the circumstances surrounding their homelessness for fear of exacerbating the situation. There was a general concern amongst practitioners that the system of provision created a status that unconditionally accepted and granted each applicant access to an array of services - irrespective of whether the claim was genuine:

> I think ten or fifteen per cent might be utilising the domestic violence card to get their own houses. I think ten, fifteen per cent of people who present here, domestic violence, they've cottoned on, on the back of real hard work that's been done to get domestic violence recognised. People not having to prove, show us yer bruises to say that you've been a victim of domestic violence. I think women have cottoned on to that and they think right I can present saying I'm suffering from domestic violence and then I get me own place because unfortunately that is the case cause we don't question it and there are people who'll take advantage of the system. **(**Homeless Prevention Officer)

Practitioners claimed homeless women manipulated the system of provision for their own personal gain by pretending to be genuine victims. In discussion, numerous instances were espoused in which homeless women's vocal and overt display of vulnerability dissipated into to a much more aggressive persona - though this change was not instantaneous and often materialised after the women had acquired/secured access:

Because they're women and females they play on the vulnerable side of it and when they actually get their feet in here and they've been here a while you see a totally different side to them. They are very aggressive and they've used their vulnerability to get a bed, and the tears, and it's harder to say no to somebody when they're sat there crying and upset and 'I want to change' and 'I want to do this'. We get it quite often here, but then the more you get to know people, when they keep coming round, you know that that's not the case, it's all working with the other agencies and getting proper information from them. They want you to take them, they don't tell you the whole story. **(**Support worker 1)

Practitioners recounted how homeless women publicly subscribed to numerous interventions and then privately handpicked the services they intended to access and engage with. These women were proficient in producing the correct kind of plea for help to an official organisation in order to access provision that they themselves valued and sought access to. By officially and publicly exposing their needs and issues, these women legitimated their purchase on the system of provision and retained autonomy over the depth and breadth of the intervention they received:

Things that they're saying, they're saying cause they think you want to hear it, all they really want at the end of the day is a flat. They don't really wanna engage in the services, they don't want to take part in different opportunities that may arise, just the nature of it. (Support Worker 3)

The narratives of practitioners reveal that homeless women are governed and objectified into subjects through processes of power/knowledge (including subjugation and subjection). Moreover, homeless women are not simply docile bodies on whom the examination is enforced but are active participants in the sense that they too use the examination as a means of transforming themselves into what the authorities define as the most extreme or the most deserving. In the next section, homeless women's experience and perception of the examination is explored. Multiple case studies are included to contextualize the practicalities, conditions and relationships homeless women experience within their homeless journey.

8.3 The examination as a 'rite of passage': The perspectives of homeless women

In discussion, homeless women talked in ways which suggested the examination was a rite of passage - in which they shift from one social status to another, for example, from hidden to visible homelessness, from undeserving to deserving homeless, and from non-statutory to statutory homeless. The women claimed the transition commenced with formal registration procedures - that is, where women officially present themselves to the authorities as homeless - and concluded with the recognition of women's right to access homeless provision. These women were of the opinion that the examination - with its power to control access and formulate standards - not only played a significant role in authorising their status but in maintaining their status. It is important to understand these points in relation to the experiences of statutory and non-statutory homelessness, as this was a key theme raised during interviews. A case study method is included here to expose the perceptions and influences affecting homeless women's housing options and experiences.

8.3.1 The experiences of statutory homeless women

The women involved in this study were acutely aware that they were the focus of multiple examinations given the frequency with which they moved from one institutional space to another. They acknowledged that at each entry point, gatekeepers observed, analysed, classified and documented their existence. For these women, the examination served two key functions, namely that it represented the principle means of defining their place in society and it created a divide between 'statutory homelessness' (to whom a legal duty of housing is owed) and non-statutory homelessness (to whom no legal duty of housing is owed). Of the thirty women interviewed in this study, just under half were assessed as statutory homeless and in 'priority need'. Eight were aged sixteen or under and six were categorised as 'vulnerable' because of domestic violence or mental health issues. These women described their experience of homelessness in terms of accessing temporary provision, multiple service access and sustained homelessness. Recounting personal experiences, the women asserted that statutory definitions merely dictated the speed with which they were given access to resources, altering rather than ending their homeless journey.

Of the women defined as statutory homeless:

- Five were placed in female only hostels belonging to various charities working within the homelessness sector. Within three months, two of the women had been evicted for aggressive behaviour, one woman continued to reside with the same accommodation provider - though not at the same address. One woman was moved into another female only hostel three days later which was funded by a different charitable organisation, and another moved out voluntarily after a year.

- Four were placed in local authority emergency housing. Within two weeks, three of the women had moved into female only hostels provided by charitable organisations. Of these, one woman was evicted after three weeks for aggressive behaviour, another woman moved in with her son, and the third continued to live at the same address. The fourth female remained in the accommodation for six months before she was evicted for aggressive behaviour.

- Two were placed in bed and breakfast accommodation. Of these, one moved out after a week and went to live with her partner and his parents, the other moved into a mixed sex hostel for three days and then into a female only hostel for one week before moving into another female only hostel - all of which belonged to different charitable organisations.

- One moved into a mother and baby unit and was evicted twelve months later after her child was removed from her care.

- Two moved into council properties, one was evicted twelve months later for rent arrears, the other moved into a mixed sex hostel twelve months later because she unable to cope with the reality of independent living - the hostel was managed by a private landlord.

Of the women given priority need status, only two initially secured a council tenancy - neither of whom were able to sustain their accommodation long term. Only three women continuously secured some form of accommodation throughout their entire homeless journey. The remainder of the women were unable to sustain their accommodation and went on to experience multiple episodes and spaces of homelessness which included rough sleeping, sofa surfing, residing in hostels, a mother and baby unit, a hotel, bed and breakfast accommodation, a women's refuge and local authority emergency housing. The case studies of

Georgia and Sophie, presented below, contextualise the experiences of these women. Their narratives reveal how their use of short-term and temporary forms of provision from both statutory and non-statutory services prolonged and exacerbated their homeless journey. Moreover, how their homeless journey continued despite their status as statutory homeless women.

Case study 1 - Georgia

Georgia experienced more than one episode of homelessness involving many different spaces. Her homeless journey began at sixteen when she was asked to leave the family home following a breakdown in her relationship with her adoptive parents. She admitted that she had become quite aggressive and confrontational towards her parents whilst living in the family home and was frequently arrested by the police and expelled from school because of her behaviour. Georgia's initial response was to present herself as homeless to the housing advice centre:

> Well the first thing that I had done was went to the housing advice centre in the town and because they said cause I was sixteen, I would be priority. (Georgia aged 20)

Georgia was initially placed in local authority mixed sex hostel accommodation for 16-21 year olds, six months later she was evicted because of her disruptive behaviour. She moved into a mixed sex hostel for 16-25 year olds funded by a charitable organisation and was evicted three days later because of her aggressive behaviour. She moved into bed and breakfast accommodation in a different area - six months later she moved into another bed and breakfast establishment nearby. She then returned to the local authority mixed sex hostel accommodation for 16-21 year olds and was transferred into another mixed sex hostel for 16-25 year olds funded by a charitable organisation because of her aggressive behaviour. She presented herself as homeless to the housing advice centre for a second time and was placed in local authority mixed sex hostel accommodation in a different area. She refused to stay in the hostel because of its location:

> [It was] Right in the middle of the red light district and there were syringes on the floor so I just walked out, I walked to the police station and I says 'here, you's either arrest is or you drive is back home' and then they drove is back home to Newcastle and put is in Pitt Street. I was only seventeen. (Georgia aged 20)

On returning back to the area, Georgia presented herself as homeless to the housing advice centre a third time and was placed in local authority mixed sex emergency housing. Three days later she moved into a female only hostel funded by a charitable organisation where she stayed for three and a half months. She was evicted after throwing a fire extinguisher through a window on the premises - she had been drinking at the time. She moved into a mixed sex hostel funded by a charitable organisation but removed herself from the accommodation because she witnessed other residents injecting drugs in front of her - one of which overdosed. She was placed back in local authority mixed sex hostel accommodation for 16-21 year olds where she stayed for seven months. She then moved into a council flat and admitted that she struggled to cope with the loneliness and often invited 'friends' round for company. She was evicted from the property for anti-social behaviour. Georgia moved into a female only hostel funded by a charitable organisation and was evicted six weeks later following a physical altercation with another resident. She was placed in another female only hostel funded by the same charity - this was where she resided at the time of the interview. Her homeless journey had lasted four years at this point.   Georgia advocated a system of provision that gave homeless women a say in where they were housed rather than one that simply placed them in a housed environment that she felt unconsciously sustained rather than alleviated their homelessness:

> I would just prefer like obviously young people to be able to have decisions, have choices where they go, where they can live, you know what I mean? If there's no room at one place then yeah, another place instead of putting them in somewhere where it's just going to set them up to fail because they know they are not going to settle or they don't know anybody and then they just do what everybody else does. (Georgia aged 20)

Case Study 2 - Sophie

In theory, practitioners advocate a two-year exit strategy in which homeless women are moved on through the system of provision into independent living and yet in reality this is not universally applied. For instance, Sophie had only experienced one episode of homelessness, however this one episode had lasted twenty-eight years. Her homeless journey began when she was twenty-one. Following a breakdown in her relationship with her mother and step-father, Sophie left the family home. She believed that her step-father instigated her departure:

> I've been homeless for a long time, since I was twenty-one and I'm forty-nine now. Me mam had another partner, I just couldn't stay in the house with him because he didn't want is there. I didn't get on with him and I knew he wanted is out, I had nowhere to live. I walked in the civic centre one night and I just thought I will try and see a social worker and then I telt me social worker's name - and they got in touch with him, then I had to wait about three hours and then he arranged for is to go into Hopedene and he took is in there. (Sophie aged 49)

Sophie had a history of mental illness and was under the care of social services prior to her departure from the family home. When she initially became homeless she slept rough for seven nights before contacting her social worker. She was immediately placed in a female only hostel funded by a charitable organisation. Sophie described her experience of sleeping rough as frightening and horrible:

> Well you walk the streets and you're frightened and you're scared of a night time when it's dark, the streets at night time and you fall asleep in a park or somewhere, you're frightened anybody comes up to yer. It's the darkness that mainly frightened me as well. It was horrible, I just didn't like it, I thought I gotta find meself somewhere to live, it was freezing, freezing and I was cold all the time, I thought no chance. (Sophie aged 49)

Sophie has lived in three hostels throughout her entire homeless journey. All of her accommodation had been provided by a single organisation of charitable status. The first hostel accommodated both homeless women and the elderly and was demolished, the second hostel housed homeless women only and was closed down, and the third hostel

accommodated homeless women only - this was where she resided at the time of the interview. Sophie was not concerned that she had spent a large part of her adult life in hostel accommodation - quite the opposite - she explained that she preferred being in the company of staff and other residents rather than the isolated existence that she believed accompanies independent living. She did however acknowledge that this was something she would have to consider in the future:

> They would only put is in a flat by meself and I don't want that. I'd rather be round by the staff and these lasses that are living here because they all get rehomed and so should I, eventually, but I'm not looking, maybe's next year, not this year to move out. (Sophie aged 49)

Georgia and Sophie's narratives usefully illustrate many issues around housing provision which were common in the accounts of other statutory homeless women interviewed including:

- The majority of accommodation available to statutory homeless women is temporary in nature and is often provided by charitable organisations. For Georgia and Sophie, the initial accommodation provided was one of several types of accommodation experienced by the women.
- Despite the established framework for state intervention, the local authority offered no meaningful support in terms of alleviating homelessness. Georgia and Sophie's stories illustrate that despite being housed quickly, their homelessness status/identity remained the same.

The next section of the chapter explores the narratives of non-statutory homeless women in the aftermath of their prescribed status.

8.3.2 The experience of non-statutory homeless women

Single women, or women under the age of retirement without dependent children and who are not considered vulnerable do not usually satisfy the eligibility criteria of priority need. Thus

the local authority does not have a duty to house these women, merely to offer advice and assistance. Of the women interviewed in this study, just over half were assessed as non-statutory homeless. Recounting personal experience, these women asserted that their defined status as non-statutory homeless women sustained and exacerbated their homeless journey.

Of the women defined as non-statutory homeless:

- Seven became homeless having been evicted from their accommodation. Of these, three were evicted from council properties because of rent arrears and/or anti-social behaviour and were thereby prevented from registering on the waiting list for council housing. These women slept on the street or else became part of the hidden homeless population and either lived with family or sofa surfed in that they moved from one friend's floor to another. Two women were evicted from private accommodation because the properties were sold. Both women alternated between sofa surfing with friends and family and sleeping rough. Two women were evicted from the family home. Both of these women alternated between sofa surfing with friends, family and sleeping rough.

- Six voluntarily terminated their tenancy or removed themselves from the accommodation they resided in. Of these, two women experienced a breakdown in their relationship with partners - one moved into bed and breakfast accommodation, the other sofa surfed with a friend. Four women were fleeing domestic violence - of these, three chose not to notify the local authority of their circumstances and either lived with family, sofa surfed or slept on the street - this is in stark contrast to the assertions of practitioners in section 8.2.2 which claimed that homeless women illegitimately present themselves as victims of domestic violence so as to gain access to a multitude of resources. The fourth woman was placed in a female only hostel in another area which was funded by a charitable organisation.

- One returned from living abroad and alternated her sleeping arrangements between squatting and sleeping on the street.

- Two were released from prison and either lived with family, sofa surfed with friends or slept on the street.

Non-statutory homeless women were forced to make their own arrangements in terms of housing and went on to experience multiple episodes and spaces of homelessness which

included rough sleeping, sofa surfing, residing in hostels, a mother and baby unit, a hotel, bed and breakfast accommodation, a women's refuge and local authority emergency housing. The women's narratives were characterised by temporary accommodation situations, multiple service access and sustained homelessness. The case studies of Sarah, Agnes and Tracey, presented below, contextualise the experiences of these women.

Case Study 3 - Sarah

Sarah's homeless journey began when she returned from living abroad. She accessed the housing advice centre and presented herself as homeless:

> I went to Newcastle HAC and told them that I was homeless, presented meself as homeless and they said I had to go to North Tyneside because my last address was in North Tyneside and a lot of the places that I lived before was in North Tyneside. I went to North Tyneside, presented meself as homeless, they refused is, they said I was not a high priority because I didn't have children, I wasn't pregnant and I wasn't vulnerable - partly because I managed to make me way through Europe and get back here. I just seemed to be passed from one service to another. I wasn't registered with a GP cause I didn't have an address, there's just like a vicious circle. They just give is a list of private landlords but when I actually called the private landlords, the list was out of date, a lot of them. (Sarah aged 22)

Following an investigation into the circumstances surrounding her homelessness, Sarah was found to be intentionally homeless. The duty owed by the local authority was simply to provide her with advice and assistance. In the aftermath of this decision, Sarah slept rough for two months, during this time she stayed in two squats - for two weeks and two hours respectively, on both occasions she was forcibly removed by the police. She also accessed two day centres. She liaised directly with an organisation of charitable status and secured herself a place in a female only hostel. Whilst sleeping rough Sarah was physically and verbally abused, she altered her sleeping arrangements continuously - from derelict buildings to apartment blocks to church graveyards. She appreciated the help she received from services in the voluntary sector but was less positive about the response of statutory services. In her opinion, the housing system promoted pregnancy amongst homeless women given that it privileged pregnant women and families with dependent children over single women:

The council wouldn't even help and they are the ones that's supposed to be giving the houses to people. They give you the reasons why they have refused yer and then you think well so I am supposed to go out and sleep with somebody and get pregnant just to have somewhere to stay, because that's the kind of message it's giving out to people, especially young girls. The girls that are over eighteen, I have spoke to a few of them, a lot of them just think that if I get pregnant then they will give is somewhere to stay. (Sarah aged 22)

That said, Sarah was not persuaded to adopt this particular approach to secure housing.

Case Study 4 - Agnes

Agnes had been homeless for twenty-seven months having served fourteen months of a nine-year prison sentence for drug dealing. Upon release, Agnes moved in with her sister, seven days later she moved in with her brother, she then moved into a female only hostel funded by a charitable organisation. She was then placed in local authority emergency housing along with her son. Whilst there, she was offered a council property but refused to accept it because it was situated in an area that she knew and was known within. The local authority responded by issuing her and her son with a twenty-eight-day notice to vacate the accommodation. In her words:

I got offered a property, the property I got offered was where I used to buy my heroin, I was known as a smack head down there, now I was actually off heroin by this time cause I was on a methadone script. I was still buying diazepam off the street. I went through all the reasons why I was refusing it, I says look you're putting me in a property where my son's gonna get chinned all the time, I'm gonna get turned over all the time. I said they know me as a smack head, I says I had got a lot of grief down there and I still have a lot of grief down there. There had been seven people in Pitt Street offered it, they all knocked it back, they didn't get twenty-eight-day notice. Yer get twenty-eight-day notice and you're out, basically on the street but I didn't know they could put you on the street with a kid but they did. They put me on the street with my laddie. (Agnes aged 44)

Upon vacating the hostel, Agnes slept rough for one night with her son. He slept in a sleeping bag with his head on her lap, that night she took a stimulant in the form of speed in order to keep awake and remain alert - she explained that she was too frightened to go to sleep. Agnes

moved in with her brother, then she moved back in with her sister, then she moved back in with her brother - her son went to live with her sister. She moved in with her friend but left voluntarily because of conflicting views of hygiene. She moved back in with her sister but was evicted and went to stay with another friend, from there she moved into a female only hostel, then moved into another female only hostel - which is where she resided at the time of the interview. Both hostels were funded by organisations of charitable status. Agnes attempted to resolve her housing situation and was aware that her history was a barrier to her future. Rent arrears prevented her from accessing council housing and her status as an ex-convict prohibited her from securing a tenancy in the private rented sector:

> I'm in with every housing but because of the daft drug charge, I cannot get anywhere. This is the first stable address I've had. I'm living out of a frigin bag man, three frigin year, how way, I've paid my crime. I'm in arrears but I'm in the middle of trying to pay my arrears off. See I phoned flats at the weekend, because of this freaking daft drug charge it's just really hard for me to get a place because the landlord wants to know the last five years of history. I've got to disclose it because they do a police check up anyway. So I wouldn't lie to the landlord. (Agnes aged 44)

Agnes believed that her access routes into (social and private) housing were blocked - thereby sustaining her homelessness.

Case study 5 - Tracey

Tracey's experience of homelessness began when she was evicted from her council property for rent arrears and anti-social behaviour. The catalyst for her homelessness was the behaviour of her son. In her words:

> I just hit the drink really bad because of something me son had done and was put in jail for it and I just wasn't paying me rent and I was just letting people come into me home, they didn't wreck it but the council didn't like it, the neighbours didn't like it so I was evicted. (Tracey aged 49)

Over a six-year period, Tracey spent three successive years sleeping rough and three more interspersed with periods of rough sleeping and hostel access. On six occasions she was evicted from a mixed sex hostel funded by a charitable organisation because of her abusive and violent behaviour towards other service users. Whilst sleeping rough, Tracey was verbally abused, she was constantly afraid of being robbed or approached and would only stay with people she knew. Tracey registered her homelessness with the housing advice centre and accessed two day centres throughout her homeless journey. Following the death of her partner - who was also a rough sleeper - she was offered a place in the same mixed sex hostel she had previously resided in and had subsequently been evicted from. At the time of the interview she had lived in the accommodation for eight months. Tracey was aware that her rent arrears prevented her from accessing future council housing - though this was something she had attempted to rectify:

> I tried to get back into Newcastle city centre housing and a man actually come out to see is and he said cause of the arrears if I paid twelve weeks off what I'm missing - five pound a week, he would come back and see is and take more details and get the receipts off is to prove I had paid and he would see about putting me name back on their housing list and he never bothered to come but I paid twenty-eight weeks instead of the twelve and he never got back so I just stopped paying it again. (Tracey aged 49)

Tracey described feeling 'let down' by the system of provision given the inaction of the housing representative - the result of which, is continuing homelessness.

The cases studies of Sarah, Agnes and Tracey usefully illustrate many issues around housing access and provision which were common in the narratives of other non-statutory homeless women interviewed including:

- Once a woman is defined as non-statutory homeless, she must make her own arrangements around housing. Very often this means that women experience multiple episodes and spaces of homelessness which includes rough sleeping, sofa surfing, residing in hostels, a mother and baby unit, a hotel, bed and breakfast accommodation, a women's refuge and local authority emergency housing.

- The non-statutory definition of homelessness results in prolonged temporary accommodation access and sustained homelessness. The stories of Sarah, Agnes and Tracey are indicative of other non-statutory homeless women in this study.

- Statutory and non-statutory homeless women are treated differently in terms of their access and eligibility to housing welfare and yet there is significant overlap in their experiences in terms of temporary provision, multiple service access and sustained homelessness.

- Official intervention simply alters the individual woman's homeless journey as opposed to alleviating it. For these women, the move from one social status to another includes that of hidden to visible homelessness, undeserving to deserving homeless, and non-statutory to statutory homelessness - it does not include that of homelessness to independent living.

8.4 Summary

This chapter has explored the ways in which the examination functions in the context of women's homelessness. It has done so from two divergent standpoints, namely that of practitioners (from both statutory and non-statutory services) and homeless women. The stories and experiences of the fifteen practitioners and thirty homeless women depict a binary process of objectification and subjectification which is mutually reinforcing. Collectively, the participants viewed the examination in multiple ways - as an observational tool and a disciplinary process. They understood that it played a significant role in alleviating or else maintaining women's homelessness. For practitioners, the examination disciplined homeless women by normalizing their behaviour and extracting from the women a knowledge that allowed this control to be further strengthened. That said, they acknowledged that homeless women were not simply docile objects undergoing examination but were active agents capable of utilising the examination for their own ends and needs. For homeless women, the examination created the opportunity to make sense of their own position and move from one social status to another. This involved homeless women presenting elements of their experiences (defined by official criteria) in ways that justified their application for access to official resources. That said, these women were also aware of the disparity between official definitions and personal circumstances and the impact this had on their homeless journey.

Overall the data shows that practitioners and homeless women understood the importance of the examination and the vital role it plays in the governance of women's homelessness. Indeed, the accounts of the participants reveal the examination as a totalizing and individualizing instrument of control given that it is through the techniques of examination that officials assume control over women and their homelessness.

The next chapter will conclude this thesis by drawing together the themes that have been raised by this and the previous chapters.

CHAPTER 9: DISCUSSION AND CONCLUSION

9.1 Introduction

This chapter draws together the themes that have emerged from this empirical study. After examination and analysis of the fifteen practitioners and thirty homeless women's accounts of women's homelessness, it is argued that:

- the governance of women's homelessness - as that which involves both external forms of governance and the self-regulating abilities of homeless women - sustains women's homelessness;

- the complex arrangement of disciplinary power relations, agency and resistance between the state, homeless service providers and homeless women ensures the continuity of women's homelessness;

- women's homelessness is both agency *and* service user maintained;

- homeless women are active agents of their own subjugated status alongside homeless service providers who - via a complex interplay of interpretation, categorisation and disciplinarity - maintain women's homelessness;

- in adopting a gendered focus, this study builds on existing empirical research which argues that state agencies maintain homelessness (see Carlen, 1994);

- this study contributes to and extends the literature on Foucault, homelessness and homeless women (see Grocock, 2008; Casey, Reeve and Goudie, 2007, Cloke, Johnsen and May, 2007; Marsh, 2006; Horsell, 2006; May, Cloke and Johnsen, 2005; Parker and Fopp, 2004; Skeggs, 2004; Wesley, 2001; Watson, 2000; Ruhl, 1999; Neale, 1997; Bordo, 1993; Held, 1993; Miller, 1992; McNay, 1992; Sawicki, 1991; Okin, 1989; MacKinnon, 1987; Harstock, 1983 - as discussed in Chapter Three).

As discussed in Chapters Two, Five, Six, Seven and Eight - homeless women share many common experiences and yet the origins of their homeless situations and the practicalities and realities involved once homeless tend to be very different across the female homeless

population - a finding which is consistent with existing research (see The Fawcett Society, 2012; Bell and Hanson, 2009; Dewilde, 2008; Banga and Gill, 2008; Reeve, Goudie and Casey, 2007; Lemos and Crane, 2004; Bowes, Dar and Sim's, 2002; Smith, 1999; Robson and Poustie, 1996; Webb, 1994; Anderson, Kemp and Quilgars, 1993; Watson and Austerberry, 1986). In making sense of women's homelessness, participants drew upon existing understandings, personal experiences and anecdotal accounts of the social, political, local and physical context in which homeless women exist. Their narratives revealed contradictions and similarities, volatility and constancy, fluidity and rigidity, conformity and resistance as inherent features in the governance of women's homelessness.

The remainder of this chapter outlines the key conclusions based on the research aims which were:

1. To investigate, describe and analyse the ways in which homeless services shape and respond to the lived experience of women who are homeless;

2. To investigate, describe and analyse the ways in which homeless women experience homelessness and make sense of their experience.

9.2 Theorising women's homelessness using Foucault's concept of governmentality

Within this thesis I have employed Foucault's concept of governmentality (2002; 2000; 1990; 1980; 1979). The application of a Foucauldian analysis makes a significant contribution to the sociological perspectives featured in the UK literature on women's homelessness (see for example, Casey, Goudie and Reeve (2007) who adopt a symbolic interactionist approach and Watson and Austerberry (1986) who employ a Marxist-feminism analysis). In contrast to Casey et al (2007) and Watson and Austerberry's work (1986) and utilising Foucault's concept of governmentality, this research sought to explore the interaction and intersection of micro-level experiences and power relations, and macro-level strategies of governance and control. Foucault's concept of power relations asserts that disciplinary mechanisms of power produce docile bodies and train individuals in line with specific objectives. As stated in Chapter 3,

Foucault has been criticised for his lack of focus on gender, however his work has had a profound influence on feminist scholars who have subsequently appropriated and/or developed his ideas (see Wesley, 2001; Watson, 2000; Ruhl, 1999; Bordo, 1993; McNay, 1992; Sawicki, 1991) and on international and national studies (both published and unpublished) which have taken homelessness as their object of inquiry. Indeed, Marsh's (ibid: 107) analysis of how particular groups (such as the media, service providers and homeless women) understand female homelessness represents an important insight into the ways in which women's homelessness is governed. However, this particular anthropological thesis focuses on female homelessness in Christchurch, New Zealand, hence linguistic and cultural factors cannot be ignored. UK studies which have focused on the development of policy and provision for homeless people, the housing provider-recipient relationship, changing government responses to street homelessness, the concept of homelessness as social exclusion, and the way in which rural service providers and service users interconnect with contemporary governmentalities and mobilities of homelessness (Grocock, 2008; Cloke, Johnsen and May, 2007; Horsell, 2006; May, Cloke and Johnsen, 2005; Neale, 1997) have omitted to explore the pervasiveness of gender relations and more specifically, the differential experiences and governance of women within the homeless population.   As previously stated in Chapter 3, section 3.3 Governmentality, gender and homelessness, Casey, Goudie and Reeve's (2007) study of women's homelessness in 17 towns and cities across the UK makes reference to Foucault's concept of 'resistance', however it's primary theoretical tool is that of Goffman's 'presentation of the self' (ibid: 90). In addition, this study fails to explore the way in which power permeates and functions in the lives of homeless women and/or the way in which homeless service providers shape and respond to the lived experience of homeless women. The overt paucity of research in these areas is directly addressed in this study.

9.3 Disciplinary power - as that which underpins women's homelessness

In this study I argue that three technologies of disciplinary power underpin the governance of women's homelessness - that of hierarchical observation, normalizing judgement and the examination (as discussed in Chapters Five, Six, Seven and Eight). Articulated via external forms of governance and the self-regulating abilities of homeless women, these technologies permit the penetration of regulation into the everyday practices of service providers and the

lives of homeless women. I assert that two key aspects in Foucault's conception of power - that of resistance and conformity - are central to an understanding of the ways in which women's homelessness is governed. These two key aspects permeate the three technologies of disciplinary power (as discussed in Chapters Five, Six, Seven and Eight) and are articulated at the level of service provision and service user. I have made the case that disciplinary power provides modes of subjection and liberation through which service providers, individual practitioners and homeless women sustain the phenomenon of women's homelessness. I argue that the four-tier pyramidal model of women's homelessness outlined in Chapter Five serves as both a visual and literal representation of the complexities, processes and differential relationships involved, and that the multiple layers permit continuous surveillance and control via vertical, lateral, spatial and temporal relays. To date, such a representation is absent from the prevailing literature on women's homelessness in the UK (Moss and Singh, 2015; Maycock and Sheridan, 2013; Mayo, 2011; Harding and Hamilton, 2009; Barrow and Laborde, 2008; Casey, Goudie and Reeve, 2007, 2008; Doherty, 2001; Huey and Berndt, 2000; Adams, Pantelis, Duke and Barnes, 1996; Cook and Marshall, 1996; Croft-White and Parry-Cooke, 1996; Dibblin, 1991; Foster, 1981).

9.3.1 Hierarchical Observation

The respondents' experience of the disciplinary function of surveillance - as that which involves total and permanent visibility, wherein those within the pyramid know that they are the focus of surveillance and thus come to be disciplined by their exposure to the regulatory gaze of others and by engaging in a process of self-discipline - was shaped by their own subjective position. Practitioners within statutory services exercised a constraining gaze over how non-statutory agencies delivered homeless services and over which women were constituted as statutory homeless and targeted for intervention and supervision. Under the watchful eye of the local authority, homeless service providers and homeless women engaged in a process of regulation. The main practices involved in this process included:

1. The funding process. This process essentially dictates the policies and practices homeless services must adhere to in order to secure funding.

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2. Multi-agency working. The Common Case Management Group (CCMG) ensures service providers are held accountable for the delivery of an increasing array of welfare services.

3. The registration process. This operates as a bureaucratic and moralistic rationing device given that it stipulates a particular identity that homeless women are required to convey so as to 'fit' into that which the state has made visible and defined as 'deserving' of assistance.

These practices - which involve the use of strict performance targets, quarterly assessments, regular joint meetings and the perceived threat of exclusion from future funding opportunities - ensured or else actively encouraged homeless agencies to adopt an ethos and approach which reflected the aims and objectives of central and local government. This finding is consistent with existing research which found that non-statutory service providers were subjected to elements of statutory control over their service delivery and pressurised into conforming to 'statutory requirements so as to secure ongoing funding' (Cloke, Johnsen and May, 2007: 9[17]). As discussed in Chapter Three, the social construction of the homeless woman's identity is primarily determined by the state. Indeed, it is the legislative framework that dictates the circumstances and experiences by which homeless women qualify as 'statutory' homeless. Only women who fall within the statutory definition are recognised as such and in principle, given access to the full system of provision. Of the 30 women who took part in this study, 14 were assessed as statutory homeless and in 'priority need'. This finding supports Neale's (1997: 47) assertion that the legislative framework is 'both a definition and a rationing device' in that it 'defines homelessness, but subsequently delimits it to exclude important sections of the population who do not have a home'. Also Carlen's (1994: 21) commentary on the 'stigmatising language of 'priority need' which in itself implies that the truly homeless are people who, *in addition to their homelessness*, necessarily have something else amiss with their lives' (original emphasis). I assert that it is precisely because the homeless woman produces herself in accordance to what the surveying eye wants - as in the state - that reflects her subjectification. By this I mean that in choosing to present aspects of their lives

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[17]In Cloke et al's study (ibid), accommodation based services were required to prioritise homeless people with a 'local connection' and perceived as 'entrenched and vulnerable' by the local authority.

and/or circumstances to the authorities for legitimation, homeless women are conforming to a political discourse that dictates what a homeless woman is and is not.

Operating within centrally defined local service needs and demands, local service providers adopt a dual role in which they overtly regulate the practices, procedures and performance of other service providers and their representatives (via designated actions and weekly updates), whilst at the same time, conforming to the disciplinary gaze of the authorities. Their adherence to state sanctioned performance criteria, quarterly assessments, and regular joint meetings with multiple service providers represent numerous points of conformity. That said, practitioners within non-statutory homeless services undermined the regulatory gaze of the state. They did this by creating a space in which they resisted, contested and diffused centralised forms of power, thus retaining a degree of autonomy over service provision and delivery. The thin regulatory controls inherent within major funding streams allowed homeless services to be 'selective' in the evidence they submitted in relation to the existence and quality of individualistic provision, procedures and performance, of their attempts to work collaboratively with other agencies in their local area, and to determine who is and is not perceived as 'deserving' of the sector's aid. Homeless services embarked on a process of self-regulation through specific procedures and practices which were arbitrary, inclusionary and/or exclusionary. The use of such procedures and practices (which translate into recording practices, information sharing, (in)action, prerequisites and objective and subjective assessments of the women's past, present and future behavior) represent multiply points of resistance by which local services undermine the disciplinary gaze of the local authority. This finding supports existing research whereby hostel staff frequently ignored the directives of the local authority by admitting individuals who did not fall with a specified category of need and thus qualify for aid (May, Cloke and Johnsen, 2005) and that of hostel staff who adopted 'exclusionary categorisation and referral procedures' as a means of maintaining control over service access (Carlen, 1994: 18).

Under the omnipresent gaze of multiple gatekeepers, homeless women are exposed to an array of disciplinary techniques, designed not only to regulate their conduct but to create their own self-regulation. Formal and informal rules around access to, use of, and behavior in public

and private space dictate the conduct of homeless women. Reinforced by a variety of sanctions (which includes 24 hour banning orders, monetary charges, a move on direction from the police, physical/verbal altercations), homeless women assume an identity and/or conform to a particular standard of behaviour that is indicative of that space. The juncture of vertical, lateral, spatial and temporal relays within the network point to a filigree of observation that governs the minutiae of homeless women's lives. Adherence to the curfew system, conformity to prescribed meal times, proximity of rough sleeper sites to particular services, engagement with a multitude of welfare agencies and health professionals, and adherence to the rules around visitors represent multiple points of conformity. Undermining the regulatory gaze of gatekeepers, homeless women do however re-appropriate the powers of governmental observation in ways that allow them to retain autonomy over their ability to care for themselves and their bodies thereby challenging, resisting and rejecting official attempts to render them docile. Indeed, homeless women's surveillance of the social milieu and their capacity for self-governance allows them to inhibit or alter behaviours that could otherwise have a negative effect on their ability to present themselves in a particular way. Underpinned by self-knowledge, personal experience and societal expectations, homeless women avoid carrying multiple possessions about their person when in the public realm, pay particular attention to their own personal hygiene and physical appearance, adopt masculine characteristics and/or use sex as currency so as to 'fit' into or else access a particular environment. Avoidance of communal rough sleeper sites and of sleeping alongside other rough sleepers, the construction of indvidualised and personalised maps in which particular services, locations and people are included/excluded on the basis of subjective and objective assessments, represent multiple sites of resistance whereby homeless women circumvent the disciplinary gaze of governmental authorities and establish themselves as free thinking autonomous individuals capable of rational thought and action.

9.3.2 Normalizing Judgement

The practitioners' experience of the disciplinary function of normalization - as that which lies in the construction of a prescriptive and descriptive technology of power that governs human behavior in terms of norms - was informed by their own professional practice. Practitioners across the homelessness network sought to amend particular normative modes of existence

via an assortment of governmental responses embedded within and exercised through the everyday practices of individual services. Hence, both statutory and non-statutory services assumed a central role in determining who and what falls within the realm of normality. Efforts to subvert or else amend the construction of abnormal subject identities were underpinned by a dual system of:

4. Rewards. Positive reinforcement of conformity to prescribed conducts, habits and attitudes was incentivised via the offer of gift vouchers, leisure and beauty treatments, (managed) alcohol provision, housing support letters, transportation, financial incentives and emotional support.

5. Punishment. A continuum of punishments were used to facilitate conformity and included verbal/written warnings, a notice to vacate a project/service and immediate (albeit temporary) exclusion from a service.

The dual system actively encouraged homeless women to amend aspects of their behaviour and lifestyle considered problematic via participation in one or more educational, training and/or health related treatment programmes. The emphasis on aiding, educating, remedying and advising homeless women on what the ruling authority has deemed abnormal is consistent with research which suggests that such techniques for 'distinguishing and correcting individuals deviating from norms also come in the form of social support' (Du Rose, 2006: 38). As a counterpoint, some practitioners consciously undermined the effectiveness of the normalizing gaze. They did this by creating a space in which they exercised an anti-normalization stance, thus inhibiting women's access to potentially emancipatory and transformative normalization processes. The denial of hostel provision to potentially nonconforming female rough sleepers and the withdrawal of in-house services for noncompliant female hostel residents reflected an intensive (albeit contradictory) culture of control in which the voices, experiences and identities of homeless women were increasingly marginalised and subjugated. Maintaining 'professional control over the selection and management of hostel populations' via the remit of the service, the status of the service user, and behavioural factors of homeless individuals is not uncommon (see Carlen, 1994: 21). However, where this thesis differs, is that it accounts

for the ways in which homeless service providers shape and respond to the lived experience of homeless women in particular.

Homeless women exist in a terrain of normalization in which they are perceived as 'outsiders', as failures and as illegitimate members of society due to their status and identity. Bodily discipline by multiple agencies and discourses dictate the conduct of homeless women. Reinforced by the beliefs of gatekeepers and the mechanisms of discipline and normalization, homeless women gravitate towards normalizing themselves to social norms. Acceptance of a bed space, participation in in-house/external training and/or educational/treatment programmes, and submission of completed housing application forms represent multiple points of conformity by which homeless women adhere to the normalizing gaze of the authorities. Whilst the process of normalization encourages homeless women to confess their character weaknesses or abnormalities, the women themselves are not simply acted upon or indeed passive victims, but are at times, autonomous beings capable of rejecting the disciplinary aspects of the normalization process at various junctures in their homeless journey. Controlling the point at which they exit accommodation based services, engage in an array of high risk sexual/health activities, engage with gatekeepers, adhere to the rules regarding rent, curfews, sleeping out and in-house cleaning rotas represents numerous points at which homeless women resist and reject dominant social, political and moral prejudices, values and norms. Caught within a complex network of disciplinary normalizing powers that observe, judge and amend psychological and practical anomalies, homeless women engage in a constant process of reflexivity in which they voluntarily and coercively, successfully and unsuccessfully evaluate, define and navigate their position in relation to specific norms. It is my contention that the homelessness network in Newcastle represents more than simply a multitude of technologies - as in the diverse and heterogenous means, mechanisms and instruments involved in the governance of women's homelessness. Indeed, it functions as an implicit yet powerful revelatory map reflecting normative, yet differentially valued gender roles and expectations. These differentially valued gender roles and expectations are both shared, contested and resisted at the level of service provider and service user.

9.3.3 The Examination

The practitioners' experience of the disciplinary function of the examination - as that which subjectifies and objectifies homeless women in accordance with a pre-existing set of objectives - was shaped by the differing practices and remit of individual services. Practitioners sought to measure, hierarchise and individualise the women, thereby exposing their differences and making them more assessable and controllable. In doing so, they utilised an assortment of techniques which included:

6. Referrals. Referrals document offending history, substance use, mental health, personal status, housing history, service access, demographic criteria, needs/risk assessment and also recommend the type of accommodation that would best suit the clients' needs.

7. Interviews. Interviews detail personal information, social networks and relationships, offending behaviour, drug/alcohol misuse, managing money, managing tenancy and accommodation, physical/emotional/mental health, and vulnerability.

8. Risk assessments. Risk assessments record individual needs such as mental/physical health, abuse, hygiene, criminality, disability, behaviour, mobility, and finances.

9. Support/action plans. Support/action plans document service access and engagement, anti-social behaviour, budgeting, communication, cultural/social needs, alcohol/drug use, prescribed medication, emotional support needs, hygiene and household cleaning, meaningful use of time, mental health needs, nutrition and diet, rent and service charges, self-harm, depression and housing.

10. Key notes. Key notes record appointments, cleanliness of room, friction with other service users.

Practitioners assumed primary responsibility for 'fixing' homeless women via surveillance and control of deviant lifestyles. They did this by normalizing the women's behaviour and extracting from the women a knowledge which allowed their regulatory practices to be further strengthened. Participation in an array of health, housing and financial services, programmes and practices represents multiply points of conformity whereby homeless women sought to

amend problematic aspects of their behavior and/or lifestyle. That service providers understand homeless women as cases to which an expert responds by using professional practices (such as documenting personal information, writing an action plan, and assigning basic skills classes) in order to revise and regulate the homeless woman is consistent with existing research (see Williams' (1996) study of hostel provision). However, the findings of this thesis extend beyond that of hostel provision and account for the actions of practitioners across a wealth of services in the UK including housing and homeless information and advice services, and accommodation based and floating support services.

Under the regulatory gaze of statutory and non-statutory services, homeless women are subjected to a pervasive use of instruments of diagnosis and decision making in all institutional domains in social life. The purpose of which is to make visible the homeless woman in her entirety. Indeed, homeless women are bound up in a multitude of labels through which they are defined. The label becomes both the primary means of identification and the primary focus of provision. This finding is consistent with existing research (see Williams, 1996). State-imposed criteria is recognised and internalised by the women, irrespective of whether they conform to or else resist specified standards of normality. Disclosure of personal information concerning housing, health and finances represent the extent to which homeless women passively conform to the examining gaze of officials. That said, homeless women are not solely passive participants but are also autonomous individuals capable of utilising and curtailing the states' regulatory reach. Indeed, they created opportunities whereby they were able to resist and circumvent the examination. They did this by presenting specific aspects of their lifestyle (such as their age and mental health issues) to officials in the knowledge that in using the language of officialdom, the state was compelled to respond favourably to their application. Women also concealed elements of their existence from officials in an attempt to secure access to resources. Here the identity disclosed by the women represented a partial, artificial and perfidious construct. It is my assertion that the examination - as a key feature in the network of governance - creates the conditions that enable the containment, regulation, expression and liberation of practitioners and homeless women.

9.4 Unique Contribution to Knowledge

I have made the case that the network of governance within which practitioners and homeless women exist is one that can be interrupted, challenged and resisted at various points. It is a network in which practitioners strive to discipline and control every aspect of the women's lives via their use of public and institutional space. I have shown that practitioners operate as gatekeepers - permitting and denying access to 'problematic' women irrespective of their homelessness status. I have also argued that a complex dialectic exists whereby homeless women discipline their bodies through an elaborate system of external and self- surveillance, - normalization and -examination, thereby internalising disciplinary relations of power. I have shown that homeless women are able to adopt a position whereby they both recognise themselves as active participants in their own subjectification, and resist and reject official attempts to render them docile. As previously discussed in Chapter Three, resistance and conformity are central to Foucault's conception of the way in which disciplinary power functions. This thesis thereby makes a unique contribution to knowledge in that it applies the Foucauldian concept of governmentality to the issue of women's homelessness in an urban city in the north-east of England - thus contributing to and extending the literature on Foucauldian-feminist literature and women's homelessness outlined in Chapter Three. In doing so, it has shown that technologies of the self interact with governmental technologies to shape and maintain women's homelessness.

9.5 Policy implications and recommendations

My understanding of the experiences, demands and needs of homeless women is founded upon an appreciation of the pervasiveness of gender relations, and the relatedness of gender to other forms of subjugation (which includes class, age and sexuality) which can result in a failure to suitably address the needs of homeless women - to implement policies and practices that are more considerate and emblematic of the needs of homeless women; to cultivate homeless services which serve to engage rather than overtly and covertly deter or else alienate 'select' female service users, and to address or else remove personal barriers to provision that limit or else prohibit female service user engagement. In comparing the findings of this study

to research which has looked more specifically at women's homelessness (see Reeve, Goudie and Casey, 2007; Reeve, Casey and Goudie, 2006), it is argued that homeless women continue to face many of the same problems previously highlighted. Thus, more work is needed to address and alleviate women's homelessness.

To summarise, the following recommendations have the potential to improve the lives of women who are at risk of, or else homeless.

1. Revision of, and improvements to, the local authority's housing application and assessment process. This includes signposting relevant services to women once they become homeless, and ensuring that women's voices are listened to rather than silenced at the point at which they approach the local authority for assistance. A case in point is that of Lauren who was found to be intentionally homeless having approached the local authority as a former and 'potential' victim of domestic violence following the upcoming release of her violent ex-partner (see Chapter 5, section 5.3.2.4 Deleterious effects experienced through women's own observations).

2. Concerted efforts across services to address the 'sensitisation' of practitioners towards the experiences of homeless women, and recognition of the impact of this on women. A case in point is that of the worker in a day centre who refused to accommodate a female rough sleeper because of the risk she posed to herself, to other service users and to other service providers (see Chapter 7, section 7.2.1 Shelter/Housing).

3. Tackling women's reluctance and/or outright refusal to engage with a multitude of support services. A case in point is that of Kelly aged 26, who excluded herself permanently from one service because of the quantity of male and female service users, the abusive language and confrontational behaviour of service users and the limited resources available to women (see Chapter 5, section 5.2.3.4 Deleterious effects experienced through women's own observations). The implementation of gender-sensitive services and an increase in the availability of women-only services across the network of provision would go some way to alleviating the concerns highlighted by women in this study.

This study has undoubtedly augmented my own thinking about women's homelessness - of the situations they find themselves in, of how women make sense of who they are and of their place in the homeless milieu, of the differential and overlapping experiences of homeless women, service use, and the implementation of policy and practice to effectively address and eradicate women's homelessness. It has reinforced the need to assess women's homelessness and for politicians and policy makers to take note of its findings.

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APPENDIX I: PRACTITIONER COVER LETTER

Maggie McDowell B.A. (Hons), M.A.

School of Applied Social Sciences

Durham University

32 Old Elvet

Durham

DH1 3HN

29th April 2009

Dear practitioner

The aim of this letter is to provide details of my research. To begin with, I would like to emphasise that this is doctoral research spanning a two-year period which will serve to increase awareness of homeless women's experiences through publication of my research findings in academic journals and conference presentations. This research forms part of my apprenticeship into academia. As an apprenticeship, my research is being closely supervised by a senior academic at Durham University – Dr Jo Phoenix.

My research will focus on women who are, or have been homeless and their experience of victimisation. The aims of this research project are to investigate the empirical realities of victimisation of homeless women; to explain how homeless women make sense of those experiences; and to investigate, understand and analyse the empirical realities of provision (both of housing and for victimisation) that homeless women are able to access. In order to investigate these topics, I would like to undertake semi-structured in-depth interviews with up to thirty (30) women who are:

> users of supported housing, hostels and bed and breakfast hotels providing accommodation for single homeless people;

> users of day centres for single homeless people who have slept rough on at least one night out of the previous seven;

> users of soup runs who have slept rough on at least one night out of the previous seven.

I would also like to conduct semi-structured in-depth interviews with up to fifteen (15) staff from the following services; bed and breakfast hotels, hostels, supported housing, day centres and soup kitchens. The purpose of these interviews will be to gain a more holistic understanding of the issues affecting homeless women from the perspective of the service provider. I anticipate that each interview will last one hour in order to cover the issues above in sufficient detail. However, this is only an approximation and may alter depending upon the detail provided by each participant. Prior to each interview, details regarding the nature and purpose of the research will be explained and all participants will be offered a guarantee of anonymity. Participants will also be informed of their right to withdraw from the interview/research process at any stage. If the women are willing, details such as age and ethnic origin will be recorded during the interview for the purposes of analysis only.

I am asking if you would be willing to work with me by introducing me to some of the women you work with and helping me to identify participants for this study. If you would like to discuss this further, please contact me on … or alternatively my email address is maggie.mcdowell@durham.ac.uk. If you wish to verify this with my supervisor, you can contact her on … or email jo.phoenix@durham.ac.uk. I look forward to hearing from you.

Yours sincerely,

Maggie McDowell

APPENDIX II: PARTICIPANT INFORMATION SHEET

The Victimisation of Homeless Women

Information Sheet

You are invited to take part in a research study on your experience of victimisation. There are some important things to think about before you decide if you want to be involved. Please read the information below carefully.

The purpose of the study.

Although research on female homelessness has been conducted for a number of years – it has often focused on housing problems, what homeless services provide or definitions of 'homelessness' and 'the homeless'. There is not a lot of research which has looked at the link between victimisation and homeless women's specific living environments. The aim of this study is to address this by providing an opportunity for homeless women to talk about their experiences of victimisation.

Why you have been asked to take part?

You have been asked to take part in this study because you are, or have been homeless and have been victimised. I will be asking up to 30 women to take part in total.

What happens if you decide to take part?

If you decide to take part, you will be given this information sheet to keep and you will be given a consent form to sign. You will be asked to spend around 60 minutes with me talking about your experience of homelessness and victimisation. I will ask you some questions and you can tell me about what you have experienced; what help and/or support you have sought or have been given; what you think about the help and/or support you have accessed.

The interview will take place on the premises of the service provider you currently access. I will record the interview using a digital recorder so that I can write down the details of the interview later.

If you decide to take part and then change your mind either, before, during or after the interview – you can do so – even if you have signed a consent form. Any information you have provided will be removed from the study.

What's in it for you?

You will be able to tell me your views and potentially improve other people's understanding of how and in what ways you have been victimised, how you have dealt with what has happened to you and how homelessness services can better support victimised homeless women.

Each participant will be given a £10 Eldon Square voucher after the interview.

What happens to the information you give?

All the information given will be kept confidential. Only I will have access to it. No names will be used so the information cannot be traced back to you. The results of the research will be used to form part of a PhD thesis for the completion of a Doctorate in Sociology at the Durham University. Both the British Library and the Durham University Library will keep a copy of the study on record.

Why the research is being conducted?

I am interested in how and in what ways you have been victimised, whether your living environment affects your experience, how you make sense of your experience and how service providers respond to your needs.

What you should do if you want to take part.

If you would like to take part in this research or if you would like to talk over any of the above points in more detail, please contact me on [mobile number] or email maggie.mcdowell@durham.ac.uk. Alternatively, you can contact my academic supervisor Dr Jo Phoenix jo.phoenix@durham.ac.uk.

Thank you for taking the time to read this information sheet.

Maggie McDowell

APPENDIX III: THEMES FOR INTERVIEW QUESTIONS

Hi …,

thank you for returning my phone call, I fully appreciate everything you said regarding my request for access. I have attached the original letter which … kindly circulated on my behalf. At this point in time, I can only provide an indication of the interview questions. During the course of the next few weeks, I shall be finalising the questions with my supervisor - Dr Jo Phoenix.

Questions for the service users will focus on:

• Focus life histories of homelessness
• Focus life histories on victimisation
• Help they have sought/been given
• What they think about what they have accessed or have been given

Questions for the practitioners will focus on:

• What does your service do?
• Do you deal with victimised homeless women?
• Have you dealt with them yourself?
• What sort of problems do you think they have?
• What sort of obstacles do you think you have in helping them addressing those

problems?

I have also attached an information sheet for participants. This is designed to answer any initial questions and to clarify what the research is about and why it is being conducted.

You requested some details of the time-scale involved, in this respect, I would like to conduct the interviews in July. In terms of setting a time and date for the interviews - I am entirely flexible and will work around your staff and clients.

Just to reiterate - my request is for access to your staff and the clients in … , …, …, and the… Access to any or all of these services would be greatly appreciated,

best wishes,

Maggie

APPENDIX IV: PARTICIPANTS CONSENT FORM

The Victimisation of Single Homeless Women

Interview

Consent form

I understand that my participation in the project will involve a one-to-one discussion about my experience of victimisation with Maggie McDowell which will last approximately 60 minutes. I understand that the interview will be recorded using a digital recorder for the purpose of writing up.

I understand that taking part in this study is entirely voluntary and that I can withdraw from the research at any time without any explanation.

I understand that I can ask questions throughout the study and that I can stop the interview and discuss any issues or concerns with Maggie McDowell or Dr Jo Phoenix.

I understand that the information provided by myself will remain anonymous and confidential and all data will be stored securely so that only Maggie McDowell will have access to it and that it will not be possible to trace this information back to me individually. I understand that, in accordance with the Data Protection Act, this information may be kept indefinitely.

I understand that the information collected will be used for the completion of a PhD and that at the end of the research, I will be provided with feedback about the study.

I, _____ (name and age)

Consent to participate in the study conducted by Maggie McDowell, School of Applied Social Sciences, University of Durham with the supervision of Dr Jo Phoenix.

Signed:

Date:

Maggie McDowell, department of Applied Social Sciences, 32 Old Elvet, Durham University
07858928462 or email maggie.mcdowell@durham.ac.uk

APPENDIX V: PARTICIPANT INTERVIEW QUESTIONS

<u>Homelessness journey</u>

<u>Ask *why* to all responses</u>

<u>Probe their responses</u>

<u>Ask how they felt</u>

<u>Why they gave that answer</u>

1. What lead to you becoming homeless?

2. Along this way, did you ask for any help? <u>Why?</u>

3. What help did work?

4. What help did not work?

   - If nothing worked – what do you think would have worked?

5. You know we are here to talk about some of the more difficult experiences you have had – can you tell me about them? – <u>if there is no link to victimisation, ask them directly</u>

6. Who was the one person who helped you the most/least?

7. What would help you get there?

8. You have been on this journey, I haven't, is there anything else you think I should know about?

9. What are your hopes for the future?

APPENDIX VI: PRACTITIONER INTERVIEW QUESTIONS

1. Tell me about the service you work for.

2. Have you got a specific job title?

3. Do you deal specifically with homeless women?

4. What issues do the homeless women present to you in terms of your role?

5. Is there any women that you've been unable to help?

6. What strengths would you say you have in your role?

7. Do you think there are any obstacles in the service that you work for in terms of how it deals with homeless women?

8. How do the homeless women you work with treat you?

9. How do you feel about your job?