**Transcript: Public Health Research and Me**

***‘Women’s experiences of homelessness and impact on health’***

**Host and Fuse Public Partner Victoria Bartle speaks with**

**Joanne McGrath**

**Victoria Bartle:** Hello and welcome to our podcast ‘Public Health Research and Me’. This podcast is led by public partners from Fuse the Centre for Translational Research in Public Health, and brings together the 5 North East Universities of Durham, Newcastle, Northumbria, Sunderland, and Teesside in a unique collaboration to deliver world-class research to improve health and well-being and tackle inequalities. Fuse is also a founding member of the NIHR School for Public Health Research. My name is Victoria Bartle, and I'm a public contributor collaborating with Fuse on this podcast. I've been involved in research since 2016 when I had to stop working due to multiple, long term health conditions. And I love being able to influence research into health and social care. And I know that the input from every public partner makes research more focused and more beneficial for everybody. So today I'm going to be talking to Joanne McGrath. So hello and welcome to the podcast. Could you tell us a bit about yourself and about your research that we're going to be discussing today?

**Joanne McGrath:** Hi, there, Victoria. Hello! Thank you for having me. Well, I'm a third year PhD student. I'm based at Northumbria University. I'm doing a research PhD into public health inequalities, and it's funded through the NIHR School for Public Health Research, and the North East and Cumbria ARC.

And the project is about women experiencing multiple exclusion, homelessness and the different impacts that this can have on people's health. So multiple exclusion is a term that's becoming a bit more commonly used in this country, and it recognises the additional complexity of having more than one significant issue at any one time. And it's how these issues kind of overlap and affect each other.

So there's obviously lots of very important issues that could contribute to a higher risk of social exclusion like disability, age, sexuality, ethnicity to name a few. But I'm focusing on homelessness, substance use, mental health and domestic violence as potential issues more likely to lead to multiple exclusion for women. And that's been identified by research previously carried out by the Fulfilling Lives program and other organisations working with women experiencing multiple exclusion have kind of particularly highlighted the impact of domestic violence on the lives of these women.

And so it's a particular risk factor, because it's an important pathway into homelessness. But multiple exclusion also makes women more at risk of domestic violence. So in terms of homelessness, anybody can become homeless. But there's an important distinction between being homeless briefly, and then it's kind of briefly, you know it's resolved. Or you know, sometimes it becomes chronic. And that can happen for a multitude of reasons.

So research from organisations working with women have identified the women who are experiencing long term homelessness alongside other issues tend to be less well served by services

**Victoria Bartle:** So you have said about like multiple exclusions, and you gave us a few examples. But then you're focusing on - is it four - like, yeah, just small topics? Yeah.

**Joanne McGrath:** Yeah. Just little ones! Yeah. What's important is, it's the kind of things that are happening in women's lives, but it's also important to recognise the underlying systemic causes of homelessness which are the kind of circumstances that people live in and influence their lives throughout the life course. So one of the things I’m looking at is women's hidden homelessness. We know that women's homelessness is likely to be underestimated in terms of its scale. And one of the reasons is - well, it's, firstly, the way that homelessness is counted, and that's because we tend to count people who are literally rough sleeping, which research suggests women tend to avoid that.

And also when women do rough sleep they tend to choose locations which are less easy to find, for obvious reasons, for safety reasons. So most services are designed with that in mind, like the stereotypical rough sleeper. And women are hidden in the data. So I'm interested in looking at, you know, why, why, that might be the case.

**Victoria Bartle:** So you're talking about like in terms of hidden homelessness, you mean, like, sofa surfing or living in hostels, or… because technically, I was homeless for about a year. But I was living with friends because I didn't have enough money to put a deposit on a flat, and so I lived with friends for - some for 6 months, and someone for 6 months just while I was trying to get myself in a a better situation, and that was because of health reasons where I couldn't work full time. So I was only working part time, and then financial difficulties from years ago, and like it's what you're talking about, isn't it, with the intersectionality, and how things kind of come together and then make a bigger problem.

**Joanne McGrath:** Definitely. That's what that is what the research is about. So, hidden homelessness would be anybody who isn't, who isn't known to a local authority. So yeah, people who are sofa surfing, staying with friends and family, some people sleep in cars, garages, flat stairwells, the the you know, lots of locations. So it's not - it doesn't include hostels, B&B's, or you know, emergency accommodation.

**Victoria Bartle:** That's terrifying isn't it to just think that there's so many people who are just under the radar that we don't know about. And then that's what you're looking at, at how to kind of help them.

**Joanne McGrath:** Yeah.

**Victoria Bartle:** So how do you find them? Sorry, this is completely off track! I just get too excited when I'm…!

**Joanne McGrath:** So when people I had been homeless, I would say it's, up until now it's been underestimated in policy and practice how dangerous sofa surfing can be. Even, I think, even the term ‘sofa surfing’ is a bit misleading. You know it sounds quite fun. It sounds like something that – you know –

**Victoria Bartle:** Like you’re having a sleepover, with your girlfriends?

**Joanne McGrath:** Exactly.

**Victoria Bartle:** And it's not like that.

**Joanne McGrath:** No, it masks the reality of what people are going through, and what I found in this research is sofa surfing itself can bring people further away from support and to a multitude of of different kind of pathways. But sofa surfing can impact people's health in a lot of different ways. So that's, that's one of the things that I've been looking at.

**Victoria Bartle:** Wow. That sounds absolutely amazing. It's just something that wouldn't occur to you. Yeah, it's really, really interesting. So, getting back to my actual questions. Could you tell me how the public have been involved with your work so far?

**Joanne McGrath:** When we were planning and designing this project, we were really conscious that these women don't often get a chance to be heard. They often described as being particularly ‘hard to reach’ and have histories of complex trauma. So we wanted to work with public partners right from the start to make sure that we got it right in terms of design of the project and the approach. Initially, we worked with Oasis, who's one of the public partners who helped to shape the research questions, and we did a lot of joint working around ethics and ensuring that both Oasis and Northumbria University were happy with how the research is going to be carried out.

**Victoria Bartle:** Can I just butt in there and ask you who, what's Oasis?

**Joanne McGrath:** So, Oasis Community Housing is a major housing provider based in Gateshead. And they importantly, they have supported housing, but they also have provision for emergency drop-in, and the emergency drop-in was where I was based.

**Victoria Bartle:** Right, oh fab.

**Joanne McGrath:** That was a wonderful experience. They were extremely kind, extremely invested in the research, and that was really important. So I went in there once a week for about 6 months, and kind of got to know the staff, got to know the people coming in. And that really helped, because it was a safe base to work from where you know people could come in, and they were very familiar with Oasis and trusted them. So by me being there, that was kind of a way for them to trust me as well, because I was there.

**Victoria Bartle:** So it's setting yourself up in a safe space for the people that you need to talk to, to make them able to talk to you kind of thing?

**Joanne McGrath:** Exactly. And we knew from talking with Oasis that it was likely that we’d find a lot of women with histories, you know, complex histories of domestic violence and multiple trauma. So the research was planned with that in mind. It was kind of trauma-informed right from the start. And by being based at Oasis, I think I was able to reach people that wouldn't - or I wouldn't - have ordinarily been able to speak to. So we created a bit a participatory space in their office at Oasis. And that's something that is used quite often in homelessness services. I’d previously worked at Crisis UK, so I was used to working with front line homelessness services, and the kind of techniques that you can use to make people feel comfortable and get, you know, get to know their stories.

So we used a timeline approach as part of the interviewing process. So when people said they were interested in taking part in the interviews, after explaining what the research was all about, we kind of sat down together in an office space which was visible from the front desk, so they would always feel comfortable. They’d be kind of within view of somebody else working there. And we kind of put a piece of paper up between us and structure the life lifeline like literally, I'd start off by asking a really open question, like, you know, “Can you just tell me your life story?”, and then start to physically draw it in down the timeline. And then, 9 times out of 10 people would join in on the other side of the timeline and kind of start adding in to that.

So, I think sometimes when you're interviewing people about topics that can be a bit difficult to talk about, or, you know, you're not sure how people are going to take being asked, even if they're going to, even if they've been told, you know you don't have to, you don't have to answer this question if it makes you feel uncomfortable. It's easier to be sure that people are comfortable and involved in the research by kind of de-personalising that kind of space.

**Victoria Bartle:** And you found that that worked really well?

**Joanne McGrath:** Yeah, we got a lot of very rich data from it, and people got really involved in the story telling almost. And it, you know, if there was something, you know, there's like a few a few years, say where there was nothing much filled in, it makes it easier to kind of say, “oh, I wonder what was happening there?”, or look at the way that different events can be connected. So it's kind of making sense of complex information and kind of unravelling the story and making sense of it basically.

**Victoria Bartle:** That sounds really interesting. I, it kind of makes you want to do it for your own life, doesn't it?

**Joanne McGrath:** Oh, yeah, what you can remember. Yeah, I have done that when I was doing my coaching qualifications - that's part of of the course is, you know you take the - you turn it around and practice on each other, so I know exactly how it feels. And I found it very helpful indeed. You know, I enjoyed being a participant in that, and I learned something from it definitely. So, so yeah, it was, it was, it was a really nice experience. And then following that, we've done 2 follow-up workshops. And that's in conjunction with Joe's Place which is based on the High Street in Gateshead. And it's another kind of, it's a familiar environment that people, that people know when they go there every week.

**Victoria Bartle:** What is Joe's Place?

**Joanne McGrath:** So it's a community venue. They do a hot meal every Wednesday morning at a church on the High Street and anybody can go. So the first one was a data verification event. So 10 out of the original 20 participants came back for the data verification event, and that was really important, because it was a way to present back some of the findings from the research and check that I'd accurately got the meaning from the research. But also there were certain topics that were much easier to discuss in a group forum in a supportive environment. And so we kind of went one step beyond the original research by, you know, I’d ask the group about, “what do you think is the kind of hidden impact of sofa surfing?”

There was a jewellery-making workshop, which was the second workshop that we did with the same group of women and that was to co-create some messages that would be used in a website which is about to be published which is a more accessible way of learning about the research. So the women all made earrings and key rings, and we did an exercise called “what homelessness means to me” and the women spent spelled out ‘sanctuary’ as their kind of key message to take away from that.

**Victoria Bartle:** Oh, wow, that's - that's a lot. Yeah, that sounds phenomenal. So at the start you were talking about multiple deprivations. So I was just wondering how you found that that impacts women's health. And then did you come up with any answers like, how do we improve access to health and social care services?

**Joanne McGrath:** Definitely a big question. But yeah, I mean some of the initial findings from the research were firstly, that rough sleeping is far more common than research had previously found. So about 50% of the women in our study had experience of rough sleeping. But they’d usually, they hadn't been picked up by a local authority, they hadn't presented us rough sleeping, they were bedded down in locations deliberately where they wouldn't be found.

**Victoria Bartle:** Literally hiding. It’s not just hidden homelessness. It's literally hiding from danger.

**Joanne McGrath:** Very much so. So hidden homelessness is very much that - partly deliberately hidden for a multitude of reasons. There was also some definite support for the previous research that sofa surfing impacts on health. Most of the women in our study had sofa surfed for substantial periods of time. There was a lot of mental health strain from staying in accommodation that wasn't settled, where you would never know where you're going to be staying from day to day. One woman talked about alternating rough sleeping and sofa surfing, and then very quickly became ill when she was staying in a dump property that was in disrepair. So, she caught pneumonia after an extended period of rough sleeping, which is, you know, research has already established rough sleeping is very dangerous and harmful to health. But sofa surfing is equally so in the long term. Other women talked very explicitly about sexual exploitation, which wasn't reported. But the women agreed that it happens a lot, and you know, being pressurised into sex in exchange for somewhere to stay. And they also described violent assaults in a lot of cases which resulted in life altering injuries, and were associated with chronic pain, tiredness, anxiety, and a lot of the women had sleeping problems as well. So all of those things were having a significant...

**Victoria Bartle:** I’m not surprised. I wouldn't sleep if you are absolutely terrified all the time. It sounds horrendous.

**Joanne McGrath:** Yeah. Well, I think the thing the thing that came out of the research that I found really hard hitting was that you can understand it at the time when women are in those situations. But sometimes these interviews took place a few years after women had gone into settled accommodation, but they were still being impacted. The health was still impacted at that stage from their experiences that they'd gone through previously. So that kind of goes back to the importance of preventing sofa surfing in the first place, and making sure that it gets addressed at an early stage.

**Victoria Bartle:** Because then you kind of looking at mental health services for trauma and trying to pull somebody back from that is so much harder than intervening beforehand.

**Joanne McGrath:** Absolutely. Prevention is key. We found that substance use, and mental health are closely linked, complex trauma was a feature in many women's lives, and they described substance use as being a coping mechanism for that. So again, that doesn't really agree with the way that services are structured where you might need to be abstinent from using substances to access mental health service. So that's just one example when you know it, the services weren’t aligned to people's needs.

**Victoria Bartle:** We're creating barriers through the services that are meant to be helping people and just making things more difficult.

**Joanne McGrath:** Absolutely. In some cases there was barriers there where it struck me as being quite easy to resolve like one woman described she was quite keen to get some help with her alcohol addiction. But when she turned up to her appointment on the first day she was told, “Well, you can't bring any alcohol into the building”, and fair enough if it was like an open bottle or whatever. But she had a couple of cans in her bag. She was an alcoholic, so she needed to drink through regular intervals. She said, “Can I not just leave my bag in the hallway?”, or whatever, and they said, “No, it's like a hard rule. You can't bring it into the building”. But from her perspective she was saying, “Well, I was homeless. I had all my stuff in that bag, and what am I going to do? Hide it outside? It'll get stolen”. It just didn't seem to work for her. So for that reason she didn't engage with the service.

**Victoria Bartle:** That's so sad because that - yeah, that doesn't make a lot of sense to me.

**Joanne McGrath:** There's a lot of things that seem a bit senseless. Definitely, the requirement to, I think the requirement to be abstinent before you access mental health services is probably the biggest example of that. But one of the other interest in themes that emerged from the data was the importance of social capital, and we use that as a theoretical framework to understand the experiences of women. In the data collection period we used a tool called MSPSS, which is a measure…

**Victoria Bartle:** You are going to have to explain that!

**Joanne McGrath:** I know, I can never say it! It's a measure of how much social support that people have in their lives from family, friends, significant others.

**Victoria Bartle:** So is that what you mean in terms of social capital?

**Joanne McGrath:** Yes.

**Victoria Bartle:** Like support structures and networks and things?

**Joanne McGrath:** Yes. Well, you can look at it in two ways. It’s the amount of personal support that you have, but also the amount of support that you have from from your community around you. So the social ties that the women used to get a place to stay obviously were helpful to them in some ways, because some some women were sofa surfing for up to 10 years, you know, very lengthy periods of time. But those social ties had very long lasting, and in some cases, really negative consequences. And that directly linked with the vulnerability of some women to domestic violence, because they quickly would enter into relationships as a means to getting somewhere to stay, to get a roof over their head. And then these relationships would often become violent over time and further isolated women from the social support that they did have. So that was one way that

you can see that, you know, multiple exclusion can be deepened over time.

**Victoria Bartle:** Yeah. So, you’re like putting yourself into a dangerous situation because you haven't got any other options.

**Joanne McGrath:** Exactly.

**Victoria Bartle:** Yeah. And the options that are available you can’t access because you need to have met these certain criteria that somebody's come up with.

**Joanne McGrath:** Exactly. Yeah, it's, it's the very definition of a Catch 22 situation.

**Victoria Bartle:** Yeah.

**Joanne McGrath:** Another, another important theme, which was unexpected for me was the number of women who'd experienced child removal. So, the research is focused on single women, and when I say single, that means - it's not in the ‘relationship’ sense. It means that you, you don't, have dependent children in your care. And the reason why I wanted to focus on single women's experiences is because women with children in their care have greater protections under legislation.

**Victoria Bartle:** Really?

**Joanne McGrath:** So you are far more likely to be hidden homeless if you are single, because if you have children, you would be deemed a ‘priority need’.

**Victoria Bartle:** Local authority has more kind of duty of care to provide a home for you.

**Joanne McGrath:** They have a much higher duty of care. Yes.

**Victoria Bartle:** But then you mentioned, like the, a lot of them had their children removed from their care. So is that a common theme amongst the…?

**Joanne McGrath:** It turned out to be a very common theme. So, there was about 3 quarters of the women in this study who did have children but for various reasons linked with the homelessness, usually the children were removed from the care. And that experience in itself unsurprisingly, was described as being extremely traumatising for the stigmatised people that were already far from sources of support that they needed. And one of the things that struck me was the number of women who described how the involvement of social services would stop once the child had been removed. The woman would be left alone with no support, so they described whatever issues they had at that time would get a lot worse. So if they were using substances, dependent on substances, that would that would become more harmful at that time.

**Victoria Bartle:** God, that sounds absolutely horrendous. I don't know whether it's research that I've read, or if it's just anecdotal things, but people with disabilities and mental health problems have a much higher chance of having their children removed from their care. And then you add in homelessness as a factor as well. And you've already mentioned that there's lots of intersectionality there with mental health, with physical health, with substance use, and things like that. So it, once you think about that, yeah, it's not surprising, but it's horrendous.

**Joanne McGrath:** Because of the structure of the interviews which were basically, you know, the women focused on talking about what they want to talk about and that was deliberate, because I didn't want to be led by any pre-conceptions that I might have had, or that might have existed in the research before. I really wanted it to be focused on whatever it was they wanted to talk about, that they thought was important. That was what we focused on. And for women who had that experience, that was what they wanted to talk about. And you know it was, it was highlighted, as you know, it made their issues worse, and they weren't offered the support that they needed at the time. So yeah, some of the stories were really hard to hear.

**Victoria Bartle:** I'm not surprised. So, right, trying to look on the positives here, you've you've said that homelessness is often a late indicator of like multiple deprivations and complex needs. So how do you think we can identify people earlier to try and readdress the the issues and get in before it becomes a more catastrophic problem?

**Joanne McGrath:** Well, in terms of moving upstream, that's the goal is to better identify people who are most at risk and put in appropriate support at an early stage. Probably the most important factor is poverty.

**Victoria Bartle:** Right.

**Joanne McGrath:** More people in this country are living in poverty, growing up in poverty. So it's all connected with health inequalities, where you live, where you grow up, and the opportunities that you have. Like I mentioned before, anybody can become homeless. But if you're lucky enough to have financial and emotional support as well as family and friends around you who can help you out, it's more likely to be a relatively brief event rather than becoming something that's entrenched, and it goes on and on.

So previous research suggests that there are cumulative risks throughout the life course of people who ultimately end up homeless. And one of the interesting ideas that I'm testing out in this research is visual representations of cumulative life events, which makes it easier to disentangle the different elements and to make links in between them. So you have individual crisis issues that occur. But there are also well known risk factors like adverse childhood experiences, care involvement, leaving school without qualifications, experience and trauma, domestic violence, and leaving institutions as well as poverty, which I mentioned.

**Victoria Bartle:** What I'm getting from that is that you're saying that services need to use those indicators and kind of identify people, and then put interventions in place before it snowballs into a bigger problem. So if you've got somebody who's had adverse childhood experiences, is leaving care, you check that they have somewhere to live, that you give them that support, that they can find employment if they've got no qualifications, or that that they've got a way to make friends and build a community, and so that they've got that support system and things. Is that kind of what you are saying? You're nodding at me like I'm making sense.

**Joanne McGrath:** Absolutely. It's really important that these people have access to the resources and the support that they need at the right time. You wouldn't believe the number of times that I heard in people's stories where you know they were living with a grandparent, for example, in their council house, the grandparent passes away or goes into care; and this young person, who might be only 19 or 20 years old, gets kicked out on the streets because they're not named tenant in that home, and there's no flexibility whatsoever to to help them, you know.

**Victoria Bartle:** And there's not a system in place to give them any support or advice or like “this is how you do it” like? Yeah, it's kind of making sure people have the life skills to access the services that they need. Whereas, if they've never been taught how to do that like how are you, how are you meant to do that?

**Joanne McGrath:** Exactly. They're much more likely to fall through the cracks.

**Victoria Bartle:** So again we're trying to get onto a bit more positive. So, you mentioned the visual aspects of your research that you're looking at developing at the moment. So what else are you doing with the research? And what are your plans for the future?

**Joanne McGrath:** Well, I'm really passionate about this research, and like I mentioned, I've worked in homelessness services for a long time, which I really enjoyed. But I love doing this research because I feel like it's a chance to shine a light on these issues, and you know, maybe change things for the better. In terms of the project, I'm gathering all the data together. I've got the website coming out in a couple of weeks, and I've just published a paper with my supervisors about the issues of social capital, and how that impacts on hidden homelessness. And I think in terms of future research, I'd like to keep highlighting the the connections between sofa surfing and poor health, because I think that's really important and under-researched at the moment. I think there's a lot more we could do to explore that issue. And I think, unfortunately due to the continuing impact of austerity, we've got rising rents, housing benefits not keeping up with those rents, I think we're going to see more and more people forced into poverty in this country, and where more and more people will be hidden homeless. So it's important that we understand what that means in practice.

**Victoria Bartle:** Yeah, and then try and implement some solutions to to challenge it. Yeah, the housing benefit doesn't come anywhere near my rent. So it's, it's just an ongoing issue for for a lot of people, yeah. So, if you've got one message for our listeners to take away from today, what what would it be?

**Joanne McGrath:** Well just to circle back to the original point, in terms of women's homelessness, one of my research questions was looking at why women tend to present to health and social support services relatively late on. But as my research developed, I realised probably a better question would be: “Are we seeing these women when they do present to services? Are we recognising the unique issues that women have to deal with?” So, many of the women in this study were hidden homelessness, hidden homeless. But they weren't hidden from services. They would go to GPs appointments. They were presenting an Accident and Emergency. They were attending appointments at drug and alcohol services. In many cases they were going to the local authorities, but there was a real, there was evidence of a real lack of joined up working because they were having to retell their stories again and again and again, and the connections weren't necessarily always being made between all of the different issues layering on that people had to deal with.

So, basically there was this one size fits all approach from services which doesn't fit the reality of people's lives. They talked about having to do all the running around. They essentially felt like they were managing the relationships, you know. They kind of talked about having support workers, but it was a bit of a hassle, because they weren't really getting anything out of it. They felt like they were just having to tick boxes. So I'm hoping that this research will shine a light on women's experiences, but also I think, hidden homelessness should be taken much more seriously in local authority, policy, and practice. Nobody should ever be turned away who presents as sofa surfing and be told, “oh, do you think you could hang on like a week, maybe a couple of weeks?”, because there's there's nothing else available.

It's important that we recognise that whilst individual factors are important, that there's wider underpinning causes of homelessness, like poverty, inequalities, and lack of affordable housing and social support. So certain risk factors will make you more vulnerable to those things. But the actual causes are avoidable, and I think that it's important to recognise that.

**Victoria Bartle:** Yeah. that's so impactful. Like, it's making me think just that we need joined up services. We need that communication between everything that everybody is accessing, and to make sure that your data is being shared between everybody and that somebody will then realise that there's an underlying problem there rather than treating the symptoms, you've got to treat the cause, and I think that's where services fall down - that we are trying to treat the symptoms all the time.

**Joanne McGrath:** That's a really good point that you make, because one of my interests and one of the biggest failures I think, in this country is that we don't actually have the data to to see who is most at risk of, in our society, like, not just of homelessness, but most at risk in general. In other countries, they have kind of large anonymised data sets which much more clearly point to where funding should be allocated, and where the gaps are in the system. And sometimes it's a bit like we're kind of, you know, we we just don't, we just don't know who these people are. We don't have enough information about that.

I was really struck by the resilience of the women that took part in this research, they had so much to offer. And when they shared the stories they had so much valuable input, and they knew exactly what they needed and were really involved and passionate about using their experiences to improve services and make things better for other women. And, in fact, many of the women that I spoke to were already actively helping people in their support networks, you know, to to get out of this situation. So I think if we gave women more of a chance to contribute to service design and delivery and early stage, they'd be much better for it, basically so

**Victoria Bartle:** That sounds absolutely perfect. Yeah, you need to listen to the people who are experiencing the issues. And yeah, because they've got ideas about it, and it sounds like you're really hearing them, which is lovely. So thank you so much for for being here, so much for joining us, and we're really excited to read your paper and look at the website once it comes out. So thank you Joanne. We really appreciated you coming.

**Joanne McGrath:** Thank you so much.

**Victoria Bartle:** So, thank you for listening. And if you're a fan of our ‘Public Health Research and Me’ podcast, please subscribe on your preferred streaming platform and let us know how we're doing with a rating or review, and share with your friends, family, colleagues and networks. Thank you, see you soon.