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Women's Homelessness and Welfare States

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Introduction

This chapter discusses the relationships between women's homelessness and European welfare states. Exploring existing ideas about how the characteristics of welfare states may influence homelessness, the authors argue that the predominant thesis about the relationships between homelessness and welfare regimes has neglected gender difference. The extent to which welfare states within different welfare regimes may have an independent effect on the nature and extent of women's homelessness is disxcussed. It is argued that while there is an ongoing need to better understand how welfare states may influence women's homelessness, there are enough data to suggest that women's experience of homelessness can

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be at least partially determined by the design of welfare states. However, it is also the case that multiple, diverse variables may influence women's experience of homelessness, how homeless women interact with welfare states, and also how welfare states themselves operate.

The Existing Hypothesis

Better Welfare Systems Mean Less Homelessness

Esping-Andersen's typology of welfare regimes is generally the starting point for any discussion of how welfare states might influence the nature and extent of homelessness in different European countries. The original welfare regime typology advanced by Esping-Andersen (1990) has been the subject of criticism and argument ever since it first appeared. Arguments range from support for the typology as a useful conceptual tool, through to the dismissive, asserting that the typology is inherently imprecise, unravelling as soon as any two welfare states supposedly within the same category of welfare regime are examined in any detail (Powell 2015). The three worlds of welfare capitalism that Esping-Andersen identified have also been in a state of flux since 1990, as some developed economies reoriented welfare policy with the goal of making citizens develop a higher degree of self-reliance and agency (Giddens 1994). It has become common practice to take the original typology as a starting point and to add categories, with the goal of presenting a more 'accurate' typology of contemporary welfare regimes. In the European context, the resulting typology tends to look something like this (Busch-Geertsema et al. 2010; O'Sullivan 2011):

- The *social democratic regime* includes redistributive welfare states, in which employment is flexible and there are universal, extensive social welfare and unemployment benefits. Examples include Denmark, Finland, Norway and Sweden.
- The *corporatist regime* includes welfare states in which there is a pooling of risk by society, contributing to a common resource that can be accessed by those in need. These systems have less emphasis on redistribution than social democratic regimes. Examples include Austria, France and Germany.

- The *liberal regime* encompasses welfare states that provide means-tested benefits to the unemployed and those unable to work, on the assumption that most citizens should be economically active and fend for themselves. Ireland and the UK countries are examples within Europe.
- The Southern European or Mediterranean regime includes those welfare states operating on the basis that social support is expected to be delivered primarily by family, not by the state. Welfare systems therefore exist for when family is unavailable or unable to provide support. Within these systems, women are assumed to take caring roles, in terms of children and any adults or older people with support needs who are family members. Examples include Greece, Italy, Portugal and Spain.
- The *post-socialist regime* includes welfare states operating transfer oriented labour market measures, that is, they provide income replacement when economic activity by an individual or household does not generate enough to live on, or when someone cannot be economically active. There is some legal protection of people in employment. The extent of protection for workers and the level at which benefits are paid varies, but can be quite limited. Examples include the Czech Republic, Hungary and Slovenia and the Baltic states. The Baltic states, with their more flexible labour markets, are sometimes separately categorized as within a liberal, post-socialist welfare regime.

Meert, writing in 2005, advanced the thesis that homelessness in Nordic countries, like Denmark, was a *residual* social problem. According to Meert, an extensive welfare state offering widely accessible and generous social protection stopped homelessness occurring on a large scale. Homelessness was, according to this idea, only experienced by people who faced barriers to the extensive health, benefit and social work systems that formed an effective safety net for most of the population. Those barriers were centred on high and complex individual support needs. It was the inability of mainstream services to effectively engage with homeless people who, for example, presented with severe mental illness and problematic drug and alcohol use, that created a small group of people experiencing sustained and recurrent homelessness. This required Denmark to create homelessness programmes and specific homelessness services (Benjaminsen 2013).

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Stephens and Fitzpatrick (2007) have suggested the same broad idea, asserting that homelessness is skewed by welfare regimes. According to this argument, less extensive, less generous regimes allow more homelessness to occur that is generated primarily by income poverty in combination with systemic social and economic disadvantage. By contrast, it is contended that only relatively small groups of people with complex needs, which effectively act as barriers to mainstream welfare and health services, are likely to become homeless in countries with extensive welfare systems. Becoming homeless in a country with extensive social protection systems occurs, according to this argument, because someone cannot access those systems, because their behaviour is challenging, their needs cannot be managed by orthodox services, or those services operate in ways that are unsympathetic or which make them inaccessible to certain groups of homeless people.

There is some evidence to support these arguments. Nordic countries, with their extensive and generous welfare regimes, do have less homelessness overall and also less homelessness linked largely or wholly to economic causation. Denmark has evidence, drawn from extensive administrative and survey data, that there is indeed the small, high-need homeless population that would be expected in a highly developed welfare state within the social democratic welfare regime (Benjaminsen 2015; Benjaminsen and Andrade 2015). Evidence from point-in-time counts in Finland, within the same group of states within the social democratic welfare regime, shows the same pattern (Pleace et al. 2015).

By contrast, data from France, Spain and the UK suggest the presence of people within homeless populations who have low support needs, whose homelessness appears linked to socio-economic disadvantage, alongside apparently smaller groups of homeless people with *high* support needs (Brousse 2009; Jones and Pleace 2010; Sales 2015). There is also evidence of the presence of a precariously housed, poor population in some European countries, who can fall into homelessness and then self-exit into insecure housing situations that do not ever really constitute a stable home (Meert and Bourgeois 2005).

The patterns in some European countries, such as France and the UK, appear to broadly mirror the nature, if not necessarily the extent, of the homeless populations reported in the USA and Canada. Governments

have interpreted the research evidence as homelessness in North America comprising a small, high-cost, high-risk group of 'chronically' homeless people alongside a larger group whose 'transitional' homelessness is linked primarily to socio-economic position. Academic interpretations of the data have been more nuanced, identifying three or sometimes more subgroups in the homeless population (Aubry et al. 2013; Culhane and Kuhn 1998; see Chap. 9, this volume).

European welfare states within the Southern European and post-socialist regimes, offering a comparatively restricted array of less generous support, should, according to the existing thesis on homelessness and welfare regimes, have more homelessness. Less extensive safety nets for poor individuals and households should mean more 'economic' homelessness, or at least homelessness where a primary driver of causation is poverty. Equally, lower health and social services spending should also mean that homelessness associated with unmet, high support needs would also be higher (Stephens and Fitzpatrick 2007). However, particularly in Southern Europe, higher expectations for family members to support each other when in acute need of housing may counteract the effect of weaker welfare systems, meaning that both women and men with particularly weak family ties, or who lack family, may be the most vulnerable.

There is a problem in testing whether welfare states within Mediterranean and post-socialist welfare regimes experience homelessness in different ways, or to a greater extent, than comparatively more extensive welfare states, which centres on data availability. Homelessness statistics generally become less reliable as European countries become relatively poorer, which means that less extensive welfare states often have limited data on homelessness. Some European countries with more extensive welfare states also lack good quality statistical data on homelessness. Testing the thesis that more extensive welfare systems reduce the level of homelessness and change the nature of homelessness is not really possible at present, as there are not enough comparable data (Busch-Geertsema et al. 2014; Domergue et al. 2015). The thesis that homelessness is influenced by welfare regimes is partially supported by some evidence (Benjaminsen and Andrade 2015), but that evidence does not describe the entirety of any national homeless population. The extent to which homelessness is influenced by welfare states, along with the wider question as to whether welfare states within the same regime type in the Esping-Andersen taxonomy have similar forms of homelessness, is yet to be conclusively evidenced (Domergue et al. 2015).

The idea that more equitable European societies with higher quality welfare systems have less homelessness does make immediate, intuitive sense (Domergue et al. 2015). Yet, it is also the case that there are also some other limitations to this thesis that need critical consideration; it is these limitations—with a particular focus on women's homelessness—that this chapter now considers.

Homeless Women in the Existing Hypothesis

The existing hypothesis makes little or no allowance for possible effects of gender difference within homeless populations. Available data are based on surveys and administrative systems, both of which, based on what knowledge we have of women's homelessness, are inherently more likely to record homeless men than homeless women (see Chap. 5, this volume). It cannot be assumed, just because they are not recorded by administrative systems and research with narrow coverage, that women's homelessness is equivalent to only a fraction of the scale of male homelessness (Baptista 2010; Jones 1999; Mayock et al. 2015; Reeve et al. 2007). The predominant thesis about how welfare regime types relate to homelessness is therefore based on data that may well be skewed towards male homelessness and which underplay women's homelessness. The point about wider data availability has already been made but is worth reiterating; the predominant thesis is not only based on what may be data that are artificially skewed by an inadvertent focus on male homelessness, but it is also based on what are incomplete and inconsistent data on all forms of homelessness.

Homeless Women's Use of Homelessness Services

Variations in the way that women engage with homelessness services may influence their relationships to welfare states. One potential issue here is that women will not engage with homelessness services at the same

rate as men. The consequences of this may be twofold; first, women may lack access to subsistence and basic support which men use at higher rates and second, homeless women may not be able to access mainstream welfare and health services because they are not accessing homelessness services that use case management to create a conduit between a homeless person and mainstream welfare systems. Some evidence indicates that women may not engage at all with homelessness services or may delay their engagement until informal sources of support have been exhausted (Jones 1999; Reeve et al. 2007).

Existing research indicates women are more likely to use informal arrangements, relying on friends, relatives or acquaintances to keep a roof over their heads, than they are to use homelessness services. Women, particularly when on the street but also in respect of accessing some homelessness services, will avoid situations where they feel potentially unsafe, adding to the possibility that they will be less visible to surveys and, if they are not using homelessness services, will also not be recorded in administrative systems (see Chap. 5, this volume).

It can be theorized that if women who are homeless, or at risk of homelessness, are less likely to have contact with homelessness services, their homelessness could sometimes be more *strongly influenced* by their relationships to welfare states than is the case for men, particularly in relation to the potential for a *disconnect* between homeless women and welfare states. This disconnect, as noted, may exist in the sense that women access homelessness services that can create a conduit between homeless people and welfare systems that might otherwise be difficult to reach, at lower rates or at a later point.

Homeless people often tend to get at least some support from homelessness services, even in contexts where health and welfare services are relatively limited, such as in Eastern and Southern Europe. Basic subsistence needs, if not provided by welfare states, may be met by homelessness services providing food and/or shelter. Where homelessness services provide more services, or can facilitate access to services through case management, which might range from basic medical care through to mental health and drug services, homeless people using them get at least some access to treatment and care.

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If use of homelessness services truly is, as some evidence does now suggest, highly gendered and women are not engaging with these services at the same rate as men, there could be negative consequences. Homeless women are often going to be more reliant on whatever informal support they can get and on those health, care and welfare services that are not specifically intended for homeless people, which as research has demonstrated can be less accessible to homeless populations than other groups (Baptista 2010; Jones 1999; Mayock et al. 2015; Reeve et al. 2007). Again, it is the potential for disconnect between homeless women and welfare systems that is the important point here. If homeless women have limited or poor support from informal sources and are not using homelessness services, they may have nothing in place to mitigate or counteract the barriers to mainstream health and welfare services that any homeless person can face, such as local connection rules (Baptista et al. 2015).

As mentioned, another possibility supported by some research evidence is that women engage with homelessness services at a later point in their homelessness, only when informal supports and arrangements have been exhausted. This pattern, reported among lone parent women families in America in the 1990s (Shinn et al. 1998), was also found among lone women parents accessing the statutory homelessness system in the UK in the mid-2000s (Pleace et al. 2008). This suggests that when homeless women do seek help from homelessness services, the effects of homelessness and other interrelated negative experiences may have already been considerable. This may mean that some homeless women are presenting to services at a point when their needs may be more acute than those of men, because they have endured homelessness and/or gone without service support for longer.

However, there is also evidence of unresolved, long-term and recurrent homelessness associated with high support needs among women, suggesting that women are not seeking help, or are unable to access help, at any point during their homelessness (Mayock and Sheridan 2012).

Women's use of homelessness services seems likely to be influenced by what those services are like. If a woman is offered a housing-led or Housing First service that provides her with her own ordinary housing in the community and mobile support, or she is offered other specialist women-only homelessness services, she is more likely to use those services. The prospect of her own home and necessary support, or help within a safe, appropriately staffed single-site homelessness service, is a very different prospect from facing an emergency shelter, with shared sleeping areas, and minimal staffing (Bretherton and Pleace 2015; Pleace 2000).

If a woman cannot access informal support, from a friend, relative or partner, avoids using homelessness services (for example, because they are overwhelmingly used by men) and also finds herself confronted by barriers to mainstream welfare systems, the risks of her experiencing long-term and recurrent homelessness would seem set to increase (Mayock et al. 2015). There is some evidence, largely based on data on homeless men, of homeless people experiencing deterioration in their health and well-being and of their likelihood of self-exiting from homelessness falling over time. Here the failure is systemic as individual support needs, even where initially low, were not recognized and met early on leading to a sustained experience of homelessness (Culhane et al. 2013).

While both men and women can resort to friends or relatives when confronted with homelessness, particularly when they are young, women are more likely to do so (Quilgars et al. 2008). If homeless women are less likely to seek *any* type of formal assistance, or more or less likely to seek specific types of support than men, this has potentially important implications.

Homeless women may, at least in some cases, be living 'off-grid', not connected to homelessness services, domestic violence services or to mainstream welfare services, not because those services are necessarily unavailable, but because their primary strategy in response to homelessness centres on informal support. If the arguments of Shinn et al. (1998) and others are correct, it is less the case that homeless women do not engage with welfare systems, homelessness services or other formal support, but that they are much more likely to do so only when informal options become exhausted or are not available. As noted, some evidence suggests that some homeless women never engage with support services, be it homelessness services or the mainstream service provision of a welfare state (Mayock and Sheridan 2012).

If this is right, women's homelessness may be influenced by women's relative *lack of engagement* with welfare states alongside other variables. Rules, regulations, convention and the extent and nature of welfare states

remains potentially important, as does whether women have access to homelessness or domestic violence services (and what those services can offer). In this context, exploring the nature, extent and duration of the *disconnects* between welfare states and homeless women becomes important.

Moreover, homeless women may use different parts of treatment and support systems, reflecting different profiles of support needs than homeless men. Evidence from the Danish national homelessness counts show that more homeless women than men (57 vs. 47 per cent) have a mental illness, whereas more homeless men than women (69 vs. 52 per cent) have a substance abuse problem. These data also show that 28 per cent of the homeless women and 20 per cent of homeless men are in psychiatric treatment, whereas an equal share of homeless men and women (18 per cent) are in treatment for drug addiction and 10 and 9 per cent, respectively, of homeless men and women receive treatment for alcohol abuse (more detail of the health of homeless women can be seen in Chap. 7 of this volume). There are also slightly more homeless women than men (33 vs. 29 per cent) who have a mobile support worker attached (Benjaminsen and Lauritzen 2015, pp. 103–104; p. 159).

These results show that not only is there a different profile of support needs, although this is perhaps partly due to under-diagnosing of mental illness among homeless men, but there is also a gendered pattern in homeless people's use of other treatment systems, with homeless women more likely to use some other treatment and support systems than homeless men. If this pattern can be generalized to a broader group of socially vulnerable men and women at risk of homelessness, these findings may help to explain why more men than women with complex support needs apparently fall through the safety net of the welfare state and become homeless. These Danish findings do raise some questions about avoiding any simple assumptions about the relationships homeless women have with services, particularly in assuming that women will necessarily tend to make less use of formal services than homeless men in every context. At the same time there may be other explanations for these patterns, particularly homeless women presenting to services only when informal supports have become exhausted while their needs have become more acute.

While, as is often noted throughout this volume, there is a need for more research, the available evidence suggests possible patterns of lone women's experience of homelessness in relation to (all) welfare systems:

- Women using homelessness services and receiving support and who also may receive assistance with accessing other necessary services and treatment. At present, some evidence suggests that women are less likely to exhibit this pattern of behaviour than homeless men.
- Women not using homelessness services who are relying on informal support, at higher rates than homeless men, and/or on mainstream welfare services, whose access to mainstream welfare services may be restricted by barriers that can exist for any homeless person.
- Women who present to homelessness and other services when other informal options have been exhausted, whose homelessness, other negative experiences and lack of access to earlier support and treatment may have significantly undermined their health and well-being. Again, this group may be relatively larger than any equivalent group among homeless men.
- Women whose homelessness is sustained or recurrent, whose contact
 with both homelessness services and mainstream welfare services is
 restricted or non-existent, whose high and complex support needs
 have developed during the course of their homelessness.
- Women with high and complex support needs that predate homelessness, whose support needs created barriers to mainstream welfare and health services and led them to fall through the safety nets provided by welfare states.

It is important to note that some variation, linked to the specific operation of particular welfare states and possibly to wider patterns across sets of welfare states within each welfare regime, would still be expected to occur. Some systems will provide better, more extensive and more accessible services than others; there would, by the same logic, be some regional and municipal variation, particularly in contexts where welfare functions are devolved, with variations existing between the regions and/ or municipalities given control over welfare services and policy. However, some shared patterns, linked to differential experiences of homelessness

that can be associated with gender, may exist across an array of welfare states within a range of welfare regime types. Lone homeless women in Europe may have similar or comparable experiences, despite welfare systems that surround them being markedly different.

Welfare States and Homeless Women with Children

In situations where a homeless woman has dependent children, her relationship with welfare systems can be very different. Welfare states, within all the regimes, react very differently to someone in poverty, or with support needs, if that person has a dependent child or children (Baptista 2010). The nature, extent and conditionality attached to support for a homeless woman with a child or children varies markedly between welfare states. However, there is almost always at least some support for adults with dependent children in poverty in all European welfare states (Chzhen and Bradshaw 2012).

The idea that a woman with a child or children can be *protected* from homelessness by welfare systems—that are actually designed to protect children—is quite widespread. This idea has been used as an argument to explain why there are apparently significantly fewer European homeless women than there are homeless men, although this apparent gender imbalance may be as much, or even more, a result of the poor enumeration of homeless women (Baptista 2010; see Chap. 5, this volume).

Welfare states respond to a woman's homelessness within frameworks that still define women in terms of their place within a family structure, as mother and carer. Social democratic welfare states are the most likely to provide significant support to a woman who is a lone parent. A social democratic welfare state will offer free child care if a lone woman parent wants to work, enter education, training or volunteering. Other European welfare states expect a woman to stay at home as a full-time mother, particularly if she has a child who is not old enough for school. Alternatively, liberal welfare states, like that in the UK, may attempt to effectively force lone women parents into paid work, with an expectation that they will bear at least some of the costs of child care themselves. No welfare state, within any set of welfare regimes, is free of bias in the sense

of expecting women to have set roles within society, particularly when they are a mother (Löfstrand and Thörn 2004; see Chap. 3, this volume).

Welfare states will, in extremis, remove children felt to be at risk, from a woman who is at risk of homelessness, or who has become homeless. Child protection services vary by practice, training, culture and convention, meaning a situation that results in being given a support package in one context may result in a child being removed in another context. The experience of removal of children by social workers has been frequently reported among lone women experiencing sustained and recurrent homelessness in Ireland and the UK (Jones 1999; Mayock and Sheridan 2012; Mayock et al. 2015; Reeve et al. 2007).

Despite sustained attempts to break the link, longstanding associations between childhood experience of social work or child protection services and subsequent youth and adult homelessness continue unabated in several European countries (Quilgars et al. 2008). The capacity of welfare regimes to withdraw conditional support, when homeless women with children are judged as not being able to look after them, can in some contexts mean a total or substantial loss of welfare support for a woman whose children are removed from her care. Children being removed by child protection services may sometimes function as one driver in *perpetuating* a woman's experience of homelessness (Mayock et al. 2015). Again, while this effect would be expected to vary according to how welfare states function, there may be elements of shared experiences among homeless women across different types of welfare states.

Domestic Violence Services

When women are at risk of gender-based or domestic violence, the extent to which there is specialist service provision available to them could also be a key determinant of their experience of homelessness (see Chap. 6, this volume). In European countries with extensive refuge and related services for women at risk of domestic violence, women who are homeless or at risk of homelessness due to domestic violence, have some access to a network of support services. As with homelessness services, refuges and related services can provide basic support when the welfare state

will not, and can also provide a conduit to welfare and health systems, supporting women to get the help they need through case management.

Research evidence shows clear associations between domestic violence and women's homelessness across Europe. It has been argued that homeless women are less visible than homeless men because they often use domestic violence services when they become homeless, rather than homelessness services (Baptista 2010). A UK study of domestic violence services indicated that, although specific protections for women who are homeless due to risk of domestic violence were written into the homelessness law, women who were homeless, but who had used domestic violence rather than homelessness systems, were not being *recorded* as being homeless (Quilgars and Pleace 2010).

Shared Barriers

Homeless women can also face multiple barriers to welfare states, some of which are shared with homeless men. Welfare systems can be inaccessible for *administrative* reasons, the most common of which is not having a clear local connection to a municipality, city or region (Baptista et al. 2015). There is some evidence of attitudinal barriers, with bureaucrats administering health, welfare and social housing systems blocking access to services because of preconceived, negative ideas about homeless people (Eurofound 2014; Pleace et al. 2011; Quilgars and Pleace 2003).

Migrant women, like migrant men, can face multiple barriers to welfare states because of their legal status, particularly those migrants who are undocumented and asylum seekers (see Chap. 10, this volume). Increasing controls on what welfare systems EU citizens who are economic migrants to another EU country can access also seem likely (Mayock et al. 2012; Pleace et al. 2011).

Mainstream welfare systems can be poor at handling complex needs, such as the combination of severe mental illness and problematic drug and alcohol use, which can exist in a mutually reinforcing relationship with long-term and recurrent homelessness. Women with these complex needs will face the same barriers as can be encountered by men (Dwyer

et al. 2015), although cultural norms, conventions and the logic or assumptions underpinning how welfare systems are administered may still produce experiences differentiated by gender (see Chap. 3, this volume).

It would be expected that variation exists within these broad patterns linked to the economic situation of different European countries. Greece, since 2008, has experienced massive austerity, with Spain, Italy and Portugal also experiencing extensive economic shocks. Ireland, compared to the UK, experienced greater austerity and more significant cuts to welfare and related services, although the programme of austerity in the UK is also now reaching a level where there is a clear retrenchment of the state, which is cutting social protection and health by unprecedented levels. Other countries, such as Germany, have by contrast been relatively unaffected by economic change or ideologically driven responses to economic change.

Homelessness Strategies

Another issue that could be important is whether or not a country has a specific homelessness strategy and integrated, comprehensive and effective homelessness services. Again, this cannot be predicted on the basis of the development and extent of welfare systems. Countries with highly developed welfare states can have regionally variable or limited homelessness strategies, as well as examples of the most integrated strategic responses that can be found anywhere (FEANTSA 2012; Pleace et al. 2015).

There are some broad patterns; that is, Northern European countries with more extensive welfare systems are more likely to have comprehensive, integrated homelessness strategies. Sweden does not possess an integrated homelessness strategy while the other social democratic welfare regimes do. Looking at the liberal welfare states, Ireland has a comprehensive homelessness strategy, including unified data collection that mirrors that found in Denmark. The UK has four administrations with responsibility for homelessness. England, where close to 85 per cent of the UK population live, lacks an integrated national strategy, whereas Scotland and Wales have developed national strategies including significant legislative reforms. Within corporatist regimes, France has a national strategy, whereas in Germany multiple homelessness strategies, which vary markedly, are determined at the level of

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regionally elected governments. Similar variations exist in Southern Europe, although most of the post-socialist welfare regimes found in Central and Eastern Europe lacked a national homelessness strategy as of 2015. There is not a consistent relationship between how different European societies respond to homelessness and types of welfare state (Busch-Geertsema et al. 2010; FEANTSA 2012).

The impact of homelessness strategies on women's homelessness could vary. One possibility is that a strategy will recognize women's homelessness and make provision to counteract it. For example, the original 1977 homelessness laws in the UK recognized both the role of male violence in causing women's homelessness and, perhaps slightly inadvertently, created a specific safety net for any family with dependent children threatened with homelessness, which protected lone women parents. The systems the law introduced were by no means perfect, but 66,650 households were accepted as homeless and entitled to rehousing between 1998 and 2015 by English municipalities, because they were at risk of domestic violence (Department for Communities and Local Government 2015).

Strategies that recognize the presence and the specific needs of women should, at least in theory, be more effective at preventing and reducing women's homelessness. In particular, many of the homelessness strategies that have been adopted in several European countries more recently have, to differing extents, promoted Housing First interventions aimed at rehousing in permanent, independent housing with support (Pleace et al. 2015). Such interventions may be more suitable to meet the needs of homeless women than temporary and emergency services that are less suited or desirable to homeless women.

By contrast, if women's homelessness is not recognized and homelessness strategies are predicated on a definition of homelessness that only includes groups of homeless people who are mainly male, such as people living rough and shelter users, there will be fewer services for homeless women. Specific services for homeless women, where they are present—and again the UK would be an example of this—tend to make the nature and extent of women's homelessness more visible, because they are recorded by women-only services or other systems designed to support homeless women.

¹ Source FEANTSA http://www.feantsa.org/spip.php?article430.

Housing Supply and Labour Markets in Relation to Welfare States

Housing Markets

Another complicating factor is that welfare states are themselves influenced by a range of variables. How a welfare system reacts to women's homelessness depends on the logic, cultural influences and policy intentions behind that welfare system, but also on how other related public sector systems within the country work and on how welfare states are being influenced by wider economic and social changes.

The potential influence of the interaction of labour and housing markets on homelessness has been recognized by those who argue that homelessness is shaped by differences between welfare states. The argument is that while welfare states shape homelessness, the interactions between housing and labour markets also shape homelessness, and that these effects are not uniform, because welfare states within the same regime type do not necessarily mirror one another in terms of their housing markets or their labour markets (Stephens and Fitzpatrick 2007).

Welfare states within the same type of welfare regime may have extensive or limited social housing, or no social housing at all; there may also be significant differences in the labour markets compared to other welfare states within the same regime type. Prosperity and housing markets can also vary markedly at regional level. For example, there are economic differences between regions such as South Eastern England and Northern England, between Northern and Southern Italy or the Catalan region compared to some other regions within Spain. To add to this complexity in countries such as Italy, Germany or Austria, regional governments determine welfare systems to such an extent that there is not a single model of welfare state within those countries. In a country like the UK, health and social housing systems are sufficiently devolved to create marked differences between Scotland, Wales and England.

Social housing does not exist in a consistent form within welfare states supposedly within the same regime type. Looking at the social democratic regime, social housing plays a core role in the national homelessness strategies of Denmark and Finland, underpinning their use of Housing First services, but social housing has effectively been abolished in Sweden (which also lacks a national homelessness strategy at the time of writing). Social housing has a complex, unpredictable relationship to wider homelessness policy in other welfare states. In the liberal regime of the UK countries, social housing has been integral to the response to homelessness since the late 1970s, with a right to social housing existing for some groups of homeless people. While this role has been steadily diminishing, as much social housing has been sold to working tenants and new investment in social housing dropped to negligible levels from the 1980s onwards, the alleviation of homelessness remained a core function of UK social housing from 1977 to 2015. In France, which has to an extent mirrored UK homelessness laws, social housing may take some role in relation to alleviating homelessness, but that role is limited in the face of multiple competing demands for adequate and affordable housing from many other quarters (Ball 2012). Elsewhere, social housing may be seen as supporting economic development or urban regeneration, not as a resource that should be used as part of a strategic response to homelessness, an example being Portugal (Pleace et al. 2011). Access to social housing can also vary significantly at regional or municipal level for homeless people, again determined by political decisions and laws which may or may not create roles for social housing in relation to homelessness, and also influenced by factors such as the relative supply of social housing.

Housing markets add yet another level of complexity, in some locations, even where welfare regimes are extensive and generous. Having a low income forces compromises in where someone can live. Whether it is Helsinki, Paris, Dublin or London, a significant shortage of affordable housing supply—a structural problem throughout much of Europe—creates a context in which homelessness becomes inherently more likely.

Women tend to be poorer and thus to face more disadvantage in housing markets than men (Kennett and Kam Wha 2011). Analysis by Eurostat in 2015 has indicated that women face an effectively identical rate of overburden from housing costs to that of men in Spain, the UK, Ireland and Luxembourg. However, in Cyprus, Germany, Bulgaria, Latvia, the Czech Republic, Lithuania and Sweden, women are at a 20

per cent higher risk of housing cost overburden. Elsewhere in Europe, in countries as diverse as France, Greece, Hungary, Denmark and Italy, women are at a 9–18 per cent higher risk of housing cost overburden (Domergue et al. 2015).

These data suggest, as is argued by some of those advancing the thesis that welfare states within different regimes can help determine the nature of homelessness, that housing markets and affordability may have effects on the nature of homelessness that are independent of welfare systems (Stephens and Fitzpatrick 2007). Housing cost overburden is defined by Eurostat as households where the total housing costs, net of any housing allowances, represent more than 40 per cent of disposable income.

There are clearly limits in European capacity and willingness to subsidize the income of poor people to afford free market renting or purchasing housing (Pleace et al. 2011). The housing-related welfare benefits bill in the UK, £26.38 billion (approx. €33.92 billion) for 2013/2014,² was equivalent to 84 per cent of the defence budget for the same financial year (£31.4 billion/€40.3 billion). This has become politically unacceptable and as other EU Member States struggle with austerity and balancing their budgets, the extent to which governments help meet housing costs for poorer households is likely to decline.

Again, women, and particularly women with children, may have different experiences from men in those countries which have some social housing provision. Lone men are unlikely to be prioritized by social housing systems. In some cases, institutionalized mechanisms of housing provision favour women with dependent children. By contrast, women with dependent children may be more likely to be prioritized. In some cases, lone women at risk of domestic violence will also be prioritized by social landlords, though lone women without children are likely to face barriers to social housing (Pleace et al. 2011). In Denmark, municipalities have a right to allocate up to 25 per cent of vacancies in public housing to people in acute housing need following needs assessment. While lone men and women may get priority access through this system, it is often women or families with dependent children who are a high priority for municipalities in allocating a scarce supply of vacancies. Women with

²http://visual.ons.gov.uk/welfare-spending/.

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dependent children also receive higher social benefits in Denmark and they will be more likely to be able to afford a housing offer that is given than single men and women without dependent children.

However, social housing has often run into difficulties as a policy response to wider housing need. The cost is increasingly seen as prohibitive and the use of social housing is often interpreted as contributing to social problems in urban space in European countries, particularly negative area effects arising from spatial concentrations of poor and marginalized people in social housing. While the nature and extent of area effects have been contested (Tunstall 2013) the belief that social housing is linked to social problems, because it concentrates people with social problems, is widespread in European social and housing policy (Pleace et al. 2011).

The role of welfare states in the causation, prevention and alleviation of women's homelessness in Europe has to be seen—to be contextualized—in a situation in which domestic housing policies are generally not working well in delivering enough decent, affordable housing for European citizens. Much of Europe has a problem with an affordable housing supply. The evidence to determine whether housing supply is something that may be more important in homelessness—and in women's homelessness—than the nature of welfare regimes has yet to be collected. Research in Finland indicates that, however well the wider welfare state is integrated within a well-resourced and coordinated homelessness strategy, strategic effectiveness is ultimately limited as soon as there is a shortage in suitable, affordable housing (Pleace et al. 2015).

Labour Markets

It has been argued by those advancing the thesis that homelessness is influenced by welfare regimes that, alongside housing markets, labour markets can also act as an independent variable (Stephens et al. 2010). In essence, the argument here is that less unemployment, if combined with adequate pay, reduces the risk of homelessness because it reduces overall socio-economic disadvantage. While labour markets have become less likely to offer well-paid full-time work, particularly in those

European countries in which manufacturing has experienced a marked decline, gender difference again has to be noted. Women tend to be disproportionately employed in lower status positions, at lower pay and with a higher degree of insecurity than men throughout the EU (Humbert et al. 2015). Drawing a clear connection between income poverty and homelessness has never been straightforward; there are far more poor people than homeless people in every European society. Nevertheless, it is the case that almost everyone experiencing homelessness is poor and that homeless people are more likely to come from a poor background (Busch-Geertsema et al. 2010).

Women's economic position is generally worse than that of men, but how far this may influence women's homelessness is difficult to determine on currently available evidence. Equally, there are again a great many other variables at play that may influence women's risks of homelessness. However, if economic position does have at least some influence on risks and experiences of homelessness, the systemically worse position of women in labour markets may be another contributing, and also confounding, variable in the causation of women's homelessness.

Problems with the Evidence

There is some evidence about women's experience of homelessness in Europe, all of which is summarized and discussed within the pages of this volume. There are enough data to raise questions about the ways in which welfare states behave towards homeless women, about how women react to finding themselves homeless and what that may mean in terms of their engagement with mainstream welfare services. Clearly, there are also important differences in women's experience compared to men's, including the presence or absence of children and whether or not, if experiencing domestic violence, they seek help from domestic violence rather than homelessness services. The nature of homelessness service provision may also influence the extent to which women engage with homelessness services, or whether they avoid homelessness services.

Clear and comprehensive evidence, which is comparable across different European countries, is obviously lacking. There is not even really a

proper understanding of the nature and extent of women's homelessness, in that while there are data suggesting more concealed or hidden homelessness among women, what that actually means in terms of numbers and the collective experience of homeless women remains unclear (Busch-Geertsema et al. 2010, 2014).

Some mention has already been made of the debates around the robustness of existing taxonomies of welfare regimes (O'Sullivan 2011). There are arguments for thinking critically about how useful the concept of welfare regimes actually is for understanding women's homelessness. A key question here is how far the nature of a welfare state matters in terms of women's experience of homelessness, in that the possibility for shared patterns of women's homelessness, partly, or possibly even largely, transcending welfare regime types, has to be at least contemplated.

It may be the case that a woman experiencing or at risk of homelessness is generally likely to be in a better position if she is living in a country with a social democratic welfare state. The basic safety nets and health and other support services, as well as homelessness services themselves, are likely to be relatively better in social democratic welfare states than in welfare states within other regime types. However, if homeless women's behaviour tends to be similar across different types of welfare state, the supposed 'advantages' of a social democratic system would not necessarily benefit a significant number of homeless women. If significant numbers of homeless women rely on informal sources of support, either on an ongoing basis or until that informal support is exhausted, rather than use welfare systems or homelessness services, the potential beneficial effects of the 'better' welfare states are lessened, as indeed are any potential benefits from those welfare states offering less extensive support. Again, the potential effects of common patterns of disconnection between homeless women and welfare states may, alongside differences between welfare states, be important in shaping women's homelessness.

There may be important commonalities in the relationships between welfare states and homelessness (for example, the direction that women's homelessness takes may be strongly influenced by whether or not a woman has dependent children with her) in a comparable way, across all European welfare states. Equally, women's tendency to respond to homelessness using informal support—if it is as widespread as the available

evidence suggests—may sometimes transcend the influence of welfare states. Studying women's apparently greater tendency to rely on family, friends and acquaintances, and to exhaust those options prior to seeking formal services, may provide more insight in understanding gender differences in experience of homelessness than focusing research solely on how specific types of welfare systems react to homeless women.

Conclusions

Our existing knowledge about the extent and nature of relationships between welfare states and women's homelessness is not all that it could be. There are data indicating that homeless women's relationships with welfare systems may be significantly differentiated from that of men. Questions exist about the role that the presence or absence of children can play, the greater tendency of women to rely on informal support, the variations in the extent and nature of homelessness and domestic violence services and whether women use those services or indeed engage with mainstream welfare services.

Based on the little that we do know, or can surmise with a reasonable degree of confidence, homeless women will not relate to welfare states in one set pattern. In Denmark, there is evidence of homeless women using some other treatment services at higher rates than men, which might be read as suggesting women are more likely to engage with mainstream services and less likely to fall through safety nets. Yet, there is other evidence that may also help explain that pattern, that of women exhausting informal arrangements before seeking formal help. When homelessness, other negative experiences and lack of treatment and support have taken a toll, some homeless women may need higher degrees of support at greater rates than some homeless men. More homeless women using psychiatric services, for example, may be at least partially the result of lower engagement during earlier phases of homelessness, than is the case for men. Equally, there is at least some evidence of a population of homeless women whose sustained and recurrent homelessness linked to high and complex support needs is characterized by a lack of successful contact with both homelessness and mainstream treatment and support services.

There is enough evidence to at least sustain the development of a hypothesis, which must of course be tested, that women's experience of homelessness is often different, that this may influence their engagement with welfare states and homelessness services and that these differences, centred on the gendered nature of homelessness, may transcend the effects of different types of welfare states on women's experience of homelessness. The fact that someone experiencing homelessness is a woman may—at least in some cases—be a bigger determinant of her trajectory than the type of welfare state in which she is experiencing homelessness.

Beyond this, the presence, absence and nature of any homelessness strategy and strategic responses to homelessness could act as further variables, as could the various barriers that women can apparently share with homeless men when seeking support from welfare states. Housing markets and labour markets may, in relation to welfare states or beyond welfare states, also be important drivers in determining the nature of women's homelessness.

Clearly, as is repeatedly stated throughout this volume, there is a need for more evidence, but while better data are always desirable, there is enough information available to start thinking more critically about the idea of a relatively straightforward relationship between welfare states, groups of welfare states in the same welfare regimes and homelessness. The question really centres on whether (1) welfare states can have a clear, measurable, consistent effect on the nature of homelessness and (2) welfare states within the same group of welfare regimes will experience homelessness in a comparable form.

The existing evidence—and the existing speculation—about the nature of the relationships between welfare states and homelessness has been reviewed in this chapter. The point that gender is neglected, or actually effectively ignored, by existing analysis and interpretation is a potentially important one, but there is another, possibly equally important point to be made about the nature of homeless women's relationships to welfare states. This second point relates to the potential complexity of the interrelationships that may determine variations in the experiences of homeless women in different European countries. This complexity stems in part from systemic variation, which should not be underestimated, not least because welfare systems are often at

least partially devolved within each single country, always a recipe for divergence, stemming from local variations in politics, bureaucracy and unevenness in distribution of resources.

Some existing work has acknowledged the potential impact of housing and labour markets alongside variation in welfare systems in shaping the nature of homelessness, but has tended to conceptualize these markets almost like single variables to be added to a relatively simple set of possible causal relationships, rather than considering the possibility of a much more complex reality. Gender, it does seem, should be added to a mix of variables to test for associations with the pattern of homelessness in individual countries, but the interplay of welfare states, specific markets, culture, politics and the wider economy, while not necessarily impenetrable, seems likely to be convoluted with relationships between causal factors that may be intricate, rather than straightforward.

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