WOMEN'S MENTAL HEALTH THROUGH HOMELESSNESS AND HOUSING TRANSITIONS: BARRIERS AND SOURCES OF SUPPORT

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Justlife

Research Engagement Network

CONTENTS

RESEARCH TEAM AND ACKNOWLEDGEMENTS

This project was shaped and delivered by a collaborative research team led by Emma, a community researcher. The team involved lived-experience co-researchers, facilitators, and practitioners whose combined perspectives made the work possible.

- Community Researcher - Emma
- Project Coordinator - Gail Butler
- Academic Advisors - Dr Emma Anderson and Dr Elle Whitcroft
- Art Therapist - Nettie Roswell
- Launch and showcase Event Facilitator - Alex Procter

With special thanks to the group of seven anonymous participants who engaged in the creative 'River of Life' sessions. Thank you for sharing your experiences and creating such impactful work. It was a pleasure working with you. We are very grateful for your openness in discussing personal and sometimes difficult topics. The artwork you produced is outstanding, and you should all be very proud of what you have achieved.

We would like to thank all the services for attending the launch event and the showcase exhibition. Your involvement was essential in shaping the project, supporting recruitment, and ensuring it was safe and supportive for participants.

We would also like to thank the Research Engagement Network (REN) for funding this project, and Trust for Developing Communities for supporting the project's coordination. Your support made it possible to bring people together, share experiences, and create meaningful work

EXECUTIVE SUMMARY

This creative community research study explores links between women's mental health and homelessness, focusing on moving from homelessness into stable housing. Led by a community researcher with lived experience, seven women and non-binary participants (assigned female at birth, AFAB) took part in three 'River of Life' sessions, providing a safe space to reflect on experiences, share coping strategies, and highlight services that had been helpful to them.

The research found that homelessness often leads to fear, trauma, and poor mental health. Many participants struggled to trust others, including professionals, sometimes withdrawing to protect themselves. This mistrust made it harder to access help and worsened mental health challenges. Building trust takes time, and without continuous care, participants felt unsupported. Assumptions that women are "vulnerable" or "high risk" also created barriers to housing and services. Supported housing is unsafe, particularly for women living alongside men with complex needs. Participants reported a lack of women-only housing, reliance on charities for support, limited access to mental health services, and isolation once rehoused. Financial hardship and loss of service support added further stress. Despite these challenges, participants identified positive coping strategies, including trusted relationships, creative activities, time in nature, pets, peer networks, and services that had been particularly helpful in supporting their housing and mental health needs.

Recommendations include mandatory staff training in mental health and trauma-informed care, dedicated transition workers, quicker access to funding, and more women-only and pet-friendly housing. Plans also include a "moving-in pack" with service information and promotion of creative and peer support groups. The project amplified participants' voices, provided reflective spaces, and offered a model for community research.

INTRODUCTION

Spending a long time in emergency accommodation had a big impact on my mental health. It made me wonder how temporary and emergency housing affects women's well-being. Being part of Brighton and Hove Common Ambition (BHCA) taught me the value of lived experience, co-production, and solution-focused approaches. It has made me even more committed to exploring the link between housing and mental health. I want to find practical solutions to support women experiencing homelessness and mental health challenges.

Data from the Brighton and Hove City Council Fair & Inclusive Action Plan Review of Temporary Accommodation (2023, unpublished) shows that 59% of people in temporary housing are women, compared to 51% of the local population (2021 Census). Yet the city only has two women's accommodations, with most options being mixed. This highlights how limited housing choices are for women. Justlife's 2024 research shows that mixed-gender accommodation can make women feel unsafe, especially if they have experienced trauma or abuse. This highlights the need for safe, women-only spaces and support that meets their specific needs.

Additionally, women experiencing homelessness face unique barriers to accessing support services. They often encounter fear of judgment and stigma, which can deter them from seeking help. The threat of child removal by social services is another significant barrier, leading some women to hide health issues. Many also face a lack of childcare, which prevents them from attending appointments or accessing support. In addition, women are sometimes placed outside their local area, increasing isolation and making it harder to reach essential services. These challenges can worsen mental health problems and highlight the need for gender-sensitive approaches in homelessness support.

National research shows that homelessness has a serious effect on women's mental health. The Single Homeless Project reports that women who are homeless are three times more likely to have mental health problems than the general population. Groundswell's peer-led research on women's homelessness and health found that 64% of women experiencing homelessness have mental health issues, most commonly:

- Depression (45%)
- Anxiety or phobias (29%)
- PTSD (18%)

Local research from Justlife's peer-led research in Brighton shows that many mental health problems are made worse by poor living conditions in temporary housing. Homeless Link's 2024 annual review of single homelessness provision found that 95% of accommodation providers and 100% of day services supported residents with a history of mental health diagnoses. However, last year, 100% of accommodation providers and 92% of day services reported barriers when trying to access mental health services for their clients.

Inside Housing reports that public service funding for mental health has fallen, meaning homelessness services now mainly support people with more complex needs. The sector is underfunded and struggles to meet demand, affecting both residents and staff.

Justlife's peer research revealed that without sufficient assistance, people are more likely to fall back into homelessness, highlighting the critical need for long-term person-centred support, even after being rehoused.

Even with this evidence, we still don't fully understand how moving into stable housing impacts women's mental health or which coping strategies are most helpful. Much research overlooks women's own experiences and can sometimes trigger difficult feelings, leaving gaps in knowledge that could inform better housing and support services.

To address this, our research focused on exploring women's lived experiences of homelessness and the transition into permanent housing, with a particular emphasis on mental health and well-being. Using a creative, participant-centred approach, the study aimed to highlight both the challenges women face and the strategies they use to stay well. The goal was to co-produce insights that could guide improvements in housing, support services, and policy, while making sure participation was empowering rather than harmful.

Importantly, this project used an asset-based, community-led approach, recognising the knowledge and expertise that women themselves bring. Rather than treating participants as subjects, it valued their experiences, skills, and ideas, ensuring the research reflected the community and could lead to practical, positive change.

To achieve these goals, our project focused on three key aims:

- Aim 1: Facilitate mutual learning and engagement between women with lived experience of poor mental health and homelessness, and relevant services (e.g. academic partners, voluntary/community sector, service providers).

- Aim 2: Deepen understanding of women's mental health, particularly where it has been affected by homelessness or housing insecurity, through facilitating three participatory 'river of life' sessions.

- Aim 3: Promote healing and well-being among women with lived experience of poor mental health, through a participatory community research process. This was delivered via the three participatory 'river of life' sessions referenced in Aim 2, creating safe, inclusive spaces centred on lived experience and emotional resilience.

ACTIVITY BLUEPRINT

Overall Research Approach and Design

This was a community research project, conducted using a Participatory Action Research (PAR) approach. In this approach, community members acted as co-researchers rather than simply participants; they actively shaped the research, shared their knowledge, guided the process, and contributed to the recommendations.

This approach was chosen because it allowed us to explore the topic meaningfully, empower participants by giving them a voice, and ensure the study was relevant, ethical, person-centred, and trauma-informed. By involving people with lived experience from the start, we ensured the research meaningfully reflects their perspectives and priorities.

Within this framework, we used a qualitative approach to explore people's experiences and perspectives in depth. Women's voices were highlighted through direct quotes and creative expressions, ensuring their experiences were truly heard. This creative approach also helped participants express emotions and experiences that can be difficult to put into words.

Research Settings

Our launch event and creative research sessions took place at the Justlife Hub, which is a fully accessible venue. Features include:

- On the ground floor
- Close to a bus stop
- Accessible toilets
- Space to move around freely
- Safe breakout area
- Softer lighting
- A comfortable, non-institutional atmosphere

Our Showcase Exhibition was held at Community Base, a place that many participants already know because they have accessed services there. The venue worked well because it:

- Had enough room to welcome participants, services, and academics
- Gave people space to move around easily
- Provided areas to look at and join in with the creative work
- It was close to a busy bus stop
- Included an outdoor area that can be used as a safe breakout space

Participants

Participant Criteria:

- Women (cis and trans).
- Non-binary people assigned female at birth (AFAB) who had experienced life in ways similar to women, especially in women-focused spaces, and who felt comfortable discussing their experiences in a women-centred context.
- Individuals with lived experience of homelessness that affected their mental health, whether recent or in the past.
- Were over 18 years old.
- Were able to manage emotionally challenging conversations, or had support available to do so.
- While professionals with lived experience were welcome, the research focused on participants' experiences rather than professional perspectives.

Sampling and Recruitment

We hosted a launch event where I presented the proposed research methodology and facilitated table discussions with homeless services and individuals with lived experience to co-design the research. The finalised methodology, including safety and support measures, is provided in Appendix 1 – Participant Information Sheet.

The event also aimed to build trust quickly and engage women with lived experience of homelessness. This was particularly important because many women experiencing homelessness distrust services.

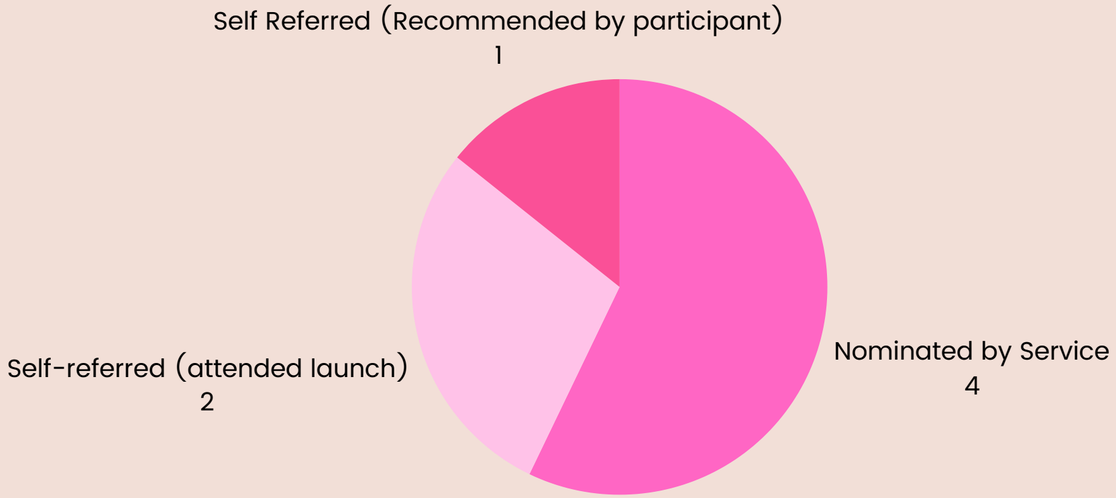
Attendees included women with lived experience and representatives from the following services:

- BHCA
- Justlife
- Brighton Women's Centre (BWC)
- Brighton Housing Trust (BHT)
- Southdown

Following the event, we invited women with lived experience who had attended to sign up for the research. To support wider distribution, the recruitment poster (see Appendix 2) was shared with both services that attended the launch and those that did not. However, all nominations ultimately came from services present at the event.

We used a purposive sampling approach, complemented by snowball sampling, to ensure participants had a lived experience of homelessness and its impact on mental health. Seven women and non-binary people (AFAB) were recruited through service nominations, self-referrals, and participant recommendations, representing different stages of housing transitions.

Recruitment Pathway



100% of the services that attended the launch nominated a participant

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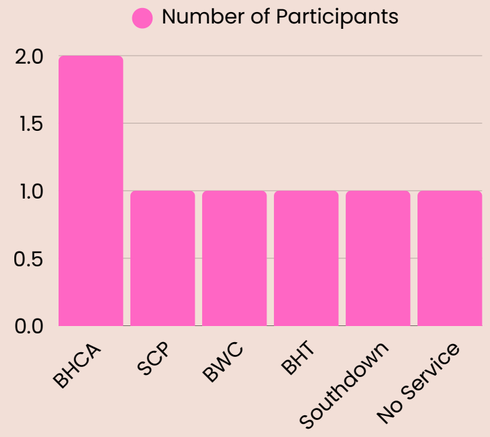
Seven participants took part in the study. Most identified as women, while one participant identified as non-binary, assigned female at birth (AFAB). They had relevant lived experience aligned with the study's focus on women's experiences of homelessness and mental health, were aware of the research aims, and felt comfortable sharing their perspectives in this space.

Service Nominations



Data Collection Methods

Participatory 'River of Life' Sessions

We used a 'River of Life' approach to collect data, a creative and inclusive method that uses a river as a metaphorical timeline to map life events and feelings. This approach enables participants to share experiences without recounting their whole story, reducing the risk of re-traumatisation and supporting participation across different literacy levels. Together, participants created a collective 'River of Life' showing women's shared experiences of homelessness and mental health.

Three participatory 'River of Life' sessions were held with women who have experienced homelessness and mental health challenges, with all participants attending at least two sessions.

Session Focus & Attendance:

- Session 1 (18 June, 7 participants): Mental health challenges and sources of support during homelessness
- Session 2 (2 July, 5 participants): Mental health challenges and support while moving into stable accommodation. *2 participants left before the solutions activity due to other commitments.*
- Session 3 (16 July, 5 participants): Mental health challenges and support once living in stable accommodation

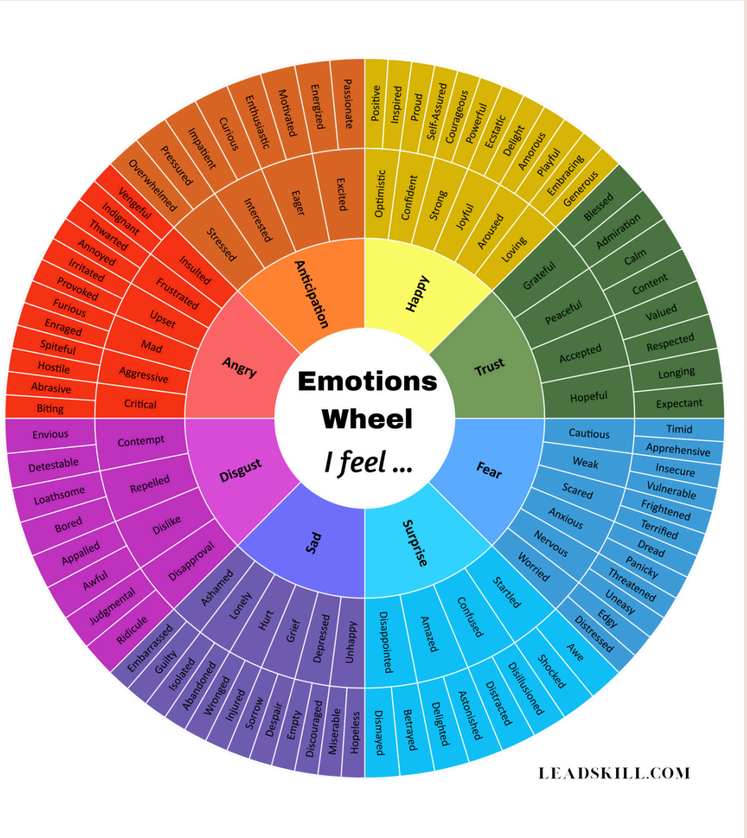
Before the first session, participants received a group agreement outlining expectations to ensure safety and inclusion; it was read aloud at the first session, and copies were kept on the tables for all sessions. Sessions followed a structured flow: check-in, creating art-based flashcards to explore challenges, a short break, creating flashcards representing helpful services or coping strategies, check-out, and a support reminder.

Creative Materials and Tools

Participants were given a variety of materials to express themselves:

- Paint
- Pastels
- The Big Issue (used for collage)
- Pens and pencils
- Emoji stickers
- Crayons (offered but not used)
- Textiles (offered but not used)

We also introduced an Emotions Wheel, which shows different types of emotions by colour. This helped participants express their feelings visually. This approach allowed participants to express their emotions without needing to write or verbalise them, which can be especially challenging in a group setting.



Participants received coloured flashcards matching the Emotions Wheel and white flashcards for any other feelings. In Session 1, cards were A6 size, but after noticing a preference for more space, A5 cards were provided and used in Sessions 2 and 3.

During art-making, we took notes on any comments participants shared. Participants could also verbally explain their flashcards, which were recorded with a dictaphone.

Feedback Questionnaires & 1:1 Debrief

After each session, the project coordinator held one-to-one debriefs to:

- Support participants' well-being
- Reflect on their experiences
- Gather feedback about the research process

Participants could complete an evaluation questionnaire, which was adapted by the community researcher (see Appendix 3). Questionnaires were offered online, over the phone, or in person to make them fully accessible.

Data Analysis Process

We transcribed six audio recordings and split the work to keep everyone safe and supported. The community researcher typed up the parts about solutions. The project coordinator typed up the parts about challenges.

Between sessions, we did a quick review of each recording. We pulled out the key points so participants could come back to them, explore them, and add more points to them at the next session.

We looked for patterns in the textual and creative data using Braun and Clarke's six-step method of thematic analysis. For the creative data, we used colour cards linked to the emotion wheel, which made it easier to categorise and interpret participants' expressions. After doing this on our own, we compared notes to check we were seeing the same things and to make the results more reliable. Sometimes we spotted the same ideas but used different words. When that happened, we used the community researcher's wording to keep the community's voice front and centre.

The community researcher led on choosing and ranking the main findings and recommendations to make sure they reflected the community's concerns, values, and lived experiences. The project coordinator added what felt realistic to put in place from a service perspective. Together, this gave us recommendations that were grounded in people's needs and practical for the system to act on.

With support from an academic advisor, the community researcher and project coordinator also analysed participants' flashcards using Gillian Rose's analytic framework for visual practice, examining how individuals used space, lines, shapes, colours, symbols, and words to communicate feelings about well-being in the context of their experiences of homelessness.

Ethical Considerations

To get informed consent, we adapted a peer research consent form from Justlife, which explained the study's purpose and how the data would be used. The consent form was emailed to all participants before the first participatory research session so they had an opportunity to read it in advance. Also, to make sure the consent form was accessible, participants either read the form or had it read aloud before signing at the first session (see Appendix 4).

Consent was treated as an ongoing process. Before the exhibition, participants were asked for consent to use their quotes in the impact case study, presentations, and exhibition, and were shown their quotes. This allowed participants to confirm they were comfortable with these specific quotes, particularly as they would be attending the event, which could make seeing their words challenging.

The identities of participants were protected by removing any information that could identify them. We did not use real names, pseudonyms, or labels such as 'Participant 1, 2, 3,' as this might allow readers to piece together quotes and form a profile of individual participants.

Following UK GDPR guidelines on keeping data safe and minimising what we collect, we only gathered information that was relevant to the study. Paper records were kept in a locked cabinet at the Justlife office, and digital files were stored securely on the Justlife database with limited access. A work-only email address was used to protect privacy and keep communication professional. All data will be securely destroyed six months after the research is completed.

If we believed someone was at serious risk of harm, we would take action to keep them safe. This could include contacting safeguarding or emergency services. Safeguarding concerns would be reported to Justlife's Safeguarding Lead. This was made clear to all participants.

A trauma-informed approach was used throughout. During recruitment, participants were offered a one-to-one pre-session meeting to ensure they felt emotionally ready to take part. Support workers could attend these individual meetings if helpful, but support workers were not present during group sessions to maintain a safe space where participants could speak freely.

At all sessions, at least three members of the research team were present to provide support. A dedicated breakout space was available for anyone who needed to step away from the group or work independently. Participants were free to opt in or out of any session and could decide how much or little to share at any time, with encouragement to share only what they felt comfortable with. Emergency contacts were provided, and a debrief form (Appendix 5) listing mental health support services was made available. After all three sessions, a debrief meeting was offered to reflect on the sessions and provide additional feedback.

Benefits to Participants

- Gaining confidence in group settings
- Learning new coping strategies and how services have helped others
- Learning to express themselves using creative methods
- Empowering women to use their lived experience to influence change
- Making research accessible and inclusive
- Being rewarded for their time
- Taking part in a safe, women-only space where lived experience is valued and heard

We did not apply for formal ethics committee approval for this study, as we believed that the funder had already reviewed the ethical considerations during the funding process. As a community voluntary sector project, we do not have access to a formal ethics board. However, throughout the study, we worked with an academic who provided ethical guidance.

Researcher Positionality

I consider myself an insider, as I have lived experience of homelessness. I am now settled in permanent accommodation, and I am aware of the impact this has had on my mental health and how it continues to affect my day-to-day life.

I have been a member of Brighton and Hove Common Ambition for a little over three years, and in that time, it has taught me the value of co-production. I wanted to bring that approach into this project as much as possible, ensuring that the voices of those with lived and learned experience were equally represented in every part of the work. Common Ambition has a very solution-focused approach, and I wanted to adopt that here too, making sure participants didn't feel like we were just using them for data. My aim was for the women to feel empowered and inspired after sharing their personal experiences. Since joining Common Ambition and being a Peer Researcher in Justlife's Peer Research Project, I now feel I have the strength to own my past and use it to help others who are currently experiencing homelessness.

From personal experience, I know that trust is essential for people to feel comfortable sharing their experiences. Because we wanted a diverse group of women, we held a launch event to recruit participants and invite women with lived experience and service providers to co-design the project. This allowed service providers to understand the project in detail and how it would run before nominating anyone. They were also given the opportunity to ask questions, ensuring that the women they nominated were a good fit for the project and in a positive mental space to share their experiences and hear about others' experiences.

During the launch event, we were asked whether women could bring a support worker to the sessions. After a discussion between myself and Gail, we decided against this, drawing on my lived experience. I felt that the presence of support workers might make participants more reserved than they would otherwise be. Additionally, since we would be discussing challenges that women had faced, there was a possibility that a participant might have had a negative experience with a service a support worker worked for, which could create tension.

As a compromise, we offered participants a meeting with Gail before the first session to get to know each other and ask any questions they had. Participants were allowed to bring a support worker to that meeting if they wanted. I found that having a mix of lived and learned experience was crucial in creating a safe space and ensuring the project ran smoothly. Throughout the project, we were always learning from each other.

When designing this project, participants were always my priority. I used my lived experience as a guide for the research design, drawing on my understanding of what it feels like to speak about homelessness and mental health. I wanted to make the project feel like a safe space for participants to share their experiences while feeling included, and to help prevent triggering or retraumatising themselves or other group members.

For example, I'm quite an anxious person, so I wanted it to be a space where, if you didn't want to talk while creating your flashcards, you didn't have to—but at the same time, nobody had to say that they didn't want to speak. From the start, it was made clear that there were no expectations to share anything, only to share what felt comfortable. This made the sessions feel okay when it was quiet, and nobody felt that they had to talk to fill the silence.

Participants were always the centre of any decisions made, so when deciding how to make the creative part of the project accessible, I offered multiple different materials so that people like myself, who aren't very artistic, could still get their point across without feeling inadequate. Having an art therapist at the sessions also helped, because I knew that participants could trust her guidance in a way they might not have been able to trust from me.

Common Ambition and the Peer Research Project always provide a breakout space for participants if things become overwhelming or they need to step away from the group for any reason. I think this is an important element, so we always ensured that a space was available for participants. There was also a separate breakout space for me and the facilitators, allowing us to take a break without using the space designated for participants.

Reflexivity

I've experienced my own challenges and barriers when trying to access support, so I only shared with participants that I had lived experience. I didn't go into more detail because I didn't want to influence them. My aim was for this work to represent their voices, not mine.

My lived experience showed me that there is very little support for women transitioning into settled accommodation after homelessness, and that support often stops once a person is housed. For me, this meant I lost support when I needed it most, and I have heard others say the same in other projects I've been involved in. When designing this project, I thought it was important to explore the barriers and challenges other women face when they are transitioning from homelessness to stable housing. I'm glad that we did a session for the transition period and another for once the person is settled in stable housing, because participants felt the same, and they mentioned some really good solutions and services that help support them. I also found it really helpful to ask people who attended the exhibition about services that can be added to the final resource.

I found images of emotion wheels online and thought they could be a great way to inspire participants to reflect on the emotions they felt at different stages of their journey. I planned to use cards in the same colour as the emotions so it would be easy to see what participants were expressing without them having to write or say it, which I thought could be challenging in a group setting. At first, I worried that using the emotion wheel might introduce bias, as participants could limit themselves to the emotions on the wheel. I checked with the academic researcher, who reassured me it was appropriate to use. This experience highlighted the value of combining lived and learned experience in the project.

Between each of the creative sessions, Gail and I met to reflect on the session and to speak about what worked well and if anything could be changed for the next session. This was really helpful because we found that by doing this, we could start pulling out some themes and anything we could build on, and we presented it to the group at the start of the next session to react to and build on. I feel this gave participants another opportunity to speak about things they may not have originally spoken about. Participants were also reminded at each session that they could email anything over that they would like to be added between sessions, in case they didn't want to say it in the group setting, but wanted it to be a part of the research.

After the three creative sessions, we sent out a feedback questionnaire. One question asked what attracted participants to the project, and many said they valued that it was designed by someone with lived experience. This reinforced for me the importance of bringing my own perspective carefully into the project, while ensuring that participants' voices remained central.

When it came to the data analysis, I tried to stay neutral and let the data lead the way instead of my lived experience, so both Gail and I analysed the data separately and then came together to compare our findings, and we both agreed with each other on what we pulled out.

The recommendations are based directly on the findings from this research. They reflect participants' insights from the creative sessions about the challenges they faced and the support they wished they had. Drawing on ideas from other projects, such as Common Ambition, these insights were shaped into practical solutions, while ensuring that participants' voices remained central and my own views did not influence the outcomes.

I found it really reassuring to have such a strong team around me, with each person bringing different strengths. Together, I felt we worked very well. At the start of every meeting, both with and without participants, we did a check-in to reflect on how we were feeling, and at the end of each session, we did a check-out to note how we felt leaving. I also had regular 1:1 meetings with Gail to discuss how I was managing the project and how I was feeling. This was especially helpful when I found some of the desk research challenging, as some statistics were difficult to process. We decided it would be better for me to focus on solution-based tasks at home to prevent this from happening again. I was offered additional support but did not feel that I needed it.

Limitations of the Methodology

Our group of participants was smaller than we would have liked because the budget limited how many people we could include. We did not collect demographic details such as age, ethnicity, or background, so we cannot say how our findings might differ across different groups. The participant group did not include any people of colour. Many participants were already connected to services, so our results may reflect the views of people who use services more than those who are harder to reach or not engaged with services.

The way we ran the sessions was shaped by limited time and resources. Each session lasted 90 minutes. Looking back, it would have been nice if the creative sessions were a bit longer, and participants agreed that they wished there had been more time for the creative part.

We used the term "stable accommodation" rather than "permanent" or "secure" accommodation, which may have led to different understandings of living situations among participants about the type of housing being discussed.

These limitations affect how widely we can apply the results. Because we did not collect demographics and the sample lacked diversity, we cannot assume the findings apply to the whole community. The focus on participants already linked to services may have skewed results toward that group's experiences and priorities. Short session times may have meant people gave less detailed answers, so some important or subtle perspectives might be missing. Finally, different understandings of "stable accommodation" could make some responses hard to compare directly.

FINDINGS, RECOMMENDATIONS & PLANNED ACTIONS

In June–July 2025, we ran three ‘River of Life’ sessions with seven participants whose experiences were relevant to the study. Each session lasted approximately 90 minutes and used open, non-leading prompts to explore participants’ experiences, views, and feelings. For example, one prompt was: *“What has your experience been like when trying to access mental health support while transitioning from homelessness into stable accommodation?”* Participants used coloured flashcards to indicate significant events and moments on a ‘River of Life’ drawing and discussed why they had chosen those cards. Parts of the sessions were recorded and later transcribed for detailed analysis.

Definitions used in this study:

- Homelessness — a complex and preventable problem that covers unstable, temporary, or unsuitable living situations. It is not only rough sleeping and includes, for example: staying in hostels or shelters; sofa surfing; living in vehicles or camping; living in overcrowded housing; staying in emergency or temporary accommodation; living in insecure asylum support accommodation; staying in women’s refuges; care leavers; and prison leavers.

- Transition period — the first 3–6 months after someone moves into stable accommodation following a period of homelessness.

- Stable accommodation — living in the same place for six months or more, where the person has a long-term tenancy or plans to stay there for the foreseeable future.

Participants sometimes used their own words and meanings. For example, some people viewed homelessness mainly as rough sleeping and saw temporary accommodation as part of the transition period. Others treated supported accommodation as stable, even if they were still waiting for a permanent place on the housing register. These differences in how people defined things are important because they help explain why participants sometimes had different views and experiences.

This next section brings together what the group discovered in the Findings subsection. The findings are presented in a variety of formats: short summaries, direct quotes from participants, creative expressions, and interpretations of the artwork produced during the process. This combination is designed to capture both the clarity of key messages and the depth of lived experience that sits behind them.

The Recommendations section outlines the changes the group believes the sector should make, while the Planned Action section describes the steps we ourselves will take based on the suggestions from the research.

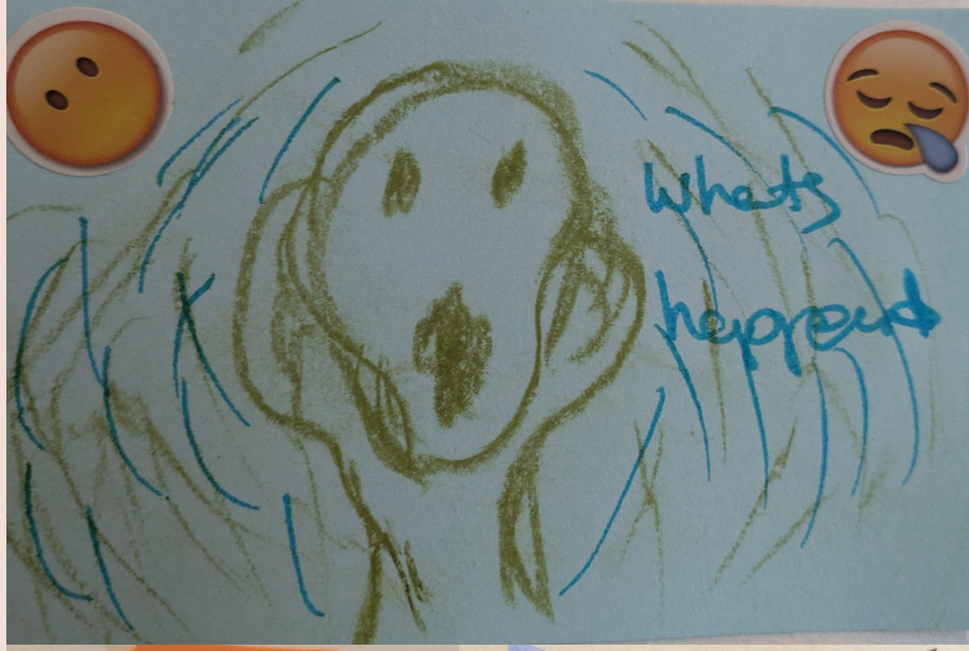
FINDINGS

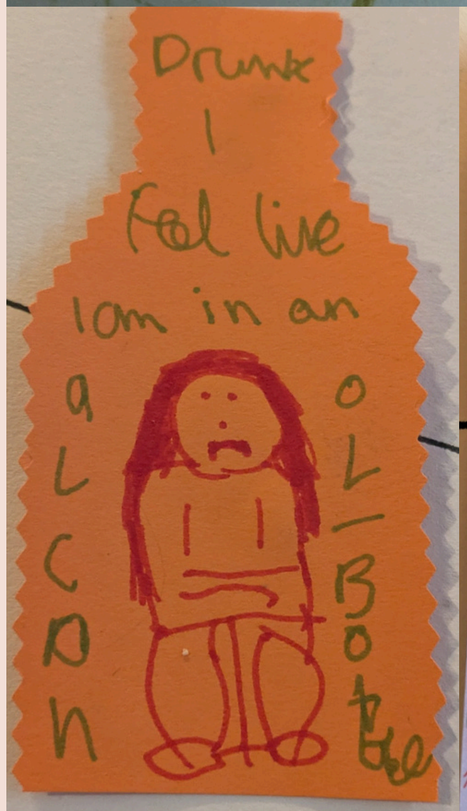
1. The Impact of Homelessness on Women's Mental Health

1.1 Emotional Effects of Homelessness

- Women and non-binary (AFAB) participants expressed deep emotions, including fear, anxiety, despair, anger, and isolation, resulting from their experiences of homelessness.

Interpretation of the art: People's images showed people with sad faces and hands covering their faces, suggesting deep emotional pain. These visuals communicate feelings of being unsafe.





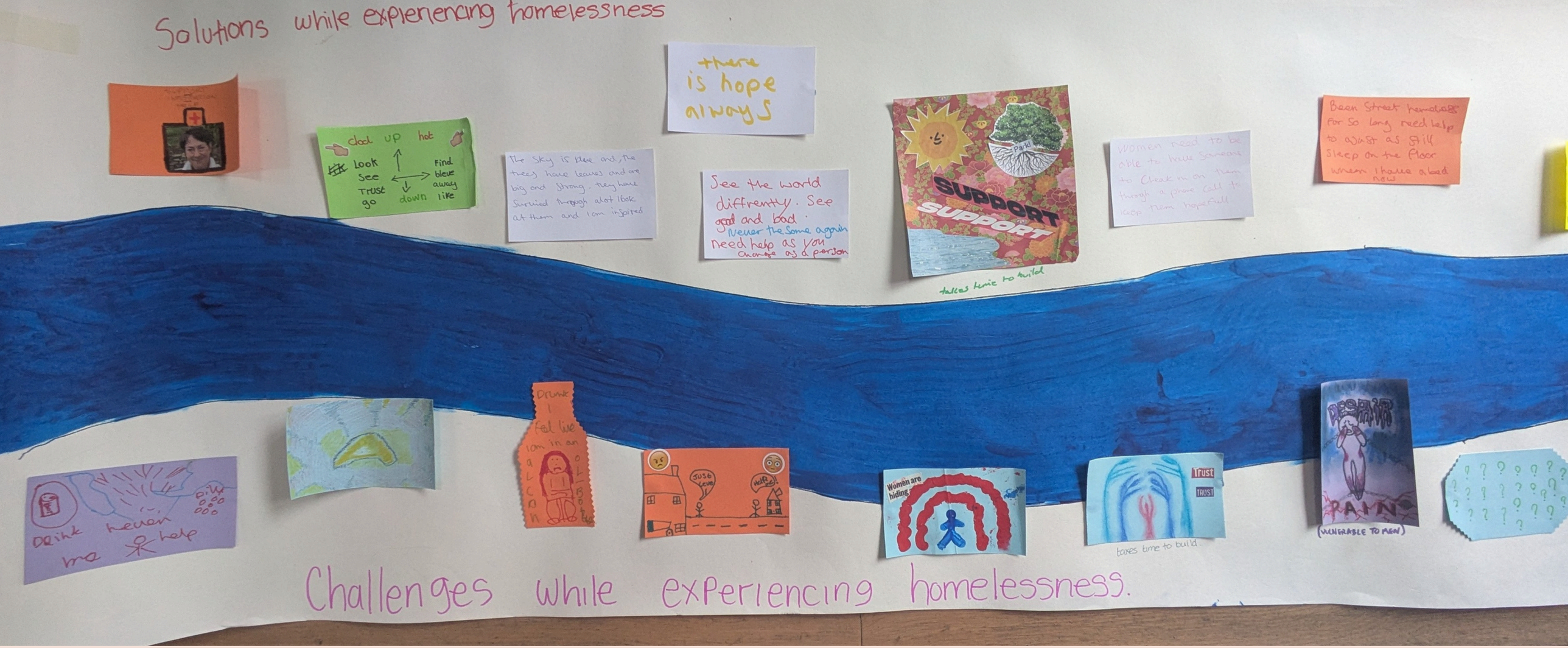
1.2 Supported Accommodation Can Make Things Worse

- While intended to help, supported accommodation sometimes made some women and non-binary (AFAB) participants' situations worse.

I feel worse off in some ways, having been through the supported housing system

People who weren't that bad end up getting worse in those places as well

Participants' Lived Experiences



In this participatory 'River of Life' session, participants were invited to share the challenges they faced and the strategies that supported their mental health in the context of homelessness.

2. The barriers to mental health support for women experiencing homelessness

2.1 Supported Accommodation Does Not Provide Suitable Mental Health Support

- Many women and non-binary (AFAB) participants reported that supported housing does not provide adequate mental health support, with staff undertrained to meet their needs, sometimes making their situation worse.

- Some women and non-binary (AFAB) participants did receive mental health support within supported housing, which highlights differences in service quality and availability.

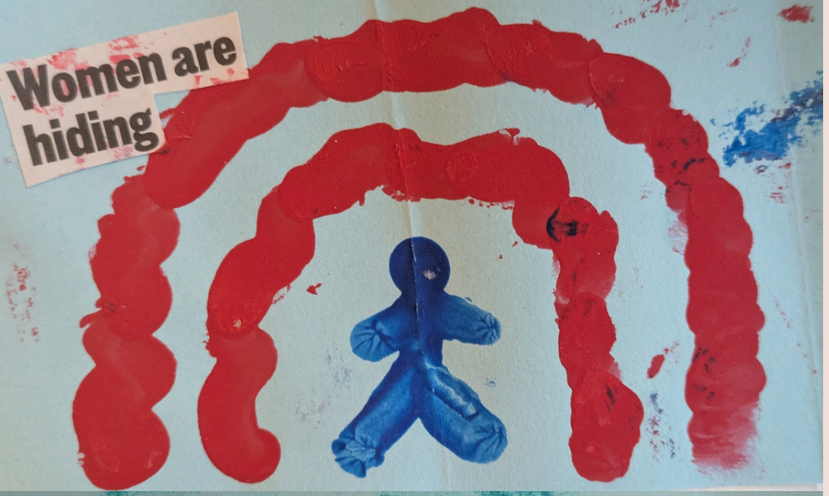
2.2 Limited Mental Health Support and Reliance on Charities

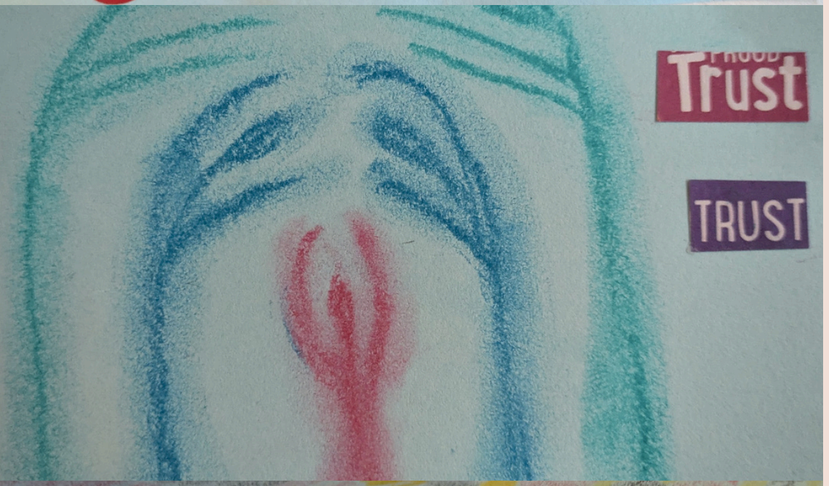
- Women and non-binary (AFAB) participants said there is not enough mental health support because of limited funding, so most of the help they receive comes from charities.

2.3 Services Don't Work Together (Siloed Support)

- One participant described how services often focus on mental and physical health separately, without working together.

Participants' Lived Experiences





2.4 Lack of Trust and Continuous Support

- Women and non-binary (AFAB) participants shared that they struggled to trust others, including professionals, which sometimes led them to hide in order to protect themselves. However, this mistrust blocked access to help and contributed to ongoing mental health challenges.

- Building trust takes time, and without continuous care, women and non-binary (AFAB) participants are left unsupported, which hinders their progress and well-being.

I wasn't getting the help because I wasn't trusting people.

Participants' Lived Experiences

Women are hiding... the bad stuff, but that meant hiding from the stuff that could help as well

Everybody needs different amounts of time. It's not just one-size-fits-all. You can get us for six months, or a year, but some people need less, some need more, depending on where they're at in their journey. For me, building relationships with people was really hard. It's like having to not trust anybody on the streets. You hear about support, but then suddenly the funding is ripped away. Where do people go then?

Interpretation of the art: In a number of the drawings, the women were small and sheltered underneath arches or enclosed spaces. This suggests that participants felt isolated and wanted to hide from the world and shield themselves from further harm.

2.5 Lack of communication and access to information

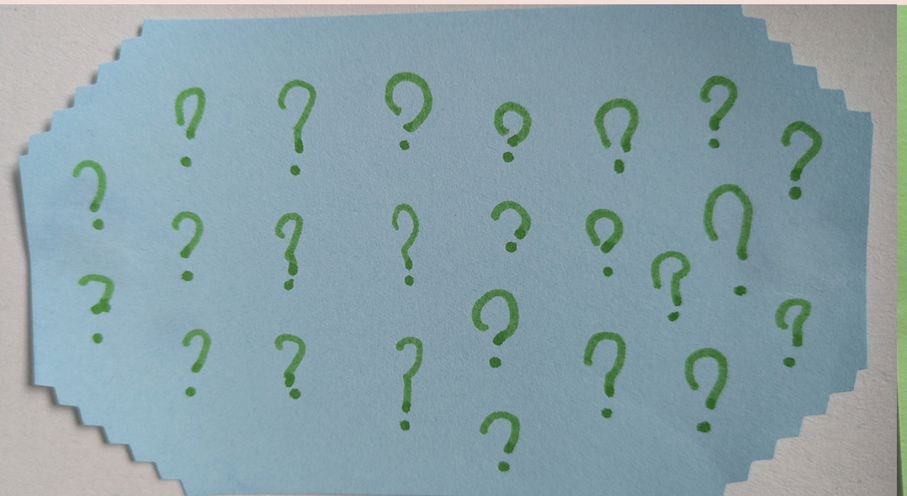
- Women and non-binary (AFAB) participants stressed that at all parts of their journey, they did not know what support was available and felt physically and emotionally barred from services due to a lack of communication and information sharing.

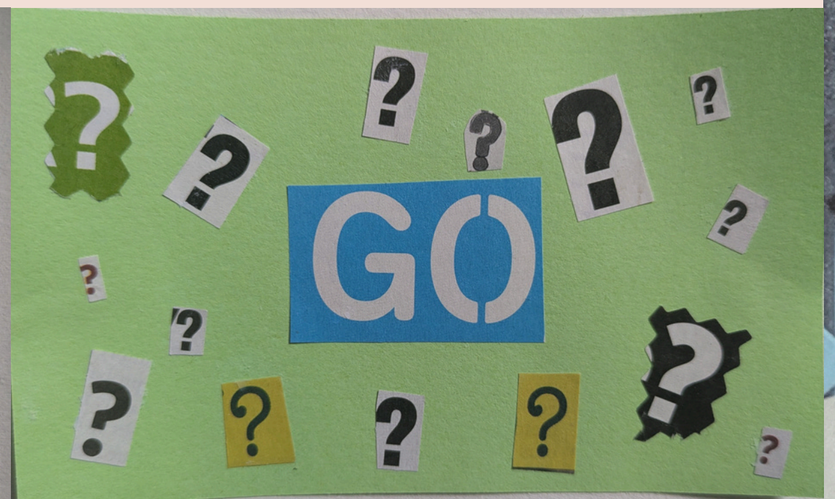
- Digital exclusion was a barrier to accessing support. Without internet access or devices, people struggled to find out what help was available, contact services, or connect with others.

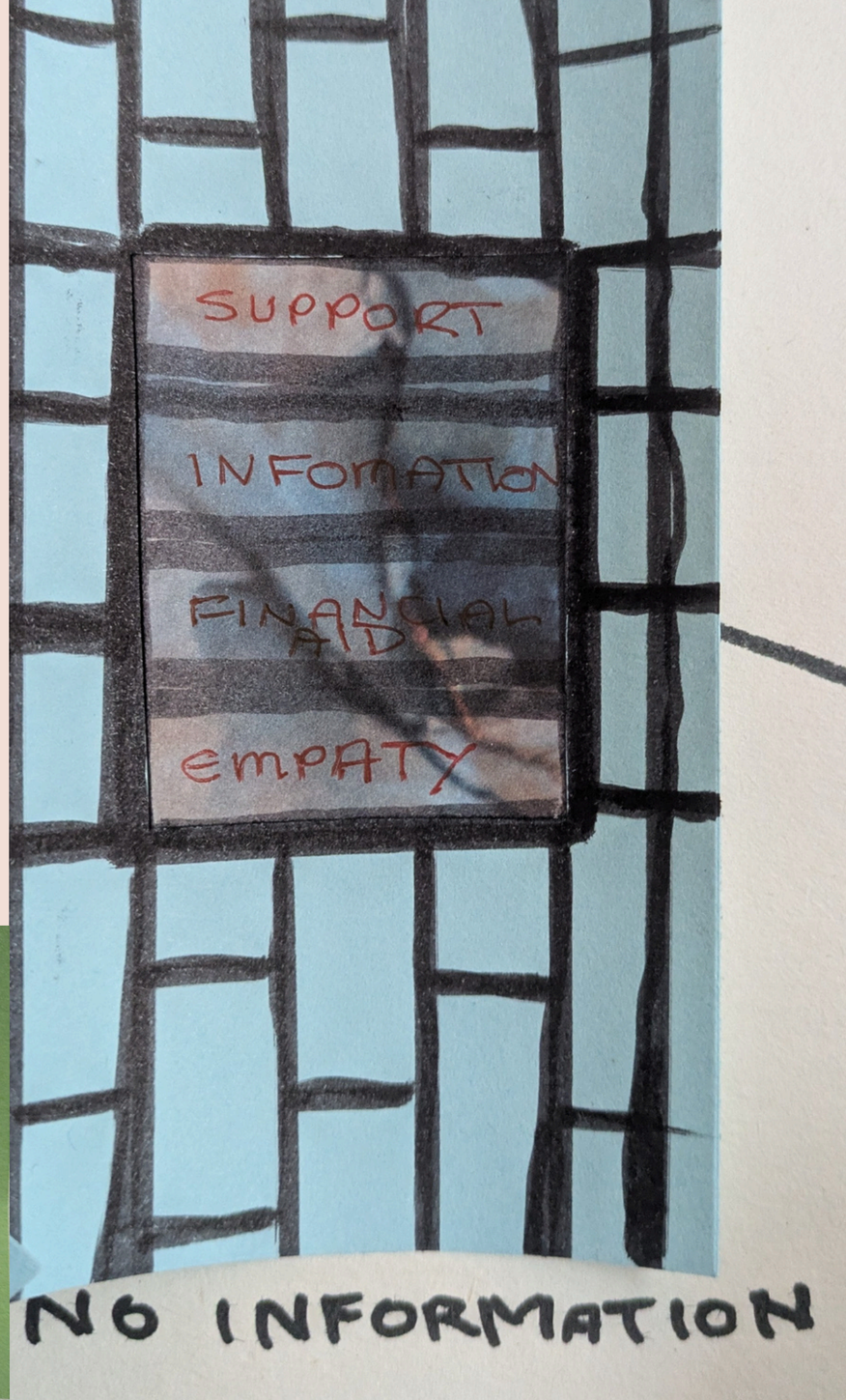
I had to look online, and that was when I actually got a phone, and they give you an old-fashioned phone that you can't go online with, so the support worker got me one.

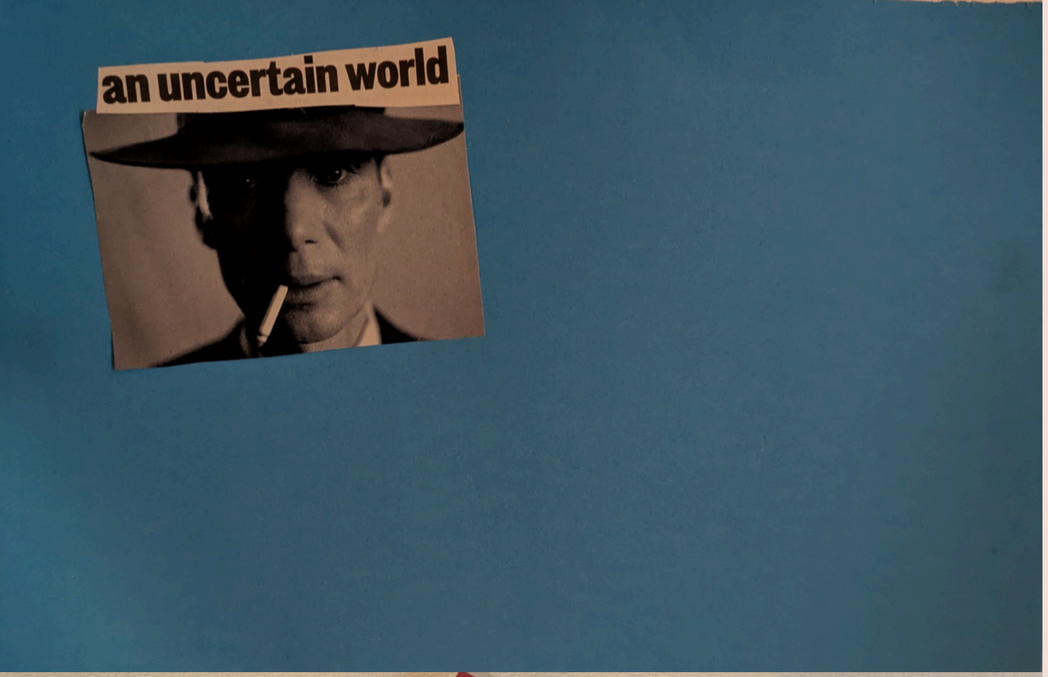
Through the barred window, I've written support, information, empathy, and financial aid, but you can't get them

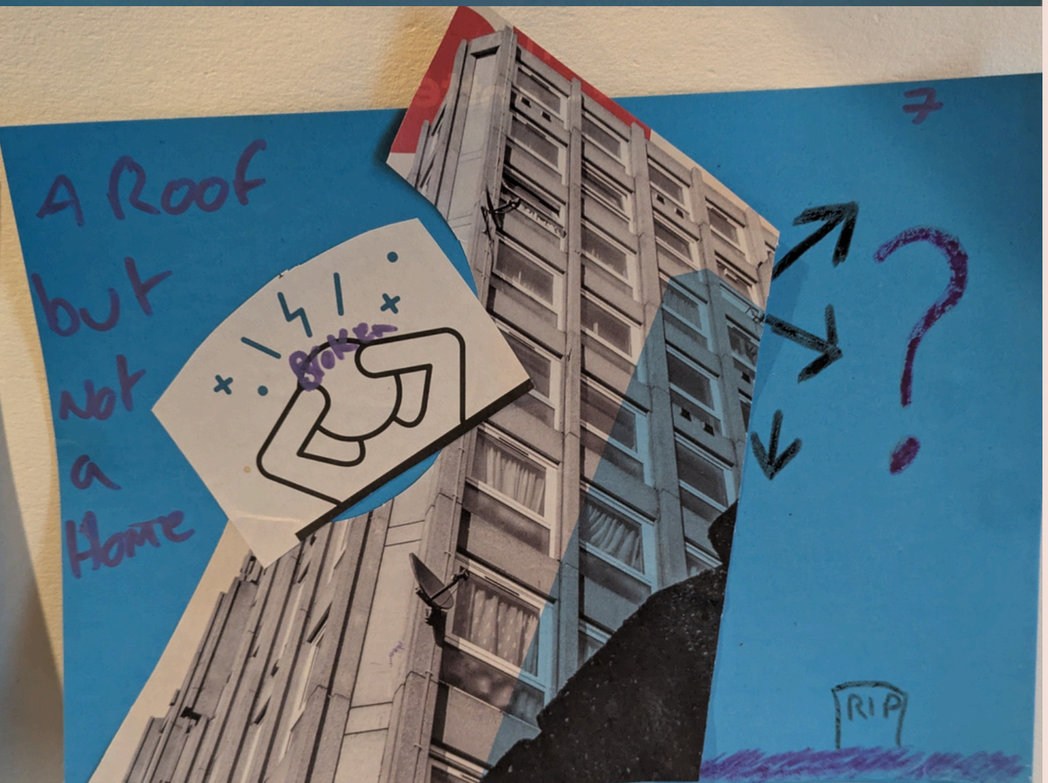
Participants' Lived Experiences











3. The Transition From Homelessness to Stable Housing

3.1 Assumptions About Women's Vulnerability

- Beliefs about women being "vulnerable" and "high risk" can make it harder for them to get the housing and support they need.

I asked why they haven't moved more women in, and they said, Because we're not high support anymore, and most women are high support. We're not all vulnerable, you know, we're not all high risk. That really got my back up.

3.2 Unsafe Environments When Living With Men

- Women and non-binary (AFAB) participants reported feeling unsafe and at greater risk of harm when living with others who have complex needs, particularly men.

I was suddenly put with a bunch of other young women who had serious issues and no boundaries. There were a lot of toxic people, and it just didn't keep me safe.
I used to live in a women-only project, but now it's mostly men, many with aggressive behaviour and drug problems.
The staff aren't trained properly, and putting everyone together like that isn't good. Bad stuff happened, people got hurt.

Interpretation of art: Participants' artwork was in black-and-white collage, which may show feelings of emotional numbness and withdrawal during this transitional time. The sharp, pointy lines on the cards suggest tension and pain, reflecting ongoing distress linked to housing instability.

Participants' Lived Experiences

3.3 Lack of Control Over Living Situation

- Women and non-binary (AFAB) participants expressed that they had little control over their living situations, which negatively affected their mental health and well-being.

Interpretation of art: Chains and cages in participants' artwork, as shown on pages 14 and 18, suggest feelings of being trapped, not just physically, but also within systems.

Ultimately, you didn't choose that place, so you still have a complete lack of control over where you are living

No autonomy, it feels like really dehumanising that you just have to put, wherever they put you, that's where you have to go

Grant for essentials take a long time

I didn't have any furniture, not a bed, cooker, washing machine, chair, absolutely nothing at all. And 6 months later, I had a deck chair, and somebody gave me a Lilo thing to sleep on

You slowly realise you've got no furniture, don't know where I am, and no help

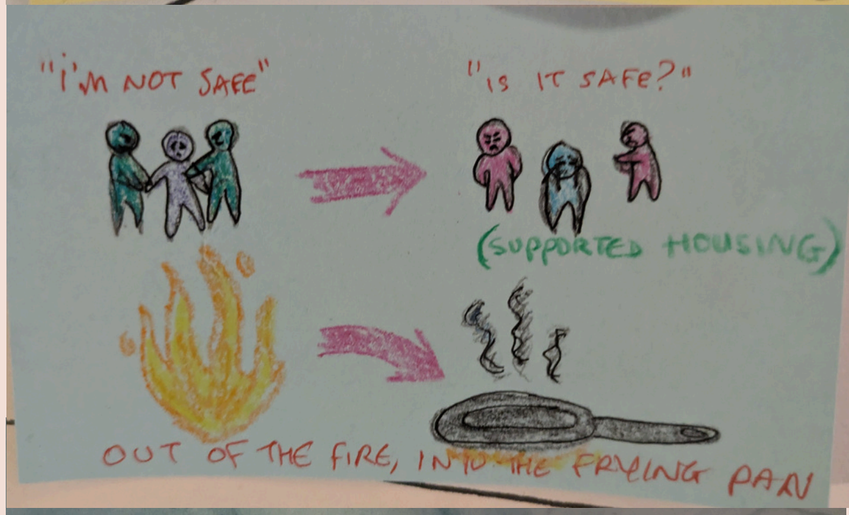
We actually had to start all over again. I just started again when I moved into that place. That was my home, and I set everything up. I had to leave everything, from hostel to hostel ...I was constantly paying for taxis to take all of our stuff, leaving stuff behind again

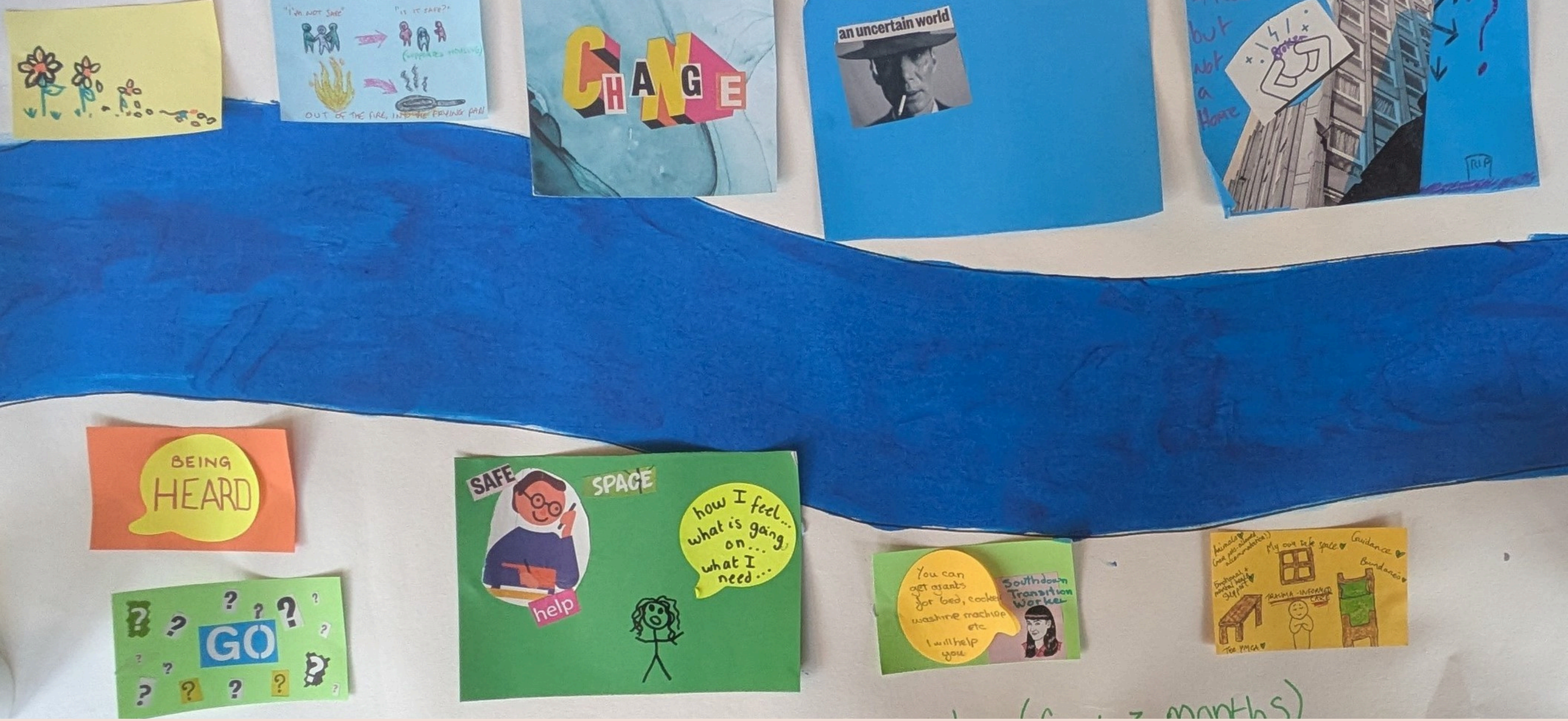
Participants' Lived Experiences

Participants' Lived Experiences

3.4 Financial Hardship

- One woman shared that when she moved into stable housing, there was no furniture; no bed, cooker, or seating, which led to months of discomfort and hardship.
- Another woman described having to leave behind her possessions while moving between hostels and having to pay for taxis repeatedly, starting over with few or no belongings.





In this participatory 'River of Life' session, participants were invited to share the challenges they faced and the strategies that supported their mental health in the context of transitioning between homelessness and stable accommodation.

4. The Effects of Moving from Homelessness into Stable Housing

4.1 Long-Term Impacts of Homelessness on Mental Health

- Even after moving into stable housing, participants often felt unsettled, overwhelmed, or like their homes didn't feel like theirs. Common trauma symptoms included trouble sleeping, fear of losing their home, and difficulty trusting that their housing would last.

4.2 Loss of Service Support Leads to Feelings of Isolation

- Participants reported feeling isolated after moving into stable housing, particularly when ongoing support from services was lost.

4.3 Financial Burden and Responsibilities

- Women described feeling overwhelmed by the responsibilities of moving into long-term housing after experiencing homelessness. Many found it difficult to manage rent, bills, and food while also taking care of their health, often without enough financial stability or support to cope effectively.

I still can't get rid of my packing boxes. You know, I still think, 'god, if I do this, are they going to throw me out?

It took me a year to sleep on my bed because I just wanted to sleep on the sofa or the floor… you're always waking up, thinking, you're on overload

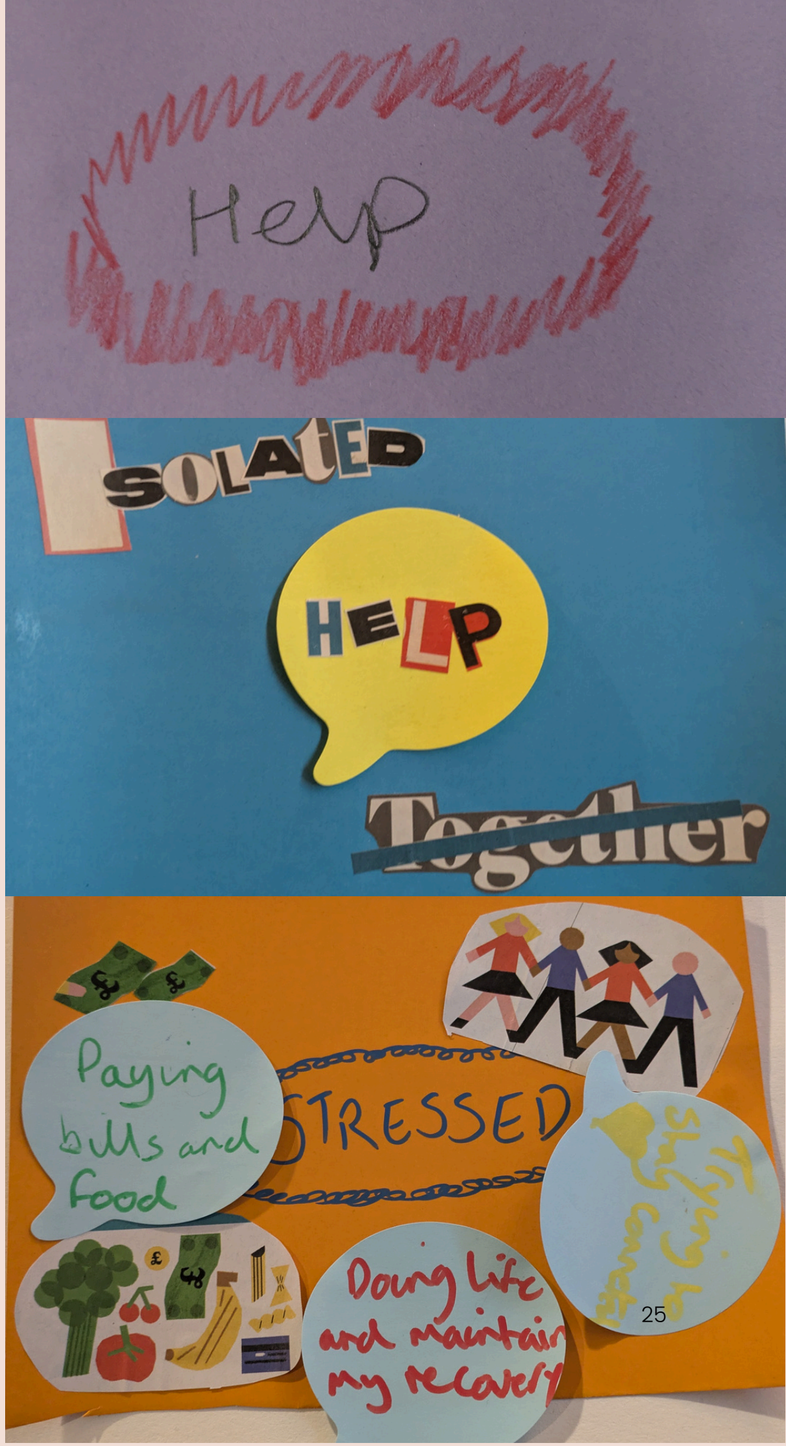
Isolated, because when I first went into…long-term accommodation… I had a lot of workers around me…within 6 months, I'd lost all those… it really pushed me back down again. It was difficult…I was then completely on my own

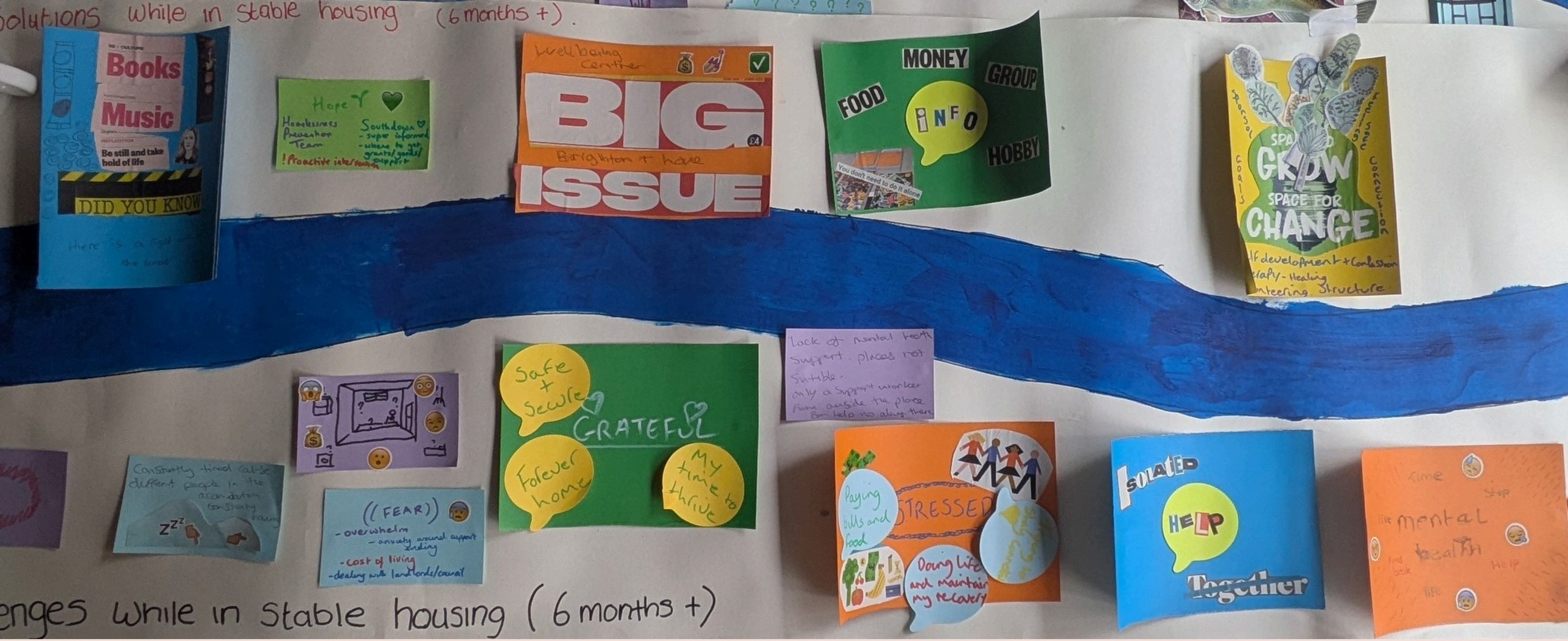
I was even trying to work, so I could pay some rent, and that's another thing, the money, they just want their money 'when you paying your rent, when you paying you rent, when you paying your rent

I moved into stable accommodation, and what I found is that trying to do life and maintain my recovery. I've put stress as it's a little bit stressful, and having those responsibilities of bills and trying to buy food and stay healthy…I've struggled with that, and I know all these can affect my mental health

Participants' Lived Experiences

Interpretation of art: Participants put a single word in the middle of the page with a circle around it to show what was most important to them. Two of these words were help, showing a clear need for support.





In this participatory 'River of Life' session, participants were invited to share the challenges they faced and the strategies that supported their mental health in the context of living in stable accommodation.

5. Coping Strategies and Support for Women Who Have Experienced Homelessness

5.1 Building Relationships and Connections

- Even though women and non-binary (AFAB) participants felt mistrustful, they said that positive connections and support were very important. Some may avoid others at first to protect themselves, but building trusted relationships is key to recovery and well-being.

Participants' Lived Experiences

Interpretation of art: Participants used speech bubble post-its, as well as written and collage words, to express ideas about communication, connection, and their needs. Their creative work shows a strong desire for support and relationships.

5.2 Creative Expression

- The group highlighted the role of hobbies and creative expression, such as painting nails, decorating, reading, music, and song writing, as important ways to explore self-identity, learn personal preferences, and support their mental well-being.

5.3 Open Spaces

- Women and non-binary (AFAB) participants shared that being out in open spaces in nature, such as parks and the sea, helped with their mental health.

5.4 Animals and Pets

- Participants felt that having animals is a great source of support; however, this is often not possible, as many tenancies in different accommodations do not allow pets.

Interpretation of art: Participants used large flashcards that often filled the entire space, with pictures and writing going over the edges, showing their desire to make room for themselves. Their frequent use of flowers and natural imagery highlights how important open spaces and nature are for supporting their well-being.

Still haven't got the decorating part right yet, but I'm just learning what I like.

Books, music... writing songs that relate to your situation

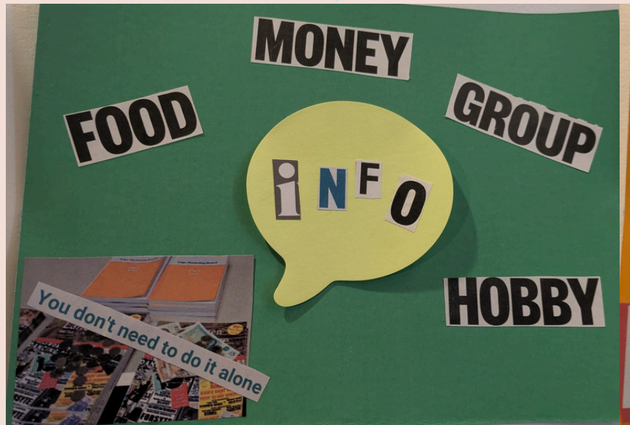
painting my nails... learning what I like

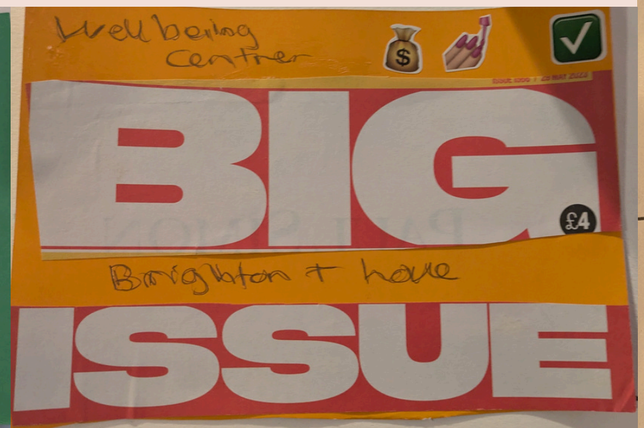
nature, parks, the sea, because that made such a difference for me, just getting that was an open space

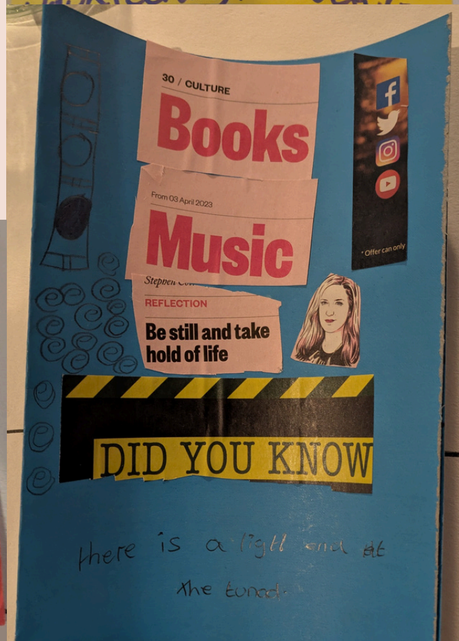
I wish...more tenancies would let you have animals because [of] the companionship and the routine... something to look after. It's just so important, and obviously, a lot of people have to give up their pets when they become homeless or move into the next accommodation. I think that's really sad.

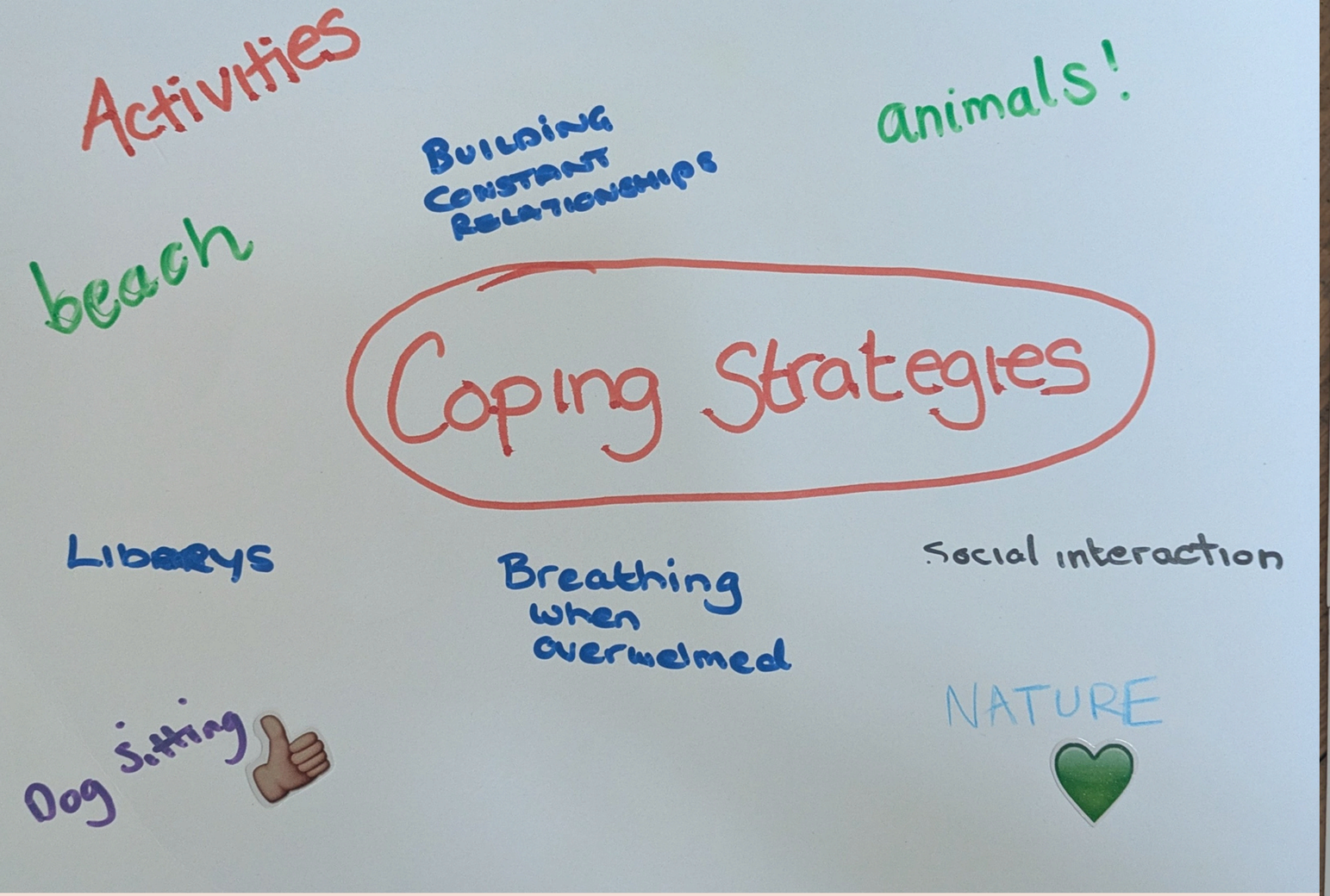
For me...being out in nature as well

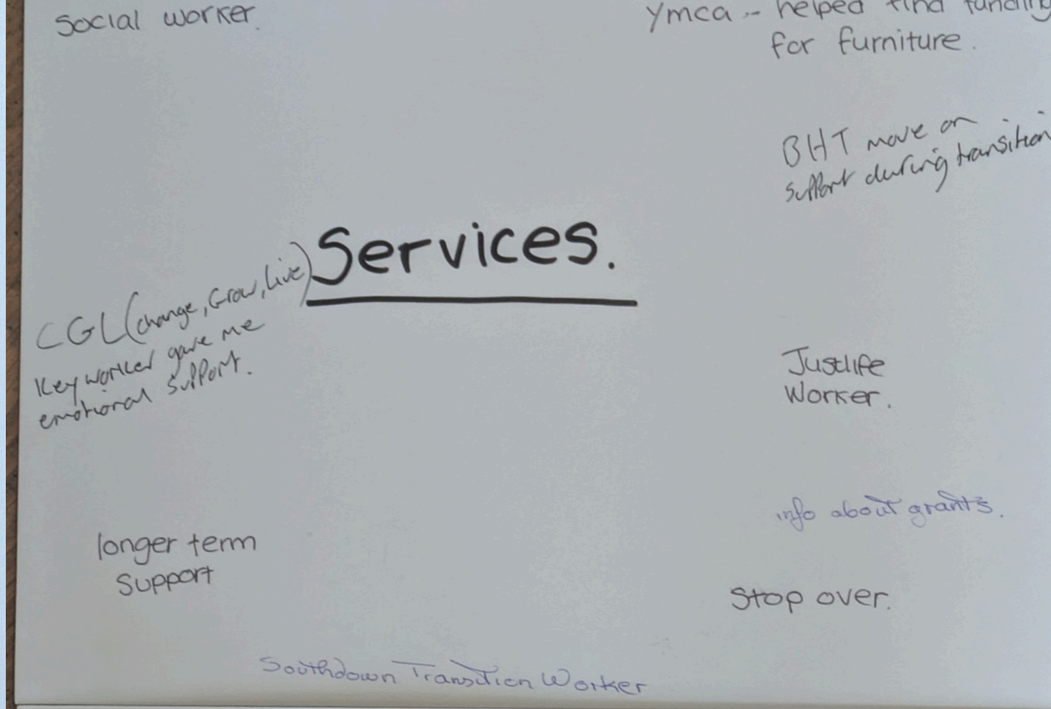
Participants' Lived Experiences











Participants' own words on positive coping strategies and sources of support for mental health.

The group's own words naming the services that have supported them. This snapshot highlights the networks important to their recovery journeys.

6. Examples of Good Practice in Services Supporting Women Who Have Experienced Homelessness

6.1 Accessible and Flexible Support

- One woman shared an example of how Brighton and Hove Wellbeing Centre helped her. Talking on the phone first made her feel safe, and supported. Over time, this helped her feel confident enough to access the services in person.

6.2 Long-Term Support and Support Networks for Mental Health and Recovery

- Some women said that long-term, structured support is very important for their recovery. This includes therapy from the Assessment Treatment Service (ATS), ongoing involvement with programmes like the 12 Steps and Narcotics Anonymous (NA), and having a peer sponsor. They also said it is very helpful to have a strong network of supportive people and services.

6.3 Services Sharing Useful Information

- One person shared that a provider gave helpful information about available funding and how to get furniture.

Brighton and Hove Wellbeing Centre, I had some phone calls... I was chatting to him on the phone for a bit, rather than just go there in person. And then I thought, right, I'm going to go there in person

I had a really good key worker...I could talk to him about what was going on...he felt safe to talk to...that made a really big difference... he genuinely cared

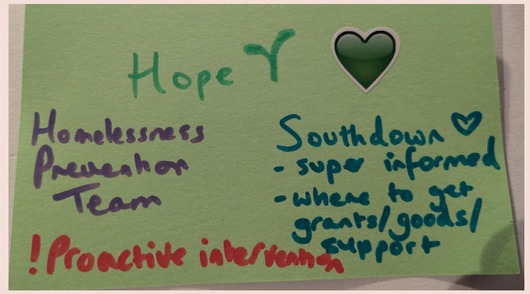
I've got like lots of people here together, because they're well connected. Finding a support system ... Oasis, because they helped me out a lot.

Getting clean was a big one as well ... NA ... because that... really helped.

I had two years in treatment, so I learnt a lot. And I think that self-development was the biggest one, definitely. 12 steps, ATS — Assessment Treatment Service, so there's therapy that's ongoing. I left with my sponsor.

I moved into the YMCA place that they were like... ' you can get a funding for this' or' we can get you furniture from here

Participants' Lived Experiences



RECOMMENDATIONS

National Government & Regulators

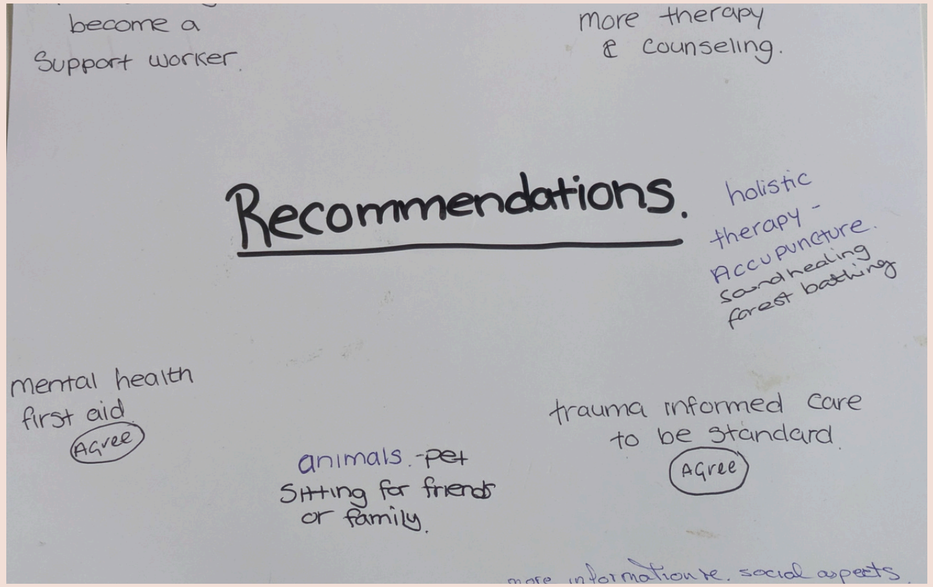
1. **Staff training & partnerships:** The Ministry of Housing, Communities & Local Government (MHCLG) and the Supported Housing Regulator should mandate staff training in mental health first aid and trauma-informed care, with compliance monitored by local authorities. Housing providers should also build partnerships with NHS mental health trusts.

2. **Long-term funding:** The Treasury, in partnership with MHCLG and the Department of Health and Social Care (DHSC), should guarantee ring-fenced, long-term funding for homelessness and mental health services. This funding must support trauma-informed, person-centred approaches, preventing disruption from short-term contracts and cuts.

3. **Housing allocation & personal choice:** MHCLG and local councils should amend housing allocation policies and statutory guidance to prioritise personal choice, ensuring residents are not penalised if they decline unsuitable housing.

You always have somebody who's done first aid. It should be the same, [for] Mental health first aid.

Participant Lived Experience Solution



Health Bodies

4. **Holistic mental health support:** Integrated Care Boards (ICBs) should consider commissioning holistic mental health support, including therapy, counselling, and evidence-based complementary approaches (e.g., acupuncture, sound therapy, or nature-based practices).

There isn't enough funding in so many of the services to get that support. So it's how to do it holistically. How to do it through things that do like acupuncture and different things like that.

Participant Lived Experience Solution

Local Authorities (Councils)

5. **Single homelessness hotline:** Brighton and Hove City Council should explore setting up a single homelessness hotline, based on the UOK mental health partnership model. This hotline would bring local services together and provide one place to get information, referrals, and support by phone, email, or online.

6. **Quick access to essential funding:** Local authorities should ensure quick access to funding for moving, storage, and essential household items, with automatic referrals when housing is offered.

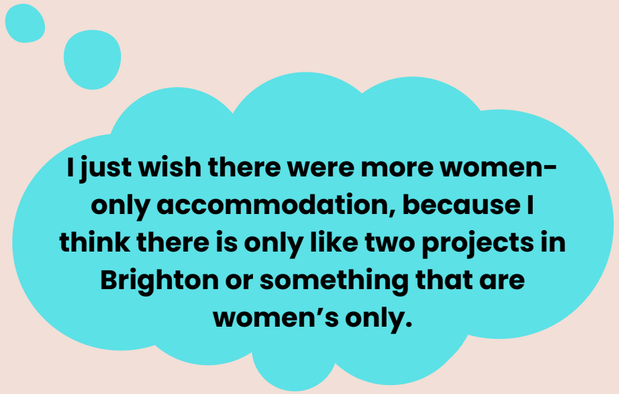
7. **Transition workers**: Local authorities should provide every person moving into stable housing with a dedicated transition worker for the first six months, delivered by the council or voluntary sector partners. Tenants would be expected to engage with this support as part of their probationary tenancy period. This would not only help them settle successfully but also encourage accountability, supporting tenants to demonstrate responsible tenancy behaviour before moving onto a long-term tenancy.

Participant Lived Experience Solution

Housing Providers & Landlords

8. **Women-only housing:** Housing providers in Brighton and Hove should prioritise more women-only housing with private, secure spaces, or reserve women-only areas in mixed-gender settings.

9. **Pet-friendly housing:** Housing providers and landlords should make all tenancies pet-friendly, including temporary, supported, private rented, and social housing.



Participant Lived Experience Solution

Voluntary Sector / Community Organisations

10. **Creative workshops:** Justlife could design workshops within creative sessions where people can make items (e.g., lampshades, personalised furniture) based on their interests**.**

OUR PLANNED ACTIONS

At the start of this research project, our goal was to create a resource to help women experiencing homelessness access support at different points in their journey. Following our original plans, the research showed that participants often didn't know about available services and expressed the need for a resource like this, even before they knew the project was planning to produce one. Building on their suggestions about which services were helpful and which they wanted to know more about, the project is now moving forward through the following key actions:

- Host a showcase exhibition to present the research, gather ideas from attendees, and shape the content and design of the resource.
- Create a moving-in pack available both online and in paper format,
- Share information about services that provide devices, internet access, and digital skills training.
- Promote Justlife's creative drop-in sessions and Social Connection Project, including the mixed-gender peer support group, Women's Peer Support Group, and LGBTQ+ peer support group.
- Raise awareness of creative community spaces for marginalised groups, such as Making it Out and Harriett's Press, which provide creativity, learning, social connection, and practical support like furniture and laundry facilities.
- Share information about the Dogs Trust Hope Project in Brighton, helping people experiencing housing challenges access dog-friendly accommodation, veterinary care, and other resources.

I find in a lot of these places, when something happens, you say something, but it's not fed back to you. It just seems swept under the rug. It's important to have a better system across the board for things to be heard properly, and for women to be told exactly what's available, ideally, everything in one place, as early as possible in the process.

Participant Lived Experience Solution

- Provide details about the Assessment Treatment Service and 12-Step support groups (Narcotics Anonymous, Alcoholics Anonymous, Cocaine Anonymous), and promote peer support services like Oasis and BWC, for long-term recovery pathways.
- Share information about the Brighton & Hove Wellbeing Service, an NHS-supported program offering self-referral and free therapies for mild to moderate mental health problems.

THE IMPACT

Supporting women to influence changes in services, policy, and practice

As the community researcher, I led the study, with women who had lived experience actively involved in designing the approach and participating throughout. At the launch event, I worked alongside participants and service providers to co-design the research. This approach helped build trust between services and people with lived experience, while also strengthening recruitment, relevance, and impact. Services recognised the value of this model and expressed interest in adopting similar approaches in their own work.

We hosted a showcase event where I shared the research findings, recommendations, and planned actions, and amplified women's voices through artwork and discussions created by participants. Attendees shared information about services and support, which will be used to create a new resource to help women get the support they need and make sure the solutions are practical and useful. This collaborative approach has built stronger connections across the sector and increased momentum for change.

Amplifying Women's Voices by Co-Creating Safe, Inclusive Spaces Where Lived Experiences Can Be Shared Meaningfully and Without Judgment

The project created safe and welcoming spaces where women could openly share their experiences. These spaces encouraged respect, understanding, and participation, helping people take part meaningfully in the research.

Build Women's Trust in Research Through Active Engagement in the Community Research Project

We aimed to build women's trust in research by actively involving them in our community project. By ensuring the research was respectful, clearly explained, and easy to access, participants felt confident sharing their experiences in a safe and supportive environment.

I feel more motivated to raise awareness for the issues surrounding women's homelessness, and I hope to feel able to fight for change in the future.

I liked that it was giving a voice to women's experiences and that it was a trans inclusive space.

It was respectful and calm, and everything was explained properly.

I expected to go into more detail about the past but there was no pressure to do so, which reduced some of the emotional upheaval.

Perspectives of Participants with Lived Experience

Encouraging the Use of Creative Expression, Such as Drawing, Painting and Modelling, and Visual Metaphors, as Tools for Reflection, Healing, and Empowerment

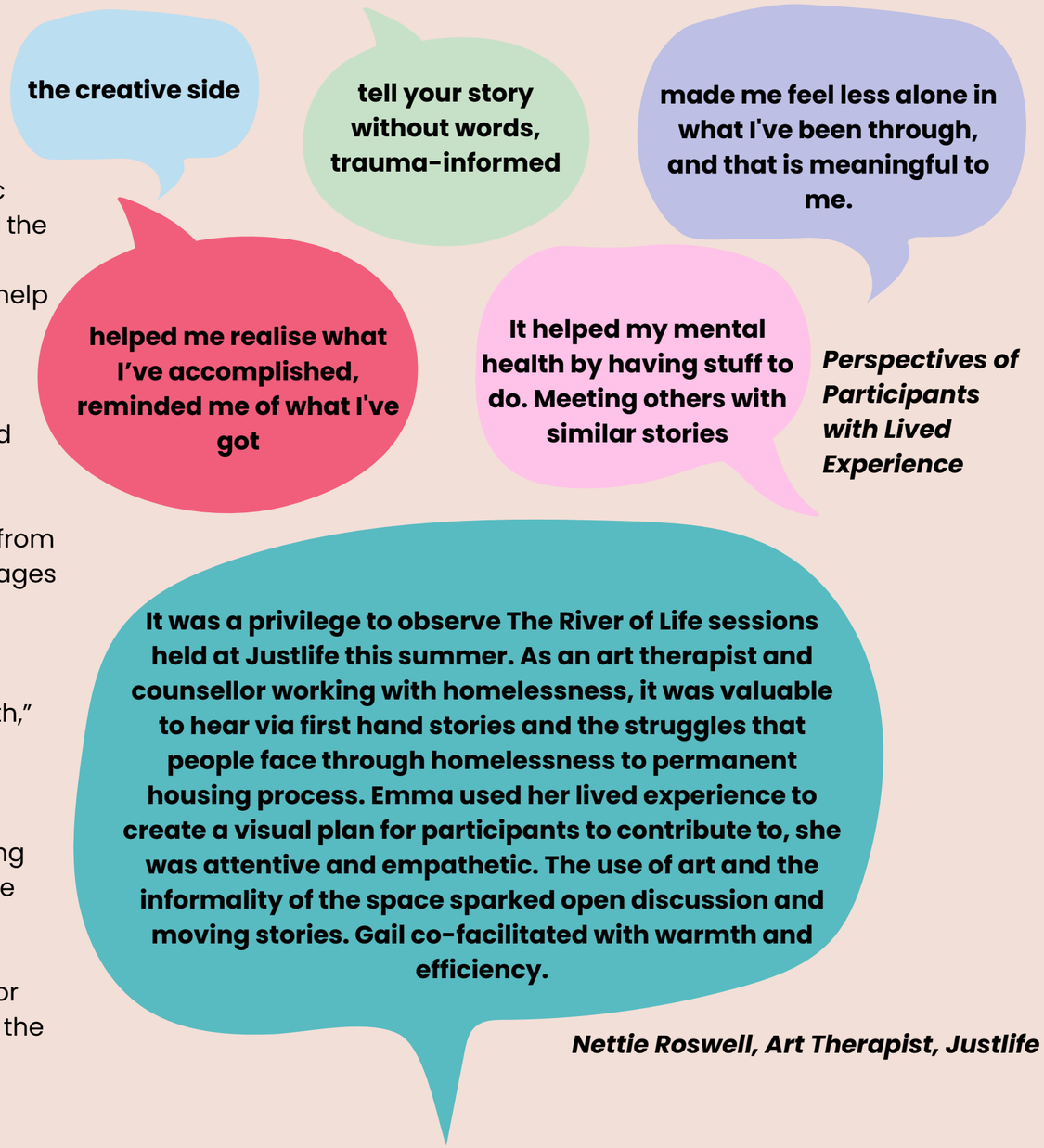
The art therapist co-facilitated the sessions, bringing valuable artistic and therapeutic expertise. Her extra placement hours helped her develop professionally and improved the support participants received. While the project team designed the activities, her additional time allowed her to offer tailored support, such as suggesting materials to help relax muscles.

As a result, several participants approached her about one-to-one creative therapy, showing both their interest in ongoing creative counselling and how the project helped build meaningful connections.

The three 'River of Life' sessions show how participants' artistic expression progressed from feeling trapped and silent to being more confident and open. In the early sessions, images such as chains, cages, and hidden faces reflected feelings of being stuck and unsupported. Over time, participants included more hopeful symbols, like nature and speech bubbles, showing signs of healing and growing trust. By the final session, their drawings were larger. For example, one participant drew a flower with the word "growth," reflecting improved mental health and recovery. The artwork captured both their past experiences and how they are coping now.

Participants shared positive reflections on their involvement, highlighting how attending the sessions helped them connect with others, reflect on their journeys, and appreciate their progress.

One participant agreed with the value of projects like this but also expressed a need for increased ongoing support. Another described feeling grateful and looking forward to the sessions, demonstrating the emotional and social benefits of participation.



made me think of other people, would like to get other people involved

Perspective of Participant with Lived Experience

Increase Interest in Community Research by Encouraging Women to Express Interest in Future Involvement as Participants or Community Researchers

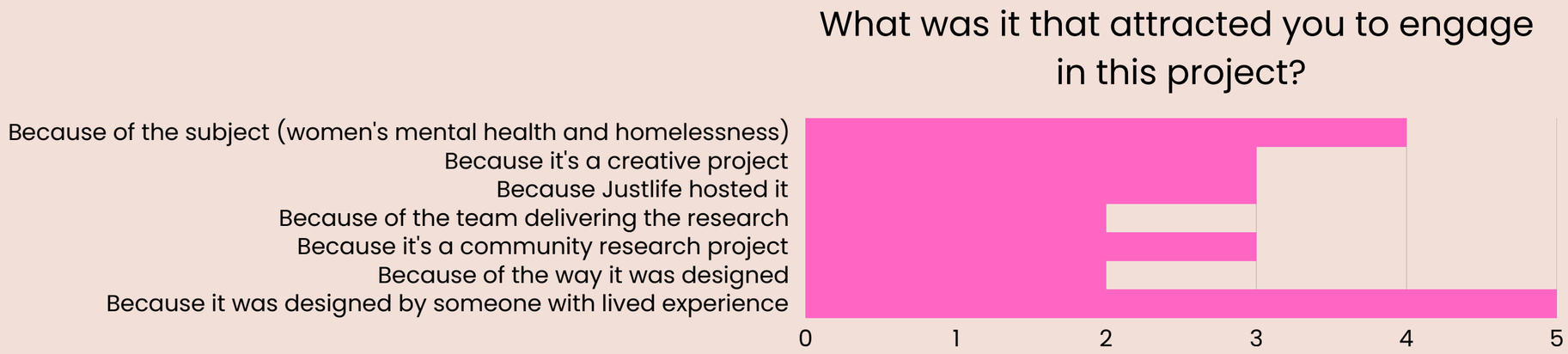
We aimed to increase interest in community research by encouraging women to consider future involvement, either as participants or as community researchers. When asked whether they would take part in other mental health-related research in the future, 4 out of 5 participants said yes, showing a strong willingness to continue engaging with research.

At the showcase exhibition, we provided information about Sussex Partnership Foundation Trust studies to both research participants and women with lived experience who attended the exhibition. This encouraged and supported their participation in future mental health research. Several attendees expressed a strong interest in signing up for studies.

Improve the Visibility and Engagement of Women With Lived Experience in Mental Health Research Through Their Active and Meaningful Participation Across All Events

We aimed to increase the visibility and engagement of women with lived experience in mental health research. Participants shared their perspectives, helped connect another participant to the project, and suggested other women who could have got involved.

Participants' responses to the feedback questionnaire suggest that what drew them to this project was that it was designed by someone with lived experience. This shows how important it is to include lived experience in research to make sure studies reflect the communities they serve.



Promote mutual learning between academics and women with lived experience to deepen understanding of homelessness through participatory research

We worked with Dr. Elle Whitcroft to learn more about creative research, including analysing creative data, reporting findings, and organising exhibitions. Through this collaboration, we developed our research skills, while Dr. Whitcroft gained a deeper understanding of the lived experiences of women. She also attended the showcase event, which provided a collaborative space for women with lived experience of homelessness, academics, and local services to hear research findings and work together on developing a resource to support women.

Dr Elle Whitcroft, postdoctoral researcher, Brighton and Sussex Medical School

This project is an inspiring example of what happens when creative methods and co-production are placed at the heart of research. Working alongside women with lived experience of mental health challenges and homelessness not only produced valuable insights but also a powerful and impactful showcase that helps us truly understand these experiences. It shows that creativity and co-production are more than methods of engagement - they are transformative tools for amplifying essential stories, as was done here.

Improving Awareness of Existing Services and Collaboratively Exploring Effective Coping Strategies Through Shared Advice and Lived Experience

During the participatory 'River of Life' sessions, we encouraged the group to share coping strategies that had supported their mental health while experiencing homelessness, along with naming services and good practices that had helped them.

At the Showcase Exhibition, service providers shared information about the support they offer, and all attendees were invited to contribute details about other services to help shape a new resource we are developing. Leaflets on available services were also displayed to raise awareness and connect attendees with the support they might need.

We also shared our findings on effective coping strategies and services that support women, encouraging learning through both lived experience and practical advice.

Additionally, through connecting with this group, we shared information about courses and services that support women returning to education and work by forwarding on relevant emails.

I came into this project not really sure of how I could help, but as the time went on I saw how badly affect my mental health was/is due to housing. I also knew many ways I'd helped myself when I struggled, and I loved being able to pass on my solutions to others going through the same.

Perspective of Participant with Lived Experience

CORROBORATION OF IMPACT

This project has now concluded, with funding ending in September 2025. However, our mission to influence policy and practice regarding women's mental health and homelessness continues. We remain committed to making research accessible and engaging, ensuring it reflects the needs of communities and is both meaningful and impactful. We will continue to champion this work and incorporate its approaches into future initiatives at Justlife.

At the showcase exhibition, we shared an information sheet about current Sussex Partnership studies to encourage participants involved in our research to take part in NHS Health and Social Care research.

As participants expressed interest in connecting with others, we are facilitating referrals to Justlife's Social Connections project to help foster these relationships.

We have also produced an 'Ending Well' project summary book, which outlines participants' achievements, guidance on including these in a CV, instructions for requesting a reference from Justlife, and an invitation to join Justlife's mailing list to stay informed about future research and co-production opportunities, helping to maintain ongoing engagement. The 'Ending Well' book is provided in Appendix 6.

In addition, we are producing a 'moving-in pack' containing essential contact details for relevant support services. This pack includes information shared by participants during the participatory 'River of Life' sessions and highlights good practice and supportive organisations. It is designed to improve access to support and encourage ongoing engagement with health and social care initiatives across the sector, benefiting both research participants and the wider community.

Justlife plans to use this model in future co-production work, recognising the success of this project in embedding participatory approaches and amplifying lived experience in research.

Looking ahead, we are planning to exhibit the River of Life at the Homeless Health Conference, organised by Arch and the Frontline Network, as well as at the Brighton and Hove Homelessness Research Forum, run by Justlife in partnership with Brighton and Sussex Medical School.

Get in Touch

To discuss areas of interest arising from this co-produced research, including women's mental health and homelessness, creative methods, community research, lived experience participation, or opportunities for collaboration with Emma (the community researcher)—please contact Gail Butler at gail@justlife.org.uk.

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