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EVOLUTION OF THE ACCOMMODATION SITUATION AMONG WOMEN LIVING HOMELESS IN MADRID, SPAIN: A LONGITUDINAL STUDY

Short Title: **Evolution of accommodation among homeless women in Spain**

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Conflicts of interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Abstract

Women constitute a particularly vulnerable subgroup of people living homeless, with their own set of circumstances and life histories that are different from men in the same situation. In this paper we present the results of a longitudinal study on the situation, needs, characteristics and process of change among women in a homeless situation in Madrid (Spain). This study involved 136 homeless women who were spending the night at shelters, drop-in centres, on the street or in public spaces. Data was collected through structured interviews conducted every six months for a total of three years. Throughout that period of time approximately half of the interviewed leaves the most extreme situation of homelessness. One in four interviewees gained access to independent accommodation, although in most cases this did not mean that they were no longer in a position of residential exclusion. The logistic regression analyses performed suggested that the variables with the closest correlation to improved accommodation were: receiving stable government economic benefits, obtaining income from work, not having Spanish nationality, not having a disability and having suffered fewer stressful life events at baseline, as well as a better perceived state of health. However, with regard to access to independent accommodation, the most closely-related variables were receiving stable government economic benefits and obtaining an income from work.

Key words: women; homeless; social exclusion; accommodation; longitudinal study.

Public Policy Relevance Statements

This longitudinal study showed that approximately half of the women living homeless interviewed in Madrid leaves the most extreme situation of homelessness during a three-year follow-up period. The most significant factors in improving accommodation were receiving government benefits or income from work, having suffered fewer stressful life events, not having a disability and having better perceived health. The variables with the closest correlation to access to independent accommodation were receiving government benefits or obtaining a job. Data obtained can be useful for policy makers design programmes to support women living homeless in the processes aimed at improving their situation.

Introduction

People living homeless are one of the clearest examples of social exclusion (Muñoz, Vázquez, & Vázquez, 2004; Panadero, Guillén & Vázquez, 2015; Vázquez, Suarez, Berríos & Panadero, in press). Of the whole homeless population, women are a particularly vulnerable subgroup with their own set of circumstances and backgrounds that are different from men in the same situation (Vázquez, Panadero & Pascual, 2019). Vázquez et al (2019) state that compared to men in the same situation, women living homeless in Spain display a greater level of the revolving door to homelessness (i.e. suffering from multiple episodes of homelessness after having gained access to independent housing), they have spent less time in formal employment, they have proportionally suffered more from severe or chronic illness, and they use sedatives to a greater extent. Unfortunately, given that women living homeless account for a relatively small percentage of the overall homeless population - in Madrid (Spain) between 11.2% (Madrid City Council, 2018) and 16.0% (Vázquez, Panadero & Zúñiga, 2018) -, there has been little research carried out specifically focusing on them (Vázquez, Panadero & Zúñiga, 2017).

Longitudinal research in the USA, Canada and Europe (Hwang et al., 2011; Fichter & Quadflieg, 2005; Cohen, Ramirez, Teresi, Gallagher & Sokolovsky, 1997; Sadowski, Kee, VanderWeele, & Buchanan, 2009) show that a significant number of people living homeless experience major changes in their housing situation over study periods of 18 to 60 months. In Canada, Aubry, Klodawsky, & Coulombe (2012) observed that 70% of the homeless participants in their research had had accommodation for 90 days or more over the course of a two-year follow-up period, a re-housing level similar to that seen in longitudinal studies conducted in the USA (Caton et al. 2005; Stojanovic et al. 1999; Zlotnick, Robertson & Lahiff, 1999).

Several studies have analysed different aspects relating to that improvement in accommodation among people living homeless. A number of different authors (Caton et al., 2005; Wong & Piliavin, 1997) have found that access to employment is one of the key factors to improving access to accommodation, meaning that having a job or taking training courses is connected to shorter periods of homelessness and greater stability once they have access more reliable accommodation. Similarly, some studies (Aubry, Duhoux, Klodawsky, Ecker, & Hay, 2016; Wong & Piliavin, 2001; Zlotnick et al., 1999) stress the key role played by having appropriate state benefits and the possibility of accessing subsidised to get out of the homelessness and access independent accommodation.

In addition, the suffering of multiple and/or severe stressful life events (SLE) from an early age has been identified as a risk factor for sliding into homelessness (Rodríguez-Moreno, Roca, Panadero, & Vázquez, 2021; Rivas, Panadero & Vázquez, 2021), remaining in that situation (Koegel, Melamid, & Burnam, 1995; Stein, Leslie, & Nyamathi, 2002) and in the revolving door to homelessness (Roca, Panadero, Rodríguez-Moreno, Martín, & Vázquez, 2019). Sadly, people living homeless tend to have suffered an extraordinarily high number of SLEs throughout their lives (Hatch & Dohrenwend, 2007; Rivas et al., 2021; Rodríguez-Moreno et al., 2021; Zugazaga, 2004), largely prior to them becoming homeless (Rodriguez-Moreno et al., 2021). In the opinion of different authors (Guillén, Marín, Panadero, & Vázquez, 2020; Hatch & Dohrenwend, 2007; Muñoz et al., 2004: Zugazaga, 2004) it is not only the economic factors that have a strong impact on homelessness, but also health factors and problems in social relationships can equally share in causing the appearance and/or continuation of homelessness. Having suffered multiple and/or severe SLEs while living homeless can also pose a serious barrier on the path to accessing independent housing (Rodríguez-Moreno et al., 2021).

Substance abuse has also been shown to be a relevant factor in the slide into homelessness (Guillén et al., 2020; Vázquez, Berrios & Suarez, 2020a), and it has an impact

on people remaining homeless for longer (Aubry et al., 2012; Caton et al., 2005; Wong & Piliavin, 1997) and on the revolving door to homelessness (Roca et al., 2019). Calvo et al (2020) have suggested that, in particular, alcohol use contributed to the chronicity associated with homelessness.

Health problems and disability also play a particularly significant role in the process of becoming and remaining homeless (Caton et al., 2005; Greenberg & Rosenheck, 2009; Guillén, Panadero & Vazquez, 2021; Parker, 2010), as well as falling back into the situation after having gained access to housing (Aubry et al., 2012; Roca, et al., 2019). Illness and/or disability is a vulnerability factor for becoming homeless (Aubry et al, 2012; Caton et al., 2005; Greenberg & Rosenheck, 2009; Parker, 2010, Roca et al., 2019) and remaining in that situation poses a major threat to health (Aubry, et al., 2012; Ropers & Boyer, 1987), as it exacerbates pre-existing health issues, facilitates the onset of new conditions, and delays the recovery process (Schanzer, Dominguez, Shrout, & Caton, 2007). The correlation between mental health problems and access to housing, meanwhile, is seen differently by different authors. So, Wong and Piliavin (1997) state that mental health issues are associated with longer periods of homelessness and a greater probability of falling into the revolving door to homelessness. However, other studies (Aubry et al., 2016; Johnson, Scutella, Tseng, & Wood, 2015; Schanzer et al., 2007; Spicer, Smith, Conroy, Flatau & Burns, 2015) have suggested that suffering from mental health problems - even severe issues such as schizophrenia, bipolar disorders, and psychosis - bear no consistent correlation to becoming or remaining homeless.

At the same time, a number of research studies have found that social support from family, friends and service providers (Aubry et al., 2016; Caton et al., 2005; Cohen et al., 1997; Patterson, Currie, Rezansoff & Somers, 2015; Zlotnick, Tam & Robertson, 2003) is an important resource for people to overcome homelessness. Also, Aubry et al. (2006) observed that there is a connection between having a wide social support network and attaining stable housing for people living homeless.

Research on access to housing for the people living homeless and those in high-risk situations has largely used transversal study designs, despite the accommodation situation is dynamic (Hwang et al., 2011), and of those studies, the ones focusing on women living homeless are particularly rare, with a few exceptions (Cohen et al., 1997; Cameron, Abrahams, Morgan, Williamson, & Henry, 2016; Nemiroff, Aubry, & Klodawsky, 2011). Nevertheless, although scarce, these particular studies have often pointed out the key role that gender can play in the exclusion of these people and their chances of changing their situation (Aubry et al., 2016; Johnson et al., 2015; Zlotnick et al., 1999). These studies suggest that women not only have a lower risk of extreme homelessness (Johnson et al., 2015), but that they are also more likely to recover from this position (Aubry et al., 2016; Johnson et al., 2015; Zlotnick et al., 1999) and experience shorter episodes of homelessness, although it would seen that they gain access to less stable housing after being in a homeless situation (Wong, Piliavin & Wright, 1998; Zlotnick et al., 1999). This is why investigating deeper into the specific needs of men and women living homeless would make it easier to provide help more suited to their needs.

Sadly, in the Spanish context there are no longitudinal studies on these characteristics specifically focusing on women living homeless. According to Hwang et al. (2011) it is important to have data focused on specific contexts, as the extrapolation of findings to different environments is problematic. Among other issues, this is due to aspects such as differences between countries in terms of social and ethnic makeup, climate, housing market, social housing policies, the reach of social protection networks or concentration of extreme poverty in urban areas (Hwang et al., 2011; Dunn et al., 2005; Ross et al., 2000, 2005). The present work aims to contribute to this field of study. In this sense, we analyze the effect on the evolution in the accommodation situation for women living homeless of several variables

considered relevant in the scientific literature on becoming and remaining homeless and in the revolving door to homelessness among people living homeless: i.e., suffering from stressful life events, access to stable economic resources (e.g. social benefits, income from work...), health status (e.g. physical health, mental health, disability...), substance abuse and perceived social support. The work will facilitate knowing if some of the variables examining might have a different impact on the evolution in the accommodation situation of the women living homeless in Madrid than what prior literature that has examined these variables in other settings has found. When analyzing the evolution of the accommodation situation, both the improvement in the accommodation situation (even if this did not imply leaving the homeless situation) and the access to independent accommodation were considered. The results obtained will provide information to guide the design and implementation of public policies, services and intervention programs for specific subgroups of women living homeless in Madrid (Spain).

Method

Participants and procedure

The research was conducted in Madrid (Spain), based on the data provided by a sample of women living homeless (n=136). All the participants were adults and at the time of the first interview met the inclusion criteria for operational categories 1, 2 or 3 (more severe homeless situations) of the European Typology on Homelessness and Housing Exclusion (ETHOS) (FEANTSA, 2005):

Table 1. Sample inclusion criteria as per the "ETHOS Classification" for the women living homeless interviewed in Madrid.

OPERATIONAL CATEGORY		LIVING SITUATION		DEFINITION
1	People living rough	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
2	People in emergency accommodation	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter
3	People living in accommodation for the homeless	3.1	Homeless hostel	Where the period of stay is intended to be short term
		3.2	Temporary accommodation	
		3.3	Transitional supported accommodation	

As can be seen in Table 1, we interviewed adults women living rough, in emergency accommodation or/and living in accommodation for the homeless. ETHOS categories attempt to cover all living situations which amount to forms of homelessness across Europe, and ETHOS operational categories 1, 2 or 3 refer to more severe homeless situations: rooflessness (without a shelter of any kind, sleeping rough) and houselessness (with a place to sleep but temporary in institutions or shelter).

The women interviewed were recruited at shelters and drop-in centres for people living homeless, on the streets and in public spaces. In order to access the participants, we contacted all the resources in the homeless support centre network in Madrid working with women. At shelters and drop-in centres the interviews were conducted in places where the women's comfort and privacy could be guaranteed, provided by the centres themselves.

Occasionally, if the participants preferred, it was arranged to meet somewhere else (café, park, shopping mall...) to conduct the interview. In the case of women living on the street, outreach teams passed on the location and contact for the interviewees. Once contact had been made, the interviewers introduced themselves, explained the purpose of the study and invited the women to take part, making sure that they met the inclusion criteria. Women living on the streets were interviewed in cafés, fast food chains, parks, shopping malls... seeking places that would be comfortable and private for them. Given the relatively small number of homeless women who spent the night in shelters, in supervised accommodation, on the streets or in public spaces, all the women who it was possible to contact and who met the inclusion criteria were invited to take part in the study.

To compile the information (both at baseline and follow-up) a structured interview was used, which helped to remedy potential problems due to difficulties in reading and/or comprehension issues. The first structured interview lasted between 45 and 80 minutes. The follow-up interviews, shorter and focused on issues likely to have changed over six months, lasted for around 30-60 minutes. After explaining to the participants the purpose of the study and the treatment that the data would receive, informed consent was sought from the women to complete the interview, and for researchers to be able to communicate with them by mobile phone, social media or third parties. Baseline information was collected over the course of a calendar year, with follow-up of women interviewed at 6, 12, 18, 24 and 36 months after the initial interview. Of the 136 women interviewed at baseline, during the follow-up it was possible to interview 92 women (67.6%) after 6 months, 85 women (62.5%) after 12 months, 82 women (60.3%) after 18 months, 73 women (53.7%) after 24 months and 67 women (49.3%) after 36 months. At 36 months follow-up period, 33.8% of the women could not be located and 8.8% declined to be interviewed. In addition, we verified that 3 women returned to their country of origin and 8 died. Throughout the three-years follow-up period, the mean age of the interviewees, the mean time living homeless, and the mean age at which they first found themselves living homeless remained relatively constant. Also the respondents' educational background and their perceived health status remained relatively constant during follow-up period. However, after three-years follow-up period a decrease in the percentage of women with foreign nationality was observed, but we consider that this variation does not have a significant impact on the results obtained in the study.

Data Analysis

The database was created using the SPSS.21 statistical analysis and data management system. A binary logistic regression for analyzing panel data was then completed in Stata.14, in order to find out what impact different factors had on the evolution of the accommodation situation of the interviewees. In this sense, two different logistic regressions have been estimated with a different binary dependent variable in each of them. First, a binary dependent variable called "Falling under operational categories ETHOS 1, 2 or 3" has been considered. This variable varies over time, and takes the value '1' if the participant has fallen under operational categories ETHOS 1, 2 or 3 at each follow-up point, and '0' otherwise. Secondly, the variable called "Accessing independent accommodation" (i.e. Accessing to accommodation that people maintain by their own means during, at least, the last month -e.g. house in property, rented house, rented room, hostel or similar, etc.) has been considered as the dependent variable for our second logistic regression. This variable also varies over time, and takes the value '1' if the participant has been able to access independent accommodation at each follow-up point, and '0' otherwise. Also, a set of variables that could have a relevant effect on the evolution of the housing situation of women living homeless in Madrid were selected for our analysis. This choice was motivated by an analysis of previous literature on the variables that have an impact in becoming and remaining homeless and in the revolving

door to homelessness among people living homeless. After running the Hausman test, a random effect model was chosen, with heteroskedasticity-robust standard errors (Huber-White estimator). Table 2 lists the explanatory variables included in the model, together with a brief description:

Table 2. Variables included in the logistic regression model

Variable	Definition
Age	Year of birth at baseline
Spanish nationality	Spanish nationality at baseline
Receipt of stable government economic benefits	Receipt of any state benefit in the form of subsidy or stable economic benefit during follow-up periods
Receipt of income from employment	Receipt of income from some kind of working activity during follow-up periods
Perceived health condition	Perceived health condition at each of the follow-up interviews Perceived health condition was measured using a Likert scale ranging from 0 to 5, where 1 was "a very poor perceived health" and 5 was "very good perceived health"
Suffering any diagnosed mental health problem(s)	Having suffered any diagnosed mental problem at some point in her life at baseline
Having a disability	Having some kind of disability at baseline
Having consumed drugs to excess at some point in her life	Having consumed drugs to excess at some point in her life at baseline
Not feeling alone or abandoned	Not showing feeling of loneliness or abandonment during follow-up periods
Number of stressful life events suffered	Number of stressful vital events suffered in life at baseline

Among the variables included in Table 2, 'Receipt of stable government economic benefits', 'Receipt of income from employment', 'Perceived health condition' and 'Not feeling alone or abandoned' vary over time and are able to capture the changes in their status during all of the follow-up periods. On the other hand, 'Age', 'Spanish nationality', 'Suffering any diagnosed mental health problem(s)', 'Having a disability', 'Having consumed drugs to excess at some point in her life' and 'Number of stressful life events suffered' do not vary over time, and were only captured at baseline.

Results

The main characteristics of homeless women interviewed at baseline are listed on Table 3.

As shown in Table 3, the women living homeless interviewed in Madrid were of an average age of 45, the majority were Spanish and over half of them had had children; none of whom were living with them at the time the study began. The average time that the interviewees had been living homeless was six years, and the vast majority reported having slept in a shelter in the month prior to the interview. While a third of women interviewed did not express feelings of loneliness or abandonment, half of them did indicate that they felt quite alone and/or lonely. Although 41% of respondents believed their health was good or very good, one fifth of them had mental health issues and over one third reported having a disability and/or having consumed drugs to excess at some point in their lives. Close to 40%

of the participants were receiving some stable government economic benefits, while under 10% received income from employment.

Table 3. Main characteristics of the women living homeless in Madrid (Spain) at baseline

Characteristics	n = 136	% / Mean (SD)
Age (M years, SD)	136	45.5 (11.370)
Nationality		
Spanish	89	65.4%
Foreign	41	30.1%
Double nationality (Spanish and other)	6	4.4%
Has children	83	61.0%
In the past month she has slept…		
In the street or public spaces	16	11.8%
In an unsuitable place	9	6.6%
In a shelter	112	82.4%
Total months homeless adding up all the episodes (M months, SD)	126	75.1 (90.939)
Feeling of loneliness or abandonment		
Not at all	40	30.5%
A little	24	18.3%
Quite a lot	26	19.8%
A lot	41	31.3%
Has consumed drugs to excess at some point in her life	51	38.1%
Perceived general state of health		
Very good	20	14.9%
Good	35	26.1%
Fair	44	32.8%
Poor	23	17.2%
Very poor	12	9.0%
Suffering of any diagnosed mental health problem(s)	29	21.6%
Has a disability or handicap (physical, sensory, mental)	48	36.5%
Receipt of income from employment	13	9.6%
Receipt of stable government economic benefits	52	39.1%

Over the 36 months (three years) of follow-up of the 136 women living homeless interviewed in Madrid evolution was observed as shown in Table 4.

As shown in Table 4, after six months of follow-up over 70% of the women interviewed remained in a situation of extreme homelessness. This percentage gradually reduced over time, down to approximately half of the women interviewed after 36 months of follow-up. Half of these women who improved their housing situation over the course of the follow-up interviews gained access to independent accommodation, primarily rented rooms or similar (from 9.8% of follow-up participants at 6 months to 16.4% of those interviewed at the last follow-up, 36 months). The women who improved their accommodation situation, but did not gain access to independent accommodation, did access other resources, such as housing provided by organisations (from 9.8% of those at the first follow-up at 6 months, to approximately 10% at the remaining follow-up interviews). Among the participants who remained in the most extreme categories of residential or housing exclusion, most were staying at shelters, although by 36 months there was an increase in those who were living on the streets (7.5% of participants in that follow-up).

Table 4. Evolution of the accommodation situation for women living homeless in Madrid over the 36 months (three years) of follow-up.

	6 months (n=92)	12 months (n=85)	24 months (n=73)	36 months (n=67)
Accommodation situation had improved (not in operational categories ETHOS 1, 2 or 3 during, at least, the last month)	26 (28.3%[1])	34 (40.0%[1])	38 (38.3%[1])	35 (53.0%[1])
Spent the night in independent accommodation during, at least, the last month	14 (53.8%[2])	18 (52.9%[2])	20 (52.6%[2])	17 (48.6%[2])
Place where she slept the night prior to the interview				
Street or public space	2 (2.2%[1])	1 (1.2%[1])	2 (2.7%[1])	5 (7.5%[1])
Homeless shelter	60 (65.2%[1])	47 (55.3%[1])	33 (45.2%[1])	24 (35.8%[1])
Homeless transition facility (i.e. sheltered housing…)	4 (4.3%[1])	2 (2.3%[1])	0	0
Accommodation for specific groups (i.e. care homes, initial accommodation centres, women's refuges)	3 (3.3%[1])	4 (4,7%[1])	5 (6.8%[1])	6 (9.0%[1])
Housing provided by NGOs or public organisation	5 (5.4%[1])	9 (10,6%[1])	8 (11.0%[1])	6 (9.0%[1])
Hostel provided by NGOs or public organisation	2 (2.2%[1])	1 (1.2%[1])	1 (1,4%[1])	3 (4.5%[1])
Rented room, hostel or similar	9 (9.8%[1])	12 (14.1%[1])	14 (19.2%[1])	11 (16.4%[1])
Rented home	3 (3.3%[1])	3 (3.5%[1])	4 (5.5%[1])	6 (9.0%[1])
Room or apartment provided free of charge	3 (3.3%[1])	3 (2,2%[1])	3 (4.4%[1])	3 (4.5%[1])
Other (i.e. slum, hospital, squat, etc.)	1 (1.1%[1])	3 (3.5%[1])	2 (2.8%[1])	3 (4.5%[1])
Receipt of income from some kind of working activity	13 (14.1%[1])	6 (7.1%[1])	8 (11.0%[1])	7 (10.4%[1])

[1]Percentage of women interviewed during the follow-up period.
[2]Percentage of women interviewed during the follow-up period not meeting criteria for ETHOS 1, 2 or 3

During the follow-up period, twenty participants reported having received "income from work", all of them having improved their housing situation (i.e. no longer falling under the operational categories ETHOS 1, 2 or 3): fourteen women with income from employment accessed independent accommodation and remaining in this situation until the end of the follow-up, and six women with income from work improved their housing situation without moving into independent accommodation -two of them returned to the shelter during the follow-up period.

Table 5 lists the main results of the two binary logistic regressions for the two dependent variables considered: "Improved accommodation" (i.e. not in one of the operational categories ETHOS 1, 2 or 3) and "Access to independent accommodation" for the participants over the follow-up period.

The results of the logistic regression analysis show that, at baseline, being younger, not having Spanish nationality, not having a disability and having suffered fewer stressful life events during lifetime, as well as declaring during follow-up a better perceived health condition and not feeling alone or abandoned are indicators for an improvement in the participants' accommodation situation. However, none of these factors relates to participants' access to independent accommodation over a three-year period. It is observed that being younger, healthier and not feeling alone or abandoned were good predictors of improvement of the participants' accommodation situation, and, to a lesser extent, having suffered fewer stressful life events in life. Not having Spanish nationality is a variable that appears to have a

limited impact on improved accommodation. Finally it is worth noting that suffering any diagnosed mental health problem and having used drugs in excess at baseline did not correlate with an improvement in accommodation or access to independent housing during the three-year follow-up period.

Table 5. Logistic regressions

Variables	Improved accommodation (not meeting criteria for ETHOS 1,2,3)		Access to independent accommodation	
	Coefficient (Robust Standard Error)	Odds Ratio	Coefficient (Robust Standard Error)	Odds Ratio
Age (year of birth)	0.085** (0.041)	1.089	0.040 (0.037)	1.037
Spanish nationality	-1.722* (0.112)	0.179	0.056 (0.361)	1.056
Receipt of stable government economic benefits	1.186*** (0.082)	6.464	1.581* (0.084)	4.860
Receipt income from employment	2.217* (0.165)	9.176	3.168*** (0.114)	23.769
Perceived health condition	0.318* (0.188)	1.374	0.173 (0.225)	1.189
Suffering of any diagnosed mental health problem(s)	0.596 (0.183)	1.815	-0.237 (0.236)	0.789
Having a disability	-0.508** (0.196)	0.601	-0.193 (0.215)	0.824
Having consumed drugs to excess at some point in her life	-0.746 (0.088)	0.474	-0.318 (0.153)	0.727
Not feeling alone or abandoned	0.781* (0.047)	2.181	0.727 (0.046)	2.070
Number of stressful life events suffered	-0.141* (0.076)	0.868	-0.025 (0.068)	0.976
Log-pseudolikelihood	-177.89		-152.45	

*** p<.01; ** p<.05; * p<.1

Additionally, the results of the logistic regression analysis also indicated that receipt of stable government economic benefits and having income from work during the follow-up period had a positive correlation with an improvement in accommodation and access to independent accommodation. In this regard, income from work was the strongest predictor of improvement in accommodation—with those having income from work having a more than 9-fold increase in the odds of improving accommodation and a more than 24-fold increase in the odds of accessing independent accommodation.

Discussion and Conclusions

As already mentioned in the introduction, specific studies on women living homeless are rare, in spite of the significance of this type of research in order to provide services better adapted to their needs. The purpose of this study was to make a contribution in this regard and, despite the major difficulties in locating and interviewing women living homeless, it was possible to conduct a longitudinal study with follow-up for a 36-month period which has shed some light on the changes in their accommodation circumstances, and the key factors involved in this. The follow-up percentages obtained are very similar to those seen in other studies conducted in the homeless population, such as those of Aubry et al (2016), which

achieved a participation of 60% in the 2-year follow-up period, or Nemirof et al (2011), in which a percentage of 65% was achieved over the same period.

With regard to results, firstly they have allowed us to take note of the dynamics of homelessness itself, as already found by other authors (Hwang et al., 2011), even when dealing with very long-term homelessness. To be specific, although these women had, on average, already been living homeless for more than six years at the outset of the study, during the three-year follow-up period positive changes in their housing situation were observed, mainly during the first year, which then seemed to consolidate and expand over time. From the first year of follow-up onwards, 40% of women living homeless had improved their housing situation, increasing to over half of the remaining participants after 36 months. These results are in line with those found by other authors who have seen that women have a greater probability of ceasing to live homeless (Aubry et al., 2016; Johnson et al., 2015; Zlotnick et al., 1999).

However, on many occasions the improvement in accommodation does not mean that participants are no longer homeless. Instead, these women often access accommodation under very precarious circumstances (Mayock & Bretherton, 2016), which probably explains the significant revolving door phenomenon observed among women in this situation (Vázquez et al., 2019). In this study, the majority of women who had improved their housing situation had done so by accessing rented rooms, hostels or supervised accommodation. However, access to social or protected housing was practically non-existent for the women interviewed, which is most likely explained by the nature of the Spanish housing market, characterised by a shortage of this type of housing and major difficulties in access to it. Specifically, according to data from the Observatorio de Vivienda y Suelo del Ministerio de Transportes, Movilidad y Agenda Urbana [Housing and Land Observatory at the Ministry of Transport, Mobility and Urban Agenda] (2020), in Spain only 2.5% of main properties was social housing, versus an average of 9.3% in the European Union. Access to subsidised housing is precisely one of the key factors indicated as facilitators for improving access to accommodation for people living homeless (Aubry et al., 2016; Zlotnick et al., 1999).

Different authors have also indicated that, as well as subsidised housing, the receipt of appropriate state benefits would be the most significant factor associated with the move from homelessness to stable housing (Aubry et al., 2016; Wong & Piliavin, 2001; Zlotnick et al., 1999). The results of this study indeed show that among those interviewed, the receipt of stable economic income (mainly from work and, to a lesser extent, from government benefits) was the strongest predictor of the improvement of their housing situation and access to independent accommodation. Unfortunately, women living homeless, despite having higher level of education than their male counterparts, tend to encounter more difficulties in finding work (Vázquez et al., 2019), accessing less stable, lower-quality employment (North & Smith, 1993; O'Grady & Gaetz, 2004; Okamoto, 2007), with even greater difficulties in retaining their job positions (Vázquez et al., 2019). Of the women living homeless in Madrid, a small number said that they were receiving income from work during the follow-up period, and all of those women improved their housing situation, for the most part accessing independent accommodation and remaining there during the three-year follow-up period.

Access to employment and independent accommodation seem to shield women from the revolving door to homelessness. More specifically, access to employment appears as the most significant factor in improving the housing situation among homeless women in Madrid, in line with what has been observed in other settings, where it has been found that having a job of taking part in training schemes is related to shorter periods living homeless and greater stability after achieving independent housing (Caton et al., 2005; Wong & Piliavin, 1997). Along these lines, Johnson et al. (2015) found that, upon moving out of homelessness, in

addition to gender and age, access to employment is one of the individual factors that most influences overcoming the situation.

In addition, the results of this study show that younger and healthier interviewees who had faced fewer stressful life events, did not have a disability and believed that they had good support networks seemed to have more chance of improving their housing situation (i.e. stopping living rough, in emergency accommodation or in accommodation for people living homeless), although these variables did not seem to correlate with access to independent accommodation. As seen in other contexts, therefore, both the health (Aubry et al., 2012; Caton et al., 2005; Greenberg & Rosenheck, 2009, Parker, 2010; Ropers & Boyer, 1987) and the age (Caton et al., 2005; Johnson et al., 2015) of women living homeless could be affect their chances of changing that situation. In particular, health problems or disability - which affect homeless women in Madrid particularly severely - can get in the way of accessing and keeping jobs (Vázquez et al., 2019), which may result in them remaining homeless (Vázquez et al., 2017, 2018) and falling into the revolving door to homelessness (Roca et al., 2019). These people can also have limited overall capabilities, which could lead to an increase in their care requirements and greater dependence on third parties (Parker, 2010). Considering that people living homeless have such poor social networks this poses an extra difficulty in accessing the necessary care (Hwang et al., 2010), and health issues can increase their chances of remaining homeless.

Social support from family, friends and services (Aubry et al., 2016; Caton et al., 2005; Cohen et al., 1997; Patterson et al., 2015; Zlotnick et al., 2003), meanwhile, is an important resource for people to overcome their homeless situation and achieve greater housing stability (Aubry et al., 2016; Johnston et al., 2015). In this study, feelings of loneliness or abandonment, generally related to a lack of social networks, seems to have some correlation, although apparently less so, with an improvement in accommodation.

In Spain, people living homeless of foreign origin tend to have weak social support networks and have more difficulties in managing bureaucratic/legal problems (Navarro-Lashayas & Eiroa-Orosa, 2017; Vázquez, Panadero, & García-Pérez, 2020b), which may initially have a negative impact on their housing situation. However, among the women interviewed having overseas nationality appears to have a positive correlation with improvements in accommodation, without having any effect on access to independent accommodation. In this regard, Vázquez et al. (2020b) noted that immigrant homeless women in Madrid, in addition to being younger than Spanish women, had strengths that might help them to overcome the most severe homelessness, such as better academic training and lower levels of psychoactive substance use.

A certain correlation has also been found between suffering a lower number of stressful live events and the improvement of accommodation among the interviewees, although this did not seem to be related to access to independent accommodation. Having had multiple and/or severe stressful life events from an early age appears as a risk factor for sliding into homelessness (Johnson et al., 2015; Rivas et al., 2021; Rodríguez-Moreno et al., 2021), longer periods of homelessness (Koegel et al., 1995; Stein et al., 2002) and an increase of the revolving door to homelessness (Roca et al., 2019). Facing multiple and/or severe stressful life events from early ages is a risk factor for the chronicity of people in situations of poverty and social exclusion (Koegel et al., 1995; Rodriguez-Moreno et al., 2021; Stein, et al., 2002), as this circumstance seems to have a negative effect on the acquisition of skills that help them to strike up stable relationships (Whitfield, 1998), giving rise to adverse family stories that could limit their ability to receive protective support in crisis situations (Susser, Struening & Conover, 1987; Herman, Susser, Struening, & Link, 1997).

Among the women living homeless interviewed in Madrid, suffering from mental health problems and excessive consumption of substances at some point in life did not

correlate with changes in their housing situation during the three-year period of follow-up, which matches findings for other contexts (Aubry et al., 2016; Johnson et al., 2015; Schanzer et al., 2007; Spicer et al., 2015).

Bearing in mind all of the above, some core lines can be drawn for the interaction with women living homeless: homes, income and employment. Not having a home is mainly a poverty issue (Aubry et al., 2012), and economic factors are highly significant predictors for access to housing. For more capable people, the implementation of social policies to address poverty and its harmful effects on the stability of housing is essential. When access to an appropriately paid job is not possible, facilitating access to protected jobs, economic government benefits and/or subsidised housing have proven to be useful strategies (Aubry et al., 2016; Wong & Piliavin, 1997; Zlotnick et al., 1999).

For people with significant health problems and substance abuse issues, it is essential to develop care programmes that combine supported housing (Nelson et al., 2007). In this regard, schemes based on the "Housing First" model have proven effective for homeless people with mental illness and addiction issues, both in terms of an improvement in stable accommodation (Aubry et al., 2016b; Kerman, Sylvestre, Aubry, & Distasio, 2018; Tsemberis, 2004) and in other aspects such as psychosocial functioning (Urbanoski et al., 2018) and quality of life (Aubry et al., 2016b; Kozloff et al., 2016) for those supported using this model. Providing subsidised housing, either on the private market, through housing benefit or through access to social housing units, together with intensive social and community work at home has proven to be effective in enabling people living homeless to overcome the issues of accommodation (Tsemberis et al., 2004). Access to subsidised/protected housing is an important predictor of the success of people living homeless in achieving residential stability (Stojanovic et al., 1999; Wong et al., 1998; Zlotnick et al., 1999).

This study presents some limitations, among which it is worth noting that the representativeness of the sample cannot be guaranteed, as due to the relatively small number of women living homeless in Madrid in the most severe situations all the women who it was possible to contact and who met the inclusion criteria were invited to take part. It is also worth noting that a three-year follow-up period is relatively short in order to closely track the developments in the housing situation of women living homeless. It is also significant that the study is limited to Madrid (Spain), which makes it difficult to generalise the results to other contexts, because of the differences in terms of social and ethnic makeup, climate, housing market, social housing policies, reach of the social protection network or level of concentration of extreme poverty in urban areas (Hwang et al., 2011; Dunn et al. 2005; Ross et al. 2000, 2005).

Despite its limitations, the results obtained in this study can contribute to improving the design of schemes intended for people living homeless, and especially for women in this situation, stressing the importance of having stable economic resources in order to escape homelessness and, in particular, for the access to independent accommodation and maintaining residential stability, as well as considering other relevant aspects such as health and people's life experiences in order to favour their recovery processes.

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