



UNIVERSITY OF  
**LIVERPOOL**

**Liverpool Homeless Football Club -Evaluation of the  
Women's Health and Well-Being**

Student Researcher: Emma-Louise Delaney

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Department of Sociology, Social Policy and Criminology



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Finally, I would like to thank Alishia Fitzsimmons and Claudette Graham who have also guided me through the process, helping me whenever needed.

## **Executive Summary**

This project is a collaborative piece of research done between both Liverpool Homeless Football Club and the student researcher. The aims of the research is to fully evaluate the session put on for its women's members. The main focus will be on the women's health and well-being sessions, exploring how beneficial they are and discovering any potential limitations.

## **Methods**

The research project consists of an analysis of one quantitative research method which was the completion of questionnaires/evaluation sheets and one qualitative research method which was included semi-structured interviews. In total, 60 participants completed the evaluation sheets while another 4 participants took part in the semi structured interviews. The data collected from the participants was charted into a framework and analysed using thematic analysis (Bryman, 2016).

## **Main findings**

1. Barriers to participation that the women member's face when attending the sessions. This finding also highlighted the issues that arose for the organisation when trying to overcome some of the barriers of participation the member's faced. This finding was separated into two sections:
  - Transport – an issue for both members and the organisation- when there is no transport put on the members don't go, but when there is transport on it takes a long time for the organisation to pick up/drop members off.
  - Childcare- members with children need to be available to look after them in school holidays.
  - Relying on word of mouth- not getting as many homeless women to the sessions as they possibly could do.
  - Funding- without constant funding, the health and well-being sessions can't continue to run.
2. The challenge of breaking down the women member's social barriers which highlighted related issues of social isolation and loneliness that some of the member's faced. Homeless women are a significantly vulnerable group in society that struggle when left excluded. The health and well-being sessions are a way of breaking down these barriers, improving member's confidence and boosting individual's self-moral.
3. The help sessions gave to the women members in regard to their own health and well-being. This finding focuses on the improvements in the member's fitness and physical health through the time designated for football games and other activities such as yoga, the improvement of the member's mental health and also explores some of the issues some of the members have with drug and alcohol misuse.

## **Conclusion**

The main conclusion drawn from the research project is that LHFC put on extremely beneficial sessions for its women members. The findings suggest that the sessions have an impact on the women's life, helping them connect socially and enhance their health and well-being. However, the findings in the research also present some issues that both the members and the organisation experience. It was found that the members struggle to attend the sessions when travel arrangements aren't put on for them, both to and from the sessions along with arranging childcare when the sessions clashed with school holidays. It was also found that travel arrangements was also an issue that the organisation had due to the amount of time it took them to go round picking up and dropping off every member. Although these are issues that the research has found, these are areas that the organisation is already aware of and have provisions in place to minimise the impact but have still been brought up in the research.

## **What is Interchange?**

Interchange is a registered charity in Merseyside (charity number 1038129) that links higher education students in the local universities with voluntary organisations.

The local universities that Interchange work with are the University of Liverpool, Liverpool John Moores University and Liverpool Hope University. The charities main aim is to be the 'broker' between the students and the voluntary organisations throughout the research/work-based learning projects. By taking this role, Interchange is able to successfully offer a wide range of projects including evaluation reports, studies, feasibility studies and community activities.

The collaborative work that is done by students and the voluntary organisations means that both parties can gain valuable knowledge and research, making great connections in the process

<https://www.liverpool.ac.uk/interchange/about/>



## **Who is Liverpool Homeless Football Club (LHFC)?**

*'Without this association, I don't know where I would be'* –Liverpool Homeless Football Club Year of Achievements Programme

Liverpool Homeless Football Club (LHFC) is a non-profit organisation that works solely for the interest of the community, in this case, the homeless population of Liverpool. LHFC is situated in the city centre, operating successfully to the regional and national homeless sector since 2007. The club dedicates its time to provide homeless men and women of Liverpool, free access to sport activities in a safe and non-judgemental environment. Although the organisation focuses its attention primarily on football, the use of other sports are also used, as a way to engage those experiencing homelessness or those that are likely to experience homelessness sometime in the near future.

One of the main aims that LHFC highlight, is the need to improve the physical and mental wellbeing of its members. For this to happen, the organisation puts on sessions, to improve firstly the fitness of the individuals and secondly, sessions to improve on the mental well-being of some of its members.

The health and well-being sessions that are put on by LHFC, are to give the members of the organisation a chance to break some of their social barriers, encourage and generate trust, and to present the individuals, with a platform to help rebuild lives or simply keep them on the right path to allow members to fulfil their own potential. The health and well-being sessions also focus their attention on any other issues that the members are struggling with, such as alcohol/substance abuse or issues they may be experiencing with mental health.

LHFC also have 'The back kitchen project' which is another one of the organisations successful sessions, which helps not only encourage community involvement and cohesion but also to educate the members in Food Hygiene Level 1 and 2. By doing this, the project actively helps to improve the employability of its members, as well as providing them with valuable life skills.

<https://liverpoolhomelessfootballclub.com/what-we-do/>



## Homelessness – Definitions

The definition of homelessness that is used in this organisation and throughout the majority of others is:

‘A person is homeless if he has no accommodation available for his occupation’ (House of Commons, 2015: 9).

Although this may seem simple enough, defining homelessness is not as straightforward as it seems. It is argued that the majority of people see the homeless as ‘people living on the streets’, whereas this is not the case (House of Commons, 2015: 9).

There are multiple other ways you may be without a home including:

- Evicted or facing eviction
- Repossessed or racing repossession
- Asked to leave by friends or family
- At risk of violence or abuse
- Staying in a hostel or refuge
- Can’t afford to stay in your home
- Living in overcrowded or poor conditions

(England Shelter, 2017)

## The hidden homeless of women

Homelessness is rising in England, as is the number of women that are recorded as rough sleeping and accessing homeless services. In 2016, 12% of those recorded as rough sleeping on one given night, were women with 28% of services users in accommodation projects also being women (Homeless Link, 2017; 3). Although these numbers have risen significantly, research has shown that women are more likely to avoid sleeping rough in the open; therefore rough sleeping statistics do not provide the full picture. Women questioned by St Mungo’s explain how they ‘take care to hide themselves when sleeping rough, making it hard for official counts’ (2014; 9). Many women will be ‘hidden homeless’ living outside mainstream homelessness accommodation either sofa surfing, staying with friends or sometimes trapped in abusive relationships (Reeve et al, 2006; 6). These marginalised situations that women sometimes end up in risks their safety and potentially puts them at risk of further violence or abuse.

Despite the rise of women’s homelessness, many services are not gendered in their approach, as they are traditionally dominated by the experiences of male rough sleepers. When women do access accommodation projects, only 11% are available to offer women-only provisions within their services (Homeless link, 2016). For women, there are seen to be more complex issues that can contribute to contribute to the initial homelessness and that can also form barriers to the recovery of an individual. It has been found that a proportion of homeless women ‘may turn to alcohol, illegal substances or prostitution as a way to



survive while sleeping rough' (St Mungo's, 2014). While homeless services cannot replace the services provided by the NHS and clinical organisations, working in a more psychologically informed way can improve the outcomes for women with multiple and complex needs (Keats et al, 2012: 56). Although this is what is said to be needed, the funding for homeless organisations to provide this support is being cut.

This study will explore whether there is a need for psychologically informed ways of working with homeless women, and whether LHFC provides innovative and responsive provision that goes some way to addressing the social isolation and health and wellbeing needs of this hidden social group people.

## **Background to the Research**

### **Why the research is being done?**

LHFC has requested for some research to be done to fully evaluate the services provided for the women members. The evaluation will focus its attention on the health and well-being sessions that LHFC each week. The research is to highlight the success of the sessions, discover any areas that may not be working or that may be lacking in suitability.

Following this, there will be some recommendations if required to suggest where improvements may be needed to make the sessions as beneficial as possible for its members.

Research data was gathered since January 2018 through evaluation sheets and interviews. There were a number of players/members that completed the evaluation sheets with volunteers, coaches and staff members taking part in semi-structured interviews.

Participants were asked questions about the women's health and well-being session to successfully evaluate the sessions for LHFC.

## **Ethics**

When conducting the project, all research was conducted in accordance with the ethical framework of the British Sociological Association and the University of Liverpool.

Extra care and consideration has been taken into account to ensure the confidentiality and well-being of the participants was kept as a priority.

Confidentiality was assured to all the participants taking part. Non-of the participants names have been included in the report so the individuals can remain non-identifiable (Bryman, 2016).

The well-being of the participants was also taking seriously with the avoidance of any harm being caused (Bryman, 2016). All participants were given information sheets and consent forms to sign and were fully aware that they didn't need to take part in the research and were free to withdraw at any given time.

## **Methodology**

The research project has consisted of an analysis using two research methods, one qualitative and one quantitative.

The first research method was using questionnaires/ evaluation sheets. Due to the lack of funding at the time, the student researcher wasn't able to go to the health and well-being sessions and hand out the evaluation sheets that had been made as the sessions were not on. However, LHFC had their own past evaluation sheets that the student researcher could use which asked similar questions to those I wanted to ask. The evaluation sheets were given out at the end of the member's health and well-being sessions and were asked to complete them every couple of months. There was a total of 60 evaluation sheets which were all anonymous. The evaluation sheets were made up of six simple questions, four of these were quantitative with the other two giving room for members to give a more detailed answer if they wished to do so (McLaughlin, 2017).

This allowed the student researcher to collect information about the health and well-being of the participants, receive information highlighting what was good about the sessions and also gave the members room to express anything they didn't like or thought could be improved.

The second research method was semi-structured interviews. Volunteers, coaches and staff were selected to take part in these at a time that was best suited for each individual. There was a total of 4 participants that took part in the interviews each of which took place in the offices at LHFC and recorded so they could be transcribed. When transcribed, the participants remained anonymous before the audio recordings were destroyed. The interviewer asked the participants a range of questions, starting with the background information about the session, to their opinions on the session, before giving them an option to share any stories that seemed fitting to the research. The data that was collected from the participants was then analysed using a qualitative thematic analysis (Bryman, 2016).

## **Limitations of my research**

The research that was conducted was a very small scale project, only collecting data from a small number of participants. The main limitations of this research stemmed from the issues surrounding the lack of funding that the organisation receives. The health and well-being sessions were postponed for a short period of time over the period of time I was scheduled to carry out some of my research. There were plans to conduct an observation of the health and well-being session to explore the levels of engagement the members had. The observations would have also allowed seeing first-hand what the sessions were about and given me the opportunity to fully evaluate the sessions after witnessing them myself.

The second limitation that again stemmed from the lack of funding; due to the sessions not being on, it meant that I couldn't attend and ask the member's to fill in the evaluation sheets that I had made. Although LHFC provided me with their past evaluation sheets, these were not fully up to date and were only very brief.

## **Findings**

After analysing the results from the evaluation sheets and the data from the interviews, I was given a clear image on how the women's health and well-being sessions at Liverpool Homeless Football Club worked. The findings presented give three main themes running throughout the data, firstly the barriers to participation, secondly the breakdown of social barriers and loneliness homeless women experience, and finally, the improvement of the individual's health and well-being through the sessions.

Although homelessness in general is a topic that has been highly researched over the past decade, the homelessness of women has largely been overlooked and has said to have been forgotten about. With this in mind, and in order to provide maximum insights into the data, discussion following each theme will draw on associated research/literature (Hardwick and Worsley, 2016).

### **Theme 1 – Barriers to Participation**

A common theme drawn from both the evaluation sheets and the semi-structured interviews was barriers that the members of the organisation may face when participating/ wanting to participate in the sessions provided. Some of the barriers that were found were:

- Travel
- Childcare arrangements

#### *Travel issues for the members*

For the majority of the women's Health and Well-Being session's, LHFC put on their own travel arrangements for its members, picking each of the women up, one by one. For the women members, travel is something that is seen to be a barrier to the participation of the sessions due to members not turning up without being picked up and driven to the venue.

One of the ex-members (now a member of staff) expressed that:

*'If they don't pick women up from the hostels, they just won't come' – (Interview 1).*

With another participant adding how;

*'Picking every single member up is vital to their attendance', - (Interview 2).*

*'A women's session was put on for the members and in this instance no travel was provided, the women had to make their own way to the offices to get the travel form there. On this occasion, only 2 members turned up and due to this along with weather conditions the trip had to be called off' – (Interview 2)*

The example given by **interview 2** shows just how important the travel is for the members to get the most out of each session and how without the travel, participation is limited.

#### *Travel issues for the organisation*

The organisation also faces issues with travel arrangements when getting the members to attend, attempting to find ways to get round the barriers to participation. As mentioned,

the organisation puts on travel for the women for the majority of the sessions. This is a process that has been argued to be one that is very time consuming, with one participant explaining how on one occasion:

‘We ended up driving round for nearly 2 hours collecting everyone- (Interview 2)

### *Childcare arrangement*

Another barrier to participation for some of the members is childcare. For those members that have children, the sessions must be put on at a time that is convenient for them and the arrangement of their childcare.

The majority of LHFC’s women’s sessions are put on late morning/early afternoon. In the past, these sessions are seen to be the best timed sessions as it allows for the women to drop their children off at school before the session starts and have finished the sessions by the time their children need collecting.

Although this is the case for most sessions, it has not always worked out as easy as this.

Interview 2 explained how child care has been an issue, explaining how...

*‘One of the weeks it coincided with half term, so half way through the numbers dropped, ‘so instead of us having 10 people, we only had like 3’*

The need for sessions to be placed at suitable times in the day has been proved vital through this example. Not only did this impact those not attending the session that week, but it can also be seen to affect those few that did turn up.

With the group size decreasing by over half its members, those individuals that did turn up would have not benefited as much as they might have done in a larger group.

### *Relying on word of mouth*

Another finding when exploring the barriers to participation was the lack of liaising with hostels. At present, LHFC rely a lot on word of mouth, not just with the women’s sessions but with the majority of the sessions that they provide for their members. The problem with this is that when numbers of the sessions become consistently low, there is never anyone in the hostels to recruit new members. Although on some occasions word of mouth is good enough to get more members to the sessions, this is not a sustainable method of getting more members to the sessions. One of the participants explained how

*‘We need to be able to target the people we need...’, ‘we know the lads hostels and where to get them from but with the girls it’s harder’ (Interview 2)*

Evidently, there is more of an issue with gaining more women members but with increased communications with the hostels, this will allow for more members to benefit from these sessions. There are numerous ways in which LHFC can gain more members such as putting flyers up in the hostels, putting sign-up sheets up, going to the hostels and telling individuals

about the sessions and even making the hostel staff aware of what LHFC do so they could get groups of individuals to attend the sessions.

### *Funding*

One of the biggest and most pressing issues that forms barriers to the member's participation is the lack of funding. At present, the tough economic and social climate increases the need for more budgetary support for LHFC. Due to the small nature of the organisation, LHFC are consistently battling with the want/need to put on more sessions but are faced with the issue and constant barrier of a lack of funding. Funding is essential for an organisation such as LHFC to maintain functioning for its service users.

In numerous interviews the respondents used phrases such as:

*'If we had more funding...'* (Interview 1 and 3)

and

*'With more funding...'* (Interview 2)

Recent times have seen some of the women's health and well-being sessions postponed due to lack of funding which has a real impact on the members. These service users need to be have consistent sessions put in place to get their full purpose. As found in the research, these sessions make such a huge difference to an individual's life, not only improving their health and well-being but also giving them opportunities to break down social barriers and make them gain self-worth.

### *Discussion on barriers to participation*

#### *Childcare*

The first theme highlights some of the barriers that the members may be faced with when attempting to participate with the sessions provided by LHFC. One of the barriers was the childcare issues some of the members faced when there was a clash with the school's half term and the health and well-being session. When exploring further research, it was highlighted just how many homeless women have children, whether they have had them taken into care or still have full custody of them.

The impact of having a child taken into care or being separated from a child can be extremely traumatic for any woman but for homeless women this can be increasingly difficult. The St Mungo's *Rebuilding Shattered Lives* report found that over half of their female clients are mothers, and 79% of these women have had their children taken into care (Homeless Link, 2017; 3). When women are given back the responsibility of looking after their child again, being a model parent is a major priority. Particular attention has therefore been focused on the need for services to better cater for women who are mothers.

LHFC have recognised this when half term approached and only 3 of the members turned up because the others had children to look after with them not being in school. This is

something that the organisation has addressed as an issue, one that they need to resolve before the next school holidays. LHFC could potentially arrange childcare at the sessions as this would completely resolve their issue.

### *Travel arrangements*

Under the 'barriers to participation' theme, there was also a sub-category discussing the need for travel to be arranged for the women to get them to and from the sessions. When exploring similar research, it was found that the need for consistency and constant encouragement is something that is very much needed for homeless individuals due to their unstable and chaotic lifestyles. The Women's Rough Sleepers Project explains how it can sometimes be hard for a woman with a chaotic lifestyle to engage with services at times' (Moss and Singh, ND: 226). By LHFC continuing to put on travel arrangements for the sessions, it adds some stability into the women's lives. The members know that they need to be ready for a certain time to be picked up, getting them up and out, and it also means that the women can benefit from the sessions knowing that there are travel arrangements in place so they can attend.

### *Liaising with hostels*

The project found that LHFC need to work alongside the hostels to prevent another barrier to the women's member's participation. Voluntary and community organisations working together on joint projects can make their frontline activities more effective and/or more efficient (Know How, 2016). By improving the effectiveness and efficiency of the sessions, the women members will receive a better service.

### *Funding*

The third sector is one that is heavily dependent on the funding from the state, as well as their own personal sponsors and donations. With the increased cuts to the amount of state funding, LHFC along with other organisations have been affected financially. Research found that the scale, speed and implementation of government cuts is hitting voluntary organisations hard (NVCO, 2018). With LHFC not getting the funding they need, they are not only unable to put the women's health and well-being sessions on, but they also cannot put on other beneficial sessions for their members. The lack of funding raises serious issued to the continued existence for voluntary organisations (Rosenbaun, 1981, 82).



## Theme 2 – Social Isolation/Loneliness

### *How the sessions help break down social barriers*

Suffering from loneliness and being socially excluded could happen to anyone, although some people are significantly more at risk than others, homeless individuals being some of those people.

Through the data, it is clear to see how the sessions have helped break down some of the social barriers that the members have had. Although the members never specifically said ‘it broke down some of the social barriers’, the literature around this subject helped to create a framework to identify when individuals may be experiencing social isolation (Rokach, 2005; 474).

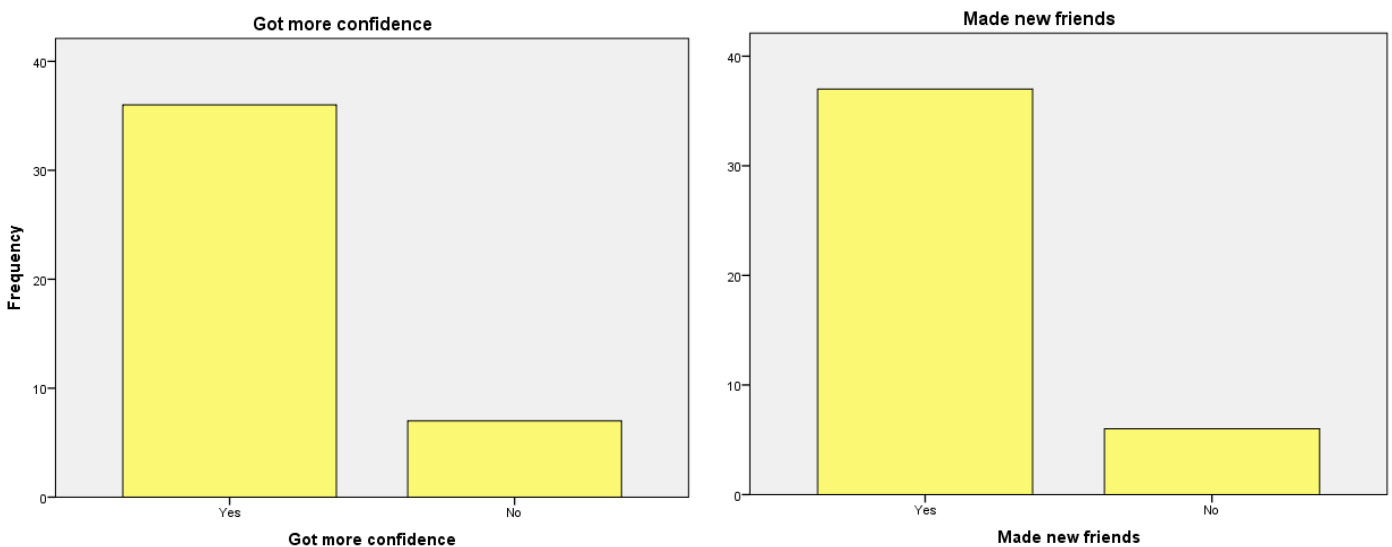
Below are some graphs showing some of the ways the sessions helped break down social barriers.

When exploring the data from the evaluation sheets it was found that:

- ‘84% of members had ‘got more confidence’

And

- 86% of member had ‘made new friends’



The data from the evaluation sheets shows that the majority of member’s felt confident and made new friends, whilst breaking down some of the social barriers that individuals may have and improving the communication skills of the member’s. The qualitative data that was included in the evaluation sheets also suggested that social barriers were broke down. Some of the responses included:

- Meeting new people/ making new friends
- Getting together with everyone / catching up with the girls
- Having a laugh

- Being in a team

When members become more confident, it helps manage fears, tackle life challenges and helps the individuals maintain a positive mental attitude.

A respondent from the semi-structured interviews also highlighted the impact that these sessions can have on breaking down social barriers.

**Interview 1** expressed how when first being a member and starting LHFC's sessions:

*'I was diagnosed with Asperger's, so I struggled with social stuff'*

She explained how:

*'LHFC has helped a lot, it's made me more confident', 'now I'm doing the coaching so I have to speak to everyone', 'everyone makes you feel comfortable'.*

The sessions are a time to focus on the breakdown of the social barriers,

**Interview 4** added to this, explaining how:

*'Sometimes you walk in not knowing anyone; you walk out knowing 6,8,10 other people'*

Adding how:

*'When someone calls your name and speaks to you, that social barrier is broke down even for that small amount of time'*

#### *Discussion on social isolation*

Research has found that people from certain backgrounds and experiences are disproportionately likely to suffer from social exclusion, homeless individuals being some of these people (Social Exclusion Unit, 2001; 10). Social exclusion is a factor in the research that not one participant mentioned they are suffering from although there was mention of multiple subcategories that leads to their own social exclusion, loneliness being one of them.

Loneliness is described by Rokach and Brock as a multidimensional experience that is universal among all humans (Rokach, 2005; 474). It is a painful, unwelcomed experience that has consequences detrimental to one's emotional, physical, and spiritual well-being (Ernst & Cacioppo, 1999; McWhirter, 1990). Loneliness is an issue that a lot of homeless individuals are worried about, with a particular rough sleepers report finding that over 55% were significantly anxious about being lonely (Moss and Singh, ND; 226).

Brock (1996) discusses some of the main causes of loneliness grouping them into five different factors which are: personal inadequacies, developmental deficits, unfulfilling intimate relationships, significant separations and social marginality. These factors include issues such as low self-esteem, growing up in a dysfunctional home with an unhappy atmosphere, acknowledging the impact of disappointment and most importantly the rejection and distancing some of these individuals face in society. These five categories

helped create a framework for the analysis of my data. As stated previously, it is very unlikely that participants will openly say they suffer directly from social isolation/ exclusion although these factors help highlight issues they may be experiencing.

One of the most significant factors that was highlighted by Brock (1996) is the rejection and distancing that homeless individuals face in society. This specific factor can lead directly to social exclusion in turn making it significantly more difficult to break down the social barriers that homeless individuals are presented with. Breaking down social barriers can happen through a range of different initiatives, but one of the simplest yet effective ways of doing this is by engaging in conversation with people, specifically people that have experienced the same or similar issues. The reason why it is easier for homeless individuals to speak to other homeless individuals is due to the fear of being judged (Rokach, 2005; 476). Giving the opportunity for homeless women to be able to communicate in a safe space can lead to the gaining of trust through sharing experiences and the knowledge that others have also suffered in similar ways which is why the sessions are so good and help the members. The need for a safe space when homeless people are communicating with one another can be vital. Phillips argues how there is no real 'safe space' on the streets and explained how socialising and bonding on the streets can lead to drug and alcohol consumption due to the culture of homelessness (Phillips, 2010; 9). This increases the risk of socialising on the streets for homeless women in turn sustaining the social isolation.

It has been found in previous research that the need for women-only spaces is something that has been expressed through surveys from women accessing homeless services (St Mungo's, 2014). Many women that access homelessness services have been victims of sexual and violent abuse by men in the past, often putting the fear of men in these individuals' minds. Having women-only spaces can increase the feelings of safety and security, putting these women at ease. Huey and Berndt (2008) add to this by arguing that the streets are a 'masculinist space' with the majority of the homeless individuals being men. This in turn gives men more power, endangering women as the minority instilling fear in the homeless women even further.

The women only sessions can help the process of successfully breaking down social barriers, providing the homeless women with a space to communicate with others in the same situations in a risk-free space. The space is also free from drug and alcohol misuse which keeps women out of trouble.

### Third Theme – Has the Health and Well-Being improved through these sessions?

#### Members Health and Well-being

Another common theme that was found when analysing the data was the improvement of the member's health and well-being through attending the sessions.

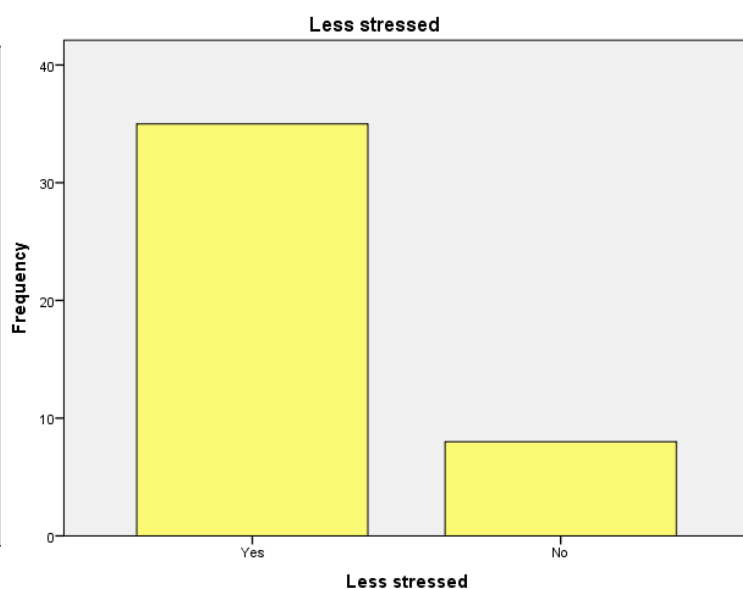
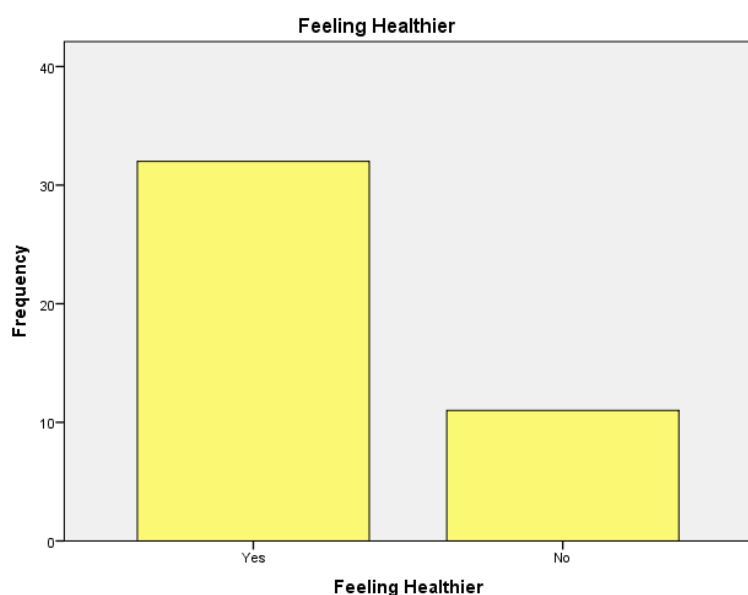
Below are some graphs showing some of the ways the sessions helped improve the health and well-being of the members.

In response to the evaluation sheets:

- '74% feeling healthier'

And

- '81% were less stressed'



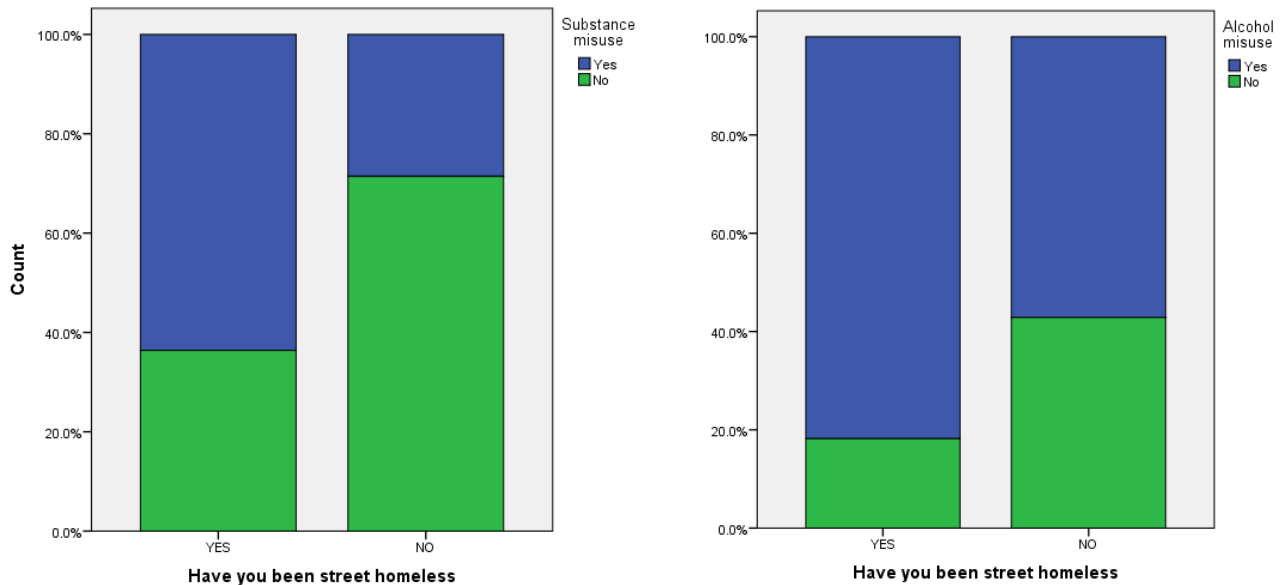
The data from the evaluation sheets show that the majority of the members have seen a positive difference in their health and well-being through the sessions. As mentioned before, the evaluation sheets included qualitative answers. The member's feedback from the sheets suggested that they were experiencing other health and well-being benefits. Some of the responses were:

- Getting fitter
- Getting healthier
- Getting out the hostels
- Feeling better afterwards
- Made me feel better
- Made me forget about my problems

The sessions also focus on other areas of 'health and well-being' helping member's focus on their own particular issues. Interviewee 2 told me how the 'three main issues that the women face are alcohol misuse, drug misuse and smoking'.

Below, the two graphs show the amount of members that are/ have been struggling with both drug and alcohol misuse. These graphs also take into consideration whether the members have been street homeless or not.

Graph



When looking at the graphs it shows how being street homeless can increase the likelihood of misusing either drugs or alcohol. It also shows (with the exception of those who haven't been street homeless and drug misuse) that more often than not, these two issues are something that more than half the women have faced.

Interviewee 1 discussed how the sessions had focused on her excessive smoking. Interview 1 said:

*'The sessions help me quit smoking over the years' 'I was pushed in the right direction to quit and to part it in'*

And how

*'When I quit it motivated others to'*

Another participant talked about the drug misuse explaining how:

*'LHFC gave me guidance and the help I needed to get rid of my cannabis misuse'*

#### Discussion on health and well-being

Fordham and Bennett (2008) highlight an obvious link between homelessness and the misuse of both alcohol and drugs. Drug and alcohol misuse can be both a cause and a consequence of homelessness and often also used as a coping mechanism to deal with experiences of violence, abuse and trauma.

Drug and alcohol abuse is often a cause of homelessness. Addictive disorders that individuals face can lead to disrupt relationships with family and friends and can also cause for people to lose their jobs. Research has found that when exploring the three main causes of homelessness in 25 cities, substance abuse was the single largest cause for single adults (National homeless, 2009; 1). According to Didenko and Pankratz (2007), 'two-thirds of homeless people report that drugs and/or alcohol were a major reason for their becoming homeless' (National homeless, 2009; 1).

When further exploring substance abuse as a cause of homelessness, it is vital so highlight how people suffering from addictions can end up losing their homes. Priorities of those taking drugs of excessive amounts of alcohol may change with the primary focus being to have enough money to fund their addictions. When this happens, financial issue arise but appose to dealing with them the priority remains to obtaining drugs and alcohol rather than paying for mortgages or rent. This can have a detrimental effect for individuals with the risk of being evicted from their property in turn becoming homeless.

In many situations however, substance abuse is a consequence/result of homelessness rather than a cause. It is important to explore some of the clear links which have been established between various life experiences that individuals have gone through. Research has found that very few homeless women 'just got into it' but rather many started using drugs or drinking excessively at a particular point in their lives when the 'anaesthetic these substances provide offered welcome relief from emotional and psychological distress' (Reeve, 2016: 41). Many homeless women are also labelled for having 'gone of the rails' or 'gone wild' because of their drug and alcohol misuse (amongst other things such as antisocial behaviour), when in fact this behaviour has been discovered to be in response to traumatic experiences.

Homelessness also presents an individual with many issues consequently leading to drug and alcohol misuse as a means of coping with the experiences homelessness brings. Research has found that several women have used these substances as a means of coping with the kind of temporary accommodation they have had to live in, sleeping on the streets and with the cold they have faced (Reeve, 2016; 46). It is also common for people on the streets to misuse drugs and alcohol to see themselves as accepted among the homeless community (Didenko and Pankratz, 2007). In reality, substance dependence only worsens individuals problems, decreasing their ability to achieve employment stability and also from getting off the streets.

## **Conclusion**

In conclusion, it can be seen by seen through the report and the research that is presented that the women's health and well-being sessions are vital to LHFC's programme.

The findings section in the report has given information on how the members benefit from the sessions with the majority of members gaining more confidence and making friends which in turn has successfully broke down social barriers. The findings also highlight the impact the sessions have on the member's health and general well-being. The sessions have helped members with addictions, assisting individuals who misuse alcohol and drugs.

The members that attend these sessions find a sense of belonging which has been seen as a key advantage for some of these individuals who outside the sessions lead very complex and chaotic lifestyles. The sessions are a safe space for individuals to meet with a secure and welcoming atmosphere.

Although there are a few improvements that can be made to strengthen the sessions; LHFC provide their members with sessions that are proven to be extremely beneficial. The issues that have been raised have already been recognised by the organisation and suggestions have been made to make sure that these issues don't occur again.

The recommendations that have been made for the organisation were brought to attention over the last 7/8 months highlighting the need for increased communication and also the urgent need for consistent funding. Due to the success of these sessions, the need for funding becomes vital, without the money to put the sessions on, the member' get the support and guidance they very much need.

Overall, the report fully evaluates the health and well-being sessions concluding on the success of the sessions.

## **Recommendations**

The student researcher has provided LHFC with some recommendations from the findings I have discussed throughout the report and also that I have picked up from being in and around the organisation for the last 7/8 months. Although there was no particular 'negatives' from the data that was collected, there is some ways that I think the organisation can improve its services for the users.

- Liaise with the hostels and not rely too much on word of mouth
- Seek more funding opportunities
- Maintain travel arrangements
- Seek to rearrange session round school holidays

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## Committee on Research Ethics

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### PARTICIPANT CONSENT FORM – Volunteer/Employee/Partner Organisation Interview

Title of Research project: The Evaluation of Health and Well-Being Sessions organised by Liverpool Homeless Football Club

Researcher: Emma-Louise Delaney

1. I confirm that I have read and have understood the information sheet dated (insert date) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish up until March 2018.
4. I understand and agree that my participation will be audio recorded (date as appropriate) and I am aware of and consent to your use of these recordings for the research project and evaluation of the Health and Well-Being Sessions.
5. I agree to take part in the above study.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Principal Investigator:** Louise Hardwick  
Work Address: Eleanor Rathbone Building,  
Liverpool L69 7ZA  
Work Telephone: 0151 794 2994  
Email: [Louiseha@liverpool.ac.uk](mailto:Louiseha@liverpool.ac.uk)

**Student Researcher:** Emma-Louise Delaney  
Work Address: Eleanor Rathbone Building,  
Liverpool L69 7ZA  
Work Telephone: 01517942994  
Work Email: [hosedelan@student.liv.ac.uk](mailto:hosedelan@student.liv.ac.uk)

**Participant Information Sheet for Volunteers/Employees/Partner Organisations**

**The Evaluation of Health and Well-Being Session organised by Liverpool Homeless Football Club**

**Version 1: 11/10/17**

**My name is Emma-Louise Delaney; I am a 3<sup>rd</sup> year student at the University of Liverpool.**

**1. Invitation Paragraph**

You are being invited to participate in a research study. Before you agree to participate or not, it is important that you understand why this research is being done and what it will involve. Please take the time needed to read the following information carefully and feel free to ask any questions if you would like more information or if there is anything that you don't understand. Please also feel free to discuss this information with anyone you choose. I would also like to stress that you do not need to accept to take part in this research; you should only agree to take part if you are willing to do so.

Thank you for reading this.

**2. What is the purpose of the study?**

The main aims for this study are to evaluate the new activities within the Health and Well-Being sessions provided by Liverpool Homeless Football Club. We want to find out whether these sessions are working, whether there are areas that need developing and what could be done to improve them.

**3. Why have I been chosen to take part?**

You are being asked whether you would like to participate in this study because you are a volunteer, a worker or part of a partner organisation of Liverpool Homeless Football Club and are familiar with the Health and Well-Being sessions put on by the organisation. There will be 2 or 3 other people taking part, these will also take place in the organisations office but will be at separate times.

**4. Do I have to take part?**

It is up to you whether or not you want to take part. If you decide you want to take part then you will be given this information sheet to keep and asked to name, sign and date a consent form. If at any time you decide you no longer want to take part then you may withdraw at any time and do not need to provide a reason for doing so.

**5. What will happen if I take part?**

During the research study, you will be taking part, in an interview conducted by myself (Emma-Louise Delaney). The interview will take place at the Liverpool Homeless Football Club office on Dale Street and last for approximately 30-45 minutes. You will then be asked a number of questions surrounding Liverpool Homeless Football Club and the Health and Well-being sessions provided for the Women members and asked to answer them as well as you can. At the end of the interview you will also have the opportunity to add any other comments. With your consent, the interview will be recorded and transcribed.

**6. Expenses and / or payments**

There are no expenses or payments for this research.

**7. Are there any risks in taking part?**

There are no foreseen disadvantages or risks for taking part in this research. If at any point you experience any discomfort at any point in the interview then please make it known to the researcher immediately.

**8. Are there any benefits in taking part?**

There is not likely to be any immediate benefits from this research although in the long term this report is aiming to benefit the organisation and the members of the health and well-being sessions.

**9. What if I am unhappy or if there is a problem?**

If you are unhappy with anything throughout the interview then please feel free to let my supervisor know who will try her best to help, you can do this by either going directly to Louise Hardwick or doing so through the staff at LHFC ([louiseha@liverpool.ac.uk](mailto:louiseha@liverpool.ac.uk) or 0151 7330442). If you are still unhappy or have a complaint which you cannot come to Louise with then you should contact the Research Governance Office at 'ethics@liv.ac.uk'. When contacting the Research Governance Officer, please provide details of the name or description of the study, the name of the researcher and also the details of the complaint you wish to make.

**10. Will my participation be kept confidential?**

During the study, all information that is being recorded throughout the interview will be securely stored on the University M: Drive. The information recorded will also be anonymised so there will be no way of identifying who was in the sessions or tracing any information back to any participant. The information on the M: Drive will not be shared with anyone else until it is used in the final report. All names and information in the final report will remain anonymous in order to keep the participants information confidential.

**11. What will happen to the results of the study?**

The results of this interview will be used for a research study that will then be used for a piece of academic assessment at the University of Liverpool. The research study may also be used for further funding opportunities for Liverpool Homeless Football Club. The findings will be available to you through an annual report/newsletter or be requesting so from John Finnigan. Any results that may be taken from this interview will be anonymised in the finding so each individual is non identifiable.

**12. What will happen if I want to stop taking part?**

If at any time during the interview you decide you no longer want to take part then you may withdraw at any time and do not need to provide a reason for doing so. After the interview you can request any information/data about yourself to be destroyed however after March 2018 when it is written up it will not necessarily be possible for specific data to be isolated and destroyed.

**13. Who can I contact if I have further questions?**

If you have any further questions or require more information please contact Louise Hardwick, Department of Sociology, Social Policy and Criminology, Eleanor Rathbone Building, L69 7ZA T: 0151 7942994, E: [louiseh@liverpool.ac.uk](mailto:louiseh@liverpool.ac.uk). You can do this by contacting Louise directly or through John Finnigan.

### **Appendix 3 – Semi-Structured Interview with staff member at LHFC – Questions**

#### **History/background**

- 1) When did the sessions start? How were they started, before or after men's?
- 2) Primary focus/need for the sessions- what is the need for them? (Health and Well-being) – focus on helping the women with what parts of these factors?
- 3) How many women attend the sessions? Could you get more people there? If not why?
- 4) How long have you been involved with LHFC – what role do you play

#### **Improvements**

- 5) Is there anything that LHFC could do with more funding to make the sessions better?
- 6) What other sessions would LHFC like to see the women doing?
- 7) Any barriers that prevent the women from attending the sessions? (Organisation of the sessions? How they let the women know the sessions are on if there is not consistence?)

#### **Evaluation of the sessions**

- 8) What sessions do the women enjoy the most from your point of view? – How do these sessions help the women's health and well-being?
- 9) Give a case of where the sessions have helped individuals?