Women's Healthcare in Homelessness

A Relational Model of Healthcare for Women Experiencing Homelessness in Bournemouth

Context

Women experiencing homelessness face some of the most severe and compounding health inequalities in the UK. The average age of death for women sleeping rough is 43 years old,[6] decades below the national average.[8] Physical health conditions including chronic wounds, leg ulcers, respiratory illness, and diabetes complications often deteriorate rapidly without sustained care.[7] Women also face additional gendered risks including sexual and physical violence, sexually transmitted infections, unmet menstrual and reproductive health needs,[3,5] and harms associated with survival sex work.[4] Many women carry histories of complex trauma, often beginning in childhood, which profoundly shape both their health and their ability to engage with services.[1]

Despite experiencing significant health needs, women experiencing homelessness frequently face barriers to accessing mainstream healthcare. Rigid appointment systems, digital exclusion, inaccessible locations, and punitive responses to missed appointments can make sustained engagement extremely difficult.[2] Fear of judgement, shame, and previous experiences of stigma within healthcare settings also discourage many women from seeking support.[2] For women who have experienced violence and trauma, traditional clinical environments may feel unsafe or re-traumatising.[9]

As a result, healthcare is often deprioritised in the context of immediate survival. Managing safety, securing accommodation, accessing food, and coping with addiction frequently take precedence over attending appointments or engaging with longer-term health interventions.[10] Many women therefore present later, in poorer health, and with increasingly complex needs by the time support is accessed.

HealthBus Trust delivers specialist nurse-led outreach and drop-in healthcare for people experiencing homelessness across Bournemouth, Christchurch, and Poole. Working from a trauma-informed and relational approach, the service brings healthcare directly to women where they are, while also providing a psychologically safe and flexible environment for support. The Care+Her project was developed in response to these inequalities, with the aim of strengthening and evaluating nurse-led, trauma-informed healthcare for women experiencing homelessness and developing a replicable relational model of care that can inform policy and practice nationally.

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About the collaboration

In April 2025, HealthBus Trust and the University of Southampton's Centre for Homelessness Research and Practice (CHRP) secured funding from the Burdett Trust for Nursing for Care+Her – Clinical Action in Research for Equity in Homeless Women's Health. The project was developed as a collaborative research and service development partnership, with specialist input from the Queen's Institute of Nursing.

Care+Her aimed to strengthen and evaluate nurse-led, trauma-informed healthcare for women experiencing homelessness in Bournemouth, Christchurch, and Poole, with a particular focus on sexual and reproductive health, menstrual health, preconception care, and preventative screening. The project focused on women facing severe health inequalities, including those with histories of complex trauma, long-term homelessness, and survival sex work.

Using interviews, case studies, and qualitative research with HealthBus staff and clients, the project explored how relational, trauma-informed approaches shaped women's experiences of healthcare and support. A central output of the project was the development of the HealthBus Relational Model of Care: an evidence-informed framework describing how nurse-led outreach and drop-in healthcare can support women to rebuild trust, engage safely with services, and reconnect with wider systems of support.

About the *project*

Research question

How can nurse-led, trauma-informed healthcare improve health outcomes for homeless and vulnerably housed women, and what constitutes best practice in outreach nursing for this population?

Research aim

To evaluate HealthBus's approach to women's healthcare, amplify the voices of women with lived experience of homelessness, and develop a replicable best-practice model that can inform wider healthcare policy across the UK.

- How effective is HealthBus's nurse-led, trauma-informed approach in improving health outcomes for homeless women?
- What are the specific barriers and facilitators to accessing sexual health, menstrual health, and preconception care services among homeless women?
- How do nurses experience delivering specialist healthcare to homeless women, and what challenges and solutions do they identify?
- What constitutes best practice in outreach nursing for homeless women's health?
- How can trauma-informed training be effectively designed and delivered to healthcare professionals working with homeless populations?

Research methods

The project uses participatory action research with a mixed-methods approach:

- Quantitative data collection – Analysis of patient demographics, health outcomes, referral rates, and healthcare usage patterns from HealthBus records
- Qualitative data collection – In-depth interviews with women accessing HealthBus and the HealthBus nurses and wider workforce.
- Reflexive thematic analysis – Exploration of recurrent themes across staff and client interviews to identify barriers, facilitators, and best practices.

Recruitment reflections

Engaging women experiencing homelessness in research presents distinct challenges that require adaptive, flexible approaches.

- Availability and timing constraints – A key challenge during recruitment was that for women engaged in survival sex, they were often unavailable during daytime hours. This highlighted the importance of flexible, relationship-based engagement approaches.
- Reluctance to engage with mixed-gender services - A significant proportion of women experiencing homelessness avoid mixed-gender services. Women-only spaces are scarce, and many women remain invisible to services designed around male-majority rough sleeping populations. Recruitment through HealthBus's women-specific services and trusted female staff members proved essential.
- Environmental challenges during data collection - Conducting interviews in outreach settings such as hostels, drop-ins, or on the street often meant working in loud or unpredictable environments. Background noise, interruptions, and lack of private space affected audio quality and may have made it difficult for participants to speak freely.
- Building trust with a marginalised population - Women experiencing homelessness have often had negative experiences with healthcare, housing, social services, and research itself. Recruitment relied heavily on existing trusted relationships between HealthBus staff and service users, with researchers introduced gradually and participation framed as genuinely voluntary.

Future research should ensure support is in place for participants, such as a trusted staff member or advocate, and accept that meaningful inclusion requires resources, time, and methodological flexibility.

Research *findings*

Thematic Analysis

1 Individual complexities and systemic barriers to healthcare

"It's not high up on their list of priorities... they are just surviving" (Susanna, Staff).

2 Trust building outreach - taking healthcare to the person

"We will go to them, we deliver care to where the need is" (Taylor, Staff).

3 Staff, structure & partnerships

"Our service has grown and it's grown organically, and it's been because of the voice of people with lived experience. So, the whole service has been designed not by us, not by what we think, but by the by the people that we serve" (Susanna, Staff).

4 Holistic community-based healthcare

"I think they're there for a bit of safety." (Laurel, Staff).

5 Relational approach to healthcare - "at the pace of trust"

"They've got this kind of loving way" (Cameron, Participant)

A Nursing Recipe for Trust Building

"I've known these faces for years, which is one of the reasons why I keep coming back."

Willa, Participant

Dignity in Healthcare

"they treated me like I was like somebody"

Cameron, Participant

Flexibility and "delivering care outside the box"

"Don't push too hard. Listen. Ask them what they want rather than what we want"

Taylor, Stakeholder

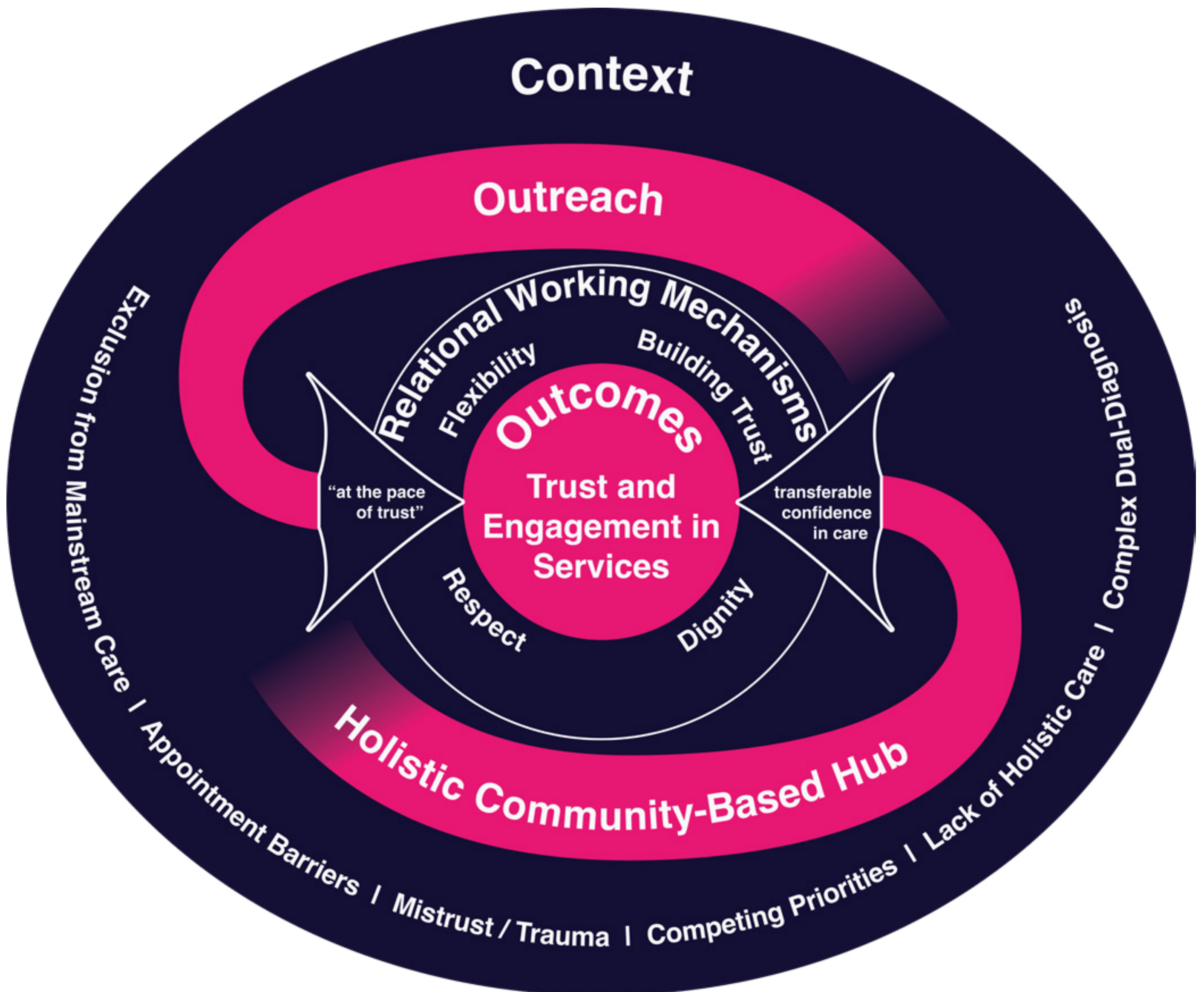
Transference of Trust to Mainstream Healthcare

"I'm housed, I'm medicated, I'm getting treatment. It's all thanks to them and it's all because I trusted them."

Kasey, Client

Introducing the relational model of care

A central output of the Care+Her project was the development of the HealthBus Relational Model of Care: an evidence-informed framework describing how nurse-led outreach and drop-in healthcare can support women experiencing homelessness to engage safely with healthcare services and wider systems of support.



Developed through qualitative research with HealthBus staff and clients, the model describes how relational, trauma-informed care operates in practice. The model is cyclical rather than linear, recognising that trust, engagement, and recovery are rarely straightforward processes for women who have experienced trauma, exclusion, and repeated barriers to care.

The model begins with outreach, taking healthcare directly to women where they are. Through consistent, non-judgemental, and flexible engagement, nurses gradually build trust at the woman's pace. This creates opportunities for holistic healthcare within a psychologically safe drop-in environment, where women can access support without fear of punishment, shame, or rejection. Over time, trust developed within HealthBus can support women to re-engage with mainstream healthcare, housing, mental health, and substance use services. Within the model, relationship functions as the mechanism for engagement, trust as the outcome, and re-integration as the longer-term goal.

While Care+Her was developed in response to the specific health inequalities faced by women experiencing homelessness, the Relational Model of Care has broader relevance. The core principles of outreach, trust-building, holistic care, and gradual re-integration into mainstream services are applicable across genders. The model offers a transferable framework for any nurse-led or outreach-based service working with people experiencing homelessness, regardless of gender.

> "they've got this kind of loving way"

Recommendations

Frontline staff

1. Should prioritise relationship and trust building through being consistent and reliable, honest, and listening non-judgementally. Getting to know people as individuals and treating them with respect, humility and always offering choice establishes dignity in healthcare.
2. Should be trauma-informed - recognising how past experiences of violence, abuse, and institutional harm shape women's engagement with healthcare.
3. Should assess health needs holistically, recognising that housing, substance use, mental health and social wellbeing are interconnected with health needs.

Service managers

1. Should foster psychologically safe service environments to ensure drop-in spaces are designed and maintained as low-barrier environments that avoid shame, exclusion or conditional access.
2. Should protect continuity of relational care within teams and help staff to build protected time for relational work.
3. Should embed trauma-informed supervision and feedback structures for reflective supervision and co-creation to support staff managing complex relational work and ensure alignment with client needs.

Commissioners

1. Should commission flexible, mobile healthcare that meets people where they are - physically and in terms of their readiness to engage.
2. Should recognise that holistic models integrating health and non-health support represent best practice for reaching excluded populations.
3. Should redesign and value performance frameworks to reflect relational outcomes. Moving beyond beyond activity-based metrics and include indicators such as sustained engagement, trust, transition from outreach to mainstream services.

Thank you

We would like to thank the participants and professional stakeholders for generously sharing their experiences and insights, as well as their valuable recommendations for change. We also deeply appreciate the efforts of the HealthBus Team for facilitating this collaboration and providing support to the participants.

Find out more:

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