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Review Article

Barriers and Opportunities in Accessing Social Care for Women Experiencing Homelessness: A Systematic Integrative Review

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Women experiencing homelessness may face heightened vulnerabilities and encounter barriers to accessing social services, which could perpetuate their situation and exacerbate the impact on their physical and mental health. This research aims to identify barriers and opportunities for women experiencing homelessness to access social care services based on a systematic integrative literature review. The inclusion criteria encompassed scientific articles and gray literature, focusing on studies of the access to social care services for women experiencing homelessness. English and Spanish documents from the past 20 years were considered, excluding publications lacking full-text access. The search was conducted until April 30, 2024, across 6 databases including Web of Science, Scopus, PsycINFO, Social Services Abstracts, Sociology, and Cochrane. Article quality was assessed before inclusion to mitigate bias. Data analysis employed a narrative approach using categories and subcategories. Thirty-eight publications were included, consisting of 36 articles and 2 theses. These publications predominantly relied on qualitative methods. Two main areas and eight categories emerged, covering structural, institutional, social, and personal barriers and opportunities, with 36 subcategories identified. Study limitations include a predominance of women in the study sample who had access to social care services, making it hard to include those experiencing hidden homelessness. Nonetheless, the research underscores the significance of gender-specific barriers and opportunities in access to social care. The need for gender-sensitive and intersectional policies is emphasized, as well as professional practices and training, to enhance the well-being of women experiencing homelessness and improve their access to services.

Keywords: barriers; gender; homelessness; opportunities; social care; systematic review; women

1. Introduction

Some estimates have suggested that over 1.6 billion people worldwide are affected by a lack of secure and adequate housing [1, 2]. Given the lack of consensus in defining and categorizing homelessness across countries, precise figures are elusive, underscoring the challenge of capturing the real numbers. To facilitate this task, Feantsa [3] has developed the ETHOS typology, which distinguishes four categories that people experiencing homelessness may encounter: rooflessness, houselessness, living in inadequate housing, and living in insecure housing.

Social care services specifically designed for people experiencing homelessness include a range of options aimed at providing accommodation, food, and emergency support. These include emergency shelters, temporary accommodation, supported transitional housing, and long-term supported housing, usually for periods exceeding 1 year [3]. In addition to these targeted housing services, there are other social care services that, while not exclusively focussed on immediate housing provision, address various social needs of people experiencing homelessness. These services can include needs assessment, developing personalized support plans, employment support programmes, and assisting in

navigating systems to access necessary resources (Brooks and Romeo, 2023).These services aim not only to improve their quality of life but also to facilitate their access to necessary medical care and address their housing needs, resources, and future prospects [5].

The experiences of women experiencing homelessness can differ significantly from those of men in similar circumstances. Traditionally, women experiencing homelessness have been underestimated, as their numbers are often lower in the more visible categories of homelessness. However, women are more likely to be found in less visible categories and tend to face greater vulnerability compared to men experiencing homelessness [6]. Some studies highlight the influence of gender inequalities on risk factors, homelessness trajectories, experiences of victimization, survival strategies, and access to resources. Women may face more severe mental health issues, a higher likelihood of having experienced violence, and significant impacts from motherhood in the case of mothers experiencing homelessness [7–9].

Social care services play a crucial role in providing support and addressing the needs of women experiencing homelessness [5]. However, these resources are not always accessible to women experiencing homelessness, with difficulties being reported [10, 11]. Some studies suggest that women facing homelessness seek help from social networks (family, friends, acquaintances, partners, applications, and social media) as a last resort before turning to social services [6, 12]. In some cases, they may alternate between periods of accessing social services and periods of "hidden homelessness" only relying on these services in emergency situations [12]. This, among other factors, has led to an underestimation of the number of women experiencing homelessness and has made homelessness among women receive less political and research attention [13]. The lack of access to social care services can have severe consequences for the physical and mental health of people experiencing homelessness, and it may also increase the likelihood of their situation persisting over time [14, 15]. The consequences of this long-term or chronic homelessness in women may include increased difficulty in attaining housing stability, poorer health conditions, increased mortality, isolation, and a loss of custody of children [8].

Given the gender differences in homelessness, it is important to examine how women experiencing homelessness access and utilize available resources [16]. Consequently, the research question of this study considers why some women are unable to access or voluntarily reject social care resources for people experiencing homelessness and whether strategies may be adopted to reduce this. A systematic review focusing on the identification of barriers and opportunities to access social care services for women experiencing or at risk of homelessness is crucial, given the research gap existing in this area. While a systematic review is available on barriers and facilitators to healthcare and social care in women veterans experiencing homelessness [17], it exclusively considers a particular subgroup. Some reviews have examined the access to healthcare services by women experiencing homelessness [18, 19]. However, there is an apparent absence of comprehensive and exclusive research on the access of women experiencing homelessness to social care services, considering their diverse characteristics. With this review, we aim to fill this void in the literature, providing essential insights to develop targeted interventions and policies addressing the unique needs and challenges women experiencing homelessness face in access to social care services. Consequently, this research aims to identify barriers and opportunities for women experiencing homelessness to access social care services based on an integrative literature review.

2. Materials and Methods

Systematic reviews rely on rigorous methodology to provide scientific evidence by analyzing other studies [20]. Compared to other types of reviews, such as narrative reviews, systematic reviews offer greater accuracy, transparency, and replicability, resulting in more robust evidence [21]. There are different types of systematic reviews, but a systematic integrative review was conducted for this study. It combines systematic and integrative review methodologies, enabling a comprehensive examination of diverse research findings. Systematic integrative reviews synthesize and analyze findings from studies employing various methodologies, such as quantitative, qualitative, and review approaches, offering a more comprehensive understanding of the subject under study [22, 23]. Systematic integrative reviews can enhance research, professional practice, and informed decision-making by synthesizing knowledge from diverse communities of practice, reducing knowledge fragmentation, identifying gaps, and providing more comprehensive insights into complex issues [22].

The systematic integrative review was conducted following the PRISMA 2020 guidelines [24]. The PRISMA 2020 checklist, which consists of 27 items, improves clarity and accuracy when reporting systematic reviews [25]. The completed checklist is available in the Supporting Information (Supporting 1). The PRISMA 2020 for Abstracts Checklist [24] was considered when drafting the abstract and is available in the supporting information (Supporting 2).

2.1. Search Strategy. First, a mapping review was carried out, as recommended for systematic reviews [23]. This permitted the identification of the most suitable databases based on the study objective and the most relevant search terms.

The search was ultimately conducted in 7 databases: Web of Science (WOS), Scopus, PsycINFO, PubMed, Cochrane, Social Services Abstracts and Sociology Database. The following search terms were entered into all of these databases: ("wom?n" OR "female" OR "gender") AND ("homeless*" OR "houseless*" OR "roofless*" OR "living rough") AND ("social service*" OR "social care" OR "welfare service*" OR "social welfare" OR "public assistance" OR "support service*" OR "social programme*" OR "social work*" OR "case management").

After the database search, additional documents were identified through citation searching, and references in already included studies were reviewed to find additional

relevant documents. These additional documents were then assessed against the inclusion and exclusion criteria and were included in the analysis if they met the selection criteria. This process ensured the comprehensive consideration of relevant literature for the review [26].

2.2. Procedure and Data Analysis. The search was conducted in all databases until the 30th of April 2024. Duplicates were removed after locating the articles in the databases. A preliminary screening of titles and abstracts was carried out based on the defined inclusion and exclusion criteria. The remaining papers were subsequently searched and read in their entirety, and a quality review was performed.

Then, the selected publications were analyzed and synthesized. A narrative review was conducted, in which each study was individually summarized [27]. Next, the study findings were compared and contrasted to identify common themes. Thematic analysis with categories and subcategories was conducted inductively on the accepted studies [28]. Two main thematic areas encompass barriers, which impede access to social care services and opportunities, representing measures that can be implemented or reinforced to improve accessibility.

Parsifal (2021) was used for the study selection process, and MAXQDA Analytics Pro (2020) was employed for thematic analysis. It is considered good practice in systematic reviews to conduct the selection process independently by two reviewers, which ensures an impartial evaluation of studies, objectivity, and minimization of bias [31]. In this study, the authors AGS and MB independently conducted the search and thematic analysis. Disagreements were resolved through consensus and, when necessary, by consulting an expert in systematic reviews.

2.3. Inclusion and Exclusion Criteria. Both scientific articles and gray literature were included, given the wealth of information that the latter could potentially provide on the study topic, including practical insights [32].

Given the scarcity of publications that exclusively analyzed access to social care services for women experiencing homelessness, we included publications referring to access by both men and women experiencing homelessness, provided that they were disaggregated by gender or explicitly addressed the specific barriers and opportunities faced by women experiencing homelessness. Similarly, documents analyzing access to both social and health services were accepted, always differentiating access to each service.

Documents published in English and Spanish over the past 20 years were searched. Publications without access to the full text were excluded.

2.4. Quality Assessment. To ensure the quality of the review and mitigate the risk of bias, quality checklists were applied to the publications before selection. Since this is an integrative review with various study designs, different assessment tools were used to evaluate each article based on the specific study characteristics.

For papers using qualitative methodology, the Critical Appraisal Skills Programme (CASP) for Qualitative Research [33] was utilized. For articles using reviews, the CASP for Systematic Reviews [34] was used. These tools consist of 10 items each, with responses of "Yes," "Cannot tell," or "No."

Mixed methods articles were assessed using the Mixed Methods Appraisal Tool (MMAT) Version 2018 [35]. This tool allows for the evaluation of studies using qualitative methods as well as various quantitative approaches, including randomized controlled trials, nonrandomized, descriptive, and mixed methods. Each approach is assessed through specific evaluation items. Responses are provided as "Yes," "Cannot tell," or "No." For quantitative articles, the MMAT Version 2018 [35] was also used, since it enables the evaluation of various types of quantitative articles. The corresponding part of the checklist was used based on the methodological design of each quantitative article.

Quality level was determined by dividing the total number of affirmative responses by the total number of questions in each tool. An article was deemed to have low quality if its score ranged from 0 to 3, moderate quality from 4 to 7, and high quality from 8 to 10. The quality assessment was conducted separately by each of the authors. Disagreements were resolved through consensus and, when necessary, by consulting an expert in systematic reviews.

The quality assessments for each article are available in the Supporting Information (Supporting 3 for qualitative and review articles and Supporting 4 for quantitative and mixed methods articles).

3. Results

3.1. Description of the Included Studies. Initially, 1459 registers were retrieved from the databases. Following the elimination of duplicates ($n = 737$), 722 documents underwent screening based on their titles and abstracts, considering the inclusion and exclusion criteria. The full texts of the remaining documents were thoroughly examined ($n = 79$). Two additional documents were identified through citation searches. Ultimately, 38 documents, consisting of 36 articles and 2 theses, were deemed suitable for inclusion in the review. The excluded documents were discarded for not meeting the inclusion criteria. This process is presented in Figure 1.

The documents included in the review, along with their study design, sample, and respective quality scores, are presented in Table 1.

In terms of study design, 29 studies used a qualitative approach (76.3%), with the majority of these ($n = 20$) relying on interviews. In addition, 4 studies were reviews (10.5%), 2 used quantitative methods (5.3%), and 3 utilized mixed methods (7.9%).

Thirty-five studies (92.1%) exclusively included women in their sample, while the remaining 3 (7.9%) also included men, specifying significant gender differences among their participants.

Of the included studies, 22 (57.9%) examined the sample's access to resources exclusively from social care, while 16 (42.1%) included access to medical care resources.

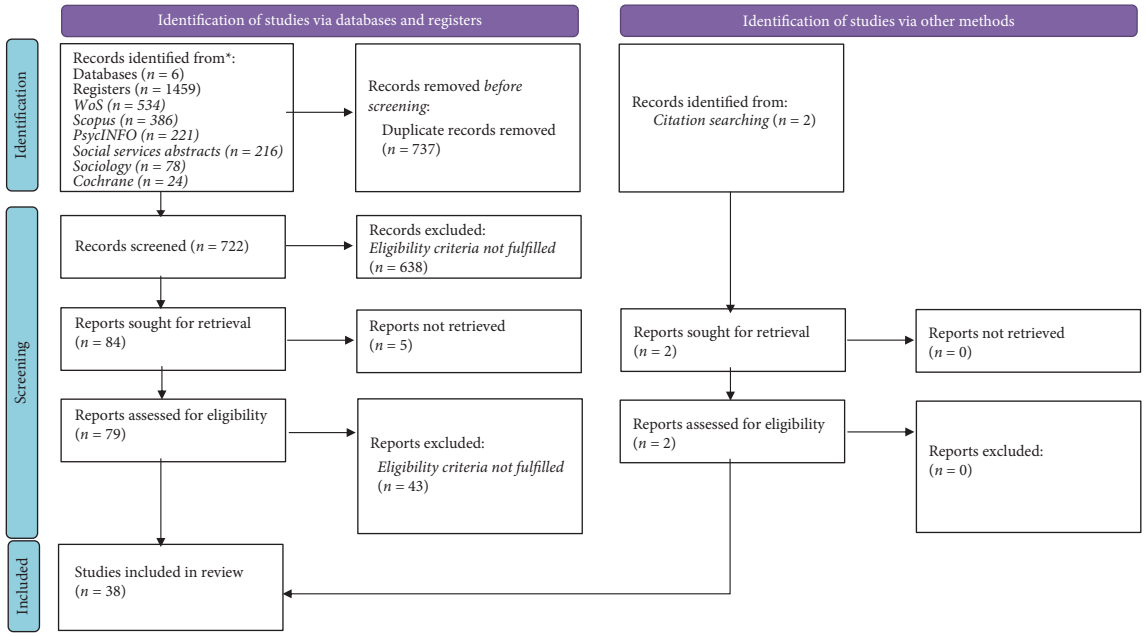

Figure 1: PRISMA 2020 flow diagram.

All of the studies passed the checklists with high or moderate quality.

The studies originated from various countries, with the highest percentage coming from the United States (34.2%), followed by Canada (23.7%), the United Kingdom (13.2%), Australia (10.5%), Finland (7.9%), and Ireland, New Zealand, Sweden, and Spain each contributing 2.6%. All of the included articles were written in English, except for one which was in Spanish.

The distribution by years reveals a growing trend in publications on the topic with fluctuations over time. Overall, a notable increase is evident over the recent years, especially from 2013 onwards.

3.2. Barriers and Opportunities in Access to Social Care by Women Experiencing Homelessness. The analysis identified two main areas: barriers and opportunities in access to social care. Eight categories were identified, including structural, social, institutional, and personal barriers and opportunities. These subcategories were divided into 36 subthemes, as shown in Table 2.

3.2.1. Barriers in Access to Social Care by Women Experiencing Homelessness

3.2.1.1. Structural Barriers. The structural barriers encompass societal and systemic issues that impact women experiencing homelessness.

The study by Cameron et al. [36] suggests that the lack of funding and staff of social services make it difficult to provide tailored support, especially for women experiencing homelessness. Social care services face budget cuts during economic crises, resulting in more limited resources [39].

The lack of resources creates an imbalance between demand and available social services for women experiencing homelessness, leading to residential facilities often operating at total capacity [37, 38], which results in long waiting lists for admission [39–41].

The absence of a gender perspective in homelessness care policies [42] can lead to fewer services and more limited spaces for women [40, 43, 44]. This may fail women experiencing homelessness to find services or resources that meet their needs [45–47]. Other studies have highlighted the lack of housing initiatives and homelessness prevention programs tailored to women in countries such as the United States, United Kingdom, and Canada [6, 43, 45].

3.2.1.2. Social Barriers. The social barriers refer to how social interactions and cultural contexts can hinder the experiences of women experiencing homelessness when accessing social care.

The social stigma surrounding homelessness and poverty may be more pronounced for women than for men, often deterring them from seeking assistance from social services due to feelings of shame or guilt, in some cases feeling undeserving of help [42, 48–53]. A study by Mcnaughton and Sanders [54] concluded that this effect is especially evident when addiction issues are present. Studies have suggested that the barrier of stigma may also be heightened for mothers experiencing homelessness since they fear being judged as mothers or being deemed inadequate caregivers [12, 42].

Other studies have suggested that many women face rejection or fear of being judged or stigmatized when accessing social care services, leading them to prefer remaining invisible [42, 53]. The research by Shier et al. [43] found that they also fear discrimination in the workplace due to their stay in shelters or social service programs. Some

Table 1: Overview of methodological and quality attributes in the included studies.

Author and year	Journal	Indexation	Study design	Sample	Country	Quality	Document type
Andermann et al. 2021	Health Promotion and Chronic Disease Prevention in Canada	SJR	Systematic review	—	Canada	High	Article
Beaugard et al. 2024	Harm Reduction Journal	JCR	Qualitative (interviews)	16 women experiencing homelessness with substance abuse issues and 12 staff members	United States	High	Article
Bretherton 2020	Social Policy and Society	JCR	Qualitative (interviews)	47 women experiencing homelessness	United Kingdom	High	Article
Cameron et al. 2015	Health and Social Care in the Community	JCR	Qualitative (interviews)	38 women experiencing homelessness	United Kingdom	High	Article
Cooper 2014	Culture Medicine and Psychiatry	JCR	Qualitative (participant observation and interviews)	61 women experiencing homelessness	United States	High	Article
Fang et al. 2023	BMC Public Health	JCR	Qualitative (mapping workshops)	52 local service providers and stakeholders	Canada	High	Article
Finfgeld-Connett 2010	Issues in Mental Health Nursing	JCR	Systematic review	—	United States	High	Article
Flike and Byrne 2023	Women's Health	JCR	Systematic review	—	United States	High	Article
Granfelt and Turunen 2021	Social Inclusion	JCR	Qualitative (interviews)	3 housing unit 's center workers and 9 women experiencing homelessness	Finland	High	Article
Haahtela 2013	Nordic Social Work Research	SJR	Qualitative (interviews)	17 women experiencing homelessness	Finland	High	Article
Hamilton et al. 2012	Journal of Social Work Practice in the Addictions	JCR	Qualitative (focus groups)	29 veteran women experiencing homelessness	United States	Moderate	Article
Heslin et al. 2003a	Journal of Healthcare for the Poor and Underserved	JCR	Quantitative descriptive	974 women experiencing homelessness	United States	High	Article
Heslin et al. 2003b	Journal of Urban Health	JCR	Quantitative descriptive	974 women experiencing homelessness	United States	High	Article
Hess 2023	Housing, Care and Support	JCR	Mixed methods	11 service providers Secondary analysis of data from a support service (199 women) 24 staff members	United Kingdom	Moderate	Article
Juhila 2008	European Journal of Social Work	JCR	Qualitative (ethnographic diary)	359 diary entries	Finland	High	Article
Kahan et al. 2020	Health and Social Care in the Community	JCR	Qualitative (interviews)	12 service users and 7 stakeholders	Canada	High	Article
Laing 2020	International Journal of Sociology and Social Policy	JCR	Qualitative (interviews)	17 social workers	Australia	High	Article
Magwood et al. 2019	Plos One	JCR	Systematic review	—	Canada	High	Article
Matulic et al. 2024	Prisma Social	SJR	Mixed methods (survey and interviews)	20 women experiencing homelessness and 137 professionals	Spain	High	Article
Mayock and Sheridan 2020	European Journal of Homelessness	—	Qualitative (ethnographic observation and interviews)	60 women experiencing homelessness	Ireland	High	Article
Mcnaughton and Sanders 2007	Housing Studies	JCR	Qualitative (interviews)	15 women experiencing homelessness; 30 sex workers	United Kingdom	High	Article
Mills 2013	—	—	Qualitative (interviews)	64 service providers	United States	—	Thesis

Table 1: Continued.

Author and year	Journal	Indexation	Study design	Sample	Country	Quality	Document type
Oliver and Cheff 2012	Youth and Society	JCR	Qualitative (life histories)	8 youth women experiencing homelessness	Canada	High	Article
Perez 2014	Journal of Poverty	JCR	Qualitative (interviews)	39 (15 sheltered) and 24 unsheltered women experiencing homelessness	United States	High	Article
Pérez et al. 2021	Ehquidad International Welfare Policies and Social Work Journal	—	Mixed methods	15 Hispanic and 15 non-Hispanic women who were experiencing homelessness	United States	High	Article
Phipps et al. 2021	Journal of Community Psychology	JCR	Qualitative (photo-elicitation)	11 Australian women experiencing homelessness	Australia	High	Article
Ponce et al. 2014	Community Mental Health	JCR	Qualitative (ethnographic observation)	343 women experiencing homelessness who attended the CLR programme	United States	Moderate	Article
Rakus and Singleton-Jackson 2024	Affilia: Journal of Women and Social Work	JCR	Qualitative (interviews)	10 women experiencing homelessness	Canada	High	Article
Salem et al. 2017	Western Journal of Nursing Research	JCR	Qualitative (group discussions)	19 providers working with women experiencing homelessness	United States	High	Article
Samzelius 2023	Nordic Welfare Research	SJR	Qualitative (interviews)	17 mothers with children experiencing homelessness	Sweden	High	Article
Shier et al. 2011	Affilia: Journal of Women and Social Work	JCR	Qualitative (interviews)	25 employed women experiencing homelessness	Canada	High	Article
Singer 2004	—	—	Qualitative (interviews)	25 women experiencing homelessness	Canada	—	Thesis
Sowell et al. 2004	Lippincott's Case Management	—	Qualitative (focus groups)	28 people experiencing homelessness (74%) were male and 10 (26%) were female	United States	High	Article
Tischler et al. 2007	Health and Social Care in the Community	JCR	Qualitative (interviews)	28 women experiencing homelessness with children	United Kingdom	High	Article
Van Berkum and Oudshoorn 2019	Journal of Social Inclusion	SJR	Qualitative (interviews and photo voice)	6 women with lived experience of homelessness	Canada	High	Article
Weatherall and Tennent 2020	Feminism and Psychology	JCR	Qualitative (analysis of calls)	396 calls of women with housing instability and domestic violence	New Zealand	High	Article
Wendt and Baker 2013	Australian Social Work	JCR	Qualitative (interviews)	13 aboriginal women who had experienced homelessness	Australia	High	Article
Zufferey 2009	Affilia: Journal of Women and Social Work	JCR	Qualitative (interviews)	39 social workers	Australia	High	Article

Abbreviations: JCR, journal citation reports; SJR, SCImago journal and country rank.

Table 2: Thematic analysis results organized by main areas, categories, and subcategories.

Main areas	Categories	Subcategories
Barriers	Structural barriers	Systemic underfunding of social services; the overload of the social care system; lack of gender perspective in the development of homeless policies
	Social barriers	Social stigma; discrimination; cultural and linguistic barriers; lack of social support; abusive relationships
	Institutional barriers	Eligibility criteria; geographical accessibility; fragmentation of services; lack of information; lack of privacy and security; rules and timetables; inadequate treatment
	Personal barriers	Mental health problems; substance abuse; demotivation; fear and mistrust
Opportunities	Structural opportunities	Basic needs coverage; development of gender-responsive policies; creating safe spaces for women experiencing homelessness
	Social opportunities	Reducing social stigma; strengthening social networks; peer support
	Institutional opportunities	Improving communication; coordination among services; improving physical accessibility; training for professionals; gender-sensitive interventions; flexible interventions.
	Personal opportunities	Strengthening women's potential; enhancing motivation; empowering and supporting; improving skills and education.

women feel that their needs are not adequately addressed due to their race [17] or because they are part of the LGBT community. Studies by Matulic et al. [55] and Rakus and Jill Singleton-Jackson [38] note that some women reported discriminatory treatment from social care service professionals due to language barriers and ethnic background, as compared to other service users.

Women may avoid accessing certain services due to cultural [50], linguistic [39], or religious barriers, particularly those associated with social care services offered by religious institutions [56].

The lack of social support among women experiencing homelessness can serve as a barrier, exacerbating feelings of isolation and discouraging them from seeking help [45]. Many of these mothers also face challenges in balancing their responsibilities, since they lack social support and access to childcare facilities, making it difficult for them to attend appointments with social or employment services [11, 47, 57].

Hess [42] indicates that, at times, remaining in abusive relationships can prevent women from seeking social care services. In addition, many women experiencing homelessness have recently escaped from highly controlling situations, either within abusive families or relationships. They can fear returning to dependence on social services and losing their newfound independence [53].

3.2.1.3. Institutional Barriers. Institutional barriers derive from the practices and policies inherent in the established systems or institutions responsible for delivering social care and support.

Sometimes, eligibility criteria for specific programs or residential services may exclude women experiencing homelessness who fail to meet these conditions [56]. For instance, these women may be excluded from programs tailored for men [43, 58], specific programs for mothers with children, or victims of violence. They may face rejection due to mental health issues [53, 54] or substance abuse [53, 59]. Conversely, the study by Hess [42] states that women may be turned away because they do not have substance abuse issues or because their problems are considered insufficient. Other studies suggest that transgender women may also experience barriers to accessing residential resources since frequently they are not admitted or do not feel safe in facilities designed for either men or women [46, 53]. Sometimes, access requirements force women to give up their pets [38, 60] or to separate from their family members, friends, or partners who may also be experiencing homelessness [37, 44, 53].

The services they are referred to may be far from their place of origin, posing transportation barriers that they cannot afford [12, 38, 39, 44], or requiring them to live far from their social support network [42, 61].

In many studies, fragmentation and a lack of coordination of the distinct social care services for women have also been identified, generating confusion about programs. Sometimes, women do not know where to turn, leading to many displacements, missed appointments, confusion about rules, duplication of care, or insufficient attention [36, 41, 42, 52, 53, 61].

In the included studies, one of the most commonly identified barriers for women experiencing homelessness when accessing social care services is the lack of information about them. This includes being unaware of the services available to women, where they are located, how they operate, and their entry requirements and rules [11, 40, 52, 59]. Perez [44] points out that, in some cases, misinformation exists. A study by Samzelius [12] adds that these women may receive contradictory information and advice, and at other times, this information is not provided, even when requested [41]. Hess [42] suggests that women experiencing homelessness may sometimes feel uninformed about their own intervention process with social care services.

In housing resources, sometimes the women are insecure about sharing spaces with others, especially with men [62] or other women who have mental health issues [53]. Depending on how these spaces are designed, women may experience a significant lack of privacy [11, 51, 53]. Some studies have concluded that women perceive these spaces as stressful [6, 50].

Other notable barriers identified by women experiencing homelessness include strict rules and schedules, which they

sometimes feel unable to comply with [44, 54]. Breaking these rules may result in expulsion from the service [12, 41]. Some studies suggest this may occur even when women do not fully understand the rules [12, 53]. These rules and schedules can contribute to a sense of institutional control, lack of autonomy, and limitations on personal freedom, particularly affecting women's experiences [11, 49, 50, 59], sometimes leading them to prefer street life [53].

Inappropriate treatment by social care professionals has also been highlighted as one of the main barriers in most of the included studies. Gender dynamics influence the relationships between professionals and users, sometimes perpetuating stereotypes and inequalities [63]. This could consist of a lack of sensitivity towards women experiencing homelessness, a lack of gender and intersectional perspective [45–47], and paternalism, which disproportionately affects women [63]. Some studies have concluded that women often feel judged, unheard, or disregarded, and possible gender-based violence experiences may be overlooked [64, 65]. Skepticism also exists about the veracity of their testimonies [41, 50] to the extent to which they may not be attended to [12, 42]. Some studies indicate that women experiencing homelessness report instances of institutional violence, receiving dehumanizing and infantilizing treatment, and occasionally feeling as if they are in prison [12, 50, 55, 66]. Cooper [41] states that this contributes to a loss of dignity and disempowerment. Most studies suggest that negative experiences with social care professionals or services may lead these women to avoid seeking help again, even after only a single negative experience [36, 41, 42, 44, 51, 53, 64].

3.2.1.4. Personal Barriers. Personal barriers encompass the sociodemographic characteristics and the physical and psychological health of women experiencing homelessness.

The literature suggests that women experiencing homelessness may experience more mental health issues than men [42, 67], which may affect their access to social services. Women with mental health issues may feel that they do not receive the personalized attention that they need [53, 54]. Often, women experiencing homelessness face traumatic experiences such as family violence, intimate partner violence, sexual violence, child removal, eviction, or rough sleeping, which have been identified as significant barriers to accessing social care services [50]. Some studies suggest that people do not always receive the care and understanding they need when dealing with these traumatic experiences [42, 45]. Furthermore, some women seek to avoid revictimisation when interacting with social care services [65, 68]. In the study by Rakus and Singleton-Jackson [38], some women did not feel psychologically prepared to receive assistance.

Some studies add that addictions can pose a barrier as many women may not feel capable or willing to stop their addictive behaviors [36, 54]. Conversely, former addicts may not want to be in contact with other users having addiction problems for fear of relapse [54].

The study by Phipps et al. [52] points out that some women experiencing homelessness may perceive social care services as lacking utility since they may be referred from one service to another without improving their situation. Some women also believe the staff may be underqualified to address their needs. Other studies indicate that the women feel these services do not adequately address their most urgent needs, leaving them to participate in less practical activities [36, 62]. This perception of utility may lead women to believe that accessing social care services is useless in terms of the cost–benefit relationship [59]. Furthermore, the chronic nature of homelessness may further discourage women experiencing homelessness from seeking support from social care services [51].

The fear of accessing social care services, mainly residential resources, has been prominently highlighted in the included studies [17, 43, 52]. This fear may stem from concerns over theft, sexual violence, or encountering a former violent partner [42]; fear of having their children removed from their care [12, 36, 46]; or uncertainty about the safety of their children [46, 59]. There is also apprehension about being involuntarily confined in mental health facilities [59]. In addition to fear, studies find difficulties in trusting professionals in the services [42, 52].

3.2.2. Opportunities Enhancing Access to Social Care for Women Experiencing Homelessness

3.2.2.1. Structural Opportunities. The structural opportunities focus on creating and reforming large-scale policies influencing the access to social care services by women experiencing homelessness.

Different studies indicate that the coverage of basic needs derived from structural problems such as economic support, a roof over one's head, or food often serves as a gateway for women to access social care services [37, 45, 50, 68].

On the other hand, it is essential to implement not only individual-level interventions but also to develop structural policies with a gender perspective that enhance access to financial assistance, affordable housing, and more resources specifically designed for women experiencing homelessness [6, 58].

Some studies suggest that the accessibility of social care services could be significantly improved by addressing the lack of safe spaces for women experiencing homelessness and their children. These would involve creating environments free from violence and fear [57, 58]. A crucial aspect of this approach is the development of more women-only services and spaces, which are essential for meeting the unique needs of women experiencing homelessness and ensuring their safety and security [36, 58].

3.2.2.2. Social Opportunities. Social opportunities refer to efforts aimed at enhancing social support for women experiencing homelessness.

Different studies have noted that both individual and group-based programmes and interventions, carried out through social care services and resources, should aim to reduce the stigma that many women have about their homelessness situation [43]. In addition, implementing programmes that raise community awareness about the

realities faced by women experiencing homelessness can help reduce stigma and foster a more welcoming and understanding environment [66].

Enhancing the potential healthy relational bonds that women may have outside of residential social care services and resources is also essential since family members and friends can encourage women to interact more with these services [11, 58].

Studies by Perez [44] and Oliver and Cheff [64] suggest that social care services should focus on promoting support between staff and service users and among the women themselves. Establishing small support groups where experiences can be shared and women feel understood is emphasized [11, 51, 68]. Distinct studies have concluded that therapeutic groups, artistic activities, cognitive activities, or yoga may be beneficial [37, 57]. Thus, activities designed exclusively for women may foster greater trust and unity among them [62]. Peer support, especially, can be beneficial in engaging women to participate in programmes and services [12, 61, 67, 71]. Singer [53] points out that some women want to help others in similar situations. However, the study by Kahan et al. [68] highlights that group intervention may not always be suitable for all women, so individual and group care should be provided.

3.2.2.3. Institutional Opportunities. Institutional opportunities refer to initiatives to enhance social care services' structural and operational aspects.

Among the proposals to enhance access to social care services in the included studies, one key recommendation is to improve communication channels and provide adequate information on available resources for women, including access, regulations, and potential benefits [55]. It has also been suggested that time be allocated to address individual doubts and concerns before accessing these resources [11, 44, 57]. Hamilton et al. [61] highlight that some women experiencing homelessness value receiving this information from peers, namely, from women who have previously experienced homelessness and to whom they can relate. Online information on resources for women experiencing homelessness should be enhanced [45, 64]. Moreover, Kahan et al. [68] recommend establishing virtual communities for information dissemination.

The studies highlight the need for improving service coordination for women experiencing homelessness. By strengthening networking and information sharing, tailored interventions can be provided, making it easier for women to access necessary resources [44, 48, 52, 66]. This is particularly important for bridging gaps in fragmented services that address gender-based violence and homelessness [6]. In addition, Perez [44] suggests that women should be able to choose the resource that best fits their needs without having to navigate through resources they do not want. Kahan et al. [68] suggested that coordinating resources should foster interdisciplinary collaboration to ensure that women receive the required professional support or services. Studies by Salem et al. [5], Perez et al. [45], and Fang et al. [46] indicate a need for collaboration between social care professionals and policymakers to tailor resources to women's specific needs and increase resources that are exclusively for women.

Some studies suggest that improving the physical space through the use of locks or alarm systems could increase women's access by making them feel secure [17, 37, 59]. Furthermore, Cameron et al. [36] suggested that gender-segregated resources for women should always be available, alongside residential resources for their children, families, or partners. This dual approach is recommended to prevent women from forgoing access due to concerns about separation, as indicated by Perez [44]. Fang et al. [46] recommend being mindful of the location of resources to which women are referred, ensuring that they are not close to areas of substance use or other unsafe environments.

According to Kahan et al. [68], accessible locations with public transportation options are crucial for enhancing access. Furthermore, Fang et al. [46] propose assistance with public transportation, such as free passes, to further improve accessibility.

Research by Granfelt and Turunen [51] suggests that institutions should be responsible for training professionals to provide appropriate care for women experiencing homelessness, including viewing homelessness through a gender and feminist lens. Other studies have suggested that this training should incorporate culturally competent elements, considering intersectionality [45], with a focus on person-centered care [52], and providing trauma-informed care [40, 45, 57, 68]. This entails understanding and acknowledging the traumatic experiences faced by women experiencing homelessness from their initial contact and in the design of social care service interventions, providing support and avoiding retraumatisation [42, 48, 52, 68]. The study by Andermann et al. [57] highlights that professionals should be trained to handle crises and provide appropriate responses. In addition, the importance of case management is highlighted as a means to overcome barriers that women may encounter when accessing services and to improve their access, providing them with a greater sense of support [56, 57], as well as postshelter advocacy to prevent them from disengaging from social care services as needed [57].

Some studies recommended adopting a close, empathetic and trustworthy attitude [5, 51, 55, 58]. McNaughton and Sanders [54] and Oliver and Cheff [64] highlighted the need for supportive behavior, while Finfgeld-Connett [59] stressed the importance of avoiding stigmatization. Studies emphasize the importance of addressing diverse issues such as sociocultural factors, health problems, and gender identity, as well as understanding the challenges women face in accessing resources [44, 45, 51, 55, 59, 62]. Regardless of the women's situation, it is suggested that professionals should avoid judgments and show compassion [36, 37, 69]. In addition, fostering an encouraging attitude and practising active listening are recommended, according to Kahan et al. [68] and Phipps et al. [52]. In some services, the presence of a female-only staff is recommended, especially for women who have experienced gender-based violence, as proposed by Van Berkum and Oudshoorn [40] and Perez [44].

While Singer [53] states that rules are necessary to ensure coexistence and accountability, distinct studies on women

experiencing homelessness have suggested that it is required to be flexible depending on the situation and understanding the rationale behind these rules [37, 40, 53, 66]. In a study by Beaugard et al. [69], women in a low-threshold model positively appreciated fewer restrictions than in conventional shelters, granting them more freedom with their time. However, some women acknowledged the need for rules to prepare them for future responsibilities when leaving the shelter and to prevent conflicts with other users. The same study concluded that although the low-threshold model did not impose restrictions on substance use, women naturally reduced their consumption during their stay [69].

3.2.2.4. Personal Opportunities. The identified personal opportunities are aimed at enhancing the capabilities of women.

Within this framework, it is essential to recognize the potential of each woman and tailor interventions to their individual needs, avoiding predetermined profiles and enhancing their strengths and potential [36].

Salem et al. [6] suggest that many women experiencing homelessness are internally motivated to change their situation, which can be harnessed to strengthen their resolve to accept social support.

Given that many women experiencing homelessness face emotional challenges, it is essential to offer emotional support [66], improve their self-esteem [5], respect their autonomy, and promote self-empowerment, allowing them to make their own decisions in professional processes and interventions [46, 52, 57, 59, 66, 68].

In addition, improving education and developing social and work skills contribute to greater access to social services and also help to improve their housing situation [6].

4. Discussion

This study aimed to identify barriers and opportunities regarding the accessibility of social care services for women experiencing homelessness through an extensive literature review. The findings reveal several barriers that hinder women experiencing homelessness from accessing social care services. However, different opportunities to improve access have also been identified.

4.1. Tackling Barriers and Harnessing Opportunities: Improving Access to Social Care for Women Experiencing Homelessness. Although the results have categorized barriers into four distinct dimensions, it is essential to note that they are all interconnected. According to Bullock [70], the phenomenon of homelessness among women is influenced by a series of complex factors, including both structural inequalities in society and interpersonal factors, including gender. While men experiencing homelessness may share some identified barriers, the review results indicate that gender may exacerbate these barriers, with additional challenges being faced by women. Certain studies have suggested that women, especially those with children, use social care services more than men experiencing homelessness [71–73]. Tam et al. [74] argued that women experiencing mental health problems tend to use these services more frequently. However, some studies suggest that these services are not always tailored to their needs and may not consistently lead to improvements in their social well-being [36, 73].

The distinct barriers to accessing social care services by women experiencing homelessness, identified in this review, align with findings from other studies that examined the obstacles faced by these women in healthcare. In a systematic review by McGeough et al. [19], the fragmentation of services is also highlighted as a critical barrier to accessing healthcare. However, the results of our review specifically emphasize the fragmentation between resources allocated to gender-based violence and those aimed at women experiencing homelessness as a specific issue within social care services. Issues such as waiting lists and access requirements, as well as transportation difficulties to services, are also identified, as observed in studies by Upshur et al. [75] and Ensign et al. [76] in the healthcare field. The stigma associated with social care services has also been observed about healthcare and substance abuse, as indicated by Schmidt et al. [77]. In addition, Gelberg et al. [78] mentioned that women experiencing homelessness fear being stigmatized by healthcare professionals. The studies by Ugarriza et al. [79] and McGeough et al. [19] indicate that inadequate treatment by healthcare professionals may be a significant barrier to continued access to healthcare services. Our findings indicate that how social care service providers treat women experiencing homelessness can be a significant obstacle when the treatment is insufficient, discriminatory, or stigmatizing. On the other hand, respectful, supportive, and attentive care from professionals is crucial in enabling access to services.

Biederman et al. [80] argued that support from social care professionals may be vital since it constitutes one of the primary sources of social support for many women experiencing homelessness. However, the study by Lenzi et al. [81], which analyses emotional burnout in professionals working with people experiencing homelessness, highlights the emotional burden often experienced by social care service providers when dealing with complex issues such as those faced by women experiencing homelessness and the workload. This study concludes that high emotional burnout levels may negatively impact the quality of care and treatment towards these individuals, reducing their motivation and empathy.

The results also highlight the lack of adequate information on resources for women. The study by Lewis et al. [82] suggests that the lack of knowledge regarding where to turn also serves as a barrier to accessing healthcare services.

While these barriers may coincide regarding access to health and social care services, the results also identify specific social care barriers. These include a lack of exclusive resources for women, access rules, separation from family members or pets, fear of losing custody of children or dependence on social services, and a sense of their ineffectiveness. Regarding the fear of relying on social services, a study by Opriş [83] concluded that women were more reliant on social services than men.

Regarding opportunities, having a solid social network has been found to assist women experiencing homelessness in accessing social care services. In this regard, Zare's study [84] indicated that women tend to receive more social support than men experiencing homelessness and maintain more contact with their families, and this should be enhanced through services.

In addition, Hatton's study [85] noted that women experiencing homelessness needed to overcome initial barriers to social care before they could access healthcare services. Huey et al. [86] and Schanzer et al. [87] emphasized that being in shelters or residential facilities may facilitate access to healthcare and employment services. Sutherland et al. [88] highlight that meeting basic housing needs is crucial to improving health. However, the restrictive schedules of some residential resources may make it difficult for women to make their appointments, potentially posing obstacles to accessing both medical and social care [86]. Therefore, the effective integration of services such as social and healthcare and employment and housing is fundamental to preventing relapse into homelessness. It is imperative to recognize that while women experiencing homelessness face obstacles in meeting their most basic social needs, such as housing and social care, it will be difficult for them to prioritize their health, job search, or residential stability. Therefore, ensuring the coordination and effectiveness of these services is crucial to providing comprehensive support and enabling women experiencing homelessness to sustainably leave this situation [89].

Our results highlight certain policy implications since they reveal the insufficiency of specific resources for women that are tailored to their needs and the lack of a gender and intersectional perspective in homelessness policies. The study by Keefe and Hahn [90] on preventive homelessness policies for victims of gender-based violence concludes that policies should not only incorporate a gender perspective into homelessness and housing instability but they should also consider other factors such as race, class, or being victims of violence. Furthermore, the implications for practice emphasize the need for social care professionals working with women experiencing homelessness to be trained in gender, gender-based violence, trauma, and culturally informed practices to foster trust and build trusting relationships. Similarly, the study by Reid et al. [91] revealed that community intervention groups offering trauma-informed care to women experiencing homelessness who have experienced violence led to improvements in their quality of life and social networks.

4.2. Limitations of the Study. This study has certain limitations.

First, despite conducting the search strategy meticulously, the search terms may not have included all of the available literature on the subject. In addition, relevant articles written in languages other than English or Spanish may have been excluded.

Furthermore, most of the articles are based on middle-to high-income countries, limiting the generalizability of the findings to other contexts and populations as not all services may function similarly across different countries.

Publication bias could be another limitation, as the searches may have excluded results from unpublished studies with negative or nonsignificant findings or those not published in indexed journals with impact factors.

Although the quality of the included studies has been thoroughly assessed, some differences in their methodological rigor and design still exist. These variations in quality could impact the reliability of the conclusions drawn from the review.

Another factor to consider is the heterogeneity of the included studies. This is due to the use of diverse methodologies and samples, which may limit the generalizability of the results and could potentially affect the review's conclusions.

As for the limitations of the studies found, it is important to note that many of these publications focussed on women who already had access to social care services, making it difficult to examine the situation of women in hidden homelessness. Understanding the experience of women in hidden homelessness is challenging for both service providers and researchers. Therefore, although most of the women included in the study samples identified barriers and opportunities and may have avoided seeking social support in the past, the majority of the samples come from emergency shelters, which may not reflect the experiences of women who never accessed these services and their reasons for avoiding them. Another limitation lies in the fact that many of the articles focus on emergency shelters and not on other forms of social care. This could bias the results by not considering other avenues for accessing social services.

5. Conclusions

Despite its limitations, this study offers insights that could enhance the understanding of numerous gender-specific barriers and opportunities for accessing social care, highlighting the often overlooked challenges faced by women experiencing homelessness. The study is based on an integrative systematic review of the literature, ensuring that the conclusions are grounded in a wide range of studies and evidence, thereby increasing the validity of the findings. Valuable insights have been gained by integrating various methodologies and diverse participant samples in the review, including women experiencing homelessness, professionals, and service providers. The article identifies the barriers faced by women experiencing homelessness, provides a framework for understanding these challenges, and suggests ways to improve access to services. It is imperative to make the most of these opportunities to improve women's access to services and minimize barriers wherever possible, as access to services can significantly enhance the quality of life for women experiencing homelessness.

Some of the opportunities identified may require significant political changes, warranting advocacy efforts for their implementation. Conversely, certain professional practices may be readily adopted, given their significant impact on women's help-seeking behavior. While these opportunities may not always incur high costs, they can substantially enhance the quality of life for women experiencing homelessness.

The significance of social care cannot be overstated, as it provides essential support to women facing severe circumstances. Ensuring that women experiencing homelessness are not left in dangerous or unsanitary environments is crucial, since this may exacerbate their homelessness trajectory and worsen their health.

Our findings have substantial implications for both policy and professional practice within social care services for improving services in the context of gender-sensitive social care for women experiencing homelessness. Policies must address the specific needs of women experiencing homelessness and dismantle systemic barriers to accessing care. Furthermore, professionals in social care services must have the necessary skills and knowledge to provide effective support to women experiencing homelessness, considering their unique circumstances and challenges.

As many women experiencing homelessness remain invisible, future research should focus on further exploring hidden homelessness and devising strategies to effectively reach this population. Establishing a thorough social diagnosis is crucial for guiding public policies and directing social care services. Furthermore, further research is needed to create safe spaces for women experiencing homelessness. This includes not only physical infrastructures but also holistic support to ensure a genuinely safe and supportive environment to accommodate the diverse needs of women experiencing homelessness. This is essential to ensure not only access but also the development of effective strategies to facilitate their transition to long-term residential stability.

Data Availability Statement

Data sharing is not applicable to this article as no datasets were generated during the current study.

Conflicts of Interest

The authors declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. *(Supporting Information)*

Supporting File 1: Supporting 1: PRISMA 2020 Checklist. Supporting 2: PRISMA 2020 for Abstracts Checklist. Supporting 3: Quality assessment for studies using qualitative methods and reviews (CASP). Supporting 4: Quality assessment for studies using quantitative methods and mixed methods (MMAT).

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