



A Strategy for Ending Women's Homelessness in London

Evidence Report and Guidance



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Overview

Our strategy for ending women's homelessness in London aims to highlight the crisis of women's homelessness and propose solutions, focusing on working collaboratively and with innovation and best practice to end homelessness for women.

This accompanying evidence report details research and findings from the Women's Development Unit's work over the past year upon which our strategy is based, and includes accompanying Guidance providing further practical detail on key aspects of the strategy.

In 2021, the Women's Development Unit set out to gain an in-depth understanding of the difficulties facing women experiencing homelessness in London in order to shape the development of a strategy. Over the past year, we have worked with a wide range of stakeholders to understand gaps in support for women and the barriers women and practitioners meet. This report attempts to summarise what they told us and provide explanation and evidence for each of the steps we have outlined in our strategy.

We are grateful to the wealth of people who gave their time to speak to us, whether through interviews, surveys, meetings, focus groups, workshops or more informal conversations. We also want to thank the women with lived experience who have spoken to us and to those who developed the many research reports on women's homelessness upon which this report and strategy are also based.

As we had gauged from the start of the project, women's homelessness is far-reaching and the research from the past year has more than confirmed this with multiple systemic barriers and crossover into different sectors. Not all of our findings could be included in this report or in this strategy, but we hope for the strategy to exist as a living document, for us all to continue to build on.

The purpose of our evidence gathering over the past year has been to shape our strategy, and we have found that the barriers facing women and practitioners were repeated by those we spoke to and in the many research reports on women's homelessness. There is clear consensus around what these difficulties are and the detrimental impact that they are having on women experiencing homelessness. However, we also encountered willing and drive to translate this common understanding of challenges into positive change.

Context: Why a focus on women's homelessness?

Far too often, homelessness is considered through an apparent gender-neutral lens, yet there is growing evidence to suggest that men and women experience homelessness differently, whether that's their journey into homelessness or during their experience of homelessness itself. Although often well intentioned, such a 'gender-neutral' approach can result in services that are not spaces where women can feel safe or have their needs met. One result of this is that women then avoid using such services, which become predominantly male spaces where it is considered there is even less requirement to consider women's needs.¹

Within homelessness services, being male is often viewed as the default, with being female treated as an additional support need. However, our research has highlighted how a different approach is required right from the start when planning, commissioning and delivering services. While the high cost of the damage of homelessness on an individual can never be estimated, one study has estimated that a woman living in supported housing for two years will end up costing local authorities at least £31,200-£41,600 for her housing alone.² While there are examples of excellent work being done to support women who are experiencing homelessness, research has highlighted that there remain women whose needs

are not being met by the current system and approaches, despite frequent contact with services.³

Women's homelessness makes up the majority of all recorded homelessness when taking into account families in temporary accommodation, sofa surfing, rough sleeping and 'hidden' forms of homelessness. Women comprise 67% of statutory homeless people,⁴ and single mothers make up two-thirds (66%) of all statutory homeless families with children. Due to the wide range of experiences, this strategy for ending women's homelessness in London focuses on those most underserved and falling through the gaps in services. We are describing women in this group as lone women facing multiple disadvantage (also known as 'complex needs') and experiencing or at very high risk of rough sleeping (often experiencing what is referred to as 'hidden' homelessness). Our strategy and this report use an inclusive definition of women, including trans women and non-binary people.

While women with multiple disadvantage are our particular focus, much in the strategy can support improved provision for all women, and can have positive impacts for everyone experiencing homelessness.

The harms of women's homelessness

While homelessness is an extremely damaging experience regardless of gender and there will be many similarities in experiences, homelessness takes place in a context where people's challenges and opportunities are shaped by their gender. Women who are homeless are especially vulnerable to violence and experience risk differently to men, subject to stigma, sexual abuse and harassment, robbery, and severe stress,⁵ in addition to violence, with the serious impact on physical and mental health that this has,⁶ as well as on self-esteem. Research frequently highlights the high prevalence of domestic abuse and male violence among women experiencing homelessness, either as a trigger for or a result of homelessness; in fact, this is a near universal experience for these women.⁷ A 2014 study from St Mungo's found that one-third of the women clients involved said that domestic abuse had

contributed to their becoming homeless.⁸ The impact of this experience and the trauma that it causes cannot be overstated. Moreover, the combination of these factors can result in developing addiction, mental health issues and marginalisation during homelessness, making it even harder to find stability and break the cycles of homelessness.⁹

In addition, women especially experience social stigmatisation and judgement of their situation, with research finding that women who are homeless are generally judged in terms of their 'sin' (addiction and crime) or 'sickness' (poor mental health), rather than focusing on the weaknesses of the systems that have led to their situation.¹⁰ Women generally have expected roles in society – of a mother, a caregiver, a partner – and a lone woman who is rough sleeping diverges from these expected functions.¹¹ There will also be

assumptions made about her involvement in sex work, and the high levels of social stigma that come with this association.¹² Furthermore, many women experiencing homelessness are mothers, although they may not have their children with them currently due to their circumstances, and the

high degree of shame and cultural judgement this carries cannot be underestimated. These feelings of shame can impact how a woman interacts with services and what she reveals about her situation, impacting the support she receives and her recovery.¹³

Estimating women's homelessness

Frequently cited data on women's homelessness – CHAIN (the Combined Homelessness and Information Network) and the rough sleeping count – are often used as evidence that women's homelessness occurs on a much lower level than men's homelessness. However, there is growing evidence that data collection methods on homelessness are inherently flawed and greatly underestimate the numbers of women who are homeless.¹⁴

Homelessness is frequently viewed through the perspective of rough sleeping, yet studies have found that women will turn to sleeping on the streets as a last resort, as they would be at such risk, opting for other precarious and potentially

unsafe arrangements, such as long-term sofa-surfing, remaining with or returning to dangerous partners, or sexual exploitation in exchange for accommodation. This means that women who end up rough sleeping are managing a combination of factors including trauma, mental health issues, social stigma, and high and frequent risk of violence. Women therefore employ various methods to manage this risk, such as disguising their gender, finding quiet places out of sight to bed down, moving around, and forming a relationship with a male for some form of protection.¹⁵ All of these factors mean they are much less visible and less likely to be included in data.



A time for action

A combination of concerning factors demonstrate why it is essential to meet the needs of women experiencing homelessness during these unsettled times. The pandemic has exacerbated and highlighted the prevalence of violence towards women and girls, with one in two women reporting that they or someone they know has experienced violence during this period.¹⁶ While Government policy on providing housing for people experiencing homelessness during the pandemic has been acclaimed, it has been found that women's needs were not adequately taken into account, which even prevented some women from being housed.¹⁷ The country now faces a cost of living crisis alongside a severe shortfall in affordable housing and the recent ending of the Universal Credit uplift. Furthermore, the pandemic has been found to have had a detrimental impact

on gender equality,¹⁸ and services have seen an increase in women experiencing multiple disadvantage accessing their services.¹⁹ While the increased political and media attention on this issue, as well as the passing of the Domestic Abuse Act, are welcome developments, it is now more important than ever that this drive to improve women's safety is maintained. This strategy aims to set out the areas where we can all work together to ensure that women experiencing homelessness are not left out of this conversation.

Our strategy for women's homelessness details solutions to meet the gaps in provision for women in London so we can begin to address this crisis and support the Government's aim to end rough sleeping for everyone by 2024.

Paralleling the structure of the Government's rough sleeping strategy, our strategy and this report divide actions into three categories: Prevention, Intervention and Recovery.

Prevention: supporting women already in precarious, dangerous and crisis situations to avoid entering or returning to homelessness.

Intervention: supporting women to stabilise and access support and accommodation in order to be safe and begin to exit homelessness.

Recovery: supporting women to recover from homelessness and its traumatic impact in the long-term, being able to maintain stability, sustain accommodation and exit cycles of homelessness for good.





What is violence against women and girls (VAWG)?

The United Nations defines violence against women and girls as ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.’

Violence against women and girls includes, but is not limited to: domestic abuse, sexual violence, forced marriage, harmful practices including female genital mutilation, trafficking and sexual exploitation, so-called honour-based violence and stalking and harassment.

Methodology

The Women’s Development Unit carried out research to explore the barriers for women in accessing the support they needed, gaps in support, examples of what was working well that could be replicated, and suggestions for what needs to change. This included an initial desk review of key reports and articles, including policy documents, charities’ reports, evaluations of policies, and grey literature. The majority of these reports are studies from around the UK, with more of a focus on London as a hotspot for rough sleeping and homelessness. However, the themes raised mirror those raised during our interviews and survey, which were London-specific. This report is not designed to be a detailed synopsis of all the literature on the subject, but instead highlights our findings and key literature that evidences the actions set out in the strategy.

During this research, we sought to answer the following questions:

- What is the general situation of women’s homelessness in London?
- What support is available to women experiencing homelessness in London?
- What systemic barriers prevent women accessing the support?
- Where might there be gaps in support?
- What does the existing data tell us about women’s homelessness and what is missing?
- What system changes are needed to better support women experiencing homelessness in London?
- What are the examples of best practice when working with women that can be shared across services?

The Unit also conducted a total of 28 semi-structured interviews with professionals from homelessness services, VAWG services, specialist women’s homelessness projects, specialist support projects including led ‘by and for’ organisations and second-tier policy organisations. These interviews were also with local authorities, London Councils, the Greater London Authority (GLA), the Mayor’s Office for Policing and Crime (MOPAC) and MHCLG (now the Department for Levelling Up, Housing and Communities, DLUHC).

A survey of 22 questions was also sent out across both sectors, which provided 90 usable responses from 14 homelessness organisations and 13 VAWG organisations. All London boroughs were represented in the results, with some respondents working across multiple areas. 47% of respondents working in Westminster and 28% of respondents working in Islington, and we must be mindful of the impact this could have on the results. 63% of the respondents said they were able to provide specialist support for domestic abuse, 62% were able to support people with complex needs/multiple disadvantage, and 61% were able to support with rough sleeping.

The Unit was also supported by a strategic advisory group with representatives from homelessness and VAWG organisations (including service delivery and second-tier policy and membership agencies), local authorities, London Councils, the Greater London Authority (GLA), the Mayor’s Office for Policing and Crime (MOPAC) and MHCLG (now DLUHC), and a consultant expert by experience. Following initial research conducted through interviews, a survey and existing research papers, the Unit conducted three focus groups to explore complex areas raised during the first stage of research.

The Unit has also been delivering training on women's homelessness and developing best practice guidance on creating women's spaces within homelessness settings. The Unit delivered four professional network meetings on women's spaces, as well as two focus groups and a survey with women with lived experience to support development of a women's space within The Connection at St Martin's. This best practice work has closely informed the development of our strategy.

While our survey, interviews and ongoing work with services has included projects and organisations from across London and nationally, for our mapping and strategic advisory group the project narrowed the focus from 32 London boroughs to five key boroughs: Camden, Enfield, Islington, Southwark and Westminster. These boroughs were chosen based on the particularly high levels of homelessness and rough sleeping in these central areas, the base sites of our two organisations and a number of innovative best practice projects operating in these boroughs. Enfield was chosen as a non-central borough with lower intensity of need. While homelessness need may be higher in central areas than outer boroughs, our findings from interviews, informal meetings and the survey which all included organisations working more widely across London, showed a broadly universal picture of gaps and barriers for women. These also matched many of those found outside London.

A mapping exercise of accommodation and support services – both mixed- and single-sex – accessible to women experiencing homelessness in our focus boroughs was carried out, which was reviewed by experts supporting women in each area. This exercise highlighted the difficulties in finding accurate information about available

services, even more challenging when trying to find women-specific services as they are so few. Even when information is available online, often this was found to be inaccurate when speaking with services; as projects rely on short funding cycles, the number of support services or bed spaces available to women frequently changes, with different spaces available according to different sources. Often, information about women-only accommodation was available at one source, only to find that the service had ended and the details had not been updated. Similarly, when trying to find day centres available to women only – including those that have specific women-only times – details about opening times and referral criteria were often not readily available, and knowledge of these relied on word of mouth.

This exercise highlighted the challenge that support workers face when trying to find appropriate services for their clients, with capacity often already stretched, and frequently having to rely on word of mouth and recommendations from colleagues. Our mapping exercise was reviewed by caseworkers and local authority representatives with wide experience of their boroughs, and even still there remained uncertainty about some of the services. The results of this exercise should be viewed with caution as they do not represent the situation fully due to the reasons outlined above, but rather give an indication of trends which match closely with our qualitative findings. The difficulty in sourcing this information (alongside a lack of accurate data on women's homelessness) also speaks to difficulties commissioners can have in gaining a true picture of the services required to strengthen provision for women in an area.



Overarching actions

Our strategy and report outline key, specific actions that we can take from prevention to recovery, but to succeed in ending women's

homelessness – and homelessness overall – we have also set out key broader points that should be addressed at every stage, as outlined below.

A comprehensive gender-informed approach

Strategy action

Strategies, policies and priorities must become gender informed, specifically and comprehensively addressing the needs and experiences of women.

“I was missed when I was homeless because I didn't have a sleeping bag, I wasn't obviously sleeping outside. I was only found by an outreach team because I fell asleep somewhere I wouldn't normally be. If I hadn't been found, how much longer would it have gone on?”

Woman with lived experience

While this project has seen increasing attention on women's homelessness; an extensive and growing body of research; many examples of small-scale good practice; and practical guidelines for supporting women, a comprehensive gender-informed approach from policy making to service delivery is still lacking. While gender-specific services are designed by women for women only, a gender-informed service and approach takes into account and responds to the different experiences and needs of men and women and is underpinned by a strong feminist ethos.²⁰ Women's experiences of homelessness are gendered at every stage of their journey, which significantly impacts their routes into homelessness, their needs, how they access support and the support available, and data collection.

However, this frequently goes unrecognised and being a woman is frequently seen as an extra support need or a niche area, rather than as a different experience that requires a different approach from men.²¹ To end homelessness for

everyone, we need to start acknowledging and meeting the specific needs of women and require a comprehensive gender-informed approach across the board to do so. There is a real lack of understanding and tailored support for women, and we need to stop expecting women to fit within pre-existing structures that have been designed with men in mind.

“Women's homelessness needs to be a central issue, not an add-on.”

Senior manager, homelessness service

A terminology that doesn't account for women: rough sleeping

Assumptions around women's homelessness also need to be questioned, with exploration of definitions and terms that don't capture women's experiences. The key sources of data in the UK are statutory homelessness figures (counting those who approach local authorities for housing assistance) and rough sleeping figures: it is also along these distinctions that we define, strategise around and fund homelessness, including specific funding streams to address rough sleeping.

We tend to assume, for example, that women experiencing homelessness might be in temporary accommodation and are captured in statutory homelessness figures, and that women don't really experience rough sleeping. However, research has found that one of the key errors in how women's homelessness has been understood relates to the narrow focus on rough sleeping and emergency accommodation, which women will only turn to as a last resort.²²

Furthermore, by equating homelessness with rough sleeping – and requiring people to be verified as rough sleeping in order to access certain types of support – this excludes many women who the evidence demonstrates will not be visibly rough sleeping (and therefore not reached by support or included in data collection). Instead, women are more likely to be 'hidden homeless', with visible rough sleeping encompassing only a particular part of women's experiences of homelessness.²³ This focus on rough sleeping is also reflected in political, media and funding attention on homelessness, focusing on the visible instances of rough sleeping rather than more hidden forms and underlying causes.²⁴

Single homelessness

The Homelessness Reduction Act 2017 was brought in to improve provision and support for single households experiencing homelessness, which was an area in urgent need of addressing. However, the distinction between family homelessness (i.e. households with dependent children and therefore often in priority need) and single homelessness is again one that doesn't fully capture the experiences of women. This includes women who may have had their children removed, permanently or temporarily, or women in couples who homelessness and supported hostel pathways are not usually set up to support.

This approach disproportionately and negatively impacts women, largely ignoring their experience and presenting women's homelessness as something that is unusual.

We can also recognise that many women's experiences can be 'hidden' not only due to avoiding risk which comes with visibility, but also because our systems and approaches are not set up to capture data on and support this type of homelessness. Three key errors have been identified in the ways women's homelessness is enumerated: spatial (where we expect to find and then look for homelessness; for example, focusing on rough sleeping and missing women), administrative (the labelling used to describe different aspects of homelessness that underplay its nature and extent) and methodological (referring to how data is collected, distorting our understanding of the nature of women's homelessness and not questioning the appropriateness of these methods).²⁵ We should be careful in discussing 'hidden' homelessness not to put the onus on women to make themselves visible, but rather ensure our data collection and support provision is accessible and encompassing.

In addition, without terms which encompass the full experience of women's homelessness, it is yet more difficult to explain the need for, provide data on and strategise around women's needs (particularly for this group of women), because our established vocabulary around homelessness doesn't support it. This group of women in particular are missing from data, understanding and therefore also largely from funding pathways and opportunities too.

There is also a high discrepancy in the pathways available to women depending on whether she is defined as a mother or not. For women with children, there are more systems in place to respond to homelessness and destitution, with fewer criteria in place to demonstrate that they are priority need for housing.²⁶ For example, one study in 2017 mapping services for women found that a quarter of the services affected by substance use, mental ill-health, homelessness and offending were designed for women who were pregnant or with young children, reflecting cultural assumptions about women's roles as

mothers,²⁷ with other research also finding better availability and sometimes better quality support available for women with children.²⁸ This focus on women with children also neglects women who may be mothers but do not have their child in their care – for some, there may be a possibility of reunification, but without a suitable home, achieving this is incredibly difficult.

This concern around women who are classified as ‘single’ women was frequently raised in our survey and interviews, and also found by the Fulfilling

A gender-informed approach

Despite this wide-ranging experience of women’s homelessness and that women make up the majority of those experiencing homelessness (taking into account its different forms), we do not have strategic or comprehensive approaches aimed at meeting the needs of women. Strategies for homelessness often cover homelessness in general and/or specifically rough sleeping. Despite an acknowledgement in the Government’s rough sleeping strategy that the needs of women who are rough sleeping are less understood, there is very little strategic work to address this; a pattern followed in local strategies addressing rough sleeping and homelessness as well. Without a specific approach and understanding of women’s needs from the start, we cannot provide comprehensive and appropriate support for women.

Lives project, who highlighted a focus on protecting the child, rather than the mother who could have high or complex needs.²⁹ Other research has found that there is more acceptance of this role for a man, but social stigma attached to a woman carrying out a lifestyle that is unattached to a home or child.³⁰

A gender-informed approach should be adopted all levels, from policy making, funding allocation and commissioning to service design and delivery. Various reports have highlighted how overarching attitudes and values are just as important as the service delivery itself, with frontline workers influenced by the leadership and ethos from above.³¹ Coordinating with other sectors in cross-sector, gender-informed approaches has also been found to improve provision and support for women.³² Commissioners and policy makers and strategy writers at local authority level have also commented that prioritisation of women’s needs and gender-informed approaches from the top are instrumental in supporting them to make this a priority.

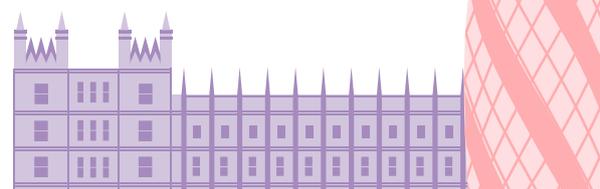
Highlighting best practice

St Mungo’s has a three-year Women’s Strategy ‘equipping us to achieve equally positive outcomes with our female clients’.

www.mungos.org/publication/women-strategy

Homeless Link’s Ending Women’s Homelessness Project highlights ‘promising practice from the frontline’ in working with women across the UK.

www.homeless.org.uk/supporting-women-who-are-homeless



Partnership working with related sectors

Strategy action

Interwoven policies, strategies and data collection methods are required, leading to combined initiatives in service provision.

“Women are never homeless for one reason. There’s always more than one reason that that person ends up rough sleeping.”

Caseworker, homelessness organisation

“Homelessness is not an insurmountable problem! People just need to work together more.”

Commissioner

“It’s about how to adapt services and bring them together. There’s a need for culture change.”

Local authority commissioner



Women who are experiencing or are at risk of homelessness can experience multiple and high-level needs that require support from and interactions with many different support services, including health, VAWG, social care and the criminal justice system. It was frequently raised in our survey and interviews that women can often be seen as ‘too complex’ for services who may lack capacity and expertise to provide more intensive, specialist and long-term support. Services working in silo and without coordinated strategies has been identified as a key barrier to providing effective support.³³ Where a holistic approach is not possible within one service, partnership working can draw on the varied expertise of different services.

As having experienced male violence is almost universal for women experiencing homelessness,

it is essential that VAWG and homelessness services work to establish more effective partnerships and work together to address multiple support needs. One report exploring how services support women experiencing multiple disadvantage found that the women’s sector was not always coordinated with other sectors or included in multiple disadvantage service networks, despite often being the preferred initial port of call for women and crucial in supporting women.³⁴ It has been noted in various studies and in our interviews that specialist women’s services can sometimes lack the capacity or expertise to support women with multiple disadvantage, or can focus on a woman in an abusive relationship leaving a perpetrator, when this is not her immediate priority or may not be something she wishes to do. These challenges raise the need for

more effective partnership working and collaboration between the VAWG sector and services supporting multiple disadvantage, to ensure women still get the specialist support they need and do not fall through the gaps in support.

It also should be acknowledged that the issues facing women experiencing homelessness can be seen across different sectors. Women affected by the criminal justice system are also subject to a high degree of stigma; the majority of women in prison have experienced domestic abuse – which is a common driver of their offending; and many women in prison have also experienced poverty, housing insecurity and addiction.³⁵ Services supporting women leaving prison have highlighted the housing insecurity that awaits women on leaving prison, and the lack of coordinated support around this, with the responsibility falling to women's services to quickly find suitable accommodation, and reports of women being housed in accommodation with former male offenders, resulting in feeling and/or being unsafe. A comprehensive gender-informed approach to women's homelessness needs to work holistically with the criminal justice system to support women who leave prison, helping them to rebuild their lives with the stability of secure housing; but also to help divert women from prison who offend due to their precarious situation.

Throughout our interviews we heard examples of positive and innovative ways of partnership working, including a multiple disadvantage project partnered with agencies that specialise in supporting women from different ethnic backgrounds; IDVAs (Independent Domestic Abuse Advocates) co-located with homelessness teams; and a multiple disadvantage project collaborating with a counselling service. Projects highlighted some of the challenges that could arise in partnerships with partners having different approaches and standards, and the need for effective communication between services and a keyworker to help the client navigate the different services. Where partnership working has been carried out strategically, interviewees spoke positively of the benefits to both staff and the women supported.

Homelessness cannot be ended through the work of housing and homelessness sectors alone, and interwoven policies, strategies and support throughout are required for prevention, long-term recovery and ending cycles of homelessness.

Highlighting best practice

Women leaving prison:

Safe Homes for Women Leaving Prison project has developed a strategy and is working on a women's release protocol to aid joint working for women leaving prison.

www.londonprisonsmission.org/safe-homes-for-women-leaving-prison

Southwark Women's Assessment Hub is a pilot project delivered by Solace and Southwark Housing Solutions, supporting women who have had experience of the criminal justice system.

www.solacewomensaid.org/our-services/southwark-womens-assessment-hub

Project Kali is an award-winning project run by SHP. The project operates a Housing First model supporting women with a history of offending.

www.shp.org.uk/News/project-kali



Disaggregated data collection and gender-informed understanding of homelessness

Strategy action

Gender-informed data collection should be developed to provide a more accurate and nuanced picture of women's homelessness, better informing prevention, funding and service provision.



“We make a plea for data! Particularly data from the voluntary sector and small, specialist agencies, which needn't be quantitative.”

Commissioner

It is increasingly being acknowledged that current data on homelessness greatly underestimates the number of women experiencing homelessness and is not adapted to understand their realities. Key data sources used to understand homelessness come from CHAIN and street count figures, neither of which is gender-informed or are adapted to women's patterns of homelessness (which differ from men's), as well as statutory homelessness figures which rely on approaches to local authority housing departments. It follows that if services are commissioned based on this data, they will not be meeting the needs of those who are not captured in this data, i.e. women most in need of support, which constitutes a serious issue for service provision.³⁶

The annual rough sleeping snapshot takes place between 1st October and 30th November in each local authority to provide an estimate of the number of people rough sleeping. For this

exercise, rough sleeping is measured according to the following:

- ‘People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments).
- People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or ‘bashes’ which are makeshift shelters, often comprised of cardboard boxes.)

The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.³⁷

Women who are rough sleeping experience an extremely high level of risk shaped by their gender

and will use methods to keep themselves as safe as possible in this situation. This measure of rough sleeping therefore does not cover experiences of women, such as being continually on the move at night, sex working, utilising 24-hour retail outlets and transport, and survival sex (exchanging or being exploited for sex for shelter or protection). It also involves sleeping in places that are less visible in order to reduce risk of violence, or dressing themselves so that they may be identified as male and less likely to be sexually harassed.³⁸ The most recent snapshot (carried out in the autumn of 2020, and so greatly influenced by the Everyone In provision at the time), found 83 men and 15 women rough sleeping in London.³⁹ This imbalance would indicate far more men rough sleeping than women, yet by not accounting for the women who are not bedded down in more visible places, it is not presenting a view of homelessness that takes into account the actual behaviour of women. However, several services consulted during this project had seen an increase in women who were rough sleeping and with increasingly high support needs.

Figures taken from CHAIN (the Combined Homelessness and Information Network) may give a more helpful view for this purpose. This multi-agency database records people's contact with homelessness services, including accommodation services, contact with outreach teams, and accessing day centres.⁴⁰ However – again – this data does not take into account those who are more 'hidden' homeless, sofa-surfing or in other precarious and dangerous living situations, staying with or returning to an abusive partner who may be likely to repeatedly expel them from the accommodation, being sexually exploited for accommodation, and staying in often disused buildings used for dealing substances, known more colloquially as crack houses or drug dens. As highlighted above, rough sleeping is an extremely dangerous experience for a woman, and so will often be an absolute last resort. Yet as a recent report put it: 'They may still be under a roof, and therefore not able to access rough-sleeper support or be engaged by street outreach teams.'⁴¹

Women facing multiple disadvantage also remain missing from statutory homelessness figures as a group who are unlikely to approach or receive support from local authorities due to lack of trust in services, presentations of multiple disadvantage which can result in being excluded from services, and managing multiple needs, meaning homelessness may not always be their first priority.

With fewer women captured in the homelessness data, services are designed more with men in mind, with the result that these become predominantly male spaces that women will actively avoid.⁴² A discrepancy between the numbers of women who are rough sleeping and those who access homeless services has been apparent consistently over time.⁴³ Studies have found that men will be quicker to turn to homelessness services for support, whereas women will delay doing so.⁴⁴ Consequently, while CHAIN figures can be used to indicate trends, they do not present a full picture of homelessness that takes into account women who are homeless. This also demonstrates why the need for being a 'verified' rough sleeper – as in, verified as 'bedded down' on CHAIN, which is required by some accommodation services – acts as a real barrier for support for women who are less visible to homelessness outreach services.

There is an opportunity here for different services and sectors to collaborate to help provide a fuller picture of the realities of homelessness for women, looking at the examples of countries like Denmark, which combine data sets from different sources, understanding how women's routes into homelessness are different from men's and the prevalence of domestic abuse.⁴⁵ In the UK, women who have experienced domestic abuse and approach domestic abuse services or a refuge only may not be included in the homelessness data or be identified as homeless. By having such stark divisions between specialist VAWG services and homelessness services, women's homelessness will remain misunderstood and undercounted, and services will continue to be inadequately designed to meet women's needs.⁴⁶ It is increasingly acknowledged in frontline services that current data collection is missing women who are homeless – with campaigns working to address this⁴⁷ – and there is a need for this to be addressed at a higher level, to ensure an approach that considers women from the outset. This is a challenging issue to provide precise data on, due to the nature of homelessness which is often mobile and not visible, yet there are opportunities to gain a more accurate picture, especially around gender.

An intersectional understanding of women's homelessness

Strategy action

Comprehensive understanding, support and provision is required to meet the intersectional needs and experiences of women.



“For minoritised women, it’s about access and how do you reach out for support, especially if you have a language issue and digital exclusion. The layers are adding and adding for Black and minoritised women, increasing barriers to reporting and help and support.”

Senior manager, led ‘by and for’ organisation

*‘Intersectionality is ‘the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalised individuals or groups’.*⁴⁸

It is important to recognise that women experiencing homelessness are not a homogenous group. Each woman will have a different background and experience that impacts her route into homelessness, support needs and how she is able to access support. There is a need to view women’s homelessness through an intersectional lens, including (but not limited to) the experiences of Black and minoritised women, LGBTQ+ women, younger or older women, and disabled women. Our understanding of women’s homelessness needs to take into account the impact of discrimination or stigma on her experience, whether from the general public, her family and communities, and even support services themselves, to ensure that all women can feel safe and supported by services regardless of their background. However, there is limited research on

these particular experiences, and this project found that the data is rarely disaggregated by these different groups and gender, which limits our understanding and the provision of appropriate support. Similarly, there exists a lack of guidance on how organisations themselves can become culture-informed.⁴⁹

One study on the experiences of Black and minoritised women fleeing abuse in London found that they experienced cycles of victimisation when they tried to seek support and safe accommodation, and discrimination based on their race, immigration status, language skills, class and disability.⁵⁰ Housing decisions were made without providing information in a language they could understand or offering interpreting services. Another report found how provision of specialist services for Black and minoritised women has been drastically impacted by austerity, leading to reduced capacity to provide specialist support and competition between services for funding, or such services being absorbed by larger providers that do not provide culturally specific support.⁵¹ Black people make up only 3% of the

general population, yet 11% of people experiencing homelessness applying for help are Black.⁵² Black women are especially vulnerable to housing insecurity due to experiencing a larger gender pay gap than white British women.⁵³ Migrant women may also face further vulnerabilities due to insecure immigration status, language barriers or unfamiliarity with UK systems (see below).⁵⁴ Our interviews with led 'by and for' women's projects highlighted how women from different cultural backgrounds fleeing domestic abuse may also be at risk of violence from more than one perpetrator (including family), as a consequence of leaving an abusive relationship, yet there was a real lack of understanding of this from housing authorities.

There is also limited evidence regarding LGBTQ+ homelessness, and the research that exists tends to focus on youth homelessness. Young LGBTQ+ people as a whole are understood to be particularly at risk of homelessness due to familial rejection, with one study finding that 61% felt frightened or threatened by their family members before becoming homeless.⁵⁵ While young LGBTQ+ people are generally able to move on and exit the cycle of homelessness permanently, a 2018/19 study by Shelter found that trans people are at risk of homelessness and housing precarity throughout their lifespan.⁵⁶ Common themes for young trans people are becoming trapped in unsafe relationships upon which their housing is dependent and with no family to turn to, sofa surfing, and experiences of hate crime, domestic abuse and sexual exploitation.

The research also indicated that trans people had an overwhelmingly negative view of mainstream services and thus were unlikely to seek out services that could support them. This was due to a perception that they would not have anything to offer them that met their needs. Of those that had accessed services, some reported negative experiences due to inappropriate questioning as well as a lack of privacy, time and space given to allow them to explain their needs. Large hostels and night shelters were not considered safe spaces for trans people. The majority of adverse experiences originated with other service users; however, this was often compounded by lack of proactive action by staff. Many people in the LGBTQ+ community, therefore, do not feel comfortable disclosing their sexual orientation or gender identity when rough sleeping, meaning this information is not reflected in the data, with the result that services are less likely to be commissioned or adapted to support this group.⁵⁷

The above offers a snapshot of some of the challenges that some minoritised groups can face, yet this is far from exhaustive and each woman's experience is different and shaped by her specific background and characteristics. Viewing homelessness through an intersectional lens needs to occur at all levels, throughout every stage of someone's journey, from data disaggregation and co-production to ensuring a service is truly accessible to all, with policies in place to reduce barriers to access – whether those are physical barriers, language barriers, or by making someone feel unwelcome or unrepresented. Service users can sense if assumptions are being made about their support needs,⁵⁸ and having a nuanced understanding of how people's needs are impacted by their culture and background, and responding to this – rather than viewing all women as a uniform group – is a key part of responding in a truly trauma-informed way.⁵⁹



Prevention

As women experiencing homelessness do not always access support through traditional housing and homelessness routes, they may remain unknown to services until after they have been homeless for an extended period, and during this time develop increasing levels and complexities of

need. This section focuses primarily on the immediate support that can be provided to prevent any woman who is on the verge of homelessness ever having to rough sleep or resort to dangerous and precarious situations.

Accurate, safe and accessible advice and support

Strategy action

Whole-organisational training, minimum standards and collaborative upskilling opportunities are required across services working closely with women experiencing homelessness.



“People should be able to go to the local housing authority and be believed. It’s a safety issue – people can be in a dangerous position and should be taken seriously without any delays.”

Caseworker, VAWG organisation

Experiences of gatekeeping

A common theme highlighted throughout our interviews and in the survey results were the shocking levels of discrimination, disbelief and re-traumatisation experienced by women seeking help for homelessness, especially where they face multiple disadvantage. When asked for the main barriers and challenges faced by women in accessing support, gatekeeping by local authorities was consistently raised, especially if the woman doesn’t fit the ideal ‘victim narrative’ and they’re not believed. Victim blaming and a lack of understanding of domestic abuse among

housing departments, police, mental health and social services were raised multiple times. One respondent raised practices by the council that re-victimised survivors, including cancelling offers of temporary accommodation, evictions, issuing ASBOs and abruptly ending housing duties.

These views and experiences mirror those described in the wider literature and research on women’s homelessness, with reports of legislation being used incorrectly as barriers for housing; for example, women fleeing domestic abuse being

told they need local connection for support⁶⁰ or being refused housing by being deemed as 'intentionally homeless' and told instead to return to an abusive partner.⁶¹ Women approaching local authorities independently face many barriers to getting the support they need. Solace research found women with third-party assistance – such as a caseworker or solicitor – were twice as likely to be housed by local authority.⁶² This study also found that 31% of women fleeing domestic abuse are turned away six or more times when seeking shelter from abuse, and 62% of those seeking help from the local authority found the response either unhelpful or very unhelpful, with common reports of gatekeeping, slow responses, disbelief and lack of sympathy, alongside having to repeat their history, resulting in an unbearable process. This gatekeeping has serious implications, as it prevents women getting the emergency accommodation they are in immediate need of.⁶³

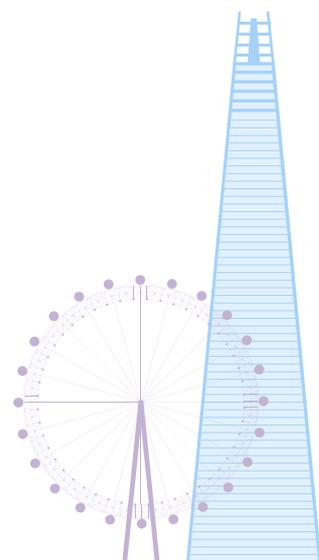
Women experiencing homelessness are among the most marginalised and stigmatised in society. Research has highlighted how women who are experiencing homelessness are viewed with suspicion, as they are not fulfilling culturally acceptable norms ascribed to women; they are not carrying out the role of the carer in a domestic setting, either to a child, male partner or family.⁶⁴ These attitudes are important to consider when seeking to understand attitudes towards women when they seek help for homelessness. Attitudes of disbelief towards women, when they most desperately need help, are frequently reported, with women feeling labelled as 'hysterical, liars or manipulators'.⁶⁵ While acting as a barrier to receiving the immediate support a woman's needs, this also has an impact on self-esteem and on her trust of services in general. A lack of sensitive, trauma-informed care can also feel like a service is acting as 'another abuser'.⁶⁶

One study of women who had experienced domestic abuse and had multiple and complex needs found that a lack of empathy was the most prevalent barrier to support, especially among statutory agencies (police, health and children's services).⁶⁷ They identified victim blaming towards women who were at significant risk of harm, and a reluctance to work with women whose behaviour they perceived as challenging. Staff interviewed in this study noted a level of judgement about a woman's actions, with far less attention paid to the perpetrator's actions or her limited options. One of our interviewees, who provides support to women experiencing homelessness and multiple

disadvantage, found that women were more likely to be judged as 'out of control' for showing anger, whereas anger is deemed more expected and acceptable for male clients.

It is important to also bear in mind that any of these barriers will be even more challenging for women with additional intersectional factors that are often discriminated against. For example, women in the asylum system 'face a culture of disbelief and double discrimination as asylum seekers and women'.⁶⁸ Latin American Women's Aid and London Black Women's Project also found a culture of disbelief prevented women from being made aware of their rights and entitlements, especially where the abuse they'd experienced was not physical.⁶⁹ This lack of empathy and basic kindness at the point when a woman is at her lowest point and is in need of immediate support came through multiple times in our interviews and conversations with support workers and women with lived experience. It was also raised that this is required at all stages: not only at the point a woman speaks with caseworkers and housing teams, but also from reception staff at the initial point she seeks help.

Apart from the damage that this lack of appropriate response can cause to the woman herself – the emotional cost of which must not be underestimated – analysis by Solace Women's Aid found that appropriate responses for women experiencing multiple disadvantage from the moment she experiences abuses and requires support could result in savings of up to £184,409, avoiding repeated cycles of homelessness and deterioration of mental health and increasing level of need.⁷⁰



A need for training

Research has found a general lack of training on being trauma-informed in the UK, and a need for more resources to do this.⁷¹ There is also a lack of understanding of the impact of VAWG or social inequalities by support workers, especially in mental health, leading to victim blaming.⁷² If staff feel more able to support people with complex needs and multiple disadvantage, they will be less likely to refuse them support because of negative perceptions around their behaviour.⁷³ Our interviews highlighted how so often the role of understanding VAWG and women's needs and experiences falls to one worker who is already engaged and interested in this area, and has to carry out this work in addition to their existing responsibilities. VAWG training is not mandatory, and one training provider explained how they're often called to deliver training to those who already have an interest, rather than those without any or limited knowledge. This is not sufficient, and there needs to be a whole organisation approach to being gender-informed and trauma-informed – everyone in the organisation needs to be trauma-informed and understand the impact of people's experiences.⁷⁴

Our survey also highlighted gaps in knowledge and expertise in third-sector organisations that could be tackled by effective collaborative

working, training and co-location of specialist staff. Of the staff surveyed working for homelessness services, 41% had a women's lead or specialist; 40% had had training on VAWG in their role; and only 18% felt that that training was enough, despite near universal experiences of VAWG for women experiencing rough sleeping. Respondents expressed a desire for training on mental health support for survivors of abuse, and on legislation and support for women to leave an abusive situation.

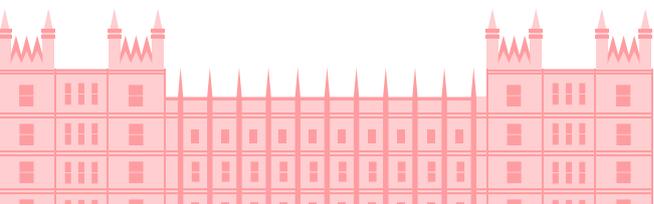
Of the respondents from VAWG organisations, 49% did not have a housing lead in their organisation; 67% of respondents had had specialist housing training in their role, but indicated a lack of confidence in providing support with homelessness and expressed a desire for training on working with women who were rough sleeping and other forms of homelessness. Staff highlighted barriers to training including time, and that they would be required to do this outside of work. Two staff members said they didn't work enough with women to feel confident in knowing what support they'd need.

Highlighting best practice

DAHA (Domestic Abuse Housing Alliance) is a partnership of housing providers and specialist organisation Standing Together Against Violence. DAHA has developed an established set of standards and accreditation process to improve the housing sector's response to domestic abuse. DAHA have also developed the Whole Housing Approach, a framework for addressing the housing and safety needs of survivors in a local area.
www.dahalliance.org.uk

Keeping Us Safer is guidance produced by Standing Together, St Mungo's and Homeless Link to support practitioners in working with women experiencing multiple disadvantage, homelessness and violence, including safety planning and risk considerations.
www.mungos.org/publication/keeping-us-safer-an-approach-for-supporting-homeless-women-experiencing-multiple-disadvantage

MARAC Multiple Disadvantage Representatives are innovative additions to MARAC (Multi-Agency Risk Assessment Conferences) who provide advocacy for cases of multiple disadvantage, at the same time supporting the upskilling of other attending agencies. Representatives are operating in Westminster and Camden, working with SHP and Standing Together.



Women's safe drop-in spaces

Strategy action

24-hour women's safe drop-in spaces with multi-agency support are required in every borough.

“A lot of women we work with just want a friend, woman connection. The streets are a very male-dominated environment and that friendship is very hard to find.”

Caseworker, project working with people experiencing multiple disadvantage

“After violence from my partner, I didn't want to speak about it around other men. Had I had a safe place to go, perhaps things that happened next may have gone differently for me.”

Woman with lived experience

Research suggests that women can often be invisible in generic, mixed-sex homelessness provision as they tend to actively avoid services that appear to be designed for and dominated by men, particularly if they feel that adequate protections are not provided in these settings.⁷⁵ For some women, mixed-sex environments are a barrier to accessing services at all⁷⁶ and this may be particularly pronounced for the many women who have experienced male violence.⁷⁷

Repeated studies into women's experiences of accessing homelessness services revealed that women tend to enter services at a later stage than men and are more likely present with problems that are more entrenched or have escalated significantly.⁷⁸ Women had often made multiple unsuccessful attempts to access services over periods of prolonged homelessness.⁷⁹ As a result, women are often less 'ready' to begin any journeys to safety, recovery and stability when they initially interact with services.⁸⁰ Consequently this leads to further stigmatisation and barriers to accessing services who perceive them as 'complex' or

'difficult' in comparison to male clients.⁸¹ This continues the cycle of disadvantage, isolation and marginalisation from people and services that further increases vulnerability to exploitation and abuse and long-term housing instability.⁸²

The evidence available suggests a different approach needs to be taken when supporting women, taking into account their perceptions of risk and safety, frequent experiences of male violence and the barriers they face in accessing support.

There is increasing understanding of the need for women's spaces as a part of homelessness provision, as places where women can feel psychologically and physically safe, connect with other women and access specialist support. Such spaces provide the opportunity to offer services to meet basic needs such as food and showers, before building trust and moving on to more intensive support, such as help with housing. One interviewee explained how female companionship is often something that is missing when women are rough sleeping, as the streets and most

services are male-dominated environments, and women's spaces provide the opportunity to build important relationships. Another interviewee stressed the importance of providing a 'calm space in a chaotic life', where time can be taken to build trust with a female client to open up about her trauma. Projects funded by the Ending Women's Homelessness Fund found that availability of women's spaces led to increased level of engagement by women, trust and confidence to access broader support.⁸³ Another report has stated that such spaces are 'essential' for women, providing them with a very different experience to a mixed service, helping women to feel confident and have their voice heard. These spaces are also run by female staff, as being supervised by male staff could be distressing and triggering for those who have experienced male violence.⁸⁵ Providing an environment where someone feels safe is a fundamental principle of providing trauma-informed support.

Offering women's spaces is also vital for prevention as places where women can access support around needs which can arise during homelessness; for example, around abuse, violence, pregnancy and health. This is particularly important as we know that by the time women resort to rough sleeping and/or reach homelessness services, their needs may have become much higher and harder for them to manage, hindering recovery. One woman with lived experience who spoke with us told us how hard it is to go to so many different services which are often quite far apart: 'I'd prefer them to meet me here, rather than travelling to another borough to see them.'

During the pandemic, many existing women's spaces and groups were put on hold, and as services have resumed in-person, there appears to be greater drive to introduce more women-only services. Yet there are still a limited number of

such services available, and where they are, these tend to be open during limited hours during the day, and available between Monday to Friday, though women can be at risk or in crisis outside of working hours.⁸⁶ Of the 33 respondents from homelessness organisations who answered our survey, 58% had no women-only space in their service, 18% had a women-only space available at specific times, and only 15% had a women-only space available at all times. Similarly, of the 35 respondents from VAWG organisations, 14% answered that they could provide support 24/7 (by phone), yet the trend was for support to be available 9am–5pm. When supporting women experiencing multiple disadvantage who are living chaotic lives, it can be very challenging for them to access support during specific and limited times, particularly if that service is only accessible by phone.

Mapping services in our focus boroughs mirrored this pattern, with the few women-only services available for limited hours. While the opening of a new 24-hour women's drop-in service in Westminster is an extremely welcome development, providing a tranquil, clean and safe space for women in a busy part of London, this service remains unique, with no other such service existing in London. Again, this demonstrates the lack of choice for women when accessing safe spaces, and the lack of accessibility of such spaces for women who may not be based nearby or face financial or physical barriers to travel. Furthermore, the mapping exercise highlighted the challenge of finding accurate and available information about such services, providing a barrier to both support workers and women needing support. Finally, in discussions about women's safe drop-in spaces, it is important to be actively inclusive of trans women, who can feel or be excluded from women-only provision and can find themselves at risk of discrimination in services.⁸⁷



Highlighting best practice

The **Women's Development Unit** has produced guidance on developing women's spaces within homelessness settings.

www.connection-at-stmartins.org.uk/womens-development-unit-a-partnership-to-end-womens-homelessness

Marylebone Project opened The Sanctuary in 2021, a women's space in Westminster open 24/7.

www.maryleboneproject.org.uk/our-work/the-sanctuary

Women@thewell operate a daily drop-in centre for women in Camden, supporting women with housing, abuse and more.

www.watw.org.uk

Immediate access single-sex accommodation

Strategy action

Enough single-sex emergency accommodation is required across London, able to meet low to high support needs and available for immediate access for women.

“We were able to secure funding to support women with emergency accommodation – up to four nights – and some vouchers for food and essentials. That was life changing for some survivors.”

Survey response on support for women during the Covid-19 pandemic



There is very limited immediate access, single-sex accommodation available to women, and provision varies widely by borough. Our mapping exercise revealed that while there are approximately 200 accommodation spaces specifically available to women in single-sex accommodation in Westminster – a borough with a high provision of homelessness services – only 10 of these appeared to be specifically emergency provision, across three services. Where services are provided, this exercise highlighted the lack of options available to women who may find themselves on the brink of homelessness, and the challenge posed to support workers in trying to find women emergency accommodation. The lack of options becomes even more apparent if a woman has no recourse to public funds, or requires specialist support that speaks their language, understands their ethnic and cultural background, or understands their experiences of being LGBTQ+ and how this may impact risk, for example characteristics of violence and abuse, or experiences of discrimination.

It is essential that women have the option of staying in women-only accommodation. Peer research carried out by St Mungo's found that if women had the option of being in women-only accommodation, or being one of a small number of women in a mixed-sex accommodation, a significant proportion – 57% – of women would choose women-only accommodation.⁸⁸ Almost

half the women interviewed in the same study expressed a preference for female support staff, feeling there were some things they would feel more comfortable discussing with another woman. Furthermore, conditions in mixed-sex emergency accommodation can be emotionally stressful and lead women to instead seek out other options, which could be more risky; for example, returning to dangerous partners, or being exploited in exchange for accommodation. Women in mixed-sex accommodation are at real risk of being targeted, harassed or exploited by male residents, especially if they have a history of abuse by men, problematic substance use, or are sex working, and they can end up being very unsafe environments for women.⁸⁹

For women who experience multiple disadvantage and have experienced abuse, the options are very limited, as the majority of refuges cannot cater for higher levels of need. This was raised as a challenge for support workers consistently in our survey, especially where the client experienced mental health issues and problematic substance use. The Nowhere to Turn Project, run by Women's Aid, found that in 2016–17 60% of referrals to refuge were turned away.⁹⁰ The Women's Development Unit spoke with one London refuge that was able to provide refuge support for women with multiple disadvantage, yet they receive 10–15 referrals for every bed space they have. Women's Aid found that women fleeing

abuse on average waited two weeks in limbo to find somewhere safe to stay, and 10% had slept rough while waiting for a refuge space.⁹¹ This lack of availability of accommodation has a real impact on a woman's safety, as she has to choose between having somewhere to live and staying in an abusive relationship, or homelessness.⁹² This is a choice that no woman should ever have to make, yet this happens far too frequently, resulting in women returning to high-risk situations less visible to support services. This is often also a key opportunity to intervene and prevent homelessness, and once missed, women can lose contact with services for months or longer: one report has referred to this as a 'critical response window', with delays to providing urgent help resulting in disengagement and women disappearing from support.⁹³

Having adequate accommodation available, without the barrier of strict referral criteria, could mean that no woman would have to be in the position of needing to rough sleep for even a single night. Reducing strict referral criteria does not necessarily mean lesser consideration of risk, but having a greater understanding of how these particular barriers affect women. Strict referral criteria can include being verified on CHAIN, having a support worker to make the referral, having experienced domestic abuse and within a certain timeframe, for example in the last 3-6 months (despite being a common experience, it may not be something that a woman is ready to disclose, or she may have fled some time ago and been homeless since), and having local connection, despite the frequent need for women to often approach different areas for safety.



Highlighting best practice

The **Covid-19 Crisis Project** was run by Solace and Southall Black Sisters during the pandemic and provided women with crisis accommodation and specialist support for three months, with resettlement support.

www.solacewomensaid.org/our-partnerships/covid-19-crisis-project

Leeds and Manchester City Councils were the only two councils to consider a gender-informed response to the Government's Everyone In pandemic policy from the start with women-specific provision.

basisyorkshire.org.uk/wp-content/uploads/2021/07/COVID-19-AND-WOMENS-HOMELESSNESS.pdf



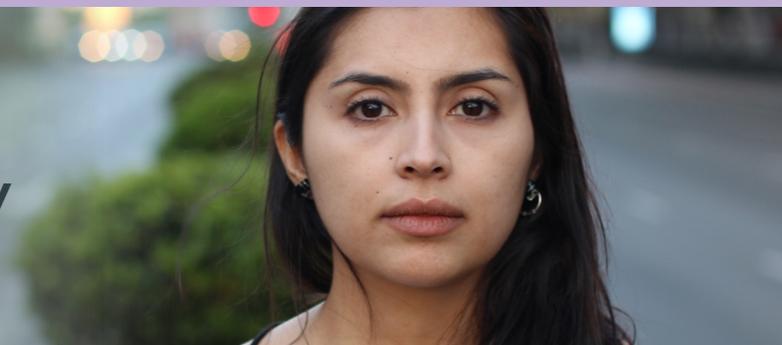
Support for women with no recourse to public funds and complex immigration status

Strategy action

Increased access to emergency and long-term accommodation and support is required for women with no recourse to public funds.

“[It] shouldn’t matter what paperwork you’ve got if you’re experiencing abuse. Your safety is the same as anyone else.”

Caseworker, VAWG organisation



Research has highlighted how migrant women can be especially vulnerable due to language barriers, not being aware of their rights and entitlements, unfamiliarity with systems and processes, and discrimination.⁹⁴ Yet for a woman with a ‘no recourse to public funds’ (NRPF) condition attached to their visa who is facing homelessness, the situation is especially dire. This means she is unable to access many of the welfare benefits, including housing and income support, which could prevent homelessness for her. While there are options for women with no recourse who have children, for a woman without children needing support, the options are close to none.⁹⁵ We cannot truly tackle women’s homelessness without addressing this area.

Our strategy supports the call by Southall Black Sisters for the no recourse to public funds condition to be lifted for victims of gender-based violence and exploitation, enabling women to access the housing and welfare support they need.⁹⁶ Women with no recourse who are in an abusive relationship face an impossible choice between remaining in that relationship or destitution and homelessness, and their immigration status can be used by a perpetrator as a form of control.⁹⁷ This is acknowledged in the Home Office 2015 Statutory Guidance Framework for Controlling or Coercive Behaviour, which explains that insecure immigration status may make a victim less willing to leave an abusive relationship or seek help.⁹⁸ Our survey highlighted how language barriers, not knowing how to find support, not knowing rights, mistrust of authorities and fear of immigration control all

acted as barriers to women seeking support. Women often experience discrimination by local authorities, or are not adequately informed of their rights or may not be assessed due to a language barrier and not being offered an interpreter.⁹⁹ One report even found cases of perpetrators used as an interpreter,¹⁰⁰ with our interviews revealing cases of children acting as interpreters. A survey by Solace found that 37% of respondents felt that women with no recourse experienced worse support and poor practice.¹⁰¹ Fear of immigration control and authorities (fear which is often stoked by perpetrators) can lead to women avoiding support services, including homelessness outreach services, again making them less visible to support. One respondent in our survey explained how all the barriers facing women at risk of homelessness in seeking support seem to be more evident when the person is not a UK national and if they don’t have recourse to public funds.

However, if a woman with insecure immigration status does leave an abusive relationship, her options are extremely limited. Our survey found that almost one-third of respondents (27%) were unable to support women with no recourse and this was raised as a key area of difficulty for support workers. There is extremely limited accommodation available for women with no recourse. On Routes to Support (a database listing refuge vacancies in the UK) in 2019-20, only 4% of the refuge vacancies could consider women with NRPF, and in many cases this was conditional on another agency, such as social services, covering the cost.¹⁰² Yet there is demand for these spaces that is not being met: Southall Black Sisters and

Solace Women's Aid ran a crisis refuge between May and November 2020 open to all women fleeing abuse regardless of immigration status, and found that women with no recourse to public funds made up half of all referrals turned away due to lack of space.¹⁰³ Many accommodation services rely on housing benefit to fund bed spaces, but housing benefit does not provide funding for women with NRPF. It therefore falls to third-sector organisations to provide accommodation and spaces for women with NRPF. Yet these spaces are extremely limited due to funding, and often rely on specialist organisations, which are over-stretched and often left out of decision-making and commissioning processes.¹⁰⁴ Outside of voluntary organisations, these scant options are even more limited for women with NRPF.¹⁰⁵

In addition, while some women fleeing abuse can access the Destitution Domestic Violence concession (available to women on a spouse visa who meet eligibility criteria), many women will not be able to access support for this or have an awareness of its existence, or may flee the relationship without being able to seek immigration advice and support to secure their immigration status. Support therefore needs to include sufficient access to specialist immigration advice and support, as well as lifting conditions for victims of gender-based violence.

The Kerslake Commission on Homelessness and Rough Sleeping, commissioned to review the Government's response to homelessness during the pandemic in the Everyone In policy, praised how everyone who was homeless was entitled to accommodation during this time, with factors like NRPF not constituting a barrier to housing and eligibility rules being suspended as part of the public health response.¹⁰⁶ During this time, there were higher numbers of people accommodated than expected, with people with NRPF making up a high proportion of those housed: in several boroughs, this was 40% of those accommodated

during Everyone In.¹⁰⁷ It was considered that they had previously been part of the 'hidden homeless' population, sofa surfing with friends or impacted by a relationship breakdown during the early months of the pandemic. They were less likely to have higher levels of need, but were more likely to have complex issues regarding their immigration status.¹⁰⁸ The Commission has recommended ensuring that people with NRPF continue to have the support they need, including free access to refuge and hostel spaces and access to immigration advice. It was noted in our interviews that to be most effective, immigration support should be funded within specialist led 'by and for' organisations supporting migrant women, thereby providing immigration support alongside wider support and with in-depth understanding of cultural needs and experiences.

Homeless Link's Ending Women's Homelessness Fund provides positive examples of what can be achieved through pilots that trained staff on NRPF to help them make more accurate assessments of clients and their rights, and to better advocate for these; crisis grants for women with NRPF, allowing them to access accommodation rather than become destitute; and providing bed spaces alongside specialist immigration advice and casework.¹⁰⁹ These pilots have shown that these approaches can help prevent women with NRPF – who can be the most vulnerable and the least provided for – from becoming homeless.

While the Domestic Abuse Act is a welcome development in ensuring that women fleeing domestic abuse and their children are entitled to safe accommodation and increased support, this continues to leave out women with no recourse to public funds. This should not be a missed opportunity and it is essential that there is a clear pathway to support for women with no recourse to public funds, ensuring that all women fleeing domestic abuse get the support they need.

Highlighting best practice

The **No Recourse Fund** run by Southall Black Sisters enables women to enter a refuge or safe accommodation to escape violence, providing a vital safety net until its campaign aim to give all women without recourse access to public funds is achieved.
southallblacksisters.org.uk/no-recourse-fund

Ashiana delivers an in-house specialist Immigration Advice & Advocacy service, allowing women to access all the support they need in one place and with a specialist understanding.
www.ashiana.org.uk/services/advice



Specialist support and understanding for women who have children removed from their care

Strategy action

Specialist support and advocacy for mothers prior to and beyond removal of children from their care is required, and exploration of the recurring links between homelessness and child removal.

“Every time you tell your story you relive a trauma.”

Woman with lived experience

Research and practice indicates that domestic abuse, homelessness and child removal are interlinked: homeless families are overrepresented in serious case reviews;¹¹⁰ housing precarity is often labelled as a form of neglect contributing to child removal; and child removal also often leads to a loss of housing for birth mothers as they are no longer deemed priority need.¹¹¹ Living in an abusive relationship may prompt child removal before becoming homeless, or homelessness itself may lead to the child being placed in an informal childcare arrangement, which can become long term or permanent. Research published in 2020 indicates that the sequence varied, but women who had experienced domestic abuse often lost their children and home in quick succession.¹¹²

Homelessness also prevents reunification as well as impacting upon child contact arrangements. Much of the temporary accommodation for women who have children no longer in their care – whether that is a hostel or refuge – often provides further barriers to a woman’s contact with her child. A woman may be placed in accommodation far from the child where the cost of travel may be unaffordable; the rules of the accommodation may prohibit her staying overnight to visit a child; or may place limits on a child visiting her accommodation.¹¹³ Once a woman is living apart from her child – even if temporarily – she may no longer be deemed priority need for housing, and is then trapped in the position of being ineligible for social housing

or housing with enough bedrooms that would be suitable for a family.¹¹⁴ One study has also highlighted how a woman’s economic precarity is often – mistakenly – conflated with poor parenting,¹¹⁵ which can reinforce her separation from her children.

Having a child removed from her care can be devastating for a woman, and for women who are homeless this grief can severely impact recovery and journeys out of homelessness.¹¹⁶ Yet when a woman has her child removed and she is classed as a single household, women find that much of the support around being a mother falls away.¹¹⁷ Our interviews mentioned how it may not be initially evident that a woman is a mother, and this can be something that is shared later on when she builds trust with her support worker. Often this isn’t asked as standard, yet is an enormous part of someone’s life and trauma, and hugely relevant to their support needs. Women can often feel abandoned by services when their child is no longer with them, and their grief is not acknowledged.¹¹⁸ A study by St Mungo’s found that 46% of the women they supported were mothers, and 79% of these women had had their children removed from their care.¹¹⁹ There is also a notable absence of data on incidents of pregnancy in homeless women (vulnerably housed or rough sleeping), suggesting that this area of supporting women has been overlooked and women’s needs around this are not being adequately addressed.¹²⁰

Highlighting best practice

St Mungo’s have developed a toolkit for supporting women experiencing homelessness and pregnancy. www.mungos.org/publication/homeless-pregnancy-toolkit



Intervention

Safe, suitable and specialist single-sex accommodation

Strategy action

An adequate range of suitable and safe single-sex accommodation options is required, appropriate for level of need and stage of recovery.



“You have to be really resilient to live here, to put up with the stuff they go through. ... A lot of the time ‘set up to fail’ comes into my mind.”

Support worker, women’s hostel

The challenge of finding appropriate, single-sex accommodation for female clients, especially for those without children (‘single’ women), was raised as a concern consistently across our survey and interviews with frontline workers. The Homeless Link Annual Review (2020) found only 7% of homelessness services offer women-only accommodation, and 81% provide mixed accommodation.¹²¹ Our mapping exercise highlighted the extremely limited provision of single-sex accommodation within boroughs, with the result that the provision that does exist has to cater to a wide variety of needs. On the other hand, where some services claim to cater to all levels of need including high needs, this isn’t always the case in practice and finding appropriate support can be extremely challenging for workers.

The Kerslake Commission found that a lack of a gender-informed response during Everyone In meant that women were often placed in mixed-sex accommodation or put off from accessing accommodation.¹²² While the process was praised for quickly finding accommodation for people experiencing homelessness, it wasn’t so effective at meeting the needs of women, and the Commission strongly recommends the provision of accommodation – including emergency – tailored for women.

The lack of appropriate accommodation for

different levels of needs was repeatedly raised in our interviews and survey. In interviews we heard about services that had been set up for women with medium-level needs that in reality were delivering for women with high needs. Such services can also be large with 50–100 people or more and where these are meeting a wide range of needs, those closer to independence can find the environments chaotic and can feel their recovery is disrupted by those with higher levels of need and at an earlier stage of recovery. One respondent explained how a lack of suitable housing for different needs leads to placements that aren’t suitable, meaning they then break down due to the lack of appropriate support.

It was noted that for some women who have experienced trauma, small supported housing projects would be beneficial but this type of accommodation is very scarce. In fact, in our mapping of five key boroughs, we only identified five projects that housed fewer than 10 women together. Some service providers felt that unrealistic expectations were placed on them to provide support to women that they were not specialised to do, yet there were no other options. This was found to be especially the case for women with care needs, who ended up remaining in unsuitable accommodation. In one interview, the words up ‘set up to fail’ were used repeatedly to explain the situation for these women.

Living in unsuitable shared accommodation can present various challenges to residents, especially for large accommodation providers supporting women experiencing multiple disadvantage. One such project told us about the challenges they face supporting a variety of needs, and how this can be disruptive for women with lower support needs who are in accommodation with women with higher levels of need, yet there is no suitable accommodation available to them. Similarly, it can cause resentment if women with lower levels of need see that women with higher levels of need seem to be receiving more support. It was also raised that women may find it hard to follow the strict rules of accommodation providers and need time to adapt to this way of living. Services are simply not being set up to deal with the complexities of a woman's experience, with even fewer options available for women with NRPF or multiple disadvantage, or minoritised or LGBTQ+ women. Another respondent highlighted how a lack of housing for women involved in sex working was one of the main barriers for exiting this work.

Suitable accommodation in which a woman feels safe and supported is clearly an essential requirement for her wellbeing and recovery, and having the option of women-only services and spaces is an essential part of gender-informed provision. One study by St Mungo's found higher rates of positive change in women experiencing multiple disadvantage in women-only projects, compared with women in mixed, despite the fact that the women in women-only projects started with a higher level of need and in more acute crisis, with the biggest differences seen in wellbeing and offending.¹²³ Crisis research found a correlation between women's wellbeing in their accommodation and positive changes in other areas of their lives. They were more likely to access other support services they needed, essential for long-term recovery and sustainable progress. This report found that it wasn't about having one specific kind of accommodation generally available, but rather having appropriate accommodation for that person in which they felt satisfied, safe and secure. If the accommodation is not appropriate, the result is often that the woman will choose to leave and return to potentially

unsafe 'hidden' situations.¹²⁴ This was seen in a survey of women experiencing complex needs by Changing Lives, which highlighted their transient lifestyle of moving between hostels,¹²⁵ indicating that women are not having their needs met by these services and instead require a range of accommodation to meet different needs.

Standing Together and Solace Women's Aid deliver Housing First for women in Westminster, providing gender- and trauma-informed support according to Housing First principles, which include flexible support for as long as it's needed, offering choice and control to clients, adapting the service to the client, and providing holistic support to maintain the tenancy.¹²⁶ As Solace is a VAWG organisation, they are able to provide services similar to Independent Domestic Violence Advocates, including risk assessments and safety planning, with weekly sessions with keyworkers who have relatively small caseloads.¹²⁷ This gender-specific model of Housing First has also been used in Camden and Islington, in collaboration with Fulfilling Lives and Islington Council, demonstrating how gender-neutral services can effectively be turned into a gender-specific service. The Housing First approach has been shown to have positive results for people who have experienced long-term homelessness.¹²⁸

Another example of a gender-specific service is the Southwark Women's Assessment Hub, run in partnership between Solace and Southwark Housing Solutions. This small accommodation project of three bed spaces provides intensive support to women affected by the criminal justice system and/or rough sleeping, and clients are provided with longer-term accommodation through Southwark Housing Options.¹²⁹ Both projects are positive examples of innovative approaches to working with women with higher levels of need, yet will not be suitable for all women. Such projects should exist among a range of options within homelessness pathways to enable the pathway to meet different levels of need and stages of women's recovery.

See Guidance on gender-informed accommodation on page 46 for further detail.



Highlighting best practice

Housing First models specifically adapted for women are achieving significant success in Westminster and Islington.

www.standingtogether.org.uk/housing-first-1

www.solacewomensaid.org/our-services/housing-first

Improving mixed-sex accommodation

Strategy action

Mixed-sex accommodation must become safer and better able to support women as an urgent priority.



“Practitioners are forced to accept unsuitable accommodation, as the other option is nothing. It’s hard on the practitioner as well. You can be as gender- and trauma-informed as you like, but unless everyone else is...”

Caseworker

“It’s nice to have a space that’s safe and not intimidating. Everyone needs that.”

Woman with lived experience

The evidence increasingly points to how mixed-sex services in reality are male-dominated spaces designed around the male experience, in which women often feel unsafe and can be put at risk of further abuse in these services themselves.¹³⁰ Women can be at real risk in this environment and have described experiencing sexual harassment, abuse and exploitation within mixed-sex accommodation services.¹³¹

One large mixed hostel service told us about the challenges they faced in protecting women from male abusers accessing the building, which could be more easily avoided in single-sex accommodation. In one survey of women experiencing homelessness, female respondents described their experiences of sexual abuse in hostels and felt that women need to be segregated from male clients in order for them to feel safe.¹³² One research project in Camden found that 49% of the women surveyed reported that they had left accommodation due to experiences or risk of violence and abuse, and for some of the women this had occurred numerous times.¹³³ As a ‘solution’ to them experiencing violence and abuse in unsafe accommodation, women reported accommodation providers moving them on and

losing their accommodation, which then places them at further risk of unsafe situations and disrupts their support and recovery. While it is important to recognise and respond swiftly to risk, there needs to be earlier and greater consideration of women’s safety, risk management and appropriateness of placements within such settings. A greater focus on this from the start and more attention given to actions of perpetrators would lesson violence and disruption which women repeatedly face as a result of unsafe situations and the continual need to move to avoid this.

Studies into women’s experiences of accessing homelessness services have revealed that women are more likely to approach support services at a later stage than men and are more likely to have support needs that are more entrenched or have escalated significantly.¹³⁴ When they do finally access support, it is often after multiple unsuccessful attempts to access services over periods of prolonged homelessness.¹³⁵ As a result, women are often less ‘ready’ to begin any journeys to safety, recovery and stability when they initially interact with services, and can display behaviour that is interpreted as being ‘too complex’ or

‘difficult’ in comparison with male counterparts.¹³⁶ The Ending Women’s Homelessness Fund found that including a specific women’s worker in a mixed-sex service can help to increase engagement and feelings of safety.¹³⁷ It is essential that staff are trained on providing a gender- and trauma-informed approach and that women’s specialist staff are available to provide suitable

support to a woman in the moment when she is ready to access it.

See Guidance on gender-informed accommodation on page 46 for further detail on embedding gender-informed practices.



Highlighting best practice

Camden Safe Space is an innovative and best practice project delivered by St Mungo’s working across the Camden Adult Pathway to improve provision and understanding for women, including within mixed-sex settings.

Couples’ pathways

Strategy action

Safe couples’ pathways are required which include accommodation, specialist support, guidance and training.

“If the woman feels like you’re trying to split her up from the only person she has in her life, of course she’s going to run a mile, that’s so scary. It’s important to recognise why the woman’s in a relationship and what’s keeping her there first.”

Caseworker, project supporting people experiencing multiple disadvantage



As women experiencing homelessness and rough sleeping are at such high risk of violence and abuse, a relationship with a male partner can offer a woman a degree of protection; even if that relationship is abusive, it can be the ‘least bad’ option in an extremely dangerous situation, and some women have reported that they would be unable to survive on the streets if it weren’t for their partner.¹³⁸ Many street-based couples contain some element of abuse, yet despite this fewer than 10% of services in England will accept couples together,¹³⁹ meaning that the couple may choose not to access support at all rather than be housed separately. Conversely, women also face immediate assumptions that their relationship is abusive – before an assessment has been made – and there can be much unconscious bias around

the dynamics of the relationship.¹⁴⁰ A key step in providing support is recognising relationships as valid and removing judgement in responses, even where there are concerns around safety.

Much of the support available to women experiencing homelessness who are in an abusive relationship does not take into account the complexities of street-based relationships and instead are focused on her leaving the perpetrator, rather than tackling the other issues she may face.¹⁴¹ For example, MARACs (Multi-Agency Risk Assessment Conferences), local meetings set up for professionals to discuss high-risk domestic abuse cases, focus on a victim of abuse leaving their partner. Yet it can be extremely challenging for her to leave an abusive partner when homeless, and may not even be desirable for her

at that time. Yet the risk-averse nature of many services leads many not to accept high-risk, high need couples, meaning they are not getting the support they need. Yet the evidence suggests that if a couple isn't housed together, many will choose to rough sleep together rather than be apart, returning them to potentially dangerous situations which are less visible to support services.¹⁴²

In abusive and controlling relationships, male partners can disrupt a female partner accessing support, especially at women-only services that he's not able to attend with her.¹⁴³ He can view her receiving support as a challenge to his control or ability to observe her interactions.¹⁴⁴ There can also be challenges in providing support if the people in the couple are at different stages of recovery, with the potential for sabotaging their partner's recovery.¹⁴⁵ The interviews and survey carried out as part of this project heard repeatedly the challenges that support workers faced when working with couples, including managing risk if the perpetrator was still involved, finding accommodation for couples or relationships that involved domestic abuse, or seeing a female client separately from her male partner. Support workers also face various challenges from the perpetrator directly, including intimidation and direct challenging of their positions.¹⁴⁶ When homelessness organisations rated their confidence in supporting women experiencing abuse from an intimate partner, the average was 6.6 out of 10 (with 10 being completely confident), demonstrating greater need to equip and support practitioners in this area. We heard how this can

make workers feel extremely anxious and presents them with high levels of responsibility in a 'life or death situation' and uncertainty about whether they are doing enough to help, described by one service provider as 'scary'.

This is also an area that is not captured in the data, and so services are not commissioned to focus on this area and there is no clear pathway for working with rough sleeping couples, with the majority of services not commissioned or supported to take referrals for rough sleeping couples.¹⁴⁷ A focus on 'single homelessness' as opposed to family homelessness (for example, through the Homelessness Reduction Act which made positive steps towards supporting single people not in priority need) unfortunately can also limit recognition of couples, particularly where accommodation within supported hostel pathways struggle to accept couples together. Likewise, behaviour change programmes for perpetrators of abuse with multiple disadvantage are rare. This issue highlights differing areas of expertise and approaches which are not linked up enough, with VAWG organisations not as accustomed to working with perpetrators and homelessness organisations less confident in working with domestic abuse, especially when the woman may not identify her experience as domestic abuse.¹⁴⁸ Specialist workers, training to make sure staff are able to manage situations, and ensuring perpetrators also have a caseworker all offer opportunities to improve working with couples.

Highlighting best practice

Couples First? Understanding the needs of rough sleeping couples is a research and best practice report published by Brighton Women's Centre.

womenscentre.org.uk/coupling-up-danger-being-woman-on-streets

The **Homeless Couples and Relationships Toolkit** has been developed by St Mungo's for the homelessness sector.

www.mungos.org/publication/homeless-couples-and-relationships-toolkit



Wraparound and multi-agency trauma-informed support

Strategy action

Specialist wraparound and multi-agency support should be available in every borough for women experiencing homelessness and multiple disadvantage.

“[You need a] place to rebuild as a female and feel empowered. Knowing there’s a service there when you’re ready to use it – that’s hope. Otherwise it can feel too overwhelming.”

Woman with lived experience



Women experiencing homelessness can have a range of needs that require the support and expertise of many different agencies. Yet for this support to be effective, it is essential that these agencies have processes in place to ensure that this works smoothly and is in the interests of the woman who is being supported, otherwise multi-agency support can feel more problematic than helpful. Our focus group on this topic highlighted various barriers for this working effectively, especially when trust is built with a client by one support worker, but then other services become involved with a different approach and can contribute to a breakdown in trust with the client. This can also be a challenge when the woman moves on from one service to another, which doesn’t work in the same way and may have different standards of support and expectations of her.

These agencies may each require her to retell her story and experience; as one expert by experience told us, ‘Every time you tell your story, you relive a trauma.’ She also described the frustration she felt with agencies refusing to share her file, meaning she was forced to keep retelling her story. The assessment process itself was discussed as being more about what the service feels they need to know, rather than being shaped by what the client needs them to know to feel safe and supported in the service, requiring a shift in thinking. This can be supported through more gradual and less formal assessment processes, as well as shared assessment processes between services to avoid repeatedly answering the same questions.

In addition to a lack of communication, an uncoordinated approach was also highlighted in our survey and focus group, where individual responsibilities of staff in different agencies can be unclear. The Making Every Adult Matter (MEAM) and Fulfilling Lives Islington and Camden (FLIC) approach also found this: where there was a multi-agency model in place, coordination wasn’t always extended to frontline workers.¹⁴⁹ This study also found that women’s specialist workers were often not a component of coordinated approaches between organisations supporting women experiencing multiple disadvantage, meaning women who had experienced domestic abuse or VAWG, but could not access typical domestic abuse support pathways, were not getting sufficient support for this anywhere.¹⁵⁰

Additionally, multi-agency working has been found to be impacted by different organisations’ levels of understanding of the impact of the specific experiences and support needs of women experiencing multiple disadvantage, which can result in an uncoordinated or even traumatising approach for clients.¹⁵¹ As highlighted in previous sections, women with multiple disadvantage can face discrimination and exclusion from services, requiring specialist advocacy to ensure they receive the right support, as well as assistance in navigating services and processes. Therefore, it is essential that the responsibilities for this are made clear to frontline workers, and that the right resources are in place for them to carry out this work with a trauma-informed approach.

Women experiencing multiple disadvantage can have non-linear paths to recovery that require consistent and long-term support. One example of good practice is the WiSER project, a partnership of different specialist VAWG and multiple disadvantage services supporting women who are in practice excluded from mainstream services. Their approach adapts support to the women's needs, providing assertive outreach support from specialist advocates with small caseloads and committing to long-term support. They are also able to keep cases open, even when women may disengage from support for a period.¹⁵² The Fulfilling Lives Islington and Camden project – a specialist service supporting people who experienced homelessness and multiple disadvantage in multi-agency and wraparound support partnerships – told us how having a specialist domestic abuse worker from WiSER co-located in their team helped further upskill their whole team and helped increase their knowledge and confidence in providing support on this area.

The Ending Women's Homelessness Fund grantees piloted positive approaches to coordinated working, helping to avoid re-traumatisation by having one key worker to deliver coordinated support; they introduced information-sharing protocols between agencies, and worked with the women they supported to identify how their information could be safely shared between agencies while avoiding them having to re-tell their stories. They found that this was an especially positive approach when supporting women who had insecure immigration status.¹⁵³ Making Every Adult Matter also found that regular multi-agency meetings, having shared databases, and top-down strategic buy-in provided a beneficial framework for supporting women experiencing multiple disadvantage.¹⁵⁴

See Guidance on wraparound and multi-agency services on page 56 for further detail on how this can work in practice.



Highlighting best practice

The WiSER Project is an expert partnership of specialist charities working with women experiencing multiple disadvantage and VAWG.

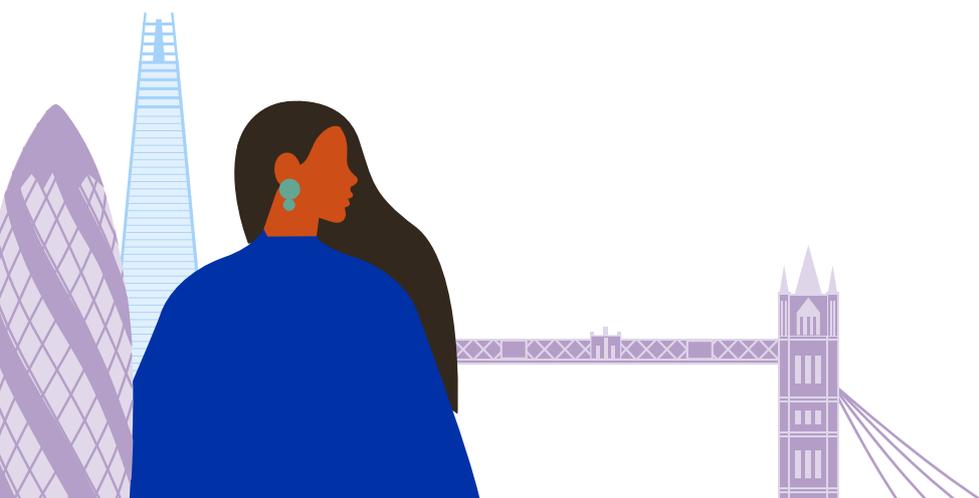
www.solacewomensaid.org/our-services/wiser-project

Fulfilling Lives Islington and Camden is one example of the high-quality and innovative Fulfilling Lives programmes supporting people experiencing homelessness and disadvantage. The project draws to an end in 2022.

Housing First projects adapted for women and provided by Standing Together and Solace in Westminster and Solace and Islington Council in Islington are providing high quality and intensive wraparound support alongside housing.

Team Around Me is an innovative case conference model designed to ensure better co-ordination and accountability between agencies working together with women experiencing multiple disadvantage.

www.shp.org.uk/team-around-me



Gender-informed outcomes

Strategy action

Gender-informed outcomes should be developed for services supporting women experiencing homelessness.

“You have to bear in mind everyone’s journey point starts at a different level. For some clients, going to one appointment is a big deal for her, but it doesn’t mean much if reported to anyone else.”

Caseworker



As outlined above, services for people experiencing homelessness tend to be designed with men in mind, without recognising that women’s experiences differ and require different approaches, and that women are likely respond better to gender-informed approaches. For example, relationship-based models, which provide time to build trust and connections with a service and with wider community and support networks, can be the most effective for women who have experienced trauma and repeated breakdown in trust with services. For women with such experiences, recovery can take time and is often non-linear, which can provide challenges in capturing progress.¹⁵⁵ There is growing acknowledgement that traditional reporting outcomes focusing on quantifiable factors (such as housing stability, education, attending appointments) can regularly miss the signifiers of progress that can be the most meaningful for clients, so-called ‘soft’ or qualitative outcomes (such as improved confidence and wellbeing, building relationships, better self-care).

By not capturing this, reporting processes are not reflecting the full impact of a service and the service isn’t fully supported in the nuances of its work. This also limits understanding of the needs of women accessing services and the impact of these approaches. However, there is a challenge in communicating the value of this information to those who commission services. This is especially the case for projects that support people experiencing multiple disadvantage over a longer time.¹⁵⁶ In our focus group on outcomes, attended

by frontline workers, service managers and commissioners, it became apparent that the way data is recorded is disjointed. Frontline workers were unclear of what data was most useful for commissioners and what data would be most useful to record for the longevity for the project; on the other hand, commissioners faced a challenge of justifying spending on certain areas without the evidence.

A recent study by Fulfilling Lives on outcomes has highlighted the challenges and pressures of short-term funding cycles when it comes to relational outcomes, and what can be realistically achieved and demonstrated to have been achieved during this time.¹⁵⁷ Similarly, services themselves, under pressure to secure funding, may be less able to try more innovative approaches for measuring outcomes that could better demonstrate progress.¹⁵⁸ Without increased recognition for and use of such outcomes, it is difficult to get consensus on how best to measure against them or to develop a consistent approach across services, making it yet more difficult to record this work and bring it into common practice. For example, during our focus group participants discussed the importance of measuring improvement in a sense of wellbeing, yet raised the challenge of when and how to record the starting point sensitively for the client. Conversations around recording these qualitative outcomes demonstrate the need for a sensitive, trauma-informed approach that puts the client’s wellbeing first, rather than being driven by the outcomes themselves. This has highlighted the

need for greater collaboration between commissioners, frontline services and women with lived experience to create a consistent approach that meets the needs of the client, demonstrates the full impact of the service, and can evidence

the commissioning of further gender-informed services.

See Guidance on gender-informed outcomes on page 48 for further detail.



Highlighting best practice

Fulfilling Lives Lambeth Lewisham and Southwark have developed guides for commissioners and services on 'Re-thinking Outcomes' for people experiencing multiple disadvantage.

fulfillingliveslsl.london/re-thinking-outcomes-guide-for-commissioners

Gender-informed commissioning and funding

Strategy action

Gender-informed commissioning requirements, procurement processes and funding models should be used to address the gaps in provision for women.



“Funding options to do work like this are limited; it feels like we’re trying to fit new models into the structures that exist, which doesn’t work. We couldn’t fit into [the] funding pot, so we didn’t apply.”

Homelessness service for women leaving prison

“Commissioning cycles are important if you want to make changes, or tweak services, or work with other agencies or boroughs. It can be a hindrance as contracts run to certain times. If commissioning cycles aren’t aligned, you can’t join up or be as effective.”

Local authority commissioner

Women’s needs must not be an after-thought in commissioning services, and need to be built in from the beginning, yet commissioning models and processes can often hinder a service being truly gender-informed. It is increasingly understood that women experiencing multiple disadvantage can benefit from a relational approach that can take time. Short-term funding cycles are therefore a key challenge for services in providing the support that women need. Short-term contracts changing regularly and at late

notice were identified as a major issue in our survey for practitioners when building professional relationships and trust with clients and can result in high turnover of staff and clients feeling abandoned. This response has been described by one study as services ‘constantly battling to survive’, rather than focus on offering support.¹⁵⁹ This approach encourages short-term projects, rather than providing the long-term, sustainable funding often required to support women experiencing multiple disadvantage

appropriately.¹⁶⁰ Funding in this way does not provide a long-term, strategic and gender-informed response to women's homelessness. Non-linear recovery journeys and difficulties with engagement can also mean that when clients come back to a service they thought could support them again after a time away, they can find it no longer exists. This can also be a difficulty for commissioners working within short-term funding models that don't allow for longer-term planning and approaches.

A more holistic, cross-sector and cross-borough approach to commissioning was suggested in the focus group to tackle multiple funding streams that can result in complicated and inconsistent service provision for women, especially when they move between boroughs.¹⁶¹ This could help to address the multiplication of services and service fragmentation highlighted at the root of the lack of appropriate response to multiple disadvantage. Gender- and trauma-informed commissioning also needs to take into account the complexity of support services and the challenge of navigating them that this can pose for people experiencing multiple disadvantage.¹⁶² The focus group discussed the importance of commissioning services that take this into account, such as multi-agency navigator roles who can coordinate support across local authorities and agencies, providing a particular point of contact and consolidating which services are being accessed. This was supported by one participant with lived experience, who found when she had an advocate or navigator communicating with services, this was when she was most successful in her path to recovery.

Timing of commissioning processes was also discussed as key challenge for both commissioners and services, with short timeframes providing a barrier for meaningful co-production or trying innovative approaches. However, processes such as co-production are

essential for an effective service development and need to be built into commissioning from the beginning. Recognising the difficulties of this, developing effective co-production networks and processes could make this much easier and more accessible, and have a significant ongoing benefit. Furthermore, short mobilisation time means there is less time to train staff on a gender-informed approach or to build a gender-informed service, particularly when this is seen to be an additional extra rather than a priority. Commissioners also need to have gender-informed priorities set out from above, as do services, so that meeting women's needs is essential for services, not an extra that can be dropped due to lack of time. However, there are innovative responses being trialled; for example, when Camden introduced the PIE (psychologically informed environments) model, they tried a different procurement process that enabled bidders to propose a model they could negotiate before the final decision, which meant that services could be more creative in the model they were proposing.

For services to be gender-informed, commissioning must be gender-informed from the outset, with commissioning teams and panels having an expert on women participate as a matter of course, and not an add-on. Yet the focus group highlighted that a comprehensive understanding of and consensus on what constitutes being gender-informed and how this relates to services is still lacking, despite expert women-specific projects and a wealth of research reports.¹⁶³ This highlights the need for culture change across policy making and commissioning, to include a gender-informed response at the heart of strategies, priorities and vision, driving this commitment at all levels and throughout all stages of provision.

See Guidance on gender-informed commissioning and funding on page 53 for further detail.



Highlighting best practice

Homeless Link's Ending Women's Homelessness Project highlights 'promising practice from the frontline' in working with women experiencing homelessness, as well as publishing insights from recent pilots and innovation funded by the project.

www.homeless.org.uk/supporting-women-who-are-homeless

Fulfilling Lives and **Groundswell** both offer excellent practice and learning in co-production with people with lived experience.

fulfillingliveslsl.london/co-production-whats-working

Second-stage and move on accommodation and support

Strategy action

Enough suitable, safe and supported second-stage accommodation is required to meet the range of needs of women recovering from homelessness.



“When you’re housed, it isn’t that everything is sorted and all other problems go away. Isolation once moving to new accommodation is hard. This is how cycles of homelessness happen, you’re stuck at home with no support and isolated.”

Woman with lived experience

In 2017, the National Audit Office estimated that, in England, homelessness costs the public sector in excess of £1 billion a year, with more than three-quarters of that (£845 million) being spent on temporary accommodation.¹⁶⁴ Furthermore, in 2021 there were 8,968 households on waiting lists for local authority social housing in London.¹⁶⁵

Given the very short supply of social housing, many people approaching local authority housing departments for assistance have little option but to access private rented accommodation. Particularly in London and particularly for those accessing welfare benefits, affordable private rented accommodation is very hard to find, and yet more difficult when factoring in safety concerns and need to stay in local areas for vital support networks. For women with multiple disadvantage leaving supported accommodation, this is unaffordable, unsafe, and unsustainable.

With very limited access to social housing and unsuitability of private rented accommodation, move-on accommodation is very difficult for women and caseworkers to source. Second-stage accommodation options with a measure of support are ideal next steps, but are in short supply. Second-stage and move-on housing options also vary across local authorities, and lack of social housing means restrictions have increased, especially in London.¹⁶⁶ The challenge

of working with a limited supply of safe and suitable move-on accommodation for different levels of need was raised consistently across our survey and by several interview respondents.

A lack of move-on options reduces turnover and increases reliance on shorter-term and supported accommodation. With a lack of move-on options, clients need to stay in supported accommodation for longer, increasing their reliance on services and support and hindering progress towards independence. One women-only hostel told us about how they had housed women for around 10 years because of a lack of suitable move-on accommodation, meaning women can then become institutionalised and less able to move to independence. Respondents told us it’s not just about finding somewhere to live, but having adequate support alongside this: women may not need 24-hour support, but will likely still need a measure of support until they are ready to be completely independent (where possible). In a study of 144 women across England in 2006, having a clear exit strategy for women to move on when ready was a key feature of the hostels in which they had had positive experiences.¹⁶⁷

There are positive programmes providing second-stage and move-on accommodation and support, but these remain limited, dependent on relatively short-term funding and reliant on a flow of

housing stock, which we know is lacking. The Casa Project is a pan-London partnership funded through the GLA and Mayor's Move On Programme and coordinated by Solace.¹⁶⁸ This project supports women through access to safe, high-quality and affordable accommodation for two years with resettlement support. However, this is only open to women who have experienced domestic abuse and moving on from refuge, and is a small project (which even so, encounters difficulties in sourcing accommodation). Following the two years in the project, difficulties again arise in sourcing move-on accommodation from second-stage projects such as Casa.

The Casa Project is linked to Clearing House, a long-term programme which provides similar support for those who have a history of rough sleeping and are ready to gain further independence. Being directed towards rough sleepers, however, the project requires CHAIN verification and contact with a commissioned service supporting rough sleepers.¹⁶⁹ While these projects provide positive supported move-on, their reach is limited due to the availability of properties and because they are not set up to support women who may experience multiple disadvantage and more 'hidden' forms of homelessness as they will be without CHAIN verification and are unlikely to have been accepted into a refuge. These are, however, positive examples of support which could be expanded and thresholds reduced to be able to support this group of women.

The Pan London Housing Reciprocal (PLHR) is a project coordinated by Safer London, offering a pan-London, gender-informed approach to provide safe transfers across social housing providers in London for those with social tenancies who are at risk of harm and violence in their home.¹⁷⁰ For many in this position, having to leave their tenancy due to violence can result in homelessness, in part due to high thresholds for management transfers within housing associations

and local authorities. The PLHR service is important for prevention by supporting women to retain their tenancies, but also can support move-on, recovery and tenancy sustainment if they have stayed in a refuge or supported accommodation after fleeing violence from their tenancy. An addition of a supported element could further benefit women who are ready to return to their own tenancy and independence.

Once again, however, this can only support a limited cohort of women as it operates for those with social tenancies, has a very high level of demand in relation to supply of housing, and is limited by short-term pots of funding.

These are examples of high-quality projects which are unfortunately limited by housing availability and are often small-scale, but could be expanded and replicated to further and better support women experiencing multiple disadvantage and rough sleeping who are ready for their next stage of recovery.

Adding to the difficulties of sourcing move-on accommodation are the limited resources available to women and caseworkers for resettlement support. Women leaving supported accommodation may be entering new accommodation without funds to furnish their home with even the essentials, and may find themselves moving from a high level of support to no support at all, often in a new area and environment and without a support network to rely on. Women can then become quickly isolated and can run into difficulties with their accommodation and without sufficient support, may be pushed back into homelessness. Resettlement packages which include an appropriate level and length of support, and funds to equip their property and support them to reestablish skills for living independently are vital for women leaving supported accommodation to any level of independence.

Highlighting best practice

The Pan London Housing Reciprocal has provided safe, gender-informed and risk-aware social housing transfers in collaboration with housing providers across London.

saferlondon.org.uk/places-housing-and-communities

The Casa Project, delivered by Solace, sources move-on accommodation and provides support for women leaving refuge to their next stage of independence.

www.solacewomensaid.org/our-partnerships/housing-projects



Mental health support

Strategy action

Improve pathways and partnerships to support access to and engagement with mental health services for women experiencing homelessness and multiple disadvantage.



“So many women fleeing abuse flee boroughs regularly, get on mental health pathway, flee, back on waiting list for a year in another borough, so never get the support they need, constantly on the back of waiting lists.”

Caseworker supporting women experiencing multiple disadvantage

Research has highlighted the prevalence of mental ill health among female rough sleepers; there is a higher tendency for female rough sleepers to report mental ill health than men, which also makes them more likely to experience sustained or repeated rough sleeping.¹⁷¹ As discussed previously, male violence and abuse is an almost universal experience among women experiencing homelessness, either as a direct cause or result of homelessness, and there is strong evidence for a considerable connection between experiences of abuse and mental ill-health, which also makes someone vulnerable to further abuse.¹⁷² A study by Groundswell of 104 women experiencing homelessness found that 64% of the women surveyed were experiencing mental health issues, compared with 21% of the general population, with the most common issues being depression, anxiety and post-traumatic stress disorder (PTSD).¹⁷³ Mental ill health can be a direct contributing factor towards homelessness as someone struggles to manage different aspects of their life, or can develop as a result of an insecure housing situation.¹⁷⁴ One-third of the women surveyed by Groundswell had had to use emergency medical care because of their mental health.

However, despite the prevalence of mental health issues, women experiencing homelessness are not getting the support around this that they need. In our survey, 16% of respondents were unable to provide any support to women with mental health needs. Mental health services continue to need a

greater understanding of or flexibility around the needs of women experiencing homelessness who may face multiple disadvantage. Missing appointments can be interpreted as non-engagement or refusal of support, with cases being closed and referrals to a waiting list needing to be made again, rather than recognising that attending these appointments can be challenging for those who have experienced severe and repeated trauma,¹⁷⁵ have a lack of trust in services or an unstable housing situation. Long waiting lists for appointments are also frequently raised as an issue, leaving women’s mental health to deteriorate while they have to wait to see a healthcare specialist.¹⁷⁶ There is an additional barrier for women who are using substances, as many NHS mental health provision will require them to abstain in order to access support. Yet it is close to impossible for people who have experienced trauma and use drugs or alcohol as a coping mechanism to stop doing so before the underlying mental health needs have been addressed.¹⁷⁷ This was repeatedly raised in our survey and interviews as a key challenge for support workers. Yet drug and alcohol services have been found to focus on behaviour, rather than the underlying reasons why women might use.¹⁷⁸

The distinction yet similarities between ‘complex trauma’ and personality disorder diagnoses can also act as a barrier to women accessing services. On the one hand, a personality disorder diagnosis can carry a high amount of stigma, discouraging

women to access support. On the other hand, they may not meet the specific diagnostic criteria for personality disorder, and so will be unable to access this support. We heard from a mental health professional about how therapeutic programmes for personality disorder and complex trauma can be very similar, yet women are denied this support, with few specialist services for complex trauma available.

The high impact of violence and abuse on women experiencing homelessness and their mental health is still not being taken into account when designing services,¹⁷⁹ with coping strategies, such as problematic substance use, continuing to be misinterpreted and used as a cause for exclusion from services.¹⁸⁰ Furthermore, the homeless population is transient, moving between boroughs and areas, yet mental health services are not coordinated pan-London, providing an additional barrier to support. This is particularly an issue for women fleeing domestic abuse, especially with the time required to engage in conversations around mental health, be ready to access support, undergo an assessment and be added to a waiting list, and then having to start all over again if she has to move to another area.

Due to exclusion criteria around problematic substance use, mental health services should work in closer partnership with addiction services.

Co-located support and partnership programmes can also bring mental health support and expertise to women via women's spaces, accommodation and outreach sessions. For example, the South London and Maudsley (SLaM) Psychology in Hostels project provides flexible support from psychologists to people with complex and multiple needs in hostels, in partnership with the London Borough of Lambeth and Thames Reach hostels. The project works flexibly according to the client's needs, helping them to improve their stability and engagement with support. There is also space for community psychology interventions, particularly in statutory services, with a mixed approach including group work to help women understand their experiences and the meaning of their trauma symptoms.¹⁸¹

The devastating impact of the pandemic on mental health has been widely discussed, and our interviews and survey revealed that services have been seeing more women with increasingly high-level and complex needs requiring more intensive support, as well as worsening mental health. Providing this emotional and psychological support falls to support workers who are not trained in providing psychosocial support, is extremely time-consuming for support workers, and does not provide women with the appropriate support they need in order to recover and move on from homelessness.

Highlighting best practice

The **Psychology in Hostels** project delivered by South London and Maudsley NHS Trust (SLaM) provides a flexible and responsive psychology service to adults with complex needs and living in homelessness hostels.

The **WiSER Project** delivered by Solace provides support to women with multiple disadvantage. The project includes a clinical psychologist who provides support directly to clients and to staff. This model has been successfully replicated by **Camden Safe Space** project.



Conclusion

In speaking to stakeholders from policy makers to practitioners in the last year, it is clear that there is great willing, incredible expertise and continual hard work under great pressures in trying to meet the needs of women experiencing homelessness. However, service provision isn't effective, safe or numerous enough for women and while specialists and those engaged with the issue are ready to act, we need a more widespread understanding of the needs of women and more action from the top to prioritise this issue.

These problems were repeated time and again to us in the past year and can be found in the wealth of literature on women's homelessness.

There are a range of actions we can take to dramatically change this situation, from training a whole team to expanding data collection and creating women's homelessness strategies, as we have set out in this strategy and report. There are actions within reach for each of us, and we can take action now.





Guidance to support implementation of strategy

Guidance on gender-informed practices

Here we set out practices that organisations can take to embed gender-informed working within homelessness and multiple disadvantage contexts.

This is by no means a comprehensive or restrictive list, but intended as an aid to recognise and support development of gender-informed services

and practices. It should be noted that any gender-informed practice should also be trauma-informed.

This information is based on our interviews and surveys, existing literature and continuing conversations with a wide range of services conducted over the past year.

Support characteristics

- Expert VAWG and multiple disadvantage support and understanding.
- Trauma-informed working with an understanding of gendered experiences which may lead to trauma, including all forms of gender-based violence, child removal and sex working.
- Support around gender-specific needs which include but aren't limited to: pregnancy, having children removed from care and child protection processes, sexual violence and exploitation, sex working, all forms of VAWG including harmful practices, gendered experiences of the criminal justice system, gendered economic precarity (including financial abuse, lower earnings, impact of maternity, childcare and caring duties on ability to work and earn, benefits needs).
- Caring, kind and empathic approach.
- Support centred on building relationships and trust between client and service/worker.
- Working at the client's pace and level of need, with an individualised approach, and to the client's identified priorities.
- Emphasis on agency, empowerment and offering choice wherever possible.
- Flexibility in service provision and approach.
- Non-judgemental approach without assumptions, for example around relationships.
- Involvement of the client in decision making and multi-agency meetings.
- Provision of psychological support for clients and for advising and guiding staff.

In-depth understanding

- Understanding of gendered and intersectional causes and experiences of homelessness, including VAWG, child removal, gendered contact with the criminal justice system, economic precarity, and racism and discrimination.
- Understanding of risks based on experiences of homelessness, multiple disadvantage and cultural identity, for example awareness of the impact sexuality, gender, cultural background, race and ethnicity can have on the nature of risk and violence, whether from partners, wider personal networks or the public (such as racially motivated abuse and violence from the public).
- Strong understanding of VAWG and its ongoing impact.
- Trauma-informed working with women should understand the stigma women face when they do not conform to stereotypes and therefore the more severe responses they often receive when exhibiting trauma responses such as aggression or emotional distress.
- Understanding of lack of trust and breakdowns in relationships with services and figures of authority, particularly for women who have had children removed, fear deportation, or have experienced systemic racism, discrimination and marginalisation.
- Understanding of complexity of relationships, particularly within the context of homelessness and multiple disadvantage.
- To improve understanding, whole services should be trained on VAWG - including harmful practices and sexual violence - women's homelessness, multiple disadvantage and trauma-informed working. Training should include understanding of intersectional experiences of homelessness and violence, including impacts of race, ethnicity, sexuality and gender.

Practical - staff

- Support, training and processes in place to support safe engagement with perpetrators by staff and safe interventions and responses in the case of witnessing incidents. This is important in safely addressing dangerous behaviours and turning attention from victim/survivors to perpetrators, thereby supporting prevention as well as responses to violence.
- Support for workers, including reflective practice/clinical supervision, awareness of and support for symptoms of burn-out, compassion fatigue, and vicarious and secondary trauma.
- Support for workers must include adequate training and access to advice outside their specialism.

Practical - service

- Referral processes should be wide-reaching and non-restrictive, reaching out to services women may approach first or feel safest at (including VAWG services), and reducing or removing barriers to entry such as CHAIN verification or local connection.
- Safety planning and risk assessments informed by an understanding of experiences of homelessness and multiple disadvantage and the differing risks and safety measures involved.
- Slower, more informal assessment processes. Longer engagement periods with an emphasis on building trust and relationships.
- Limited conditions on engagement and what this looks like. Where cases have to be closed, re-engagement with a service should be as easy as possible. Case closure for women should not solely be based on e.g. a set number of unanswered contacts taking little account of lifestyle, patterns of engagement, access to phones and potential coercion and monitoring from partners.
- Gender-informed outcomes, including a mix of 'soft' and 'hard' outcomes. See guidance below.

- Workers and services must have time, capacity, support and appropriate outcomes structures in place in order to be truly able to work with gender-informed practices.
- Policies and procedures around VAWG, working with couples, and responding to incidents of violence between clients, both within and outside of the service.
- Close partnership working with other agencies to provide integrated support, particularly with VAWG services. Training and co-locations between specialist services, including VAWG and led ‘by and for’ organisations. VAWG services can also support through advice to professionals, particularly valuable if support workers have concerns which the client is not yet ready to address with a VAWG service. This can help workers to feel supported by expert staff and help build their own knowledge and expertise and could include case consultations for more in-depth support.
- Shared responsibility across the service and across partnerships, pathways and forums.



Guidance on gender-informed accommodation

As the strategy sets out, gender-informed accommodation is crucial to improving women's experience in homelessness settings. Here we set out attributes of gender-informed accommodation, many of which are applicable to mixed and single-sex settings.

This is by no means a comprehensive or restrictive list, but intended as an aid to recognise and support development of gender-informed services and practices.

This information is based on our interviews and surveys, existing literature and continuing conversations with a wide range of services conducted over the past year.

There are some very positive small-scale models and some experienced services can have good practices in working with women, however this is

far from widespread. This may in part be due to the lack of recognition of and guidance on specific need and risks, and replication of traditional models which allow less for innovation and are not designed with women in mind.

There are some excellent services, but commissioners should be analytical when considering replication of high demand services, looking at quality of service and whether the model best meets the range of needs. High demand may be an illustration of lack of choice and desperate need for services for women and a range of options are likely necessary for meeting demand and needs. Services in existence should be supported to develop comprehensive gender-informed practices, including support around capacity and set-up.

Environment

- There should be a range of mixed-sex and single-sex accommodation within boroughs. There should be enough services to cater for a range of needs and for a range of recovery stages, for example emergency, supported, second stage and move on accommodation.
- Single-sex services should ideally be small-scale.
- Accommodation should provide physical and psychological safety through trauma-informed approaches.
- Accommodation should include safe regular spaces for women to use and women-only clusters of rooms within mixed-sex accommodation.
- Proactively inclusive to LGBTQ+ and trans women, including training, policies and inclusive use of language.
- Accommodation must have private spaces for casework support and individual, sensitive conversations. Projects without this severely limit vital onsite support and relationship building.

Principles of working

- Relative flexibility and non-punitive approaches, for example around eviction and returning to service (where possible).
- Understanding of the gendered use of accommodation, including absences at varied times of the day or night or more extended absences, for example due to relationships which can involve coercion, fear of violence or sex working practices.
- Policies and training around safe working with couples, including risk management policies.
- Ability to work safely with potential perpetrators, including residents.

Support

- Suitable support for level of need.
- Specialist VAWG and multiple disadvantage workers and leads.
- Close links, co-locations and partnerships with intersecting support services.
- Flexibility in working and engagement, including key-working sessions outside accommodation.
- Provision of language support.
- Gender-informed outcomes, including a mix of 'soft' and 'hard' outcomes. See Guidance below.

Access

- Within mixed-sex accommodation, ring-fence spaces for women in order to respond to patterns of referral and need, include longer referral times, and gradual moving in periods.
- Support gradual move-in where possible, including viewing, engagement support and staggered assessment and intake processes.
- No requirements for CHAIN verification for women and limited requirements for local connection for women, and/or exchange options with other boroughs.
- Wide referral pathways linking to VAWG services, social services, health, criminal justice system and self-referral where possible.
- Out of hours/24 hour intake for emergency accommodation and emergency spaces.
- Access for women with no recourse to public funds.
- Supporting emergency transfers in case of changing safety risks.

Other

- Whole organisational training on VAWG and trauma-informed working for mixed and single-sex services, including on sexual violence and the needs of women who are sex working. Training should include understanding of intersectional needs and experiences and services should have close partnership working with led 'by and for' organisations to improve accessibility.
- Policies and procedures around VAWG, working with couples, responding to incidents of violence between clients, and eviction in the case of domestic abuse.

Developing existing mixed-sex accommodation services

The above points are applicable, but services could particularly focus on:

- All staff training on VAWG and experiences of women who are homeless.
- Development and use of gender-informed walkthroughs and audit tools to support and equip services to enhance provision for women.
- Create safe women's spaces and/or clusters of women's rooms within services.
- Introduction of gender-informed policies and procedures on VAWG and working with couples.
- Specialist in-house VAWG and multiple disadvantage workers/leads. Drop-in sessions and co-locations with led 'by and for' services and wider support services.

Further information can be found in Guidance on gender-informed practices above.

Guidance on gender-informed outcomes

This guidance details considerations for formulating gender-informed outcomes for services working with women experiencing homelessness.

This work has been compiled due to a repeatedly identified need in the Women's Development Unit's survey and interviews with London-based services and practitioners, and responses from women with lived experience to us and other projects. This has been produced from feedback from these sources as well as a specific focus group with a range of stakeholders, and existing and new research and reports on this emerging and important matter, including Fulfilling Live's recent Re-thinking Outcomes guide and WiSER project evaluations.

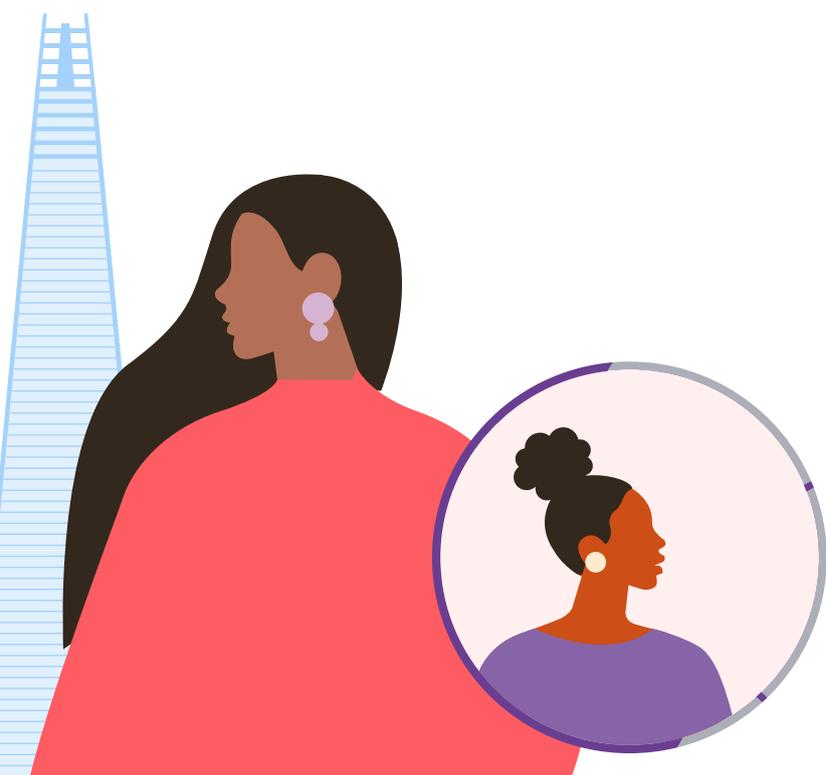
It is worth noting that while this is an emerging area of work, a number of specialist projects have been successfully developing their work with outcomes over recent years. While there is less established convention in terms of how these outcomes are worded and measured against, there is plenty to replicate and build on, and evidence to show that these methods of working can be very successful.

It is also worth noting that these projects are often funded through non-government and local authority funding sources, which is seen by some

projects to have increased their ability to innovate and explain their approach. This could be due to less restrictive application processes and a greater openness to innovation.

The considerations below are not an exhaustive or prescriptive list: outcomes for services need to be considered in the context of the service and its clients, and in conjunction with both client and service. Formulating gender-informed outcomes should be done with creativity and a recognition that adaptations and development may be needed.

It should be recognised that some of this more relational work may be in progress already as necessary for achieving existing outcomes. Adapting outcomes will better allow for this vital work; improve consistency; reflect the need for this work in service design and commissioning; and improve reporting of progress made by workers and clients which currently goes largely unseen. Without gender-informed and relational outcomes, more relationship-based work is harder to justify and complete and is hindered by targets and outcomes which don't fully support it. It is also harder to demonstrate the true impact of a service's work with a client.



What are gender-informed outcomes

Overall, gender-informed outcomes involve using a trauma-informed approach, a focus on relationships and relational, ‘softer’ outcomes, and an awareness of the specific and intersecting needs of women.

Gender-informed outcomes should take into account gender-specific needs, including:

- Support around safety, risk and experiences of VAWG
- Support for pregnancy and sexual health
- Support around sex working
- Support around sexual violence and sexual exploitation
- Support around child contact, child protection processes and child removal

Relational and hard and soft outcomes:

There is increasing understanding of the need for holistic and trauma-informed support for those facing multiple disadvantage, which should be reflected in the way we set outcomes and measure progress towards them. Effective outcomes centre around building relationships to improve engagement and trust with services, and increasing agency.

This is particularly the case for women experiencing homelessness and multiple disadvantage who are likely to have a higher level of need, have been repeatedly let down by a wide variety of services and been unable to find trusting support, and whose sense of agency may be further reduced through repeated experiences of violence, abuse and control.

Practitioners repeatedly reported to us that building relationships and trust is a vital prerequisite to any successful progress with women. It should be noted that this was accompanied by fears of not having the capacity or expertise to support the higher level of need and risk, especially within their existing caseload size and without recognition of the increased support required.

Using relational outcomes and outcomes focused on factors such as wellbeing is therefore crucial to working with women.

Fulfilling Lives describes relational, hard and soft outcomes as follows:

“Distinction is often drawn between ‘hard’ outcomes (such as moving into employment, maintaining a sustainable tenancy, or improved health) and ‘soft’, and ‘relational’ outcomes (such as improved confidence, quality relationships or engagement with services).

Traditionally, far more emphasis is placed on hard outcomes. However, better support for people experiencing multiple disadvantage means changing that convention and placing more weight on relational outcomes.”

Fulfilling Lives also found that:

“[Services supporting people experiencing multiple disadvantage] have focused on relational approaches that seek to get to know better the people they support, thereby creating more trust between people and organisations, developing better connections with services, and supporting individuals’ power, choice, and autonomy.

These relational approaches are progressively showing results. They are throwing a spotlight on the difficulties experienced by society’s most vulnerable people and are providing a greater understanding of the need for wholesale system change.”

Wider considerations in formulating gender-informed outcomes

What does success look like?

Who is defining success and are all stakeholders (including clients) agreed on the definition of success and progress? Policy makers, commissioners, service providers and clients may be inadvertently working against each other if they are working towards different measures of success.

What is realistically achievable and what are realistic timeframes for success?

What resources do services have to achieve outcomes such as moving into accommodation, or securing mental health support? If services cannot control access and supply of accommodation, or mental health pathway processes, for example, their control over progress towards these outcomes may be limited. Unrealistic targets and timeframes may mean clients are set up to fail

through pressure to take unsuitable accommodation options which remove them from their support network, do not provide enough support, or are inappropriate environments. This can cause clients to disengage in response. In contrast, much positive work can and is done to support clients to be ready for accommodation. This work is often not reported and may be undone through unsuitable accommodation options.

Do commissioning practices allow for or encourage applications that explore different outcomes and approaches?

Services can be discouraged from using a less established approach if application processes do not support this or allow for explanation of the approach.

Supporting delivery against gender-informed outcomes

- To successfully use gender-informed outcomes without adding to pressure on a service, they should be used alongside gender and trauma-informed working practices and approaches. This includes smaller caseloads, sufficient support for staff, training, specialist staff (VAWG and multiple disadvantage workers/ leads), longer service timeframes, longer support periods and client-led practice.
- Having in-house or access to external women's safe spaces can support progress against relational and gender-informed outcomes.
- Close partnership working and multi-agency client meetings (involving the client) can help to achieve shared goals, avoid duplicate work and support relational outcomes around improving engagement with services.
- Services often face pressure and lack of capacity, making innovation and adopting new approaches practically difficult. Services should be supported deliver against gender-informed outcomes through developing and placing higher value on work which often goes unrecorded. This may help avoidance of adding to expectations and workload.
- Progress towards gender-informed outcomes can be achieved through gradual change, for example inclusion of one or two new outcomes for re-commissioned or new projects and within existing models. More significant change, however, will require funders to work with services and clients to reassess what success looks like and how services can be supported to achieve this, for example through providing longer-term funding models.

Important principles for formulating gender-informed outcomes

- Co-production: women with lived experience, frontline workers and service managers should be involved in designing outcomes for new projects or adapting outcomes for existing projects.
- Project outcomes should include a combination of 'softer' and 'harder' outcomes and shorter and longer-term outcomes.
- Outcomes should allow for individualised work at the client's pace, on their priorities and reflect their circumstances and experience. For example, progress and success against an outcome may look different for each client.
- Outcomes should be flexible in response to work completed with other agencies, focusing on complementary aims or supporting engagement with that service on that goal. For example, engagement with drug and alcohol services on stabilising or reducing problematic substance use which may be vital for a sustainable accommodation outcome.
- Outcomes should reflect different starting points, pace and relativity of progress. Progress should be measured at regular intervals against starting measures, rather than final outcomes alone. For example, for some, registering with a GP may be simple, for others it could take a year and mark a significant change. Alternatively, a woman may recognise and be ready to receive support to leave an abusive relationship; another woman may not identify an abusive relationship as her greatest risk and may not wish for support with this. Beginning to identify risk may therefore be a significant achievement for her. Measuring progress at intervals also helps to recognise non-linear progress (e.g. progress followed by relapse), which measurement only at case closure or disengagement may not capture.
- Time and capacity is necessary for building trust. Progress may involve multiple re-engagements with the service. Time-limited interventions should therefore be avoided as far as possible and case closure should be non-punitive and allow for easy re-engagement.
- Involve clients in reporting outcomes and reflect their progress back to them, ensuring their perspective is recorded and their progress is celebrated with them, providing motivation.

Outcome areas

- Improved understanding of VAWG, increased engagement with conversations around VAWG, risk and safety.
- Increased physical and psychological/emotional safety.
- Reduced level of risk and reduced contact with perpetrators where applicable.
- Improved engagement with services (including the service in question and external services).
- Improved relationships with the service and workers as well as with personal networks. Increased support networks.
- Safer or reduced involvement in sex working (as relevant to needs/circumstances).
- Improved engagement with discussions on mental health and with mental health services, and improved mental health.
- Improved confidence, self-esteem and self-efficacy and increase in sense of value.
- Improved wellbeing and self-care/reduction of self-neglect.
- Access to training and opportunities to develop skills.
- Improved health-seeking techniques and understanding, including increased awareness of how to access support, increased engagement with discussions on health and increased access to services, including support with sexual health.
- Support needs around children and pregnancy.
- Increased financial independence and wellbeing.

Gender-informed outcomes can have a significant impact within more traditional and fixed service set-ups, but the more flexible and less fixed service outcomes can be, the more individualised support can be. As an example, WiSER (a specialist project working with women facing VAWG and multiple disadvantage) focuses on achievement against broad aims which encompass the varied experiences of clients:

- Access to sustained support
- Economic wellbeing
- Health

- Safety
- Opportunities to enjoy and achieve

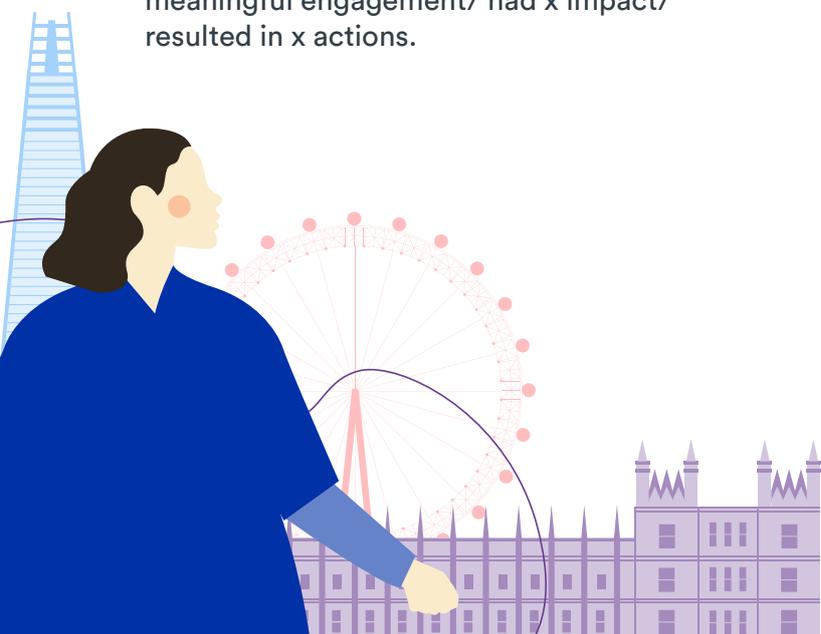
WiSER measure progress against these outcomes as 'distance travelled', taking into account different starting points and pace.

Measuring and indicators

Measuring against relational outcomes is less established practice and by its nature harder to measure. Measuring therefore involves greater use of qualitative data, a more creative approach and an acknowledgement that it will divert a little from existing quantitative practices.

- A mixture of quantitative and qualitative indicators should be used to meet different needs and demonstrate different outcomes as appropriate.
- Qualitative measures should include feedback from the client as well as professional judgement and evaluations from practitioners.
- Qualitative data should be highly valued and can complement and interpret quantitative data. For example, client attended 2 out of 5 appointments (and comparison to previous attendance) and client feedback and professional judgement showed this was more meaningful engagement/ had x impact/ resulted in x actions.

- Actions taken should be reported as well as the impact these actions had, based on client feedback and professional observation. For example, client attended in-reach hair appointment and appeared more cheerful in the following days/reported feeling good/ seemed to have increased autonomy and agency, self-esteem.
- Measurements against outcomes should account for different starting points and pace.
- Examples of data collection can include client questionnaires, professional observation and reflection and client interviews. A combination of approaches are likely to be needed as, for example, a client's view of their progress may be more negative than other observers, but an improvement in a client's view of progress may be an indicator in itself.



Guidance on gender-informed commissioning and funding

This guidance details considerations for developing gender-informed commissioning and funding.

The project's attention was drawn to commissioning at an early stage and repeatedly throughout the year as a key component in ensuring adequate and suitable provision for women and the difficulties for women-specific projects in fitting into existing commissioning frameworks. It was also noted as a mechanism for

effecting culture change. Also noted was the need for support from above to help commissioners to encourage and enact change, for example through making women's homelessness a priority in national, regional and local strategies and policies.

The considerations below are based on the project's work in interviews and conversations with a range of stakeholders across the year, including a specific focus group with stakeholders including service providers and commissioners.

What needs to change?

- Time restraints for commissioners and services were reported as a significant factor in limiting opportunities for innovation, ambition, building better practice and restricting scope of services. Without women's homelessness being seen as a priority or a specific and emphasised need, stakeholders at all levels reported that good practice work addressing women's homelessness is seen as an 'add-on' and therefore 'the first thing to go' when taking into account time to apply, funding limitations and pressure to deliver. There is a clear need to extend timeframes at nearly every point of the process, but in absence of this, ensuring women's homelessness is a priority and including at least some requirements for gender-informed practices will ensure it can be included and considered as essential from the start.
- Co-production is vital for developing gender-informed services and commissioning, but time and resources are frequently factors preventing this. To support commissioners to co-produce, processes and lived-experience groups should be established so that there are resources to access quickly and it becomes standard practice. The establishment of lived experience groups and consultation processes would have beneficial reach and use far beyond commissioning.
- There is widespread recognition that services supporting women and people with multiple disadvantage are hindered by being funding as pilots and short-term projects. Setting up and closing down services within a short space of time furthers experiences of abandonment and feeling let down by services, hindering engagement and recovery and producing additional and more complicated work for the next service to re-establish engagement. While short-term models with gender-informed practices and relational models can still have very good success, their effectiveness is greatly hindered by the short timeframe. To be most effective, services need to be commissioned over longer timeframes, allowing for consistency of support - including when clients return from gaps in engagement - increased trust and greater feelings of safety. Short project timeframes and commissioning cycles also lose vital professional knowledge and expertise and contribute to increased staff turnover.
- Gender-informed outcomes are important for ensuring women receive gender-informed and effective support. Commissioning can support the development of gender-informed outcomes as well as gender-informed practices.
- It is notable from existing research and interviews that led 'by and for' VAWG services have particularly suffered from cuts to funding in recent years and over the pandemic. Reduction in provision and lack of integration between led 'by and for' and generic services may impact on support for particular needs and understanding within services. Commissioners could look at providing greater

support to new and existing grassroots, community and led 'by and for' services and promoting partnership working between existing led 'by and for' and generic services.

- Many (though not all) projects and pilots displaying innovative and trauma-informed practice have funding that isn't reliant on

government and local authority sources. This can in some ways increase opportunities to innovate, perhaps in part due to less restrictive application and reporting processes which better support trialling new or different approaches.

How we can achieve that change?

- Ring-fence or allocate funding for bed spaces, specialist worker posts and improving gender-informed practices (for example through training). Ring-fencing can help to account for different patterns in sourcing referrals and the need in some cases for a longer move-in timeframe for women, and can support services to allocate budget to make effecting working with women a priority. This can help with resource commitment and ensuring equality of provision.
- Establish gender-informed practices such as specialist VAWG and multiple disadvantage roles, training and gender-informed policies (see above Guidance on gender-informed practices), as specified aspects of tender requirements, with expectations on services to report on progress in this area.
- Time restraints were frequently raised as an issue in terms of writing tender requirements and the speed at which new services are often required to set-up and mobilise. Ideally time could be spent formulating innovative and rethinking existing services to best support women, including longer mobilisation periods, which could be a long-term goal. In absence of this, adding gender-informed requirements to existing tender structures would allow all parties to focus on this from the start, even in time-sensitive situations for both commissioner and provider. Services reported that this would help them to ensure this is essential from the start, rather than an extra factor which can more easily be dropped due to lack of time and resources.
- Adaptations to procurement processes could allow for scoring for inclusion of gender-informed practices and negotiation of models prior to decision-making to allow for commissioners and services to explore and explain how their work will be effective for women. This is particularly important as services reported that the nuances of their project can be hard to express within frameworks and application processes which currently reflect more traditional models.
- Speak to existing specialist projects supporting women, particularly those funded through different routes, to increase understanding of how current commissioning applications and processes restrict communication of the impact of projects and how they work, and what would support services to apply. Where commissioners have launched bids which were expected to attract more women-specific projects, speak to services which may have been expected to apply to understand the barriers, which can often include restrictive application processes and time pressures.
- Increase understanding of current service limitations in providing gender-informed provision and how this can impact underrepresentation of women in data and services. Walkthroughs of existing services with women with lived experience to examine which aspects of services form barriers for women or could be more gender-informed would support understanding of limitations and aid commissioners and services in identifying how provision can be improved, helping to prepare for future commissioning/funding.
- Funding requirements that encourage and facilitate collaboration between the VAWG and homelessness sectors, for example through co-located staff, resourced training and joint forums.
- Emphasis on or requirements for partnership bids within tenders, including with VAWG and specialist led 'by and for' services. This can improve provision of specialist support by ensuring a single service does not have to provide for a full range of needs, and can

support specialist grassroots organisations to provide support through funding models which may ordinarily be closed off to them, for example due to capacity or need for building space. This would also acknowledge the incredibly wide range of needs which third sector homelessness services are usually have to meet without specialist input.

- Encourage and include gender-informed outcomes within tenders and grant agreements, supporting organisations to develop and deliver these.

- Consider in-depth mapping of existing services which provide support to women, improving awareness for commissioners and services about services available as well as the gaps in provision. Mapping should not simply consider numbers of bed spaces against CHAIN/rough sleeping figures as this will not reflect the true picture of need, the pace of move-on within services, and the suitability of services for meeting a range of needs.

Indicators for commissioners that services are considering the needs of women and working with gender-informed practices

- VAWG training for the whole service/organisation.
- Specialist female caseworkers for working with women, VAWG and multiple disadvantage.
- Specialist women's/VAWG leads to promote understanding of needs and experiences and embed approach across the whole service and organisation.
- Increased welfare checks for women, for example where there are concerns about risk of VAWG.
- Focus on relationship building and long initial engagement periods.
- Women's spaces, including clusters of women's rooms within accommodation services.
- Prioritisation of physical and psychological safety, including expert gender and trauma-informed safety planning and risk assessments.
- A sensitive approach to engagement, evictions, use of bed spaces and needs of women with NRPF which understands the impacts of women's needs, risks and experiences.
- A focus on choice, agency and person-led support, working at the women's pace.
- Trauma-informed approaches, including small caseloads and support for staff.
- Provision of psychological support which can meet women-specific needs, including access to support in their first language, from a female therapist, and therapists with an expert and cultural understanding of VAWG and its impacts and risks, multiple disadvantage, and the impact of child removal.
- Partnerships and strong links with VAWG services and led 'by and for' services.

Further information can be found in Guidance on gender-informed practices above.



Guidance on wraparound and multi-agency services

This guidance details example attributes of multi-agency and holistic, wraparound support to meet the varying needs of and counter access barriers faced by women experiencing homelessness.

The need for better and increased multi-agency working has been made clear by practitioners and service users alike since the start of our work, with women feeling repeatedly let down and retraumatised by communication breakdowns and lack of aligned working between services, compounded by the need for support from a large number of varied services.

Likewise, it has been clear that often having to move support or accommodation services, and therefore repeatedly ending support with services and workers, breaks trust and prevents long-term recovery. Wraparound services can help to prevent this.

Multi-agency and wraparound services are also needed due to the difficulties and exclusion women with multiple disadvantage repeatedly face in accessing services due to stigma, discrimination, lack of understanding, and capacity, which frequently require the support of a specialist advocate to resolve.

The information provided here is based on barriers and recommendations raised throughout our interviews, survey, contact with services and women with lived experience, a specific focus group on this topic with a range of stakeholders, and examples from existing best practice services.

This is not a comprehensive or step-by-step guide to such services. Those setting up such services would benefit from contact with existing projects and there are existing good practice projects which could be expanded or replicated.

What do we mean by multi-agency and wraparound?

Wraparound support should be holistic support from a specialist advocate or navigator at the intensity a woman needs (rather than low needs floating support, for example), with a focus on trust and relationship building. This support can work well when not attached to accommodation so that support can move with the woman through accommodation changes, avoiding repeated changes in support leading to disengagement, disruption to recovery and support breakdown. When attached to accommodation, this works well in gender-specific Housing First programmes which are having significant success, for example in Westminster run by Standing Together and Solace, and Fulfilling Lives Islington and Camden in conjunction with Solace WiSER support.

Multi-agency support requires a close network of professionals working with in-depth understanding of VAWG and multiple disadvantage. It also requires shared information and referral processes to avoid continual repetitions of traumatic personal information, support strong communication and provide coordinated support.

To be most effective, wraparound and multi-agency intervention can be provided together to be able to meet the range of needs, share responsibility and risk, and support common difficulties in needing to engage with multiple providers at once. Projects such as this could include a single caseworker/navigator as the lead worker for the client within the network of agencies.

Considerations

- Projects could be cross-borough, allowing for broader reach and ensuring eligibility isn't borough based. This is particularly important as some women will need to leave an area due to violence, which often results in a breakdown of support.
- Projects could be cross-sector funded to improve integration across sectors, including VAWG and health. Ending and preventing women's homelessness requires an approach that reaches beyond the housing and homelessness sector.
- A large model could include a multi-agency project with workers from a range of different agencies and specialist multiple disadvantage and VAWG advocates. This could also be a multiple disadvantage service with advocates with different specialisms such as mental health, problematic substance use, sex working, immigration, VAWG, physical and sexual health. All workers should have understanding of VAWG and multiple disadvantage.
- A smaller model could be a team of female multiple disadvantage and VAWG advocates/navigators (including specialists from a range of led 'by and for' organisations), with close and established links, referral pathways and networks with other agencies.
- Currently, there is a very small number of multiple disadvantage projects doing this specialist work. This means they are only able to work with those with the very highest levels of need, and can only work with a small number of clients. There is a need for many more such services who can therefore work with a greater number of women and a greater range of need. This can reduce threshold for access, therefore helping to prevent levels of need from escalating to crisis point and high complexity. Intensive work at earlier stages is vital for prevention and better intervention.
- It should be noted that working with women facing multiple disadvantage, homelessness and experiences of VAWG is very intense work. This is what makes support difficult to provide within large caseloads and traditional support models, and can lead to high levels of burn-out, even in specialist services. Workers need intensive support and staff turnover may be regular.

Key principles of multiple disadvantage and wraparound projects

- Strong understanding of multiple disadvantage, VAWG and trauma for all partner services and workers.
- Strong communication processes between services.
- Strong agreement on principles, approach and aims between partner services.
- Strong understanding from all staff of needs and experiences specific to women, including pregnancy and maternity, child contact and removal, VAWG including harmful practices and sexual violence, and sex working, supported through comprehensive training. This should include recognition of specific needs and experiences, for example relating to sexuality, age, gender, race and ethnicity, immigration, and disability.
- Wide referral pathways linking to VAWG services, social services, health, criminal justice system and self-referral where possible.
- Emphasis on choice, and work should be client-led and individualised with no one size fits all approach.
- Limited conditions on engagement and what this looks like. Where cases have to be closed, re-engagement with a service should be as easy as possible.
- Long/gradual initial engagement periods.
- Peer mentorship/support programmes can be successful integrated support for clients.

- Assertive outreach practices from services and workers, enabling workers to meet clients 'where they are', physically and emotionally.
- Projects should have psychological support delivered with a flexible and trauma-informed approach, providing support to clients and expert advice to workers.
- A key focus on building trusting relationships with the client. Advocates should be working to engage clients beyond keywork/action-focused work and in different environments, with value given to all types of engagement.
- A key aim should be to eventually reduce dependency on the project and lead worker, empowering and developing the client's ability to engage with services independently.
- Key aims should include increasing safety and reducing risk.
- Projects should have gender-informed outcomes and practices, as well as gender and trauma-informed approaches.
- Projects will likely need to work to develop strong relationships with and support upskilling of services and professionals outside the project. This vital work should be recorded and recognised.
- Services could include specialist workers/ advocates to support women through pregnancy and child protection processes. This is a specialist area of support which often falls to workers who may have limited knowledge of processes, or to children's social workers who through their responsibilities can have a complex dynamic with parents involved in child protection plans.
- Projects could be linked to support for women in and leaving prison, or who have contact with the criminal justice system, including specialist in-house workers and close links to probation services.

Key structures

- Clear roles and responsibilities for workers, managers and organisations/services involved.
- Clear lead workers for each client as the main point of contact to build a trusting relationship with the client and to coordinate work with other agencies. Where possible, clients should have some choice around lead workers as the relationship is key and agency is important.
- Joint or shared assessment processes which are trauma and gender-informed and are written with an intersectional perspective. (Effective and safe information and data sharing should be considered carefully from the start).
- Connected to or hosting a women-only safe space where women can access support from the service, as well as have a safe space to use as they need, access groups and activities and meet basic needs. This can support greater access to the service, as well as improved wellbeing and trust.
- Joint agency meetings which include the client, supporting her to be a key agent in her own recovery.
- Reflective practice/clinical supervision and support for workers and whole teams with strong management structures to ensure effective support for staff. Staff from different specialisms must be able to access regular support and advice from within their own specialism.
- Low caseloads of 5-7 clients per worker.
- Close working with and involvement of statutory services is essential.

Key services identified as being present in the project or directly connected:

Core specialist staff and services:

- Specialist multiple disadvantage support
- Specialist VAWG support, including from led 'by and for' services
- Homelessness services (specialist third sector services)
- Housing services (statutory)
- Psychological support

In addition:

- Mental health services
- Drug and alcohol services
- Immigration advice and support
- Adult social services
- Led 'by and for' services, including support for Black and minoritised women
- Gender-informed outreach
- Language support
- Peer mentoring
- Probation/criminal justice system
- Children's social services
- Perpetrator services

Projects should also have workers from, close relationships or drop-in sessions with:

- GP and health services
- Sexual health clinic
- Welfare benefits support
- Hospitals
- Maternity services
- MARAC and police



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Solace

Solace is a leading specialist charity in the UK supporting women and children experiencing domestic abuse and sexual violence. Whatever form violence comes in, from rape to trafficking to relationships based on psychological or financial control, we work to end it. We know that escaping the effects of violence can be the hardest thing to ever do. That's why the lifesaving support that Solace provides to more than 23,000 women, children and young people each year is so important.

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Women's Development Unit

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The Connection at St Martin's

The Connection at St Martin's works with people who are rough sleeping to move away from, and stay off, the streets of London. We're alongside people as they recover from life on the streets and move towards a meaningful, fulfilling future. We do this by tackling the underlying causes of rough sleeping as well as offering practical help and support to get into accommodation.

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