



Safe Space

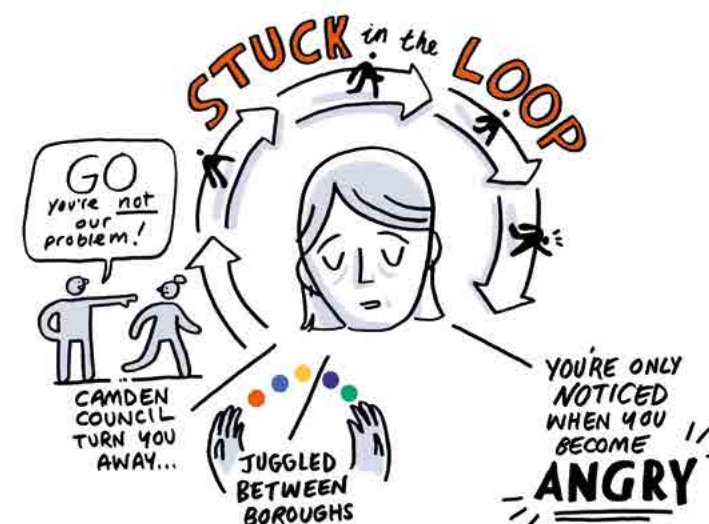
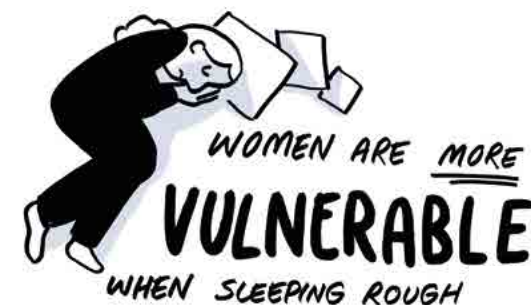
**A gender informed and
trauma responsive approach
to working with multiple
disadvantaged women**



St Mungo's
Ending homelessness
Rebuilding lives

Contents

1. Introduction	
1.1 Background	4
1.2 Women and homelessness	4
1.3 Terminology	5
2. Safe Space	
2.1 Background	6
2.2 The Safe Space approach	6
Key components	
2.3 Understanding trauma	7
2.4 Relationships	7
2.5 Joint working	8
2.6 Choice and control	9
3. A focussed qualitative study in Camden	
3.1 Key themes	11
3.2 Conclusion	16
4. Best practice recommendations	
4.1 Choice	17
4.2 Safe spaces for women	18
4.3 The first contact matters	19
4.4 Joint working	20
4.5 Strong and resilient workforce	21



CONSISTENCY is KEY



I. Introduction

I.1 Background

Safe Space is a project co developed by St Mungo's and the London Borough of Camden to explore and implement new ways of working with women experiencing homelessness and multiple disadvantage.

This document shares our learning over from the last eight years, key findings from our study hearing from some of the most marginalised women we work with, and best practice recommendations for all services supporting women experiencing homelessness and multiple disadvantage.

The challenge of preventing homelessness and rough sleeping is both national and local. Despite Camden's pioneering work supporting people to sustain tenancies, more and more people are finding themselves at risk of becoming homeless. There are many reasons for this including more than a decade of austerity driven spending cuts that have detrimentally impacted social care, healthcare and housing. Women are the hardest hit by these cuts and the resulting changes to services.¹ Camden has some of the highest rates of deprivation, homelessness, and physical and mental ill health in the country. Those experiencing multiple disadvantage,² particularly people with unmet mental and physical health needs and those experiencing violence and abuse, are most likely to feel the impact of pressurised services. It is estimated by Camden and Islington Public Health that there are between 300-500 adults in Camden who experience multiple disadvantage, which is amongst the highest number of all London boroughs.

In response, as well as making considerable investment in services to address multiple disadvantage, Camden London Borough Council is working with health, social care and other partners in the borough to bring about changes in the culture and provision

¹ Women's Budget Group, and Runnymede Trust http://wbg.org.uk/wp-content/uploads/2016/11/AFS_2016_press_25Nov2016.pdf (2016); S Reis, The Impact of Austerity on Women in the UK (Women's Budget Group, 2018).

² Making Every Adult Matter (MEAM) describes people with multiple disadvantage as people who experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health.



of services that can lead to the delivery of better outcomes for clients. Camden's supported housing provision for single people who are experiencing homelessness, known as the 'Adult Pathway', has been leading on approaches to working with people who are homeless and experiencing multiple disadvantage. In particular this has seen the development of the Psychologically Informed Environments (PIE) approach that helps staff to understand where client behaviours are coming from and therefore how to work more creatively and constructively with them. However, over the past few years there has been a growing acknowledgement in the homelessness sector that such approaches, although important, tend to be gender neutral and therefore do not always address the differential impact of homelessness on women, especially women experiencing multiple disadvantage.

I.2 Women and homelessness

For many years, women who become homeless have had to fit into support services that have historically been designed primarily for men. However, recent years have seen a change in how the homelessness sector in the UK has perceived and spoken about women's homelessness. Safe Space has been developed in recognition of this. There is a growing body of research that highlights that women experience homelessness differently to men and, that there are gaps in provision for women across the UK.³ These gaps in provision can lead to women having negative

experiences of support services.⁴ Recurring themes include women feeling services do not understand their experiences or journey into homelessness; women experiencing barriers to accessing housing services; women experiencing physical, emotional and sexual abuse in homelessness services and a lack of support tailored to women.⁵



I.3 Terminology

Women with experience of homelessness:

This term is used by Safe Space and St Mungo's to describe women, including Trans women, who have had experience of either rough sleeping, sofa surfing (staying with friends, family or other) or living in supported accommodation or a variety of emergency accommodation, including B&Bs, night shelters and women's refuges.

A Psychologically Informed Environment (PIE): Is one that takes into account the psychological makeup – the thinking, emotions, personalities and past experience – of its participants in the way that it operates. It's an approach to supporting people out of homelessness, in particular those who have experienced complex trauma. It also considers the psychological needs of staff: developing skills and knowledge, increasing motivation, job satisfaction and resilience. The purpose of a PIE is to help staff understand their clients behaviours and work more creatively and constructively to meet the client's needs.

Multiple disadvantage: Safe Space defines multiple disadvantage as people who have a combination of intersecting support needs such as being a care leaver, experience of Violence Against Women and Girls (VAWG), physical and mental health needs, learning disabilities, drug and alcohol dependency, having children taken into care, an offending history and other various forms of trauma. The term also acknowledges that race, sexuality and gender identity will all contribute to an individual's further marginalisation.

Transactional sex: The exchange of a sex act for money, drugs, alcohol, protection or somewhere to stay.

Support services: This term covers a range of services that a person may need, have contact with or are linked in with including mental health teams, GPs, substance misuse services, outreach teams, domestic abuse and women's specialist advocacy services as well as housing and adult social care.

Recovery: Recovery is a broad term used by Safe Space and many other services across the homelessness sector to mean a journey of positive change. It is most commonly used in connection with substance and alcohol dependency, but can also refer to recovery from homelessness or exploitation. It is particularly useful when speaking of multiple disadvantage where many of the issues are coexisting and interlinked.

Adult Pathway: This refers to the range of supported housing commissioned by Camden London Borough Council for vulnerable single people who are homeless or threatened with homelessness. It includes hostels, supported housing and refuges.

³ J Holly, *Mapping the Maze*, (2017) https://www.homeless.org.uk/sites/default/files/site-attachments/Women%27s%20research_March%2019_1.pdf

⁴ J Bretherton & N Pleace, *Women Sleeping Rough: A Critical Review of Current Research and Methodology*, (University of York, Centre for Housing Policy & St Mungo's, 2018). <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review>

⁵ J. Sharpen, London: AVA, MEAM, Agenda and St Mungo's *Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women?* (2018) https://avaproject.org.uk/wp/wp-content/uploads/2018/09/Jumping-Through-Hoops_report_FINAL_SINGLE-PAGES.pdf; Ava and Agenda's (2018) *Hand in Hand* <https://avaproject.org.uk/wp/wp-content/uploads/2019/01/PR-Report-Final.pdf>

2. Safe Space

2.1 Background

The Safe Space project and approach to supporting women experiencing homelessness and multiple disadvantage in Camden developed from a pilot project called WESP (Women Exiting Street Based Prostitution), trialled in 2014 in an Adult Pathway hostel known as Endell Street, which is managed by St Mungo's. By dedicating eight specific beds in the hostel to the project and working with a range of agencies in the borough, the pilot aimed to support a group of women that had been identified as struggling to access housing support alongside what was seen as 'involvement in prostitution'. The women identified had a range of support needs including drug and alcohol dependency, mental and physical ill health and intimate partner violence. In the July of 2014 eight multiply disadvantaged women moved into Endell Street and the team began working with them.

The Endell Street team recognised that although these women had a high level of support needs it was their experience of ongoing and historic trauma that was creating a barrier to engaging them in support. The team also noticed that trauma was not something specific to these eight women but recognisable in all experiences of most women in the Adult Pathway. When the team began having conversations about 'involvement in prostitution', it also became clear that these women did not identify as being involved in street based prostitution, – what they described was transactional sex as well as a range of exploitative situations rooted in survival. Based on their understanding of PIE, the team took a relationship based approach, focusing on building a strong trusting relationship with the women they supported before moving on to addressing their support needs.

Over the first four years of the project, the Endell Street team undertook additional training on gender and trauma, expanded their learning on VAWG and sexual exploitation, and further embedded a Camden PIE approach within their service. This gave the team a deeper understanding of the difference in men and women's experiences of trauma and homelessness and increased their desire to both find a new way of working with women, and create environments that felt safe for them. In 2018 the decision was taken to move away from supporting women in specific bed spaces and develop a gender informed and trauma responsive approach to working with women experiencing multiple disadvantage living within any hostel in the Camden Adult Pathway.

In 2018 a one year expansion of the project was funded, by the Rough Sleeper's Initiative grant received by the London Borough of Camden from the Ministry of Housing, Communities & Local Government (MHCLG), now called the Department for Levelling Up, Housing and Communities (DLUHC), to further develop the Safe Space approach across the entire Adult Pathway.



2.2 The Safe Space approach

This approach can be adopted by any team (mixed gendered or single sex services) working with women experiencing multiple disadvantage. It can also benefit male clients and support teams.

It is important to highlight that the Safe Space approach is not about specific tools and methods. A team cannot attend a standalone piece of training that makes them a 'Safe Space service'. Safe Space is about culture change and teams developing a deeper understanding of trauma, gender and the effects of multiple disadvantage whilst acknowledging sexism and inequality within wider society.

What follows are the key components and best practice recommendations to support teams to explore ways of better meeting the needs of their female services users.

Key components

2.3 Understanding trauma

Almost all the women we work with have extensive experiences of childhood trauma which has impacted their housing, relationships and wellbeing. Abuse and neglect are commonplace and for many it has become normalised. There is a great deal of research⁶ on the impact of trauma on an individual's physical and mental wellbeing but it is vital for teams to understand how men and women experience trauma differently and the impact it has on their relationships and behaviour. We know that measuring progress against hard outcomes is difficult, such as appointment attendance or paperwork completion which can initially be unrealistic for the women we work with. By focusing on the softer outcomes such as how they feel about services and the relationships they hold with us it is possible to get a better understanding of our client's experiences whilst creating a space for them to stabilise. We do this through informal conversations, observations and good information sharing with other agencies.

What does this look like:

- Whole team training on gender and trauma, PIE, trauma informed care, Adverse Childhood Experiences (ACES).
- Regular reflective practice led by a trained practitioner, for the team to explore their client's behaviour and understand the trauma responses as well as their own practice.
- Moving away from an outcomes based approach and instead focusing on offering time and space for clients to stabilise and build trust in services.
- Actively listening and responding to clients on which parts of your service are helpful and which parts are not.
- Being mindful about inadvertently triggering clients.



2.4 Relationships

Safe Space recognises that without a positive and trusting relationship with a client, we have no space to do any meaningful work at all. If a woman doesn't trust our service she is unlikely to engage with our service offer. As a result we place our relationships with our clients at the centre of everything we do. We work at the client's pace, being flexible to their needs and interests. Keyworkers offer meetings in a relaxed and informal way, often taking clients out of the hostel. From our experience, women gain a great deal from the opportunity to engage outside of the project, being seen as an individual rather than another 'client'. This offers them choice and control over their environment, whilst staff recognising

⁶ Judith Herman – Trauma and Recovery: From Domestic Abuse to Political Terror; 1992
Bessel Van de Kolk – The Body Keeps the Score, 2014

and valuing their choices helps improve their self-worth. We know that communication is key and that this happens doesn't just happen through formal keyworking. Informal contact (phone, text, in passing, messages and email) and observed behaviour are essential ways of forming relationships with clients.

Our aim is for relationship building to begin at the point of referral, before a woman even enters our building. A worker can go out with outreach teams or to a referring project and begin that dialogue getting to know the client so we can offer stability and consistency of key worker and message from our first contact. We also take a relationship repairing approach when incidents occur; taking time to sit and discuss what happened, what went wrong and the impact on the individual, the team and other clients. We emphasise a shared responsibility between staff and clients to avoid similar incidents occurring again, avoiding blame and focussing on listening, understanding and supportive interventions.

What does this look like:

- Working at the clients pace.
- Flexible key working and reframing of what 'good engagement' looks like, valuing small and informal contacts.
- Taking a relationship repairing approach when things break down or incidents occur.
- Avoiding punitive warnings and evictions for things such as arrears or low level challenging behaviour.

2.5 Joint working

Women experiencing multiple disadvantage may find it hard to navigate the maze of services available. Their support needs are intersectional and coexisting, so it's important we work effectively with other agencies. The Safe Space approach requires effective case conferencing and strong relationships between agencies to prevent women from falling through the gaps. Strong joint working and information sharing also prevents women being retraumatised by repeating their personal histories to multiple agencies.

We have monthly multiagency meetings where we share information about the women we support. This means that together we can pool resources, be more proactive and utilise the best relationships with the client. It also means there is a whole network of people working together to create a safety net around each client. This has been hugely useful when clients have abandoned bed spaces or disengaged from support, as other services have been able to step in and help rebuild that relationship.

What does this look like:

- Adopting a case conferencing style that places the client's voice at the centre (see Team Around Me⁷ developed by Fulfilling Lives Islington & Camden and piloted through Safe Space). Making sure these case conferences happen regularly and are trauma and gender informed.
- Inviting other agencies to your team meetings and your team attending theirs to build strong working relationships, whilst understanding the limits of each other's organisations.
- Picking up the phone and sharing information, concerns and thanks.



2.6 Choice and control

Women who have experienced childhood trauma, violence and abuse are unlikely to have ever had any choice or control in their lives. The Safe Space approach moves away from a paternalistic relationship, where the service dictates what 'good engagement' or recovery looks like. Instead we aim to build positive and empowering relationships through ongoing dialogue with each woman. We ensure a two sided conversation that can take place formally and informally, verbally and through staff observations in a flexible manner, with a focus on trust and openness. By offering choice to our clients, we are able to build trust and show ourselves to be non-paternalistic in our care. We also seek to recognise that as a service provider we can often mimic 'perpetrator like' behaviour, for example, by asking for personal details or signatures, requiring commitments or payments, by asking about their whereabouts or drug use. We know that these requests are coming from a place of care but our clients might experience them as harassing and invasive. When our service offer is not flexible it confirms the message that we are in control, implying the client is not.

What does this look like:

- A more flexible service offer that allows clients to choose within certain options.
- Choice can be built into many aspects of a service such as: change of keyworkers, room moves, meal planning, and location of key working.
- Choice can be small and subtle, asking a woman if she prefers a door open or closed when you meet, or which seat she might prefer in the space allows her control over a meeting space.
- Actively listening to client's requests, seeking to understand their experiences and reflecting the language they use back to them.

⁷ <http://meam.org.uk/2020/02/05/team-around-me-a-collaborative-approach-to-tackling-system-blockages/>

3. A focussed qualitative study in Camden

In 2018, Safe Space was awarded funding from MHCLG, now called DLUHC, to further develop the project and share the learning with other services within the Adult Pathway. As part of this expansion the Safe Space team undertook a study to validate the Safe Space approach and gather evidence about the kinds of services that are effective for women experiencing multiple disadvantage. The study aimed to learn about women's experiences of homelessness by identifying barriers to engagement, highlight good practice and to identify themes and ideas that were important to the participants.

Over the course of one month, the study heard from 31 women with current or historic experience of homelessness and multiple disadvantage. Each woman's journey and perspective provided a valuable insight into what women experiencing homelessness with multiple disadvantage have to endure, how they survive, what their priorities and hopes are as well as what approaches are seen as helpful. There was a diversity of opinions in relation to using different types of support and accommodation services, highlighting the need for flexible and tailored support to meet women's individual needs.

The study is unique in giving voice to women experiencing multiple disadvantage and homelessness.

Methodology

- The study focussed on gathering data through semi structured interviews with women with experience of homelessness in Camden. All the women interviewed had worked with a wide range of support services.
- In total 31 women took part.
- Women were offered a £10 voucher of their choice and a small gift of toiletries in appreciation of their time and input.
- In order to gather a range of experiences, the study deliberately approached a wide range of women, some who had experience of using one or two support services, and some who had experiences of multiple services over a prolonged period of time. Participants came from diverse backgrounds in relation to ethnic, religious and social backgrounds, LGBTQIA+ identity, and ages (approximately between 20 and 70).
- The study was conducted in accordance within the ethical research framework of British Sociological Association.⁸
- The interview process was influenced by the Safe Space responsive approach. All interviews were as flexible and trauma informed as possible allowing participants to engage in the process in a way that made them feel comfortable.

Visual images were created by Scriberia who volunteered to illustrate the themes and ideas as the women spoke during two focus groups. Some of the images created in those focus groups feature in this report; quotes are also included. The images do not bear likeness to the individuals who took part and pseudonyms have been used to protect identity.

⁸ https://www.britisoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf



3.1 Key themes

Homelessness is a terrifying and dangerous experience

The women who participated in the study had a strong desire to have their voices heard and had well defined opinions about their experiences. They spoke at length and in detail about sleeping rough as well as their experience of other forms of homelessness. These experiences included rough sleeping, sleeping on buses and in fast food chains, staying in public spaces during the day, sofa surfing often in risky circumstances, staying in emergency shelters and temporary accommodation (B&Bs) and living in hostels. They described a broad continuum of violence including domestic abuse, street based violence and sexual exploitation. They reported losing tenancies and being accused of 'antisocial behaviour'. Eviction from multiple hostels, falling into arrears, being discharged from hospital onto the streets, leaving prison, no longer being able to stay with family or friends, or leaving the care system, were some of the common reasons for homelessness.

“They rape you, beat you, burn you (...). You could just be sitting there minding your own business and.... it's horrible.” (Natasha)

Participants shared disturbing accounts of how dangerous the experience of homelessness was for them.

They spoke of homelessness being a terrifying experience that continually puts their lives and wellbeing at risk. For these women, being homeless means fighting for survival.

“When I was on the streets, I had like, especially when I was on my own, people coming up to me, trying to touch me, nicking my stuff whilst I'm sleeping. It's fucking terrifying, it really is, as a woman. I couldn't sleep, even. I was, like, sleeping in the day and awake at night.” (Anna)

The women reported that living on the streets and in unsafe places had a hugely detrimental effect on their physical and psychological wellbeing. Chronic sleep deprivation and the deterioration or development of mental health issues were common experiences amongst these women. They described suffering urinary tract infections and its serious complications as a result of scarce access to toilets and washing facilities, especially over the weekends and at night when public spaces are closed. Participants spoke of severe back pain as a result of not being able to lie down, malnutrition due to lack of regular meals, and inability to access medical support or medication for ongoing illnesses, as serious factors which led many to being hospitalised.

For some, it was only at the point of hospitalisation that they felt they received support around their homelessness. In addition to health risks, these women spoke openly about the risk of different forms of abuse, exploitation and transactional sex that were also common when rough sleeping or unstably housed.

“Sleeping on the street, people rape you, beat you. Everything happens to you. When you’re a man, you can fight your way out, but when you’re a woman, you can’t fight your way out. You just take the pain. If you’re fucking broke, you let people fuck you in the arse if you need that change.”
(Blanca)

Though we did not ask directly about their lives before homelessness due to risk of retraumatising, many of the women revealed extensive experiences of trauma beginning in childhood which impacted their housing, relationships and wellbeing. Rejection, abuse and neglect were reoccurring themes throughout their lives, which have continued into the present day. There is no doubt that such adverse experiences in their early years have contributed to their current situations and continue to impede their recoveries.⁹

The women we spoke to were also clear about what might have made a difference to their recovery along the way and shared their ideas on improvements and changes that have directly informed our recommendations.



Wanting to be treated like a human

Almost all the women we spoke to said they simply wanted to be ‘treated like a human’, they spoke of simple human connections to staff having the greatest impact on their trust in a service.



“X actually cares. X takes time to sit with you and then explain things if you don’t get it. Also, X takes time to actually know what the problem is and tries to solve it.” (Grace)

Speaking about what would have made a difference when they felt let down or abandoned by services they pointed out the need for consistency of support between different stages of their journey.

“It was consistency, yes. It was like being a family, it was. See, things like that are nice, things like that work, because you’ve got trust, you’ve got stability, do you know what I mean? It works. It was like they were the same, they were there, they were eating with you, were there with you (not behind desks).” (Anna)

When the women spoke of their positive experiences with services and professionals, they emphasised a caring, non judgemental and respectful approach. Being treated like an adult and a human being was key. Women were wary of long and unhelpful assessments

⁹ Judith Herman – Trauma and Recovery: From Domestic Abuse to Political Terror; 1992
Bessel Van de Kolk – The Body Keeps the Score, 2014

that they felt disconnected them from their support. They were able to identify workers who they felt cared or made a difference but almost all the participants described a system that they felt fundamentally ‘doesn’t care’ about them.

“(…) not enough notice is taken of the fact that people might have trauma triggers that come from various situations(…). You need to be able to just say to someone, ‘No, I don’t want to talk to you,’ and not have that person continue coming in your face basically.”
(Zhara)

Individual workers and teams who made the difference stood out and were the basis for learning about approaches and values important to the women. Being human, genuinely caring and offering good quality, choice based and consistent support came up as features of a successful approach. The women said they could tell when support staff were working effectively together and felt it helped them meet their goals. They felt that their recovery was positively impacted when there was a sense of collaboration between services providing support.

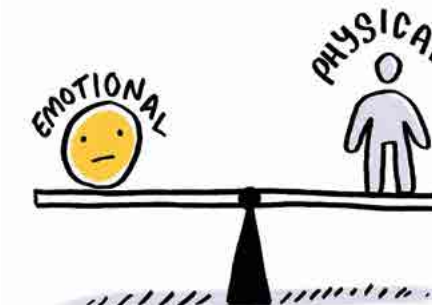
“(…) that’s my first time having a support worker in my life. I’ve never had one. I wish I had one before, because I would not be homeless today, seriously. If I had somebody before, I would not be where I am today. (…) It messed up my home with my children.”
(Bonnie)

“(…) She was really caring, she took time to sit and listen to me. She was a lot more understanding than a lot of them, a lot of them lose their humanity after the first twelve months in the hostels, and she didn’t. So, she reached out and she showed care, which makes a massive difference to someone like me who’s got no one.” (Linda)

Having personal space and boundaries respected by staff tied in with the sense of individual control over basic aspects of one’s own life, such as the choice not to interact with staff or services when they do not want or feel ready to.

“(Keyworker) always completely respects my boundaries. (…) you feel that (keyworker) is there and wants to help you.”

Physical safety vs emotional safety



The women in the study explained that physical and emotional safety were distinctly different, but equally important. Being able to develop a trusting and consistent relationship with staff and services offered the opportunity to contain their experiences and pain.

The women spoke of their desire for safety and what that meant to them. There was a feeling that emotional and physical safety were two separate needs for the women and that whilst services were highly aware of their physical safety, they were less conscious of their emotional safety.

“It was too long, very long, and it was just inconvenient. It just wasn’t helpful.(...) then that’s it, you’re just left to your own devices. They don’t actually take on what you’re saying.” (Sonia)

Participants described assessments as invasive and which detrimentally impacted their ability to engage with services, their perceptions of safety and their relationships with frontline staff.

The women felt they were asked to give out a lot of sensitive details, which they had little choice to disclose in case they were seen as being obstructive. Most of the women found it extremely hard to be honest with staff and admitted distrust around what would be written in their notes or whether opening up would lead to anything positive.

“Some of (the questions) were just too personal. ‘I’m just coming in here and you’re asking me all of these questions?’ You just feel very uncomfortable.” (Natasha)

Self advocacy



“As a man ‘It’s like, people are more inclined to believe what you say.’ But being a woman ‘People make weird assumptions I think. Maybe what you say is more likely to just be dismissed as noise or trivia. That’s just my impression.’” (Zhara)

Throughout the interviews, there was a strong sense that the women wanted to speak out and feel heard. One of the participants exclaimed that this was the first time in 20 years that someone had come to ask her about her experiences. A common account emerged that these women felt not heard or taken seriously when they didn’t talk or act in a certain way. For example, if they were unwell or scared they were labelled as being chaotic or aggressive and subsequently rejected and ignored. They felt that when they spoke their minds they faced a condescending reaction from services and felt shut down. As a result some ended up not knowing how best to speak up or to make themselves heard.

“And that’s what draws me out all the time, and that when I speak my mind they think that you’re aggressive. But I’m, you know, I’m not.” (Christina)

These women described interacting with others and with services as a battle, requiring them to be constantly ready to fight for what they needed. This was largely seen by the women as a survival skill and as an asset but they also acknowledged it was often misunderstood as aggression by others.

These women often described advocating for themselves, or simply becoming more vocal out of frustration due to not being listened to or treated as incapable. Though they also felt their self advocacy was classed as aggression and noted down as difficult behaviour, which in turn affected their relationship with services.

“Like, my strength is, like, made to magnify like it’s what’s bad about me. (...) I will stand up for myself (...) when you go through a lot you will, you learn to defend yourself.” (Christina)

Lack of choice and inflexible services



The women spoke of these initial barriers to support as well as how it felt to enter into the ‘pathway system’. They also shared their experiences of being assessed and moving on between different accommodation, which revealed a number of common threads. They spoke of feeling trapped, stuck and in a loop. They spoke about being ‘stuck’ in a cycle of moving from one service or place to another.

“No, I don’t want to do that,’ but I felt, in my position, I’ve been in a shelter and I don’t have any work or money, I can’t say no, do you know what I mean? You then feel obliged to thank everyone for their help because they are helping you.” (Billie)

Whilst many of the women felt that the service offers were not flexible they felt they had no choice or say in how they engaged with support, they had to accept or face not getting any assistance at all. The women felt that ‘the system’ does not care about them, they didn’t differentiate between the housing, healthcare, criminal justice or benefits systems, but spoke as if they were all part of the same system.

“They don’t give you no choice at all. It’s their way or no way, simple” (Amina)

The women told stories of a harsh and violent reality where they felt that choice is minimal or non-existent and trauma becomes normalised and depersonalised. They spoke about how they needed to ‘grow a second skin’ and compromise their recovery in order to survive and fit in with the expectations of peers and the ‘system’. The women didn’t always feel accessing support was easy.

“I would say I’ve been let down by the system,(...), I really, really would.” (Sylvia)

When asked about what had supported their recovery, the women spoke about regaining control and hope. They also spoke of feeling that their boundaries were being respected, as well as being treated as an adult. Those participants who felt they had begun to address issues, such as substance use, mental health or housing, spoke about what they perceived as a beneficial approach and support.

We know from studies such as Promising Practice¹⁰ that trauma responsive approaches allow a client to take control over their own recovery, which can be empowering.

¹⁰ Promising Practice, Homeless link & WRC (2019) https://www.homeless.org.uk/sites/default/files/site-attachments/Women%27s%20research_March%2019_1.pdf

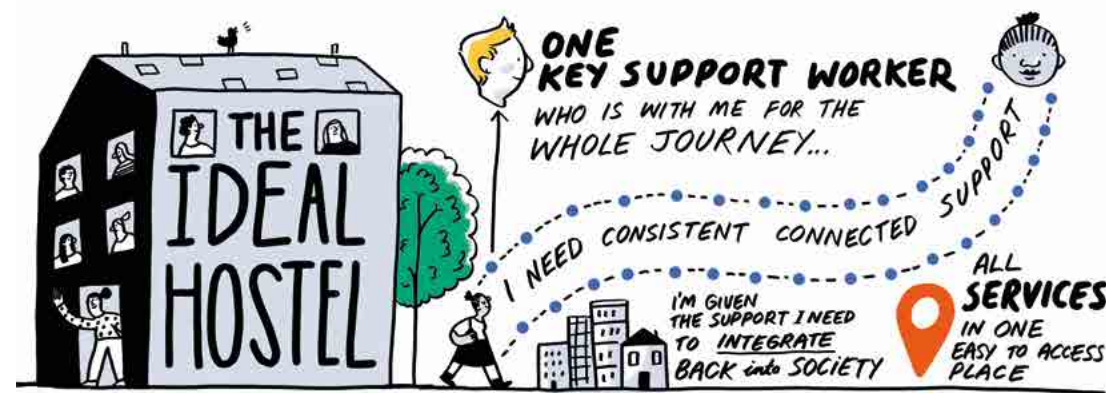
3.2 Conclusion

The study demonstrated that homelessness is a terrifying experience for a woman, which continually puts their lives and wellbeing at risk. For many of the women we spoke to it meant being subjected to physical, sexual and emotional abuse. These women reported that their mental and physical wellbeing was significantly affected as a direct result of homelessness.

For the women we spoke to, being homeless meant fighting for survival. There are few safe

spaces for them, unless they were able to find and access services that were women only and offered non judgemental, efficient and caring support.

The themes drawn out and emphasised by the voices of these women demonstrate a need for services that recognise the differential impact of homelessness on women and for those services to be sensitive and responsive to these needs. The Camden Safe Space approach, which is gender informed and demonstrates the type of approach that the women describe themselves as needing.



4. Best practice recommendations

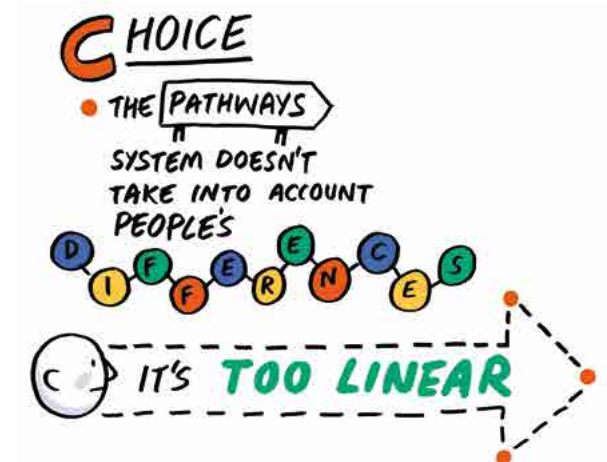
These recommendations are based on what we learnt while developing the Safe Space approach over the last eight years, other valuable reports^{11 12} and the evidence given by the women who contributed to our study. These recommendations are designed for commissioners (of supported accommodation and support services for people experiencing homelessness) and teams that deliver services for people who are experiencing homelessness. Some of these recommendations can be implemented without additional resources but some can only be achieved with long term funding, whether from the local authority, DLUHC or other sources, alongside a strong commitment to tackling women's homelessness.

For commissioners

For frontline teams

Choice

Women told us that lack of choice led to them feeling unsafe, out of control and unworthy of our support. When women are offered choice and control, they feel empowered and hopeful for their future.



A choice based Adult Pathway for all women.

Including:

- Women only hostels with staff trained in VAWG, exploitation and trauma.
- Mixed gendered hostels where staff are trained to deliver gender informed and trauma responsive support.
- Increase in Housing First style provision for women and a longer term commitment to funding.

Choice and Control in hostels.

- Create a culture within your service that offers as much choice and control to the client as possible, whether that be room moves, choice of keyworker or where and how key working takes place.
- Create an environment where trust can grow.

Choice and control in services

- Offer options and information so that women can decide for themselves.

¹⁰ J Bretherton & N Pleace, *Women Sleeping Rough: A Critical Review of Current Research and Methodology*, (University of York, Centre for Housing Policy & St Mungo's, 2018). <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

¹¹ <https://www.shp.org.uk/news/out-of-sight-out-of-mind-flic-and-the-university-of-york-launch-research-into-womens-hidden-homelessness>

For commissioners

Safe spaces for women

Women spoke of the difficulty in accessing support when first homeless as well as how challenging they found spaces that also worked with men. They also described how mixed gendered environments rarely offered that feeling of safety and respite found in women only services.



A 'One stop shop' women's centre.

- A safe space that seeks to meet the range of needs of women experiencing homelessness from across the borough. It should be a collaborative cross sector, women only, trauma responsive service, with input from all support services and a space for all women in Camden with experiences of homelessness.

For frontline teams

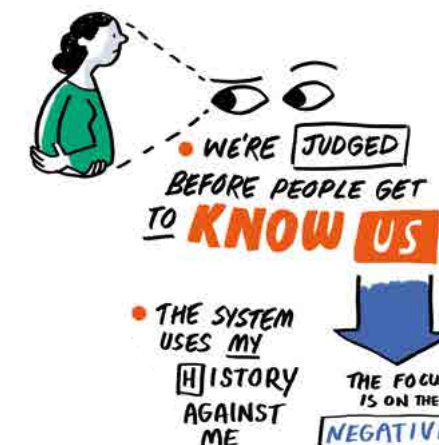
Make your service a safe place to be.

- Support your team to understand that women value their emotional safety as highly as they do their physical safety within your building or project.
- Train your staff to understand both the impact of trauma and the broad spectrum of violence and exploitation women who are homeless experience.
- Create women only times and spaces for your service.
- Create women only floors or clusters in your service.

For commissioners

The first contact matters

Women spoke of long and difficult assessment processes that focussed on their 'bad behaviour' and not who they were or what they had been through. They told us this approach made it hard for them to be honest with services.



- Commission services that recognise the significance of first contacts and have adopted psychologically and trauma informed approaches.

Women specific homeless prevention worker.

- Provide a housing officer within the homeless services (HPS team) who has been specifically trained in VAWG, sexual exploitation and trauma. Someone who is able to support women through the housing process and make referrals in a proactive and client centred way.

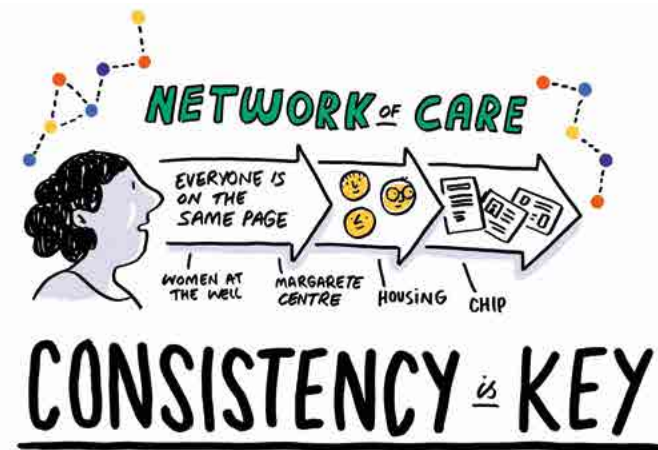
Review your assessment and interview process.

- As a team review your triage and booking in process.
- Consider how much you need to ask at the first meeting, how honest women will be with a service that is focussing on risk rather than recovery, who will do the assessment and how urgent the information is.

For commissioners

Joint working

Women said they could feel the difference when 'everyone was on the same page'. They felt safer and more in control of their own recovery, but also that it improved outcomes for them. Improve joint working across the pathways (Adult Pathway) and support services to work more effectively for the client.



For frontline teams

Joint commissioning.

- Jointly commissioning services, across sectors (physical and mental health, substance use, housing and women's sector) would greatly impact the scope and ability for teams to work flexibly and collaboratively resulting in better outcomes for women.

Build relationships locally.

- Invest in your relationships with external services locally. Invite them to your team meeting and ask to visit their service.
- Share learning and positive feedback between services.
- Train your team on effective, client centred case conferencing (Team around Me).

For commissioners

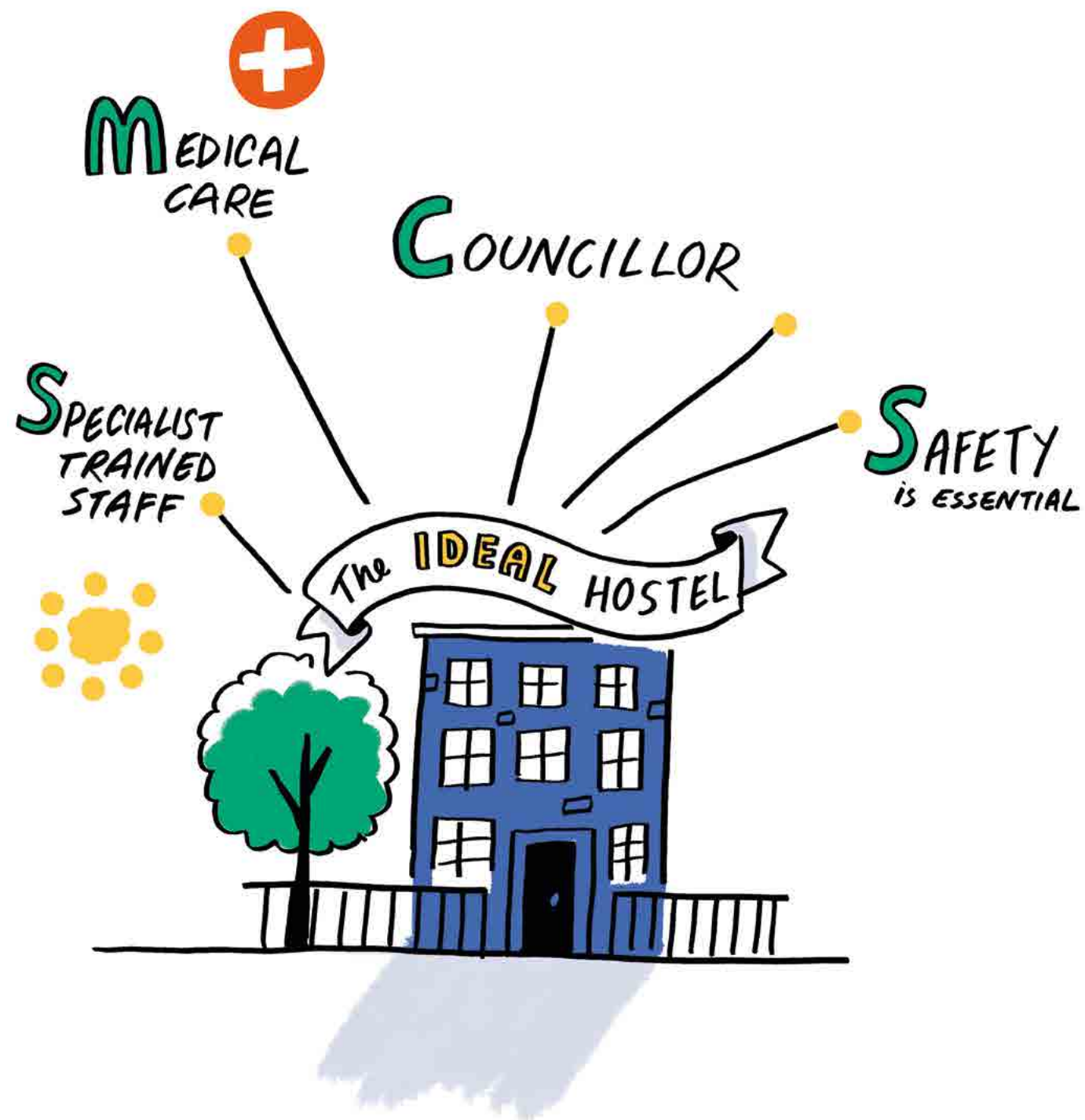
Strong and resilient workforce

Women knew when they were working with someone who wanted to be there and who saw them as 'a human being'. Investing in strong teams across services will directly impact women's recovery.

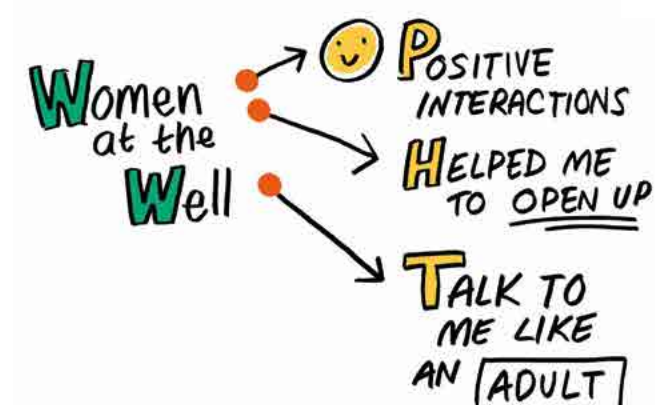


- Commission services with staff skilled in psychologically and trauma informed approaches.
- Continue PIE training across the Camden Adult Pathway.
- Support teams to access reflective practice.

- Commit to recruiting staff who demonstrate the skills, compassion, and resilience to support women who are homeless.
- Actively seek out training for your team around women's recovery.
- Provide the time and space for reflective practice for teams working with multiply disadvantaged clients.



• **WOMEN WITH CHILDREN NEED EXTRA SUPPORT TO BE SUCCESSFUL**



MEN

- **RECEIVE SPECIAL TREATMENT**



FEMALE HOSTEL STAFF CAN BE THE WORST

I BECOME THEIR **G**OSSIP

This research was undertaken by two members of St Mungo's staff who worked within the Safe Space principles of offering choice and control to participants whenever possible with a gender informed and trauma responsive approach.

Kate John and Izabela Jamrozik

Contact: Kate.John@mungos.org

March 2022

Thank you to all the St Mungo's clients
whose stories appear in this publication.
© St Mungo's 2022

St Mungo's, Fifth Floor, 3 Thomas More Square, London E1W 1YW

Tel: 020 3856 6000 **Donations:** 020 8600 3000

Email: info@mungos.org

www.mungos.org



St Mungo Community Housing Association, a company limited by guarantee
Registered and Head Office: Fifth Floor, 3 Thomas More Square, London E1W 1YW
Patron HRH The Duke of Kent, KG • Chief Executive and Secretary Steve Douglas CBE
Charity No. 1149085 • Company No. 8225808 (England and Wales) • Housing Association No. LH0279

St Mungo's
Ending homelessness
Rebuilding lives