



Women and Homelessness

St Mungo's approach
to supporting women
experiencing homelessness

St Mungo's
Ending homelessness
Rebuilding lives



St Mungo's: Reducing inequalities amongst women experiencing homelessness

Women experiencing homelessness face different challenges to men. A 'gender neutral' approach to designing services often means they don't meet the needs of women. This leaves many women with inadequate support services and leads to fewer positive outcomes.



75,000

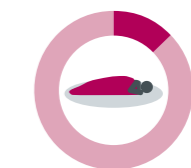
women and their families are homeless and living in temporary accommodation



Women make up **60%** of homeless adults in temporary accommodation¹



In 2021, the mean age at death for women experiencing homelessness was **43.2 years**²



The latest figures show that in England, women make up **13%** of people sleeping rough³

Who is this document for?

This document is for Commissioners and providers of homelessness services. The Government's September 2022 Rough Sleeping Strategy, 'Ending Rough Sleeping For Good', recognises that women have different experiences and needs to men, when they experience homelessness, and that services need to be delivered differently to meet the needs of women. This brochure highlights the challenges women face in their recovery from homelessness, St Mungo's approach to supporting women across our services and examples of women only provision to fill the gaps mixed services cannot fill.

Note: 'Women' / 'Woman' refers to anyone who self identifies as a woman. This includes trans women.

¹ Shelter, December 2021, Fobbed Off: **The barriers preventing women accessing housing and homelessness support, and the women-centred approach needed to overcome them**
² Office for National Statistics (ONS), released 23 November 2022, ONS website, statistical bulletin, **Deaths of homeless people in England and Wales: 2021 registrations**
³ DLUHC **Rough sleeping snapshot in England, Autumn 2021** (March 2022)
⁴ Bretherton, J. and Pleace, N. (2018) **Women and Rough Sleeping**. York: University of York

However, it is likely the true figures are higher. Women are more likely to be 'hidden' homeless (sofa surfing, sleeping on buses, staying in precarious accommodation) – and the number of women who are homeless, particularly those rough sleeping, is underestimated using traditional count methods.⁴ This also challenges traditional approaches used to work with people sleeping rough and in homelessness accommodation as women may be less accessible.

St Mungo's is a leading provider of services for people experiencing homelessness. In 2021-22 we supported 24,935 people across all our services. 27% were women and we are committed to playing an active role in reducing the inequalities women face at a system level and meeting their needs in our services.

Why do women experiencing homelessness need tailored support?

Women experiencing homelessness often have severe, interrelated and complex problems stemming from domestic abuse and other traumas, which contribute to their homelessness, make recovery challenging and lead to poorer outcomes

- Women's homelessness often occurs after prolonged experiences of trauma, including physical, sexual and emotional abuse by those closest to them. This trauma may lead to difficulty maintaining positive relationships and trust.
- Women are more likely than men to have experienced physical and sexual violence both as adults and children. Almost half of St Mungo's women clients disclosed having experienced domestic abuse and 19% having experienced abuse as a child, compared with 5% and 8% of men. Yet, we believe these are under-estimated as our staff's experience is that violence is a near universal experience for women they support.
- Women are more likely to experience further abuse, exploitation and violence while homeless, hindering their ability to recover.
- In our services, there is a disproportionate risk of drug overdose in women in services compared to men.⁵ A 2019 analysis of our Support Overview data noted that, of those clients identified with drug and alcohol problems, more women had problems with both riskier substances (heroin and crack cocaine) and practices (injecting).

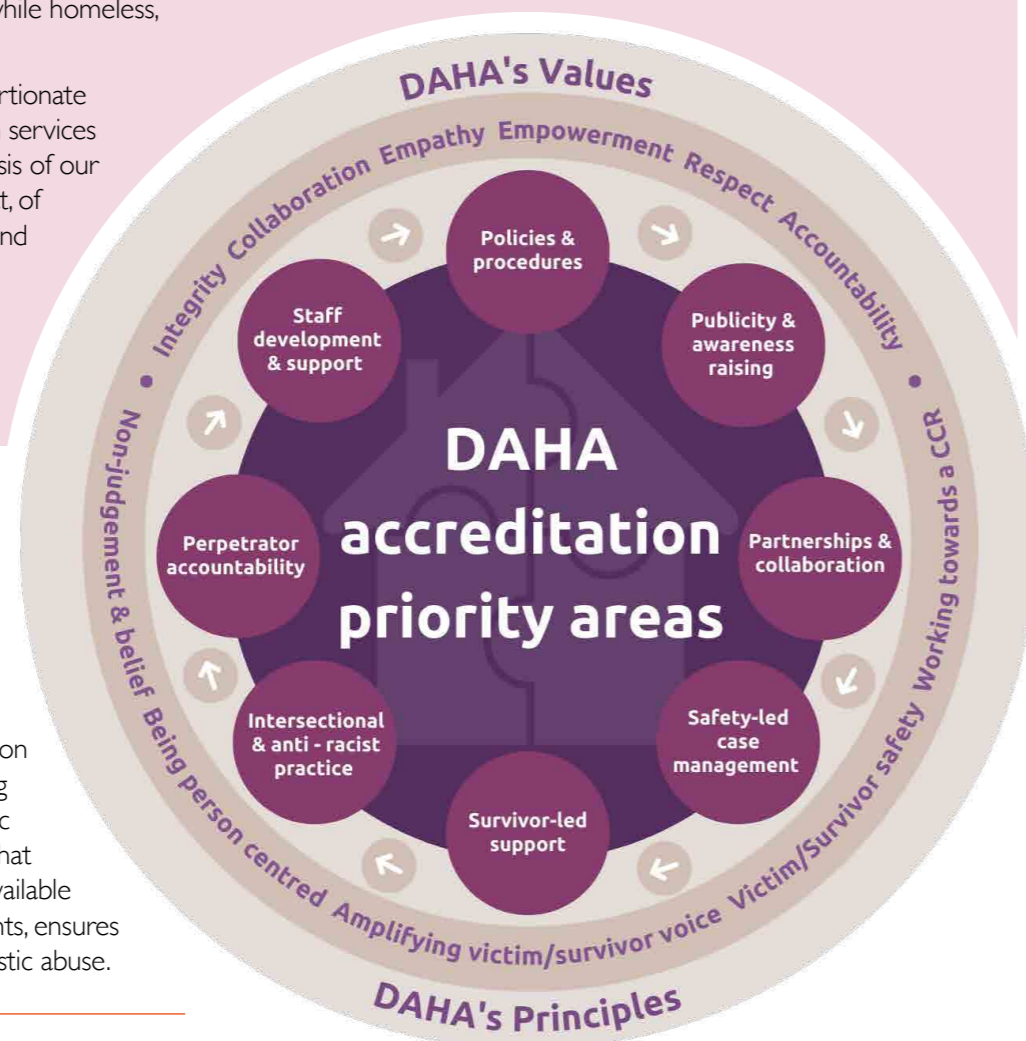
In 2014, our outcome data showed that women with complex needs are more likely to make positive change when in women only services than in mixed provision.⁶ But, still now, only 11.1% of services in England offer women only accommodation.⁷ Therefore, we need to ensure women's needs are met within all services by taking a gender informed approach to recovery.

In 2021-2022 we accommodated:



Domestic Abuse Housing Alliance (DAHA) Accreditation

We are pleased to have become one of the first homelessness providers to receive a **DAHA accreditation**. The DAHA accreditation is the UK benchmark for how housing providers should respond to domestic abuse. The accreditation confirmed that the support, training and resources available to staff, and the support given to clients, ensures safe and effective responses to domestic abuse.



St Mungo's approach: how we support women experiencing homelessness

Our Women's Strategy is overseen by our dedicated Matrix Lead for Women and Domestic Abuse and is designed to address the ways in which women experience homelessness differently from men, equipping us to achieve equally positive outcomes with women. It was developed based on research and experience and in consultation with clients, staff and external experts.

Our strategy states: Our core challenge as an organisation is creating an environment of physical and psychological safety for women. This approach applies to all women, no matter what service they are accessing.

The starting point: our Recovery Approach

Our Recovery Approach, based on a practical understanding of trauma, is embedded across all of our services. It commits to understand individual clients' strengths, experiences and goals, to shape support. The starting point is a safe place to live: establishing safety creates a firm foundation for recovery from trauma. Complex traumas can lead to supportive interventions being perceived as obstructive or even abusive. To mitigate this, we train staff in Trauma-Informed Care:

- Recognising how past trauma can affect behaviour, and tailoring support accordingly.
- Helping survivors towards overcoming effects of complex trauma and avoiding re-traumatisation.
- Acknowledging psychological needs of survivors, helping them understand and overcome psychological obstacles.
- Awareness of the psychological impact of service delivery.
- Emphasising the importance of relationships and continuity.
- Empowering survivors, helping them take control of their lives.
- Working in an empathetic and emotionally intelligent way.
- Reflective approach to practice.

Adapting our service – our Women's Minimum Standard Audit tool

Around one third (33%) of our supported housing residents are women and the majority of the commissioned services we run are mixed gender. As such we have developed a Women's Minimum Standard Audit tool, available to all of our services, both mixed and women only, to highlight good practice as well as identify gaps in service delivery related to supporting the specific needs of women. It prompts the creation of an action plan to ensure women's needs are met in the service through: staffing and service design; local policies; physical spaces; client involvement and choice; visitors and relationships; safety planning and risk management and connections with external partners.

Supporting sector practice development by sharing learning:



St Mungo's shared this tool with the **Women's Development Unit (WDU)**, a partnership between The Connection at St Martin's and Solace Women's Aid, to inform the co-development of a gender informed self-assessment toolkit. Once finalised, this tool will be available across the sector.

⁵ St Mungo's internal client database, OD Report 2020-21

⁶ St Mungo's (2014) **Rebuilding Shattered Lives** In complex needs projects, 52% of women in women-only projects experienced positive change, compared to 48% in mixed projects, in spite of the fact that more women in women-only projects started at an earlier stage of recovery

⁷ Homeless Link, 2021 Annual Review, **Support for Single Homeless People in England**

Our infrastructure

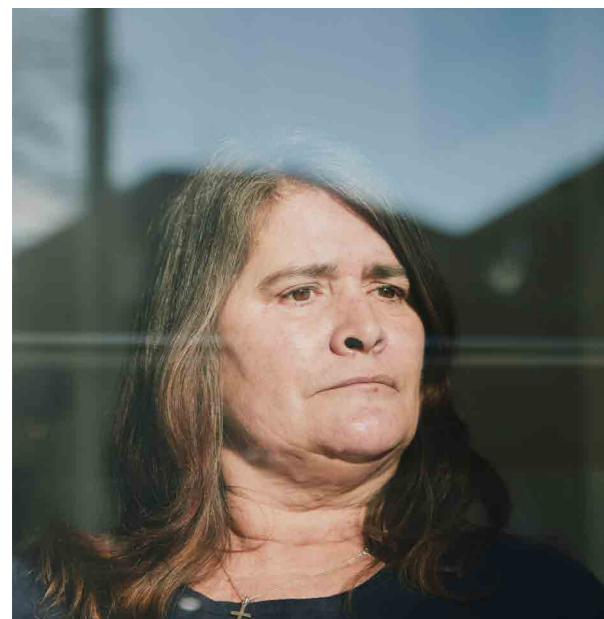
Policy and procedure

We co-developed a suite of policies and procedures to ensure services and teams across the organisation have a consistent approach; and safeguard our women clients.

Domestic Abuse

St Mungo's has a 'survivor centred' approach to domestic abuse. Survivors' views and experiences inform prioritisation and delivery of services, in line with our commitment to client involvement. We listen to survivors with a non-judgemental and believing approach. We aim to empower survivors by advising them of their options and giving guidance so they can make their own decisions. Our policy also includes guidance on working with perpetrators. Our P&P is supported by

- A Domestic Abuse Quick Guide, which is a visual flowchart that helps staff identify actions that need to be taken immediately after a disclosure
- Guidance on asking about domestic abuse, completing a DASH Risk Assessment Checklist, and Multi Agency Risk Assessment Conference (MARAC)
- Guidance on working with perpetrators
- We have a separate policy for support staff who may be experiencing domestic abuse.



Sexual Assault

Our Sexual Assault policy outlines actions that should be taken to prevent and respond to sexual assault. It should be applied to sexual assault as defined by law and other forms of sexual abuse/exploitation that victims may experience as assault, such as image based sexual abuse, online exploitation, exposure and trafficking for sexual exploitation.

Keeping us safer

Our approach for supporting women with multiple disadvantage is outlined in our Keeping us safer guidance, which was co-developed with Standing Together and supported by HomelessLink. It aims to build a strong foundation from which professionals can better support survivors and manage risk. The guidance was developed based on **conversations with 16 women living in and accessing St Mungo's services**, who have experienced homelessness, abuse and violence. It encourages staff to think about and integrate different approaches which support women's needs and help to build supportive relationships. This approach urges professionals to look holistically at women's linked needs and experiences and how they can support as well as taking action, through the safety planning process:

1. Address immediate safety of support needs.
2. Pre-engagement – begin building a trauma-informed relationship with her to develop trust. How long this will take will vary depending on the individual. Women should be given the option of having a female lead worker.
3. Explore existing safety strategies – explore what safety strategies she already uses. Validate her strength and resilience.
4. Introduce alternatives – start to introduce alternatives to improve both physical and emotional safety, using a harm minimisation approach. This is the practical safety planning that we are most familiar with when we suggest safety strategies for clients, e.g. how she can store emergency numbers in a safe place, offering options and advice about navigating the system, and practical help.



Good practice examples:

- Offering a pre-move in visit so women can familiarise themselves with the space and get to know the staff better.
- Introducing questions about relationships, support networks and people who pose a risk to them in their assessment and key working processes.

Training, Learning & Development

We connect with specialists in domestic abuse, substance use and health services to develop our practice. Our Learning & Development team have co-developed learning packages to equip staff across the organisation with the tools and knowledge to support women in our services. Our domestic abuse and gender based violence eLearning, designed in collaboration with a specialist domestic abuse organisation, are available to all staff and volunteers. A more in depth, face to face training about domestic abuse, tailored to our needs in housing and homelessness, is outsourced to a specialised domestic abuse organisation. We also have an eLearning course about supporting homeless couples and people in relationships, designed by expert internal staff, and a Women & Substance Use webinar, delivered by our Complex Needs team. We are able to be responsive to unique learning needs that come up and have, for example, procured specialist training on domestic abuse in LGBTQIA+ relationships and supporting women who gamble.

Staff forum and reflective practice

Our Women's Recovery Forum is a safe space for all staff to come together to discuss working with and supporting women. The forum is open to staff of any gender, working in any service or in central support roles. It supports colleagues to share best practice, problem solve specific cases and learn from each other's experience.

Reflective practice is an important concept for our staff supporting women. It allows teams to explore their client's behaviour and understand the trauma responses, as well as their own practice.

Gender informed physical environments

We have high standards of building security across our services. We also designate and protect physical spaces for 'women only' within our mixed hostels, supported and semi-independent accommodation projects, where possible. For example secure corridors that are cluster protected by key fobs, 24 hour security, differentiated entry points, etc. In our Housing First services, as part of the comprehensive risk and needs assessment that staff co-produce with clients, we aim to understand any specific issues particularly around safeguarding, domestic abuse, exploitation of client vulnerabilities from unwanted visitors. We will also identify specific location and area risks. Particularly where women have experienced domestic abuse, we will provide extra security measures at their property to help them feel safe and secure, utilising existing resources like **Sanctuary Schemes**.

Our interventions and services

Mixed gender provisions

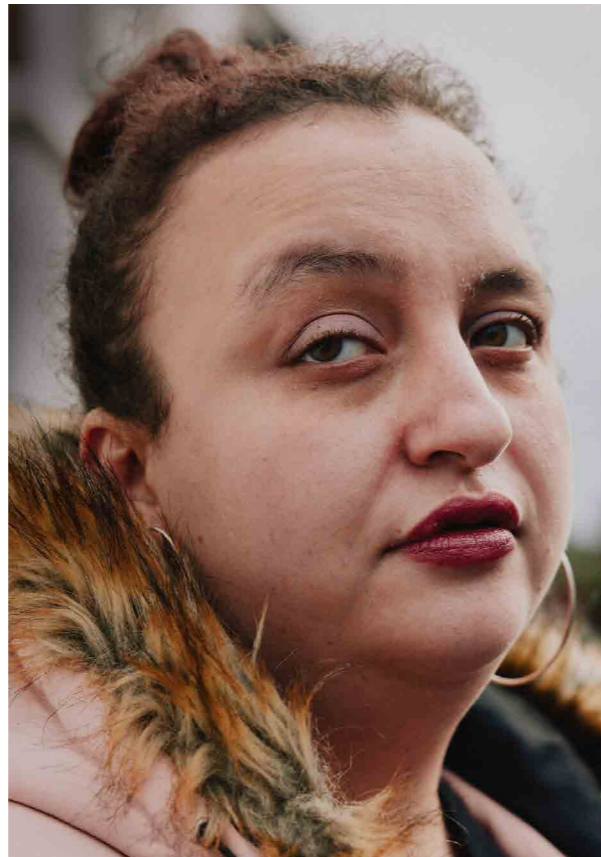
Domestic Abuse Navigators

Funder: Mayors Office Policing and Crime Domestic Abuse Safe Accommodation (MOPAC)

The Domestic Abuse Navigators are co-located within St Mungo's 'women's safe' accommodation across South London and Hackney. The service supports women who have historic or current experience of domestic abuse and are experiencing or at risk of homelessness. At least two thirds of the clients accessing this service experience severe and multiple disadvantage.

Domestic abuse survivors experiencing multiple disadvantage often have to manage their own safety whilst navigating complex systems, encountering gaps between their needs and service offers. This service bridges this gap by providing personalised, continuous support to survivors as they move through accommodation pathways. Each Navigator is a single point of contact for their clients and the services working with their clients. They work to gradually build meaningful, trusting relationships with their clients, providing support around domestic abuse and other matters that may be barriers to their recovery.

After an incident or disclosure of domestic abuse, the Navigator will support clients with a primary focus on immediate safety. They review risk to the client and manage referrals of high risk clients to the Multi-Agency Risk Assessment Conference (MARAC) where appropriate. The Navigators support referrals to specialist agencies, and create plans with the client to address support needs and decrease risk of re-victimisation.



The Navigators connect to and coordinate with multiple services that are involved in the client's support. This means working with local agencies such as substance misuse services, probation officers, psychologists, and health services. They can share information between services to find the best way to support the client and keep them engaged in services.

Clients can experience high levels of anxiety when moving between accommodation services, because they might need to start fresh with assessments, building relationships with new lead workers and getting to know a new area. Transitions between services are also a time of increased risk. The Navigators co-produce person centred move-on plans, considering each individual's barriers and strengths. They ensure clients maintain their support network as they move and can support them while they adapt to their new circumstances.

Women's Safe Space

Funder and partner: London Borough of Camden

Safe Space is an approach 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.

The approach can be adopted by any team (mixed gendered or single sex services) working with women with multiple disadvantage. It can also benefit male clients and support staff. Safe Space is a culture of understanding how trauma, gender and the effects of multiple disadvantage impact our clients' experience, while acknowledging sexism and inequality within wider society. The key components are:

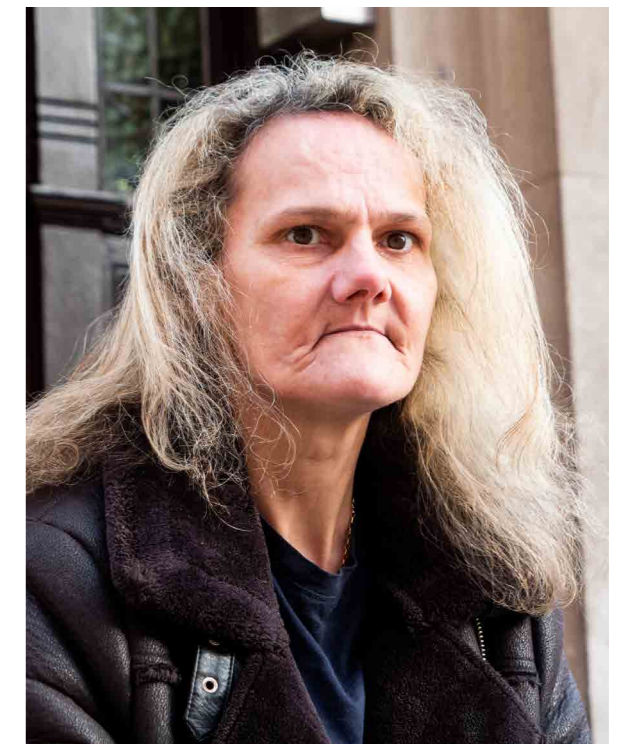
- 1. Understanding trauma.** We do this through the whole team being trained on gender and trauma, PIE, trauma informed care and Adverse Childhood Experiences (ACEs). Moving away from an outcomes based approach, instead focusing on offering time and space for clients to stabilise and build trust in services.
- 2. Relationships.** Safe Space recognised that if a client doesn't trust our service she is unlikely to engage with the service offer. Relationships with clients are therefore at the centre of everything the team do. Lead workers offer meetings in a relaxed and informal way.
- 3. Choice and control.** Offering choice to our clients, we are able to build trust and show ourselves to be non-paternalistic in our care. As a service provider, we can often mimic 'perpetrator like' behaviours, e.g. by asking about their drug use. This may feel harassing or invasive to our clients who have experienced trauma. Allowing clients to choose certain options, building choice into many aspects of service, like lead worker, meal planning and meeting locations.

As part of the Safe Space service, we worked with the London Borough of Camden to produce a specific eLearning for all staff working in Camden's Adult Pathway. This was based on research into the experiences of women in the homelessness pathway in the borough.



“The Women's Safe Space has been key in lifting the voices of women accessing services in Camden and helping to share our support. Our service has developed and changed with the understanding of women's experiences – what we have learned, and continue to learn, will inform how services are developed and delivered in future.”

Trevor Saull, St Mungo's Regional Head, Camden



Women only provision

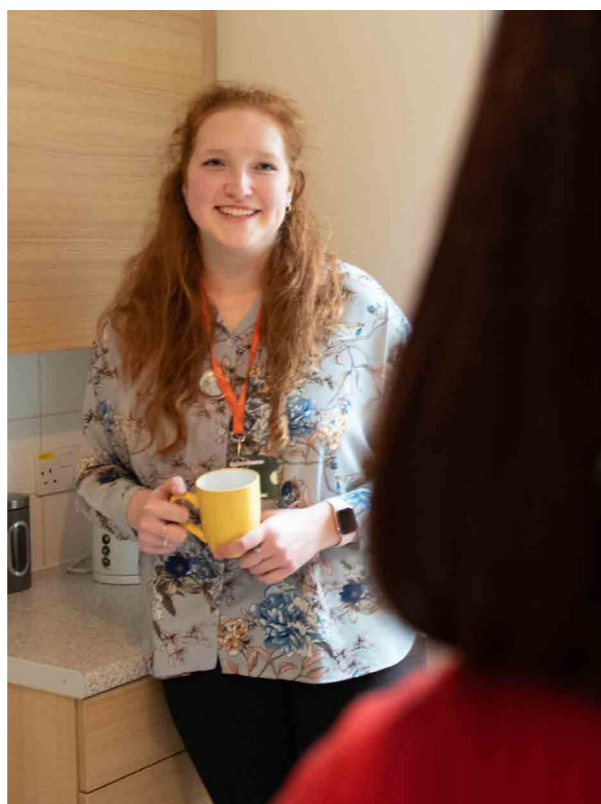
We understand that some women will be re-traumatised and placed at further risk of harm by accessing support with male clients, particularly if they have experienced violence or abuse by a male perpetrator. Therefore we have a strategic aim to offer women only services and spaces as an option to all women clients. This can come in the form of women only spaces or women only services. St Mungo's provides women only emergency, temporary, hostel and supported accommodation. Women only services will always have only women staff.

Nova Project

Funder and partner: Reading City Council and DLUHC

The Nova Project is a ten bed accommodation service specifically for women. The service was developed by St Mungo's in collaboration with Reading Borough Council in 2020 in response to an identified need for a specialist service for women. We aspire to achieve equally positive outcomes with our women clients, recognising that they experience homelessness differently from men, bearing the burden of gender-based harassment, abuse and violence. The project is first and foremost a safe space for women, providing a secure place to start the process of recovery from homelessness, and one day to move on. There is no fixed timeline for clients' stay at the Nova Project, meaning individuals can stay as long as needed.

The service offers gender-informed, individualised and intensive support to our clients, many of whom have experienced severe traumas such as domestic violence. Clients in the Nova Project have often been in and out of other services, have long histories of sleeping rough, may have been sex working, and may have been unable to sustain a tenancy. This project has had proven success in supporting women to break these cycles; to date there has been only one eviction from the service.



The project embraces a multi-agency approach to understand specific clients' needs and how best to help individuals. There are also in-reach services to improve accessibility. The project works with other local service providers to provide specialist support to its residents, including health outreach, budgeting support, substance use services and tenancy sustainment. Where required, additional support can be provided by St Mungo's women only Navigator and the innovative new Complex Couples Pathway, which offers women supported move on options with their partner, in line with client wishes and where appropriate. The service also organises activities to support wellbeing and life skills, including gardening and 'Arty Afternoons'.

Recognising the value of lived experience, the Nova Project will soon benefit from peer support volunteers alongside its trained staff. This invaluable contribution will allow for clients to connect with and be supported by other women with similar life experiences and challenges, who have been able to recover and move on.

Safe Space Psychotherapy Service

Funder and partner: London Borough of Camden

Existing therapy services rely on clients being in a place where they can engage with services and able to articulate their trauma. They often don't meet the needs of women experiencing multiple disadvantage as complex referral processes, invasive assessments, long waiting lists, refusal of treatment due to drug or alcohol dependency, can all be barriers to access. In addition our clients often have undiagnosed mental health issues and a male-centric approach to diagnosis often overlooks complex trauma women face.


Safe Space Psychotherapy is a flexible, humanistic talking therapy service for women and non-binary people experiencing multiple disadvantage and homelessness. The service offers regular drop in clinics within hostels. Appointments are available, but not necessary, so clients can access the service at the time of need. Clients have a choice in what engagement looks like and over what time scale this takes place, there are no referrals of closed cases.


The service offers creative avenues to encourage clients' engagement. Sustained exposure to the therapist via informal contact leads into intentional contact and meaningful engagement over time.

The psychotherapist uses tailored gender, trauma and culture informed care and relationship building. Led by the client, they co-develop a support plan unique to the individual's recovery trajectory and wellbeing goals. The psychotherapist sits outside of an authoritative structure which increases psychological safety of the clients and helps to facilitate engagement in the service. Unpacking complex trauma through therapy sessions supports the clients to build confidence to manage their own recovery. Clients have improved feelings of safety, and there are increasing disclosures around safety or risks to hostel staff.




Joint working practices are embedded in the service, with discussions between therapist, coordinators and hostel staff, within client confidentiality. In turn, this has a positive effect on relationships clients have with hostel staff and lead workers. There is also value added from having a certified professional advocating alongside the client and relaying their needs, to secure positive outcomes with external support agencies.

In the first year of this service running, 29 clients chose to engage with the service in a therapeutic way from 44 clients who contacted it. Amongst the 29 engaged clients:

 **5** women were actively engaged with statutory mental health teams and **12** had never had any previous contact with therapeutic or mental health support.

 **19** had drug or alcohol dependency which would otherwise exclude them from accessing similar services.

In the second six month period of our pilot,

 **9** clients reported positive change around their substance use,  **6** reported a reduction in use and improved harm reduction around substance use and  **3** started engaging with local substance misuse services.



The psychotherapist was involved in the prevention of **1** eviction and **4** abandonments.



3 clients moved on to own independent accommodation, and **10** have move on plans.

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Rebuilding lives