



Rebuilding
**Shattered
Lives**

The final report

**Getting the right help at the right time
to women who are homeless or at risk**

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We would like to thank the members of our expert group, whose input and ideas have been vital to *Rebuilding Shattered Lives*.

- Martin Barnes, former Chief Executive and Marcus Roberts, Chief Executive, **Drugscope**
- Sophie Corlett, Director of External Affairs, **Mind**
- Jacqui Dillon, **Independent Trauma Specialist**
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- Davina James-Hanman, Managing Director, **AVA (Against Violence and Abuse)**
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- Baroness Stedman-Scott, Chief Executive, **Tomorrow's People**
- Dame Clare Tickell, **Action for Children**

Thanks also to the many current and former St Mungo's staff, clients and volunteers who have supported *Rebuilding Shattered Lives* and colleagues across the sector have contributed to this report. Particular thanks to St Mungo's Alexia Murphy and Tanya English for their leadership on this project.

Executive Summary

"I became homeless because I got pregnant at 14, Mum threw me out and after that I got married. My husband raped me and beat me up. So I ran to London to escape him and have been on the streets ever since." St Mungo's client

Rebuilding Shattered Lives

Women who are homeless are among the most marginalised people in society.

Sadly, women's homelessness often occurs after prolonged experiences of trauma, including physical, sexual and emotional abuse, frequently within the home. It often follows from and results in a cycle of mental ill health and substance use, and a myriad of other problems. Many homeless women are left grieving for lost childhoods and lost children, and the impact is felt across generations.

These women's histories are full of missed opportunities to get the right help at the right time.

Working with a growing number of women, St Mungo's has realised just how much women's needs differ from those of men. We have also seen how women tend to do less well in support services which predominantly work with and are designed for men. With *Rebuilding Shattered Lives* we set out to change this.

"There is much good practice out there which warrants sharing more widely but we also need new approaches which fit the realities of women's lives today. Our showcase is intended to be a crucible for new ideas which energise policy and good practice." Charles Fraser, Chief Executive, St Mungo's

Rebuilding Shattered Lives brought together different sectors all working with women who are homeless to share understanding of the particular experiences and challenges women face. We explored how organisations in different sectors are working with women to overcome these challenges, and how we can ensure women do get **the right help, at the right time**.

Drawing on the expertise of a panel of advisors we invited individuals, services and organisations to submit their experiences, ideas and research across nine themes.

Many thanks to everyone who contributed to *Rebuilding Shattered Lives*, especially to the women who shared their personal stories. We are also very grateful to the support of our expert group who have helped shape our ten key recommendations.

Women's homelessness: why should we be concerned?

Homelessness is a growing problem in the UK. Government figures show that the number of people accepted as homeless grew 10% between 2011 and 2012,¹ and the number of people recorded sleeping rough has risen by 37% since 2010.²

Women make up 26% of people who accessed homelessness services in 2013, using approximately 10,000 bed spaces across the UK.³ 786 women were recorded sleeping rough in London in 2012/13, 12% of the total number.⁴ We believe many more women are 'hidden homeless', living outside mainstream support.⁵

¹ DCLG Live Tables on Homelessness Table 770: decisions taken by local authorities under the 1996 Housing Act on applications from eligible households <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

² DCLG (2014) *Rough sleeping in England: autumn 2013* <https://www.gov.uk/government/publications/rough-sleeping-in-england-autumn-2013>

³ Homeless Link (2013) *Survey of needs and provision 2013* http://homeless.org.uk/sites/default/files/SNAP%202013%20Final%20180413_2.pdf
There are an estimated 39,638 bed spaces for homeless people in the UK. Around 26% of those using bed spaces are women. 26% of 39,638 bed spaces equates to 10,306

⁴ CHAIN (2013) *Street to Home annual report 2013* http://www.broadwaylondon.org/CHAIN/Reports/S2h2013/Street-to-Home-report-2012_20132.pdf

⁵ Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf

With cuts to public services, restrictions on welfare, rising housing costs and a lack of housing supply, there are real fears that homelessness will rise further.⁶ Women are likely to be particularly affected by the impact of welfare changes as they are more likely to be dependent on benefit income, including housing benefit.⁷ The concern is that we now face a 'timebomb' of women's homelessness.

As homelessness rises, funding for support services is being cut. Overall, homelessness services reported a 17% reduction in funding in 2013, with the proportion targeted at women falling from 12% to only 8% in the last two years.⁸ This is very concerning considering women make up a quarter of people using homelessness services.

The costs of women's homelessness can be devastating for women and their families. These high costs are also felt by the wide range of support services which women come into contact with during their experiences of homelessness.

Key findings

Complex and interrelated needs⁹

"We know from our own clients that women who come to our emergency shelters, hostels or into our supported housing have a complex mix of problems. We need to look deeper and try different approaches." Charles Fraser, Chief Executive, St Mungo's

The overwhelming finding from submissions to *Rebuilding Shattered Lives* was that women who are homeless have a number of severe, interrelated and exceptionally complex problems which contribute to their homelessness and make recovery challenging. The submissions reflected our experience that women tend to enter homelessness and other support services at a later stage than men, when their problems have escalated significantly and they are less ready to begin their recovery journey.

- Shockingly almost half of our female clients have experienced domestic violence, and 19% had experienced **abuse as a child**, compared with 5% and 8% of men
- A third of the women we work with said domestic violence had contributed to their homelessness, compared to 8% of men

⁶ Crisis (2013) *Homeless Monitor England 2013* <http://www.crisis.org.uk/data/files/publications/HomelessnessMonitorEngland2013.pdf>
⁷ Fawcett Society (2012) *The impact of austerity on women* <http://www.fawcettsociety.org.uk/wp-content/uploads/2013/02/The-Impact-of-Austerity-on-Women-19th-March-2012.pdf>

⁸ Homeless Link (2013) *Survey of needs and provision 2013* http://homeless.org.uk/sites/default/files/SNAP%202013%20Final%20180413_2.pdf
⁹ References to St Mungo's clients taken from the 2013 edition of our Client Needs Survey unless otherwise stated

¹⁰ For the purpose of this report we have used 'women involved in prostitution' as a term that does not define women by the act of selling sex, but also recognises that selling sex is not a job like any other: We are aware that different agencies use different terminology and as part of *Rebuilding Shattered Lives* we actively sought contributions from a range of different standpoints

¹¹ HM Inspectorate of Prisons and HM Inspectorate of Probation (2001) *Through the Prison Gate*, London: Home Office

¹² Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf

- Almost half of our female clients are **mothers**. 79% of these women have had their **children taken into care or adopted**. Many are traumatised by the loss of their children and struggle to cope with limited contact
- 70% of women we work with at St Mungo's have **mental health** needs, compared to 57% of men
- 27% of our female clients have a combination of **mental health, physical health and substance use** needs (26% of men)
- More than a third of our female clients who have slept rough have been **involved in prostitution**¹⁰
- Almost half of our female clients have an **offending** history and a third have been to prison. Over a third of women in prison have nowhere to live on release, women are more likely than men to lose accommodation while in custody¹¹
- A survey of homeless women carried out by Crisis found that 37% **have no qualifications**.¹²

Trying to unpick these needs is challenging, and it's clear that they often can't be addressed separately. Women need support that is easily accessible and responds to the full range of their complex needs; the right help at the right time. This report explores how this can best be provided.

"Women's homelessness is so often invisible. I have no contact with my family – I had a very traumatic childhood and don't want to see them. I did a lot of sofa surfing after I left my violent partner. But then I ran out of friends and became homeless." St Mungo's client

Trauma and abuse

Much of the complexity of women's needs is rooted in histories of violence and abuse often stemming from childhood. It was striking across the different themes just how many women's lives had been marked by physical and sexual violence and how the resulting trauma often erodes resilience to cope with later challenges. Women may turn to drugs or alcohol in order to self-medicate. Involvement in prostitution and offending may follow to fund substance use or indeed survival, resulting in criminalisation and imprisonment. The impact of trauma is undeniably complex and long-lasting; it is a recurring theme throughout both this report and the lives of many homeless women.

Relationships with children

Many women who are homeless are separated from their children, and some lose custody of their children permanently. We heard again and again how devastating this separation is for women, yet they are often expected to cope with this loss with little or no emotional support. Services are often ill-equipped to understand and respond to the further trauma that arises from separation from children and the internalised shame and guilt of 'failing' as a mother. For many women a failure to address this can be a significant blocking factor in recovery from homelessness and wider issues.¹³

Stigma and shame

Also prominent from the submissions was the feelings of stigma and shame experienced by women who are homeless. Women may experience multiple stigmas which experienced concurrently can have a reinforcing, demoralising and debilitating impact. We heard how women feel that society expects them to be feminine, to be good mothers and to maintain a home. Much of what they experience while homeless conflicts with these expectations, and they feel judged as women because they do not meet these ideals. A perceived failure to live up to these expectations can be a significant barrier to recovery.

Our ten recommendations

Providing holistic, gender sensitive support for complex needs

Rebuilding Shattered Lives underlined the importance of ensuring women have access to holistic support that recognises and responds to the complex interrelation of needs and enables them to improve the aspects of their life that matter most to them. Expecting women to simply fit into traditionally homelessness services which have been designed for homeless men is not good enough. Service providers must understand the particular needs of homeless women, how these differ from those of men and (re)design or (re)configure services accordingly.

Recommendation 1: Services working with women who are homeless or at risk should be based on principles of holistic, gender sensitive support for complex needs

Services that work with homeless or otherwise vulnerable women should incorporate the following features. These

¹³ Revolving Doors and St Mungo's (2010) *Missing families: St Mungo's women and families research: a summary* <http://www.revolving-doors.org.uk/documents/missing-families/>

apply to both women only and mixed services, and to the full range of sectors covered in this report.

- 1. Women only support and space:** Including women's projects, women's groups within mixed services and access to female staff. Particularly important for women who have experienced gender based violence.
- 2. Psychologically informed responses which recognise trauma:** Including access to counselling, supportive key working and peer support groups to address past and current trauma, including around past abuse or loss of children.
- 3. Staff training to enable gendered responses:** Training on the specific challenges women often face such as domestic violence, sexual exploitation or family and children issues.
- 4. Partnership working to address multiple support needs:** Services working with a range of other services including mental health, substance use, criminal justice and social services in order to meet the full range of women's needs
- 5. Building confidence and motivation:** 'Pre engagement', the steps that help women feel safe, confident and ready to move forward with their lives. Often needed before hard outcomes such as work and resettlement can be attempted.
- 6. Client involvement:** Including women specific opportunities. To give women a voice to determine how and what services should be delivered.
- 7. Peer support:** Support from others who have been through similar experiences and can share, advise and inspire.
- 8. Supporting women with children:** Services should provide access to childcare and facilities for children to visit where possible; advocacy, psychological and emotional support is needed through adoption proceedings and to help deal with the loss of children.

National leadership to reduce women's homelessness

We believe that urgent action is needed to reduce the number of women who are homeless, and to ensure that women can access support that helps them recover.

Recommendation 2: The Minister for Women and Equalities should hold relevant government bodies to account for preventing and tackling women's homelessness

Recommendation 3: The Minister for Women and Equalities should be added to the membership of the Ministerial Working Group on Homelessness to ensure that it expressly considers women's homelessness

The Ministerial Working Group should regularly publish data of the women's homelessness, setting a benchmark against which change can be measured.

Leadership in local authorities

Recommendation 4: Each Local Authority should identify a senior member of staff to lead on women and homelessness, including improving and coordinating service provision and strategy, and monitoring progress on ending women's homelessness

Preventing missed opportunities for help

Recommendation 5: Local Authorities should ensure organisations that come into contact with vulnerable women recognise the risks of homelessness and are equipped to provide, or signpost to, preventative support

This includes specialist services working with those with mental health problems, experiencing domestic violence, or leaving prison for example. However, mainstream services such as GPs, family services and housing associations can also play a crucial role in prevention.

Commissioners as champions of innovative services

Recommendation 6: Innovative approaches to tackling women's homelessness should be identified, tested and developed, specifically lead practitioner approaches; multi agency case management; and cross boundary initiatives

Recommendation 7: Commissioners must ensure that local provision gives women a choice between women only or mixed services

Recommendation 8: Commissioners should invest in cost benefit analysis of services aimed at preventing or resolving women's homelessness, and of women only services in particular

Getting responses right in childhood

It is clear that many of the problems that lead to homelessness begin in childhood. More support for early intervention programmes is vital.

Recommendation 9: The government should ensure that the Troubled Families Programme addresses the needs of girls who are at risk of homelessness in adulthood, identifying girls who need support

This should include longitudinal research to assess the longer term outcomes for girls and women.

Recommendation 10: Access to parenting support and perinatal interventions which address the root causes of homelessness should be more widely available to families most at risk

I. Introduction

"Women's homelessness is so often invisible. I have no contact with my family – I had a very traumatic childhood and don't want to see them. I did a lot of sofa surfing after I left my violent partner. But then I ran out of friends and became homeless." St Mungo's client

Women who are homeless are among of the most marginalised people in society. They often find themselves homeless after lengthy experiences of violence and abuse, mental ill health, substance use and more. These challenges are often interrelated and self-reinforcing, meaning it is difficult for women to progress in one area without also addressing the others.

We know from our work with women that their needs often differ from those of men. It is unsurprising then that women tend to do less well in support services which predominantly work with and are designed for men. These male focused services often fail to comprehensively address the needs of their female service users, and a lack of coordination between services can result in some needs remaining unmet altogether.

Rebuilding Shattered Lives brought together a range of sectors working with women who are homeless to share understanding of the particular experiences of these women and the challenges they face, explore how organisations in different sectors are working with women to overcome these challenges, and discuss how we can better ensure women get **the right help, at the right time.**

Drawing on the expertise of a panel of advisors working in different fields relating to women's homelessness, we invited individuals, services and organisations to submit their experiences, ideas and research. We sought contributions to nine different themes across 18 months. Summaries of each of these topics are provided as annexes to this report. The contributions to the campaign and summaries of each theme will remain as an archive on the *Rebuilding Shattered Lives* website <http://rebuildingshatteredlives.org/>

We received 221 contributions overall, and by the time the final theme closed in December 2013 there were 464 registered *Rebuilding Shattered Lives* members. We are grateful that so many individuals and organisations took the time to contribute – and particularly to those women who shared their personal experiences of homelessness and recovery. While many of the contributions came from the UK, we also heard from services in Canada, the USA and Australia.

This report summarises what we were told about women's homelessness, and how to address it, during the campaign. It also draws on 2008 and 2013 women's peer research based on 60 in-depth interviews with women living in our services, conducted by seven current or former female clients trained in research skills as well as our Women's Strategy work.



St Mungo's Women's Strategy

The Women's Strategy aims improve outcomes for the women St Mungo's works with by strengthening policies and training for staff to effectively support vulnerable female clients. The implementation of the strategy is led by the Women's Strategy Manager¹⁴. The work includes training and guidance on issues such as domestic and sexual violence, pregnancy, contact with children and women's health, an annual conference for staff and clients on supporting women's recovery, and building partnerships with specialist services.

Staff support has been accompanied by a growing number of groups and opportunities for women clients, including access to emotional and social support, women's client involvement, a small grants scheme for women and tailored training and work support.

The Strategy has already significantly improved outcomes for women. St Mungo's data shows that, following the implementation of our Women's Strategy, women who join our services in 'pre-contemplation' (the very earliest stage of recovery) are more likely to make positive progress.

Women have made most progress in the areas of mental well being (82% positive movement compared to 50% before the strategy was implemented in June 2011), substance use (75% compared to 55%) and physical health (90% compared to 67%).

In addition, staff are reporting greater confidence in supporting women, and women report¹⁵ feeling safer and more confident in staff knowledge of their needs. A new strategy will be launched in 2014 to continue this work as well as a toolkit and training package to share learning with other agencies.

The report provides an overview of the experiences of women who are homeless and their support needs. We then propose a number of practice recommendations which, based on what we were told, we believe all services working with women who are homeless or at risk of homelessness should adopt. Finally, the report sets out a number of recommendations for local and national government to prevent and address women's homelessness. Most important **are leadership in promoting the interests of homeless women; innovation in commissioning; and prevention including early intervention.**

We hope this report sets the scene for a national debate on how we get the right help at the right time to women who are homeless or at risk of homelessness. This debate is all the more pertinent at a time when homelessness is rising and many support mechanisms are being eroded.



2. Women's homelessness: what do we know?

Women's homelessness: cause for concern

Women make up 26% of people who accessed homelessness services in 2013, using approximately 10,000 bed spaces across the UK.¹⁶ 27% of St Mungo's clients are women.¹⁷ 786 women were recorded sleeping rough in London in 2012/13, 12% of the total number.¹⁸

We suspect that the true number of women who are homeless is higher than these figures suggest. Women tell us that they take care to hide themselves when sleeping rough, meaning they are difficult to find for official counts. Many more will be 'hidden homeless',¹⁹ living outside mainstream homelessness accommodation. Instead, they may be sofa surfing, staying with family or friends, or trapped in abusive relationships because they have nowhere else to go. Others will be squatting or living in crack houses, or engaged in prostitution²⁰.

Homelessness is a growing problem in the UK. Government figures show that the number of people accepted as homeless grew 10% between 2011 and 2012,²¹ and the number of people recorded sleeping rough has risen by 37% since 2010.²² There are growing concerns that homelessness will continue to rise as cuts to public services, restrictions on welfare, rising housing costs and a lack of housing supply combine to create a "housing pressure cooker ... increasing the pressure on those already struggling to keep their heads above water."²³

Homelessness rises as a result of welfare changes may

particularly affect women as they are most likely to be dependent on benefit income including housing benefit.²⁴ Local Housing Allowance caps, the overall benefit cap and the extension of the shared accommodation rate to those under 35 have made it harder for women on low incomes to find housing that they can afford. The extension of the shared accommodation rate makes it likely that more vulnerable women will have to live with men they do not know, which means that they are at a greater risk of harm.

As homelessness rises, funding for support services is being cut. Overall, homelessness services reported a 17% reduction in funding in 2013. The proportion of homelessness services which are targeted at women fell from 12% in 2011 to only 8% in 2013. There has also been a fall in specialist services targeting particular needs, for example services focused on people with mental health issues falling from 22% of all homelessness services in 2011 to 4% in 2013. This suggests an overall scaling back of provision to provide more basic and generic services.²⁵

The costs of women's homelessness can be devastating on a personal level, for women and their families. The vast number of services women come into contact with before and during homelessness is illustrated by the diagram overleaf. Each of these contacts offers a chance to intervene and provide support. Where these opportunities are missed, women can bounce between services, not getting the right help from any one of them and incurring significant bills for the public purse. These can be particularly significant when children are taken into care.

- ¹⁶ Homeless Link (2013) *Survey of needs and provision 2013* http://homeless.org.uk/sites/default/files/SNAP%202013%20Final%20180413_2.pdf
There are an estimated 39,638 bed spaces for homeless people in the UK. Around 26% of those using bed spaces are women. 26% of 39,638 bed spaces equates to 10,306
- ¹⁷ References to St Mungo's clients taken from the 2013 edition of our Client Needs Survey unless otherwise stated
- ¹⁸ CHAIN (2013) *Street to Home annual report 2013* http://www.broadwaylondon.org/CHAIN/Reports/S2h2013/Street-to-Home-report-2012_20132.pdf
- ¹⁹ Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf
- ²⁰ For the purpose of this report we have used 'women involved in prostitution' as a term that does not define women by the act of selling sex, but also recognises that selling sex is not a job like any other. We are aware that different agencies use different terminology and as part of *Rebuilding Shattered Lives* we actively sought contributions from a range of different standpoints
- ²¹ DCLG Live Tables on Homelessness Table 770: decisions taken by local authorities under the 1996 Housing Act on applications from eligible households <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>
- ²² DCLG (2014) *Rough sleeping in England: autumn 2013* <https://www.gov.uk/government/publications/rough-sleeping-in-england-autumn-2013>
- ²³ Crisis (2013) *Homeless Monitor England 2013* <http://www.crisis.org.uk/data/files/publications/HomelessnessMonitorEngland2013.pdf>
- ²⁴ Fawcett Society (2012) *The impact of austerity on women* <http://www.fawcettsociety.org.uk/wp-content/uploads/2013/02/The-Impact-of-Austerity-on-Women-19th-March-2012.pdf>
- ²⁵ Homeless Link (2013) *Survey of needs and provision 2013* http://homeless.org.uk/sites/default/files/SNAP%202013%20Final%20180413_2.pdf

¹⁴ Thanks to the Esmee Fairbairn Foundation which funds this role

¹⁵ A Better Deal for Women 2013, Peer Researchers supported by Esther Sample, written by Helen Bilton, St Mungo's



The experiences of women who are homeless

The following sections draw on submissions to the themes explored in *Rebuilding Shattered Lives* to illustrate some of the central experiences of concerns that are common amongst women who are homeless. They also incorporate findings from St Mungo's peer research with women clients, and our Client Needs Survey 2013.

Experiences of violence, abuse and trauma

"When a person experiences repeated abuse, their confidence and self-belief are destroyed and eventually they might even believe that they deserve to be hurt. The first step in helping someone who has been repeatedly abused, is to enable them to believe that they deserve better. This is an essential first

step, without which other forms of help are likely to fail. Our aim is to reach some of the most vulnerable and marginalised women on our streets to enable them to feel entitled to live safely and with dignity." Psychotherapist, Street Talk

Much of the complexity of homeless women's needs is rooted in histories of violence and abuse, often stemming from childhood. It was striking across the different contributions and themes just how many women's lives had been marked by physical and sexual violence, particularly within the home.

- 44% of our female clients in 2013 had been abused by their partners, and 19% had experienced abuse as a child. Among men, 5% had been abused by their partners and 8% had been abused as a child
- In projects responding to those with the most complex needs, histories of abuse are even more prevalent; 89%

of clients in our South London Women's Project have experienced abuse from a partner or family member

- 32% of the women we work with said domestic violence contributed to their homelessness compared to 8% of men.

The trauma that results from experiences of childhood and domestic violence often erodes resilience to cope with later challenges. Women may turn to drugs or alcohol in order to self-medicate. Involvement in prostitution and offending may follow to fund substance use or indeed survival, resulting in criminalisation and imprisonment.

Childhood trauma

"Sexual and other forms of abuse in childhood are so common that one almost is surprised if somebody says that that wasn't their experience. It's not only what was done but the environment, where other family members knew and nothing was done, which has had such a traumatic effect." Psychotherapist, St Mungo's Lifeworks team

NSPCC research²⁶ shows that women are at greater risk than men of abuse in childhood. 18% of young women had been subjected to sexual abuse at some point during their childhood compared to 5% of young men. 13% of young women had experienced physical abuse in childhood, compared to 10% of young men, while 31% of young women reported experiences of severe maltreatment compared to 20% of young men.

Trauma arising from childhood abuse has long term impacts:

"I have no contact with my family – I had a VERY traumatic childhood and don't want to see them...traumatic childhoods lead to subsequent abusive relationships and prostitution no doubt about it. I suffered domestic violence and went to a centre for victims of domestic violence after I left him..." St Mungo's client

Domestic abuse

"I spent 22 years living with a man who was extremely violent. He was so violent he put me in intensive care and look, you can still see what a mess he made of my face." St Mungo's client

Around one in four women nationally experiences domestic abuse at some point in their lives.²⁷ It is often an important driver of women's homelessness, as women are forced out of their home in order to protect themselves and their children. 32% of women we worked with in 2013 cited domestic violence as a factor contributing to their homelessness, compared to eight per cent of men. 35% of women who have slept rough left home to escape violence.²⁸

"I was living with a man who was violent and so felt more safe and secure sleeping in a bin shed on my own than staying there. When you've got nothing, nothing matters." St Mungo's client

Domestic violence also often leads to other issues which can in themselves contribute to homelessness, including mental health problems such as depression, anxiety and eating disorders.

The importance of providing support tailored to the needs of minority groups of women was recognised by a number of submissions. Working with groups of minority women can facilitate understanding of the different ways in which they are affected by domestic violence. It can also make it easier for women to discuss issues in groups where other women have the same background or shared characteristics.

Jewish Women's Aid (JWA), for example, quoted a client who explained: *"You feel alone, sometimes as a Jewish woman, like you are the only one, ever, to have had an abusive male husband. And then after coming to JWA, you realise that an organisation like that wouldn't exist if you were the only one. And you wouldn't wish it on anyone else, but there is comfort in knowing you are not alone."*

As well as support for women from specific ethnic backgrounds, we heard from organisations providing tailored support around domestic and sexual violence to lesbian, bisexual and transgender women. We heard from the Edinburgh Women's Rape and Sexual Abuse Centre, which extends its emotional and practical support and advocacy to all members of the transgender community. The Lesbian, Gay, Bisexual and Transgender Domestic Abuse Forum told us that it provides support to domestic abuse services to improve the help they offer to lesbian, gay, bisexual or transgender people.

²⁶ Radford, L, Corral, S; Bradley, C; Fisher, Bassett, H; Howat, N; and Collishaw, S (2011) *Childhood Abuse and Neglect in the UK Today* http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf

²⁷ Council of Europe (2002) *Recommendation of the Committee of Ministers to member States on the protection of women against violence*. Adopted on 30 April 2002; and Explanatory Memorandum. (Strasbourg, France Council of Europe)

²⁸ Women Rough Sleepers project funded by EU Daphne <http://www.womenroughsleepers.eu/>

Mental health

“The most important factor I have found in working with any of our clients, is to get to the bottom of the psychological reasons for their problems...and getting people into counselling or some form of therapy is the most critical step we can achieve.” Submission by Emmaus

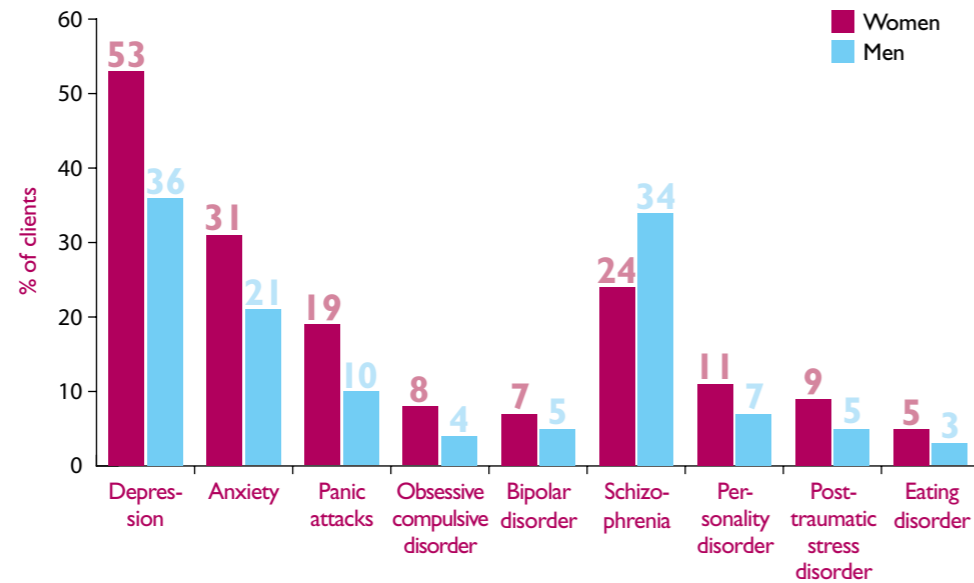
The mental health needs of people who are homeless are significant in both men and women. Up to 60% of adults living in hostels in England are estimated to have a diagnosable personality disorder compared with about 10% in the general population and all other mental health disorders are significantly over-represented.²⁹

Women are at particular risk of mental health problems. Poor mental health is more common among women than men across the general population; a fifth of women have problems with their mental health, compared to an eighth of men.³⁰ This is reflected in the needs of St Mungo’s women clients. Our 2013 Client Needs Survey found:

- 70% of women compared to 57% of men had a mental health problem
- Women are more likely than men to experience anxiety, depression, Post Traumatic Stress Disorder and eating disorders, while men are more likely to experience Schizophrenia (see diagram above).

This level of mental health need is perhaps unsurprising given the centrality of experiences of abuse. Experiences of abuse and trauma in childhood outlined above are often compounded by further traumatic experiences in adulthood; sexual and domestic violence, separation from children, bereavement, relationship breakdown.

Mental health amongst St Mungo’s clients



Negative interactions with and exclusion from support services can also in themselves act as traumatic experiences.³¹ The experience of sustained exposure to traumatic events and the symptomatology arising from such exposure has been described as *complex trauma*.³²

Both mental health and wider support services need to recognise the corrosive impact of compound traumas. Mainstream models of mental health provision, such as the Improving Access to Psychological Therapies (IAPT) programme, are often ill equipped to respond to the accompanying manifestations of distress and disorder.

This includes an inability to manage emotions in the face of perceived adversity, challenging behaviour, concurrent substance abuse and poor compliance with appointments and treatment regimens. If women’s mental health needs are to be effectively addressed, alternative approaches are needed which understand, work with and respond to these manifestations, and to women’s particular experiences.

We heard from submissions that support services often fail to take a gendered approach which recognises differing mental health needs of men and women.

“Because homelessness service mainly cater for men I think they are not well equipped or knowledgeable on this area. Sometimes the men say they have an eating disorder but actually they are not eating because they are on drugs. Staff assume that eating issues are to do with alcohol or drugs. One alcohol service told me I didn’t have an eating disorder and it was just because I was drinking, even though I was diagnosed previously.” St Mungo’s client

With drugs and alcohol often used as coping mechanisms, many women can be refused access to help from mental health services which may be able to help. Exclusion from services is explored further in the section on complex needs below.

We heard from a number of services taking a gendered approach to mental health support, which addresses issues of complex trauma alongside the other complex needs explored in this report.

Manchester Women’s Aid (MWA)

Manchester Women’s Aid (MWA) identified the need to develop specialist support for women with mental health issues and recruited a mental health support worker. MWA challenges the belief that women fleeing abuse with mental health/substance use issues are ‘too risky’ or ‘too chaotic’ for refuges. The aim of the post is to work directly with women, train staff to be able to respond to service users with mental health needs and promote good practice and referral pathways with external agencies to improve the response to victims of abuse with mental health needs.

The worker aims to:

- Ensure all women identified as having a mental health need receive an initial mental health assessment
- Ensures all frontline staff can identify the signs & symptoms of mental ill health & how to make a referral to appropriate services
- Assess all clients using the PHQ9 scale for depression & the GAD 7 (General Anxiety Disorder Scale). Clients are screened and their needs addressed via one to one support, referral to external agency or via group work.

The Havens

The Havens are specialist centres in London offering counselling and medical services for people who have been raped or sexually assaulted in the last 12 months. The Havens provide free awareness sessions on sexual violence and provide support to a range of organisations, including homelessness agencies such as St Mungo’s, to improve access to support for homeless women who have experienced rape. They also have specialist workers for 13-18 year olds and Asian women. Services include:

- Psychological therapy including counselling and clinical psychology
- Emotional support
- First aid and advice
- Emergency contraception
- Advice and treatments from sexually transmitted infections
- A voluntary forensic examination to collect evidence from the assault
- Follow up care.

All services are voluntary and at the choice of the client. For more information see: <http://www.thehavens.co.uk/>

Physical health

Both men and women who are homeless experience significant health inequalities, and experience physical health problems alongside mental health needs. **Homeless Link** found that 82% of homeless people had one or more health needs. 56% reported a long term physical health need, compared to 29% among the general population.³³

Among our clients, 67% of both men and women report a physical health need. However the experiences of homeless women are associated with particular risks to their health. Being subject to domestic abuse and involvement in prostitution presents risks to physical and sexual health. 70% of domestic violence incidents result in injury (compared to 48% of violence by a stranger, for example).³⁴ 75% of domestic violence incidences result in physical or mental health consequences for women.³⁵ Women involved with prostitution are also at risk of injury due to violence. A survey of women engaged in

²⁹ Maguire, N, Johnson, R, Vostanis, P and Keats, H (2010) *Meeting the psychological and emotional needs of homeless people*. London, GB, National Mental Health Development Unit

³⁰ The Health & Social Care Information Centre (2009) *Adult psychiatric morbidity in England, 2007: Results of a household survey* <http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf>

³¹ Scanlon, C. and Adlam, J. (2008) ‘Homelessness and disorder: the challenge of the antisocial and the societal response’, 27-38, in C. Kaye and M. Howlett (eds) *Mental Health Services Today and Tomorrow: Part 1 Experiences of Providing and Receiving Care*, Oxford: Radcliffe. Department of Health (2003) *Personality disorder: no longer a diagnosis of exclusion - policy implementation guidance for the development of services for people with personality disorder*. Anderson, S (2011) *Complex Responses: Understanding poor frontline responses to adults with multiple needs. A review of the literature and analysis of contributing factors*, Revolving Doors Agency <http://www.revolving-doors.org.uk/documents/complex-responses-2011/>

³² Herman, J. (1997), *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*, New York: Basic Books

³³ Homeless Link (2010) *The Health and Wellbeing of People who are homeless* http://homeless.org.uk/sites/default/files/Health%20Audit%20Findings_National%20evidence.pdf

³⁴ Dodd, T, et al., (2004) *Crime in England and Wales 2003-2004* (London: Home Office) via Women’s Aid Domestic Violence Statistics May 2013 http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036

³⁵ Home Office (2001) *British Crime Survey, England and Wales* (London: Home Office)

prostitution found that 48% had been subject to violence by their clients, including beatings, rape and strangulation.³⁶

Sexual health problems may arise due to agreeing not to use condoms, or dental dams, or as a result of rape by clients.

Women who become pregnant while homeless will, of course face additional physical health needs. They will need to be able to access care from doctors and midwives who are aware of their situation and the implications for their wellbeing, including on their stress levels. They may also need additional support around other issues including drug and alcohol use. Women will also need health care support if they decide not to continue with the pregnancy, or if they miscarry.

Drugs and alcohol

“The grip of addiction is overpowering. Nothing works until you are honest with yourself. I had the best therapist and keyworker but it wasn’t sufficient enough, I was using drugs for 20 years. It wasn’t until I was honest and saw all the different parts of myself – including the dysfunctional, the hurt and the confused areas.” St Mungo’s client

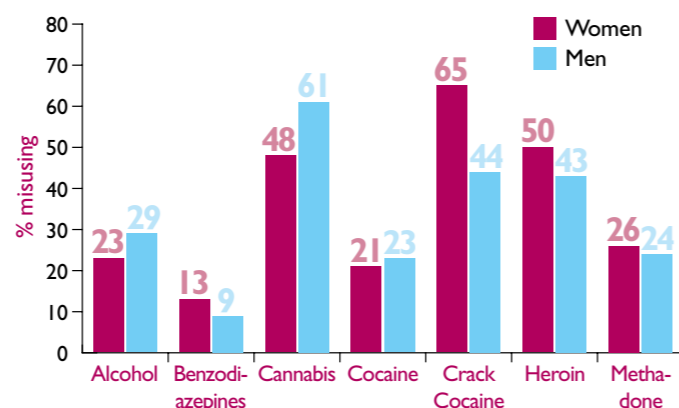
Substance use is both a cause and a consequence of homelessness, often used as a coping mechanism to deal with the mental health problems and experiences of violence, abuse and trauma outlined above.

48% of the women St Mungo’s worked with in 2013 had a substance use problem. This compares with 54% of men. The **EU Daphne research project** found that over half of female rough sleepers have a problem with drugs and/or alcohol.³⁷

Women and men tend to demonstrate different patterns of drug and alcohol use, with women less likely to use alcohol, but much more likely to use drugs such as crack cocaine and heroin. This is reflected in the chart below, illustrating use of drugs and alcohol amongst St Mungo’s clients.

Levels of problematic alcohol use are slightly higher amongst our male clients (29% compared to 23% of women), but the difference is stark in terms of longer term drinking. 56% of male clients who use alcohol problematically have been doing so for more than ten years compared with 37% of women. Levels of long term drug use are comparable amongst male and female drug users, at 36 and 35% respectively.

Substance use amongst St Mungo’s clients



Women are less likely to use alcohol, but much more likely to use drugs such as crack cocaine and heroin

These differing patterns of substance use and the close links with childhood and domestic abuse, mental ill health and involvement in prostitution (explored below) have significant implications for treatment services and wider support. It is vital that services working with homeless women or similarly vulnerable women (women involved in prostitution for example) provide access to drug treatment and support, and that drug treatment services recognise and respond to these experiences.

The need for women only space came out particularly strongly in submissions to the substance use theme. Women raised the vulnerability they feel in mixed substance use services, explaining that women can be targeted by men in treatment groups for sex or prostitution.

We also heard from women about the stigma that can be associated with drug use, particularly for mothers, which can make it difficult to ask for help. This stigma may help to explain why only around a quarter (26.5%) of those in drug treatment in England in 2012-13 were women.³⁸

It is also important that treatment recognises the role of complex trauma in many women’s substance use, and can provide support that enables them to address both the drug use and the underlying causes.

“There is a high propensity towards cocaine dependence for women who have suffered trauma, such as childhood sexual abuse. This trauma tends also to pre-dispose them towards abusive relationships. There is recognised research to substantiate this, yet services such as residential rehab which integrate approaches for both drug dependence and trauma are extremely rare.” St Mungo’s Complex Needs Manager

Brighton Oasis Project

Brighton Oasis Project (BOP) exists to support women with drug and alcohol problems and provides care for children affected by substance misuse in the family. We have over 15 years experience working with women. Our services for adults are **gender specific to address the underrepresentation of women in treatment services** and address their specific needs. We have particular expertise in working with children affected by familial substance misuse via Young Oasis.

BOP’s aims are to reduce the harms caused by drug/alcohol misuse to individuals/families and communities. Our portfolio of services includes the provision of a community sentence (Drug Rehabilitation Requirement) for women whose offending is linked to their substance misuse. This group of women have complex needs and insecure housing is the norm for most of them, sofa surfing or living in a hostel is the most typical situation. We use an holistic approach in working with women and recognise that making them feel safe is a prerequisite to change in behaviour. For many their goal is to eventually have their own home but this can be a long journey in a city where affordable accommodation is in short supply.

Children and families

“I don’t get on with my mum but she’s looking after my seven year old you see. My child is my motivation for getting clean – it feels like not having enough food. I’m hungry for my family, starving for them and I won’t be full up until I’ve got them back. It doesn’t happen overnight and you need the right help but I’m getting there.” St Mungo’s client

Relationships with family, and particularly with children, are central to the lives of many people who are homeless, especially women. **Professor Kate Moss** from Wolverhampton University³⁹ explained that *“In our research [on women rough sleepers who suffer violence] to*

date, issues related to motherhood and children have come out as extremely important for women rough sleepers. In the UK, 65% of women interviewed had children who were not currently in their care”. Amongst St Mungo’s female clients, 46% are mothers, 79% of whom have had their children taken into care or adopted.

As with most parents, women who are homeless care deeply for their children, but often their situations – especially the complexity of their needs and unresolved trauma – mean they are separated from their children; some lose custody of their children permanently.

“The other big challenge is when women have lost or are separated from their children. This leaves a void that it is so hard to step outside, to see that if they push themselves back on track they may get contact with their children again.” St Mungo’s staff member

We heard again and again how devastating this separation is for women, yet they are often expected to cope with this loss with little or no emotional support. Services are often ill equipped to understand and respond to the further trauma that arises from separation from children and the internalised shame and guilt of ‘failing’ as a mother. For many women a failure to address this can be a significant blocking factor in recovery from homelessness and wider issues.⁴⁰ Providing support in a psychologically informed environment where women have access to emotional support that recognises the significant of separation from children is essential.

Many of the problems that lead to homelessness – particularly drug addiction and prison sentences – can lead directly to women losing custody of their children. The fear of being separated from children often means women are fearful to ask for help, particularly from drug and alcohol or mental health services, which could prevent them from losing custody of their children.

Homelessness itself can also be a key factor. A specialist outreach worker from **Street Talk** noted that *“in my experience, women’s housing situations are used against them when it comes to custody of children. Social services frequently use ‘having no appropriate housing’ as a reason why children should be removed.”*

³⁶ Church, S., Henderson, M., Barnard, M. and Hart, G. (2001) ‘Violence by clients towards female prostitutes in different work settings: questionnaire survey. *British Medical Journal*, 322, 524-525

³⁷ Women Rough Sleepers project funded by EU Daphne <http://www.womenroughsleepers.eu/>

³⁸ National Drug Evidencing Centre, (2013) *Statistics for drug treatment activity in England 2012-13 from the National Drug Treatment Monitoring System* <http://www.nta.nhs.uk/statistics.aspx>

³⁹ Women Rough Sleepers project funded by EU Daphne <http://www.womenroughsleepers.eu/>

⁴⁰ Revolving Doors and St Mungo’s (2010) *Missing families: St Mungo’s women and families research: a summary* <http://www.revolving-doors.org.uk/documents/missing-families/>

Several submissions raised the importance of designing services that help women stay in contact with their children. Facilities within homelessness services to enable women to stay with their children (where appropriate, or have their children to visit during the day or overnight, can help families maintain their bonds and provide comfort to women. Services should also offer women support with children's services liaison and adoption proceedings, and provide grief counselling for those who lose custody and contact with their children.

Many submissions argued for better provision for women with children in non homelessness services, such as drug and alcohol treatment and criminal justice. Again, this can help families stay together, or at the very least ensure that women have access to vital emotional support.

*“The founding partners of the project **Commonweal Housing, Housing for Women and Women in Prison** noticed that there was a real need to help these mothers, as there is no provision of family housing on release for mothers that are not in custody of their children. This issue causes a catch 22 situation because without suitable family accommodation it is much more difficult for the mothers to regain custody of their children.”* Re-Unite

Homelessness and other services also need to offer appropriate support to women who become pregnant while they are homeless. At least 6% of St Mungo's female clients had been pregnant, gave birth, or had an abortion in 2013. 1% had given birth in the last year; 50% of these in the past 26 weeks. At least 2% had had an abortion in the last year. Women who become pregnant while homeless will need to be able to access the appropriate health care. They will also need advice and support about moving into appropriate housing with their child.

Submissions to *Rebuilding Shattered Lives* included a number of recommendations on improving responses to homeless women who are pregnant, including using specialist midwifery teams with expertise working with homeless women (**Heath Inclusion team, Guys and St Thomas' community services**) and considering access to contraception, particularly amongst young women who have a high unintended pregnancy rates (**Luther Street Medical Centre, Oxford**).

⁴¹ Statistics in this section are taken from the Prison Reform Trust's Bromley Briefing, Autumn 2013

⁴² Social Exclusion Unit (2002) Reducing reoffending by ex prisoners, London: Social Exclusion Unit

⁴³ Ministry of Justice (2012) Prisoners' childhood and family backgrounds, London: Ministry of Justice

⁴⁴ Women in Prison website accessed 26.02.2014: <http://www.womeninprison.org.uk/statistics.php>

As part of the Women's Strategy St Mungo's produced guidance for their staff on supporting pregnant women to ensure we are supporting women's choices around abortion or keeping the pregnancy. We aim to ensure that women have the best chance of keeping custody if this is their wish, or if not possible or appropriate that staff can support clients through the process with social services. The guide was produced through consulting with clients, staff, nurses, specialist midwives, and substance use and adoption services.

Criminal justice⁴¹

Almost half (42%) of St Mungo's female clients have an offending history, and over a third (36%) have been to prison. Submissions to *Rebuilding Shattered Lives* emphasised the close relationship between women's involvement in the criminal justice system and other vulnerabilities.

Over half of women in prison have experienced domestic violence⁴² (compared to a quarter of the all women), 54% were abused in childhood.⁴³

Women in Prison highlighted the links between women's homelessness and experience of the criminal justice system. 19% of women in prison were not in permanent accommodation before they entered prison, and 10% were sleeping rough⁴⁴. A lack of accommodation at the time of sentencing can lead to women being refused bail and being remanded in custody as a result.

Court diversion schemes aim to divert women away from prison, putting them in touch with the care and support that they need in the community, including health and housing services. Given the vulnerability of women in prison, and the risks they face of homelessness upon release, we believe that it is important to increase the availability of court diversion schemes available to women.

Our North London Women's Project works with East London NHS Foundation Trust and Together to provide a court diversion scheme which offers women with mental health needs a range of support, including telling the court how their needs affect them, liaising with other agencies, providing advice and information to women with housing needs and helping them access 24 hour supported accommodation if women are at risk of being remanded

because they have no or inappropriate housing. Our South London Women's Project works with the Beth Centre which offers a similar scheme for women in court for offences related to prostitution.

Women may also lose accommodation while they are in prison and find themselves homeless upon release. One report found that 38% of women in prison did not have accommodation arranged on release.⁴⁵ This is compounded by a lack of bail hostels for women.

“We need more female bail hostels, in Luton there was one male one but none for women so it was more of a struggle to find accommodation on release.” St Mungo's client

We heard from several services which work with women who are in prison to help them secure accommodation on their release. For example:

*“The **Re-Unite** project focuses specifically on mothers in prison, who will be homeless upon release. This status applies to many women; particularly those serving sentences of more than 13 weeks who lose their tenancies whilst in custody and are often classed as 'intentionally homeless' on their release. With many women we also find that their tenancies have not been correctly 'closed' when they entered custody and they then face unmanageable rent arrears when they are finally released.”*

Women in prison are also likely to lose contact with their children on release, as described by **Re-Unite**:

*“91% of children whose mothers are in prison are placed in some sort of formal or informal care while their mother is away. If mothers are unable to find housing on release, these children are left 'in limbo' for even longer periods. **Re-Unite** therefore exists to liaise with Prison, Probation, Social Services and Housing providers to ensure that women and children are reunited in suitable, stable housing as quickly as possible.”*

Involvement in prostitution⁴⁶

Homeless women are significantly more likely than homeless men to be involved in prostitution. Around a quarter of St Mungo's female clients have been involved in prostitution, compared to 2% of male clients. Over a third of our female clients who have slept rough have been involved in prostitution.

⁴⁵ HM Inspectorate of Prisons and HM Inspectorate of Probation (2001) Through the Prison Gate, London: Home Office

⁴⁶ For the purpose of this report we have used 'women involved in prostitution' as a term that does not define women by the act of selling sex, but also recognises that selling sex is not a job like any other: We are aware that different agencies use different terminology and as part of *Rebuilding Shattered Lives* we actively sought contributions from a range of different standpoints

⁴⁷ Bindel, Brown, Easton, Matthews and Reynolds (2013) *Breaking down the barriers: a study of how women exit prostitution* Eaves for Women <http://i4.cmsfiles.com/eaves/2012/11/Breaking-down-the-barriers-a37d80.pdf>

⁴⁸ The Challenge of Change: Improving services for women involved in prostitution and substance use http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20briefing.pdf

Inspire

Inspire adopts a **whole system approach** working with women at all stages of involvement in the Criminal Justice System from early intervention, through points of arrest, community order, in-reach, release and continuing Through The Gate support. Inspire is a partnership project with Brighton Women's Centre as the lead agency.

The other partner organisations are: Rise (DV), Threshold (Mental Health), Brighton Oasis Project (sex work) and Survivor's Network (Rape Crisis). Inspire operates a one-stop with a multi-disciplinary team of co-located case workers. Women referred to Inspire are assessed by a caseworker and receive intensive 1 to 1 input where they are supported to address the structural challenges in their lives which have led to their offending. Inspire is premised on a model of women centred positive psychology where we recognize that the multiple complex needs of our clients require asset based creative and innovative responses to reduce their offending and re-offending.

Eaves⁴⁷ found that 72% of the women involved in prostitution had suffered some form of violence during childhood. Prostitution itself can leave women vulnerable to abuse and violence in adulthood. In a recent **DrugScope** and **AVA** report on improving services for women involved in prostitution and substance use, all but one of the women interviewed described experiences of violence...alongside experiences of drug dependency, poverty and homelessness.⁴⁸

Submissions revealed how substance use can lead to women becoming involved in prostitution and how commonly drugs and alcohol are used by women to numb these traumatic experiences.

“I'd lost my house in sussex due to not paying rent, I slept in Brixton in bushes, garages and shop floor ways it was here that I found crack, what a 1st time buzz, then you crave it so bad and have no cash, I was begging on the streets, on trains and selling sex to men, in the edn st mungos found me a perswaded me to move to a hostel, I was reluctant as it would mean I ws further away from the dealers...my health started to improve dramticy after a while I started seeing a drug

worker...i have been clean for 11 years now I have a house with a garden and 3 more children that live with me...i owe my life to st mungos.” Former St Mungo’s client, her words as written

“Women can get involved in street sex work and that can reinforce the feeling of being not good enough (I am such a failure, I have lost the power of choice, drugs are dictating my life)...[They put] a barrier up to shield out feelings of sadness and shame. They develop a pattern of behaviour to numb their feelings with drugs.” St Mungo’s client

As noted above, prostitution also impacts negatively on physical and mental health. The research carried out by Drugscope and AVA “pointed to the substantial harms experienced by women involved in prostitution and substance use, such as mental health problems, including resulting from trauma such as past physical and sexual abuse; poor physical health; sexual health risks, including sexually transmitted infections and HIV transmission with those who are injecting drugs having a dual risk for HIV.” This is in addition to the use of drugs and alcohol as a coping mechanism (with risks to physical health) and the injury caused by violence.

We heard from a number of services supporting women involved in prostitution that there is a need for both harm minimisation services and help for women to exit prostitution. Ideally services should offer both.

To help women exit prostitution, women need help that enables them to address the practical and emotional barriers they face to recovery. A report published by Eaves found that “The aspect of service provision most valued by women was combined practical and emotional support usually provided by specialist services. Support that went beyond immediate help in terms of women’s current involvement in prostitution and helped with all aspects of their lives was described as being really valuable and needed. Diversionary activities to keep women occupied, women only services and services which were welcoming, safe and understanding were also viewed as important.”⁴⁹

Services must also be aware that women may be unwilling or unable to exit prostitution immediately when they engage with services. Support services should therefore provide access to harm minimisation services including needle exchange, free condoms, sexual health and contraceptive advice, and information about dangerous clients.

⁴⁹ Brindle, Breslin and Brown (2013) *Capital Exploits* Published by Eaves and commissioned by the Mayor’s Office for Policing and Crime <http://www.eavesforwomen.org.uk/news-events/news/CapitalExploits>

⁵⁰ Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf

⁵¹ Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf

⁵² The St Mungo’s Outcomes Star looks at ten different areas of a person’s life. With their keyworkers, clients rate their own progress in each area. The Star is now the leading outcome measurement tool in the homelessness sector; and is being adapted for use with other vulnerable client groups. It is advocated as an example of good practice by Central Government and an increasing number of London Local Authorities

Employment, skills and education

“Women experiencing homelessness often face particular challenges getting back to work which can seriously affect their motivation. These may include abuse, losing their children, emotional issues and little or no work history. For example women who are involved in ... prostitution can find it difficult to move away from this source of income, as alternatives often require commitment to training and volunteering which take time. This can feel like a huge step. If there are issues around drug dependency or other addictive behaviours this creates a financial imperative which further compounds the issue.” St Mungo’s Job Coach

The potential for meaningful occupation, training and employment to boost self esteem and help women’s recovery from homelessness cannot be underestimated.

Crisis’ research on women’s homelessness⁵⁰ found that many homeless women are marginalised in the labour market. None of the women they interviewed for were in full time employment and only three per cent were working part time. A quarter of the women were permanently sick or disabled. However, our peer research shows that 83% of women want to move into employment. This is reflected in the numbers of women who engage with our employment services; around 30% of clients are women, and numbers are increasing.

For many, a lack of qualifications will be a barrier to achieving the ambition to move into work. Crisis’ research showed that homeless women have very low levels of qualifications, with 36.5% having no qualifications at all. 44% had GCSEs or O Levels and 15% had A Levels.⁵¹

Low educational attainment may also make recovery harder. St Mungo’s analysis of progress measured by the Outcomes Star⁵² suggests that women with lower skills in literacy and numeracy are less likely to see positive change. Only 56% of those with low skills who were at the earliest stages of recovery made positive changes compared with 72% of women with high skills.

It was clear from the submissions that services need to be better tailored to provide employment support to women. Crisis told us about the support they offer for women:

“We have a dedicated Women’s Progression Coordinator, specialising in helping vulnerably housed or homeless women rebuild their confidence and create opportunities for moving forward. At Crisis Skylight London, our Women’s Zone project uses a whole floor of the building once a week to provide a women-only space providing a range of activities for homeless and vulnerably housed women. This service was created about six years ago as some women felt intimidated by the male dominated environments that are often round in homelessness services. The aim of the Women’s Zone is to create a safe, friendly and inspirational space for women to engage in classes and develop their skills.”

For the many homeless women who have experienced sexual or domestic violence, an environment in which they might be the only woman, or one of a few, can be intimidating and even prohibitive.

“I have supported women who have experienced domestic violence in the past and their confidence had been affected badly by their experiences. They were more cautious about what kind of work they might do, for example not wanting a male dominated environment, or not wanting a customer facing role where they might face confrontation.”

St Mungo’s Job Coach

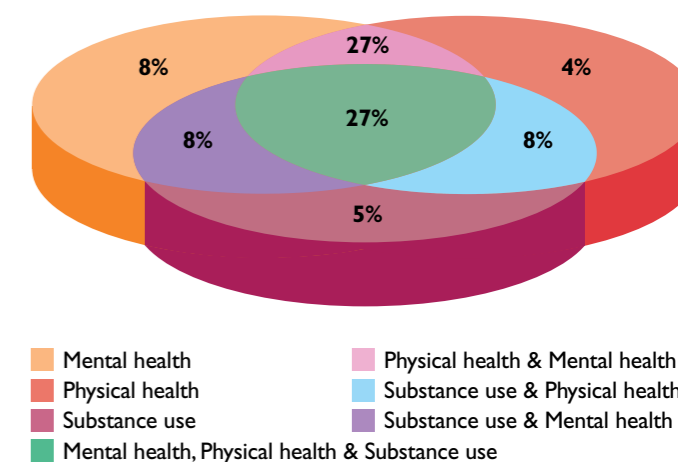
Issues around childcare also remain a barrier to training and work, and for those who have children, or have lost and regained contact with children following homelessness, it can be a struggle too far to arrange childcare during work hours on top of moving into appropriate housing.

Complex Needs

“I became homeless after experiencing domestic abuse and the breakup of a relationship. I needed an emergency bed but the council suggested I had not been rough sleeping long enough. I had some possible appointments in the following weeks but it was difficult to stay in touch and keep on top of it. You go back to just finding ways to survive and eat, and turn to coping mechanisms such as drugs and finding other people in the same situation to feel safe.” St Mungo’s client

Violence, trauma, health and substance use are clearly all closely linked. Many homeless women experience two or more of mental health, physical health and substance use problems. Amongst our female clients, 27% presented with problems in all three of these areas in 2013, and 70% with at least two.

Complex needs



Violence, trauma, health and substance use are clearly all closely linked. Many homeless women experience two or more of mental health, physical health and substance use problems. Amongst our female clients, 27% presented with problems in all three of these areas in 2013, and 70% with at least two.

Trying to unpick these needs is challenging, as they are reinforcing and interrelated. Women need to be able to access help for each interlinking problem to fully recover, but many services do not provide support for the full range of needs. Where holistic support is not possible in a particular service, partnerships with other organisations offering the relevant support should be developed.

However, submissions also warned that services supporting women with different complex needs do not always work effectively together and coordinate the help they offer. Traditional pathways to support which focus on one condition at a time often mean that help is provided in silos. Women may need help brokering support across the different services, and efforts should be made to provide holistic support where necessary.

Many services actively exclude people with complex needs from accessing help. Many contributions raised the lack of support for women with dual diagnosis – both mental health and substance use problems.

Much NHS provision of mental health support, such as that delivered through the Improving Access to Psychological Therapies (IAPT) programme, excludes people who are using drugs or alcohol. Instead, they require them to abstain before they are offered therapies. However, our experience suggests that for women with complex needs, it is almost impossible to stop using substances unless the underlying trauma that caused their reliance is addressed. Despite the close links with domestic abuse, we heard that refuges may also exclude women who are actively using drugs or alcohol or who have other complex needs.

The submissions suggested a clear need for a much greater availability of complex needs support, including support that is tailored to women's needs.

Rise

Rise refuge has had a **dedicated mental health refuge worker** since 2005. This role supports all other professionals who support refuge residents to access the local professional partnership systems and structures around mental health and substance misuse. Women who have needs around mental health and substance misuse are assessed during the referral procedure and a support plan is put in place to follow them through Rise services.

Rise works closely with local substance misuse organisations and community mental health teams that support women throughout their stay at refuge and once they are resettled in the community. As part of the induction process for this role the refuge mental health worker will complete visits with specialist mental health and substance misuse services in the statutory and voluntary sector. She is supported through regular individual and group supervision. Her practice is enhanced by attending training and conferences that are relevant to the specialist aspects of her role and incorporates this learning into her daily practice.

She attends local forums such as Drugs and Alcohol Working Group (DAWG) and the Community and Voluntary Sector Mental Health forum to share tools and raise awareness.

For more information on Rise see:
<http://www.riseuk.org.uk>

Stigma and shame

Accounts of judgment, stigma and shame associated with homelessness were recurrent across the themes. Women may experience multiple stigmas and labels: 'junkie', 'alchie', 'mad', 'prostitute', 'offender', 'bad mother', 'dirty', 'homeless'. Experienced concurrently, these can have a reinforcing, demoralising and debilitating impact, contributing further to an erosion of self esteem and self worth.

We heard that women frequently feel that society expects them to be feminine, to be good mothers and to maintain a home. Much of what they experience while homeless conflicts with these expectations, and they feel judged as women because they do not meet these ideals. A perceived failure to live up to these expectations can be a significant barrier to recovery.

Societal stigma can be embodied in the responses of staff in support services. It can also impact on women's own feelings about accessing support. As Crisis research highlights, by accessing homeless services women may feel they label themselves as 'homeless', a status they may not be comfortable with. Women may therefore avoid using these services altogether, instead using mainstream non-stigmatising services like libraries where they can feel "like 'everyone else'".⁵³

Summary

The submissions to *Rebuilding Shattered Lives* demonstrate that women who are homeless have a number of severe, interrelated and exceptionally complex problems which contribute to their homelessness and make recovery challenging. Women who are homeless tend to face a different set of challenges than men, and services need to adapt to meet their needs.

In particular, many of the complex needs of homeless women have their root in trauma caused by experiences of violence and abuse by family members and partners. Many of the women we work with or heard from are also traumatised by separation from their children.

Understanding the causes of women's homelessness, and how these differ from those of men's homelessness around which many services have been designed, is essential. Without understanding in particular the role of trauma and importance of women's relationships with their children services are unlikely to be able to help women address the full range of problems that contribute to their homelessness.

The next chapter looks at how services can do this. It sets out a number of recommendations on how support can be designed in a way that it addresses the complex and interrelated needs associated with women's homelessness.

3. Working with women who are homeless: recommendations for services

Using what we were told by contributors to *Rebuilding Shattered Lives*, as well as our peer research and Women's Strategy work, we have identified a number of elements we believe are essential to improving the services which offer support to homeless women and those at risk of homelessness.

There will not be one 'ideal' model for providing such support. Services should experiment with new and innovative ways to improve the support they offer to women. However, we believe that as a minimum, services should attempt to create services which offer holistic support for complex needs in a way that is sensitive to women's specific needs. Commissioners should look for providers who do so. These principles apply to both women only and to mixed services and to homelessness and wider services.

Recommendation 1: Services working with women who are homeless or at risk should be based on principles of holistic, gender sensitive support for complex needs

To achieve this, services should incorporate the following:

1. Women only support and space
2. Psychologically informed environments which respond to trauma
3. Staff training to enable gendered responses
4. Partnership working to address multiple support needs
5. Building confidence and motivation
6. Client involvement
7. Peer support
8. Supporting women with children

1. Women only support and space

Experiences contributing to homelessness amongst women, particularly past and current experiences of violence and abuse including sexual abuse in childhood, mean that women often find it easier to access support where men are not present.

The importance of opportunities to access women only space and female staff members, including within mixed sex services was emphasised throughout the submissions. Women only support can be provided in women only projects, as well as through women's groups within mixed services and through access to female staff.

Our peer research found that if forced to choose between women only accommodation and being one of a few women in with lots of men (the reality in most homelessness services), 57% of women would choose women only accommodation. Almost half of the women interviewed expressed a preference for female staff, with a common belief that there are some things they would prefer to speak to a woman about.⁵⁴

"All women. I'd rather be in an environment where it is predominantly women than in a minority." St Mungo's client

Analysis of our Outcomes Star data has shown that women with complex needs are more likely to make positive change when in women only accommodation than in mixed provision. Overall in complex needs projects, 52% of women in women only projects experienced positive change, compared to 48% in mixed, in spite of the fact that more women in women only projects started at an earlier stage of recovery. The differences are particularly stark in the mental wellbeing and offending scales.

⁵³ Reeve, K; Casey, R and Goudie, R (2006) *Homeless women: still being failed yet striving to survive* Crisis http://www.crisis.org.uk/data/files/publications/Crisis_Homeless_Women_2006_full_report.pdf

⁵⁴ A Better Deal for Women 2013, Peer Researchers supported by Esther Sample, written by Helen Bilton, St Mungo's Available on request

Contributions also raised concerns that women in mixed sex accommodation or treatment, especially those with a history of abuse by men or drug use, can be exploited or harassed by male service users.

“Sometimes in [drug services], women can be called up by men in the group, saying it is about recovery when really they want to get close and have a relationship or just sex. You have to keep up some barriers in this way to make sure you are not being exploited.” Volunteer, St Mungo’s

Submissions emphasised the particular importance women place on clean, safe, private spaces, good bathroom facilities, communal areas and cooking facilities. Services that focus on homeliness produce a better experience for women. Research by Crisis found a clear correlation between accommodation where women were relatively content and positive developments in other areas of their lives.⁵⁵

“Homeliness is REALLY important. Having your own space. Feeling secure and safe.” St Mungo’s client

Women only provision can also have a significant impact on feelings of safety and security.

“I was living in [another hostel] and ended up in a court case after I was attacked by a man. It got nowhere, there was no DNA on clothes or nothing, just my word against his...I feel safer here with just women. I used to live somewhere else four years ago and always felt vulnerable, too many men, they were always drunk and trying to chat me up.” St Mungo’s client

2. Psychologically informed services which respond to trauma

Staff in services which come into contact with women need to understand and be equipped to address the traumatic impact of experiences of abuse and separation from children and the prevalence of mental ill health.

Services working with women who are homeless or at risk of homelessness should therefore be psychologically informed, offering access to counselling to acknowledge and work through past trauma, and explore current circumstances and relationships. Staff should also have access to supportive reflective practice groups.

At St Mungo’s we are aiming to implement Psychologically Informed Environments (PIEs) across the organisation.⁵⁶ PIEs have a reflective and dynamic ‘team’ approach, training to develop psychologically minded staff, supervision by clinically trained psychotherapists, innovative client co-production, client access to formal psychotherapy and personalisation.

3. Staff training to enable gendered responses

Staff should be given training to enable them to understand and effectively respond to the specific challenges often faced by women experiencing homelessness including domestic and sexual violence, sexual exploitation; physical and mental health needs. Training should be complemented by policies and guidance for staff.

In particular staff should be able to recognise the importance of relationships for homeless women, especially with their children, supporting them with custody arrangements. Staff working with women who are escaping violent relationships must understand the risks of perpetrators being given access or information. Women may need support with pregnancy, self harm or eating disorders which may not be fully understood by staff used to working with men. Staff should be aware that women may feel stigmatised and must aim to provide non judgmental support.



⁵⁵ Homeless Women: Homelessness Careers, Homelessness Landscapes’ can be found: http://www.crisis.org.uk/data/files/publications/Homeless_Women_Landscapes_Aug07.pdf

⁵⁶ See http://www.mungos.org/about/values_and_objectives/recovery_and_personalisation/st_mungos_and_personalisation/psychologically_informed_environments_pie for more information

Street Talk

“To listen to each woman’s personal story, to enable each woman to overcome those obstacles which keep her trapped in a life of exploitation.” Street Talk mission statement

Street Talk is a small charity providing psychological interventions (‘talking therapies’) alongside practical support, primarily to two groups of women: women who have been the victims of trafficking and those women involved in or exiting street based prostitution.

A recent evaluation⁵⁷ of Street Talk’s work found that clients often had a range of other problems as well as poor mental health and a need for counselling. These included housing and homelessness (52%), substance misuse (49%), help with legal proceedings (41%), physical health problems (39%) and social isolation (24%). Women reported lacking confidence and self esteem, internalised stigma and shame and uncontrollable and intolerable emotions.

Support offered by Street Talk includes formal counselling and therapeutic support. The latter can include phone conversations or informal discussions on the premises of partner organisations. Support with health, childcare, employment and housing is also provided, generally in the form of brokerage with other agencies. Women are also supported with legal proceedings.

A number of ‘primary outcomes’ that can be achieved by women using the services were identified by the evaluation. These included:

- ‘Being there’: accompaniment and bearing witness is not just intervention but ‘end in itself’
- Increased self confidence, self belief, self efficacy and hope
- Improved understanding and management of emotions and behaviours
- Immediate practical problems resolved
- Improved living and working environment.

Women also reported a number of ‘secondary outcomes’ which included in some cases abstinence from substance use, exit from prostitution, and independence. The evaluation found that women highlighted their own role and responsibility for making these changes.

“She [Street Talk Counsellor] makes me quiet, to forget about my problems and I like that. Sometimes you sit down and talk to her, she talks to you – just sit down, take a book and just talking. I prefer her to normal therapy...I feel better inside me, she makes you feel much better. I tried too many therapies and no one did that for me.” Street Talk service user quoted in evaluation report

AVA’s Stella Project

Between 2010 and 2013, AVA’s Stella Project delivered a three-year action research project with selected domestic and sexual abuse organisations, substance use and mental health agencies to develop, implement and evaluate a model of **integrated partnership working** to address the combined issues of domestic and sexual violence, substance use and psychological distress.

Based in Bristol, Nottinghamshire and the London Borough of Hounslow, the project focused on policy and procedure development, training and partnership working with six agencies in each of the three pilot sites. Following the completion of the action research, good practice was developed. An online training course was also created.

The project was independently evaluated by a team of researchers from the University of Middlesex, led by Dr Miranda Horvath. The evaluation showed that as a result of the training and policy development, staff felt more confident in dealing with women who have mental health problems, have suffered abuse and who misuse substances. This included feeling better able to work with difficult clients they would previously have seen as not part of their brief.

The toolkit and e-learning can be accessed from the AVA website: <http://www.avaproject.org.uk/our-projects/stella-project/stella-project-mental-health-initiative.aspx>

⁵⁷ Anderson, S, Dickie, E and Parker, C (2013) *Street Talk: an evaluation of a counselling service for women involved in street based prostitution and victims of trafficking* <http://socialwelfare.bl.uk/subject-areas/services-client-groups/adults-mental-health/revolvingdoorsagency/159112street-talk-evaluation-final-for-launch-22-01.pdf> published by Revolving Doors

4. Partnership working to address multiple support needs

The range of challenges experienced by women who are homeless means that no single service is likely to be able to address all of a woman's needs fully. Partnership working with a range of agencies that can offer specialist support is a vital part of providing holistic care.

Alana House

Alana House is run by Parents and Children Together (PACT) which aims to strengthen families and increase life chances for people from vulnerable and disadvantaged backgrounds. PACT works across the Thames Valley with a range of statutory and voluntary sector organisations and networks.

The project aims to empower women to avoid behaviour likely to lead to criminal offending and so reduce the number of women in custody.

Alana House is the only project of its kind in Reading, and fills a significant gap in services. Other statutory and voluntary groups that provide these services are often uncoordinated and in different locations. For women with chaotic lifestyles, this makes it difficult to get help. Alana House is a 'one stop shop' where women can get the majority **of the help they need in one place**,

This can be achieved by co location of services and by signposting and referral to other services, alongside advocacy to overcome difficulties in gaining access. We heard from a number of 'one stop shop' centres, such as **Anawim** in Birmingham and **Alana House** in Reading which bring a range of agencies under one roof, including mental health and probation services.

increasing the likelihood that woman will be able to address their needs and become independent women making a valuable contribution to society.

Alana House offers sessions which help the women to address their personal issues such as drugs and alcohol addiction, sex working, domestic violence, lack of education, training and employment, homelessness, and support them and their families, and improve their life chances. A Support Worker produces an individual plan for each woman who will also benefit from specialist agencies including the Probation Service. Included in these sessions will be support, guidance and advice on budgeting and debt management, benefit applications, housing advice, tenancy issues and resettlement, personal development, education and employment. The aims of these support sessions are to reduce the women's chaotic lifestyles and improve each woman's independence and economic situation.

Anawim

Anawim aims to support women with complex needs and their children, especially women vulnerable to exploitation including prostitution. It seeks to provide wider positive choices to help them achieve their goals and reach their full potential as part of the wider community, working with partners and other agencies.

In April 2012, Anawim started a pilot project in partnership with the Department of Health by creating a Mental Health Alternatives to Custody Project. This was established to bridge gaps between services and to help build creative pathways for female offenders into mental health treatment. The overall principle of the pilot Mental Health Alternatives to Custody Project is one of holistic care. The Mental Health Alternatives to Custody Team created consists of a probation officer, a registered mental health nurse and two mental health

support workers all of whom had experience of working within the field.

A preliminary evaluation report⁵⁸ suggests a positive impact in numerous areas of the women's lives including significant improvements in psychological and physical health and crime reduction and **potential economic cost savings** in each area.

"There's something different about this project though. The staff are great, they're always there to help and support me and if they can't help, they always know the people who can. The difference with the staff here is that they don't judge. I've had a couple of lapses whilst I've been with them but I'm never scared to tell them because I know I'm not going to be judged for it – they have the attitude that its happened and we can't change that now but they are more interested on how we get past that episode and move on."
Laura, case study used in Evaluation report

5. Building confidence and motivation

Recognising that women often enter homelessness services with complex needs and at an earlier stage of recovery, services should offer 'pre engagement' work to help women feel safe, build confidence, and understand the trauma and experiences they have been through, before pushing them towards bigger changes such as detox/rehabilitation, work, training or resettlement.

This can include access to workshops such as confidence, self esteem, assertiveness, healthy relationships and life skills, as well as informal activities and social groups for peer support.

"Engaging women creatively in activities that help to build confidence, self esteem and break destructive patterns and addictive behaviours – basically to start a process of recovery – is essential. Providing women with the opportunity to talk openly, to connect, and heal within a safe learning environment (e.g. singing, writing, sewing groups) taps into hidden skills and motivations which can help them get back into the workplace." St Mungo's staff member

NHS Greater Glasgow and Clyde Trauma service 'pre support' programme

In this phased trauma service, the first step to processing traumatic memories in this phased trauma model is ensuring physical security. Yet for some women even engaging with the support services proves difficult. The service has designed a pre support intervention programme to encourage women to engage with services. It involves a creative group which uses art related activities to improve self esteem and build confidence in relationships. Early intervention work such as this is a critical element in the path toward recovery for survivors of childhood abuse and trauma.

For more information see http://www.nhsggc.org.uk/content/default.asp?page=home_traumahomelessness

6. Client involvement

The value of involving clients in the design and delivery of services was raised in the submissions, and is central to St Mungo's Women's Strategy. Client involvement plays a vital role in ensuring that services can effectively recognise and respond to clients, and clients are more likely to engage with services that take their experiences seriously and value their contributions.

St Mungo's has shown how putting women's voices at the heart of our Women's Strategy has enabled us to improve the services we provide. Women have been involved in designing, implementing and reporting back on the strategy, through our peer research and women's Outside In client involvement group, advising throughout on training, policies, service development and organisational change.

POW Nottingham

POW is a peer founded charity supporting those in or affected by prostitution. The charity was formed after a number of women engaged in prostitution were trained as researchers in a project looking at the health and intervention needs of women involved in prostitution. This identified a number of service gaps, and the charity evolved to provide a range of services.

POW provides a wide range of drop in services, including advice and information, free condoms, benefits and welfare advice, drug treatment, needle exchange and acupuncture, contraception and smear testing, and information about 'dodgy punters'. It also has a number of outreach services, visiting women on the streets, in saunas, at home, in prison and in hospitals. It also provides support to women who want to exit prostitution, and general advice on sexual health and on safety.

⁵⁸ Martin, G and Copello, A (2013) *Anawim: The Mental Health Alternatives to Custody Project, A Preliminary Evaluation Report*

7. Peer support

“I think women in recovery need someone they can identify with that has been through addiction, abuse, and exploitation as well – somebody who can have empathy and compassion, gentleness, patience and tolerance.” St Mungo’s client

In their submissions to *Rebuilding Shattered Lives* many women who are or have been homeless spoke of the importance of having ‘someone who understands’ to speak to. While it is vital that staff are empathetic and supportive, contributions highlighted the benefits of peer support, being able to speak to someone who has been in your shoes and recovered.

MATCH (Mothers Apart from their Children)

MATCH is a charity that **offers non-judgemental support and information** to mothers apart from their children in a wide variety of circumstances. Our members include those who are sharing parenting and those who have little or no contact. We believe that children have a basic human right to continue to be part of a loving, nurturing family network for life, no matter how many times that family re-makes itself, no matter where their mothers live.

If you are a mother who no longer lives with your child as a result of local authority care proceedings and your child is either in care, being fostered, under a special guardianship order or has been adopted, MATCH can support you. Being a member of MATCH will enable you to be in contact with other mothers who live with the day to day realities of this situation. Whether you have face to face contact, letterbox contact or no contact at all, you will find other members with whom you can share your feelings and strategies for coping with living apart from your child.

For more information see:
<http://www.matchmothers.org/>

8. Supporting women with children

Many submissions drew attention to the need for services to cater for women who are mothers. There are a number of ways in which services can do this. For women who have contact with their children, facilities to enable family to visit and stay overnight can help maintain relationships. In some services it may be appropriate for women to keep their children with them, in mother and baby units. Childcare and crèche facilities can also allow women to gain skills training and employment support: a lack of childcare can be a barrier to taking courses, attending interviews, or even engaging in the Work Programme.⁵⁹

Women may also need both advocacy and advice, and emotional support through legal proceedings such as the adoption of their children. Psychological and emotional support should be available should recognise and address the grief and guilt that can result from the loss of custody, being unable to look after their own children, or the death of a child.



4. Making sure women get the right help: recommendations for national policy and local commissioning

Understanding what the right help looks like in practice is only the first step. To achieve lasting change, leadership, innovation and coordination are needed at all levels – from national Government, to local commissioners, to front line organisations supporting women.

Urgent action, including a strong commitment from Government to end women’s homelessness, by getting the right help to women who are homeless, but also by preventing women becoming homeless in the first place.

Ministerial leadership

Recommendation 2: The Minister for Women and Equalities should hold relevant government bodies to account for preventing and tackling women’s homelessness

Although many commissioning decisions directly affecting women are taken locally, central Government sets the agenda in a number of areas that directly relate to women’s homelessness, including violence against women and girls, mental health, criminal justice and vulnerable children.

Leadership at a national level is vital if we are to ensure that women’s homelessness is consistently recognised, understood and seen as a priority across government. The Minister for Women and Equalities should be given joint responsibility with the Minister for Housing for preventing and reducing women’s homelessness, jointly taking a strategic role in coordinating government activity to this end.

Recommendation 3: The Minister for Women and Equalities should be added to the membership of the Ministerial Working Group on Homelessness and ensure that it expressly considers women’s homelessness

The Ministerial Working Group on Homelessness plays an important role in cross government action and coordination on homelessness, recognising that homelessness is complex and affects many policy areas.

We believe that the group can play a crucial role in addressing the needs of homeless women, and in promoting strategies to prevent women’s homelessness. The Ministerial Working Group should continue to play an active role in coordinating the government’s work on homelessness, but with the addition of the Minister for Women and Equalities to ensure that the group identifies and takes action to address the particular needs of women who are homeless.

As a member of the Ministerial Working Group on Homelessness, the Minister for Women and Equalities should hold other Ministers to account for ensuring women’s homelessness is embedded in relevant strategies, including those covering homelessness; drugs and alcohol; violence against women and girls; mental health; offending; and children and young people including children in care, care leavers and early intervention. These strategies should reflect the standard of service we recommended in the previous chapter.

One of the results of the hidden nature of women’s homelessness is that even when data is collected, gender differences are not always examined. **The Ministerial Working Group should report regularly on levels of women’s homelessness**, including publishing data of the level of women’s homelessness, the number of women who become homeless in a reporting period, and the length of their homelessness. Ministers should work with local areas to develop new data gathering approaches to resolve gaps in available data.

⁵⁹ Laura Dewar (2013) *Is the Work Programme Working for Single Parents? An Analysis of the Experience of Single Parents on the Work Programme* (Single Parent Action Network)

Reporting is an important tool for holding decision makers to account for their progress on tackling homelessness generally. The Minister for Women and Equalities should hold other Ministers to account for their progress in reducing the number of women who are homeless. The publication of gendered information on homelessness will enable a benchmark against which change can be measured.

Leadership in Local Authorities

Recommendation 4: Each Local Authority should identify a senior member of staff to lead on women and homelessness, including improving and coordinating service provision and strategy, and monitoring progress on ending women's homelessness

Leadership is also necessary at a local level where services are commissioned. Every Local Authority should give a **senior member of staff responsibility for taking a lead on women's homelessness**. By appointing a Women's Homelessness Lead they will provide homeless women with a high level local champion, ensuring their needs are taken into account in local planning. It will also enable local authorities and other statutory services to better meet the public sector equality duty.

The Women's Homelessness Lead should ensure that women's needs are recognised in local homelessness strategies, and that provision reflects the practice recommendations outlined in Chapter Three.

As we know, homelessness is not just a housing issue: it is affected by policy and provision across a range of areas. The Lead should take responsibility for liaising with other departments, organisations and agencies (including public health, policing, domestic and sexual violence support, and social services) to ensure that they understand the problem of women's homelessness, and address it in each of their strategies. Health and wellbeing, policing, violence against women and girls, and safeguarding children strategies will be particularly relevant.

Given the level of health care needs – physical and mental – of homeless women, it is essential that there is leadership on this issue in local health planning. The Women's Homelessness Lead should work with the

Director of Public Health and the Health and Wellbeing Board to ensure that the health needs of homeless women are addressed. The Lead, along with the Director of Public Health, should ensure that homeless women are recognised in Joint Strategic Needs Assessments (JSNAs), and reflected in Joint Health and Wellbeing Strategies. St Mungo's and Homeless Link have produced joint guidance on how local authorities can ensure the needs of homeless people are included in JSNAs.⁶⁰

Recommendation 5: Local Authorities should ensure that organisations which come into contact with vulnerable women recognise the risks of homelessness and are equipped to provide, or signpost to, preventative support

"There needs to be more information available to women so they don't have to sleep rough and they can know where to go. I think councils are not as helpful as they should be to women who do not have dependent children. There was no way for me to find out about all the accommodation or housing schemes that I was eligible for. I think there are less single homelessness services out there for women because society perceives women as mothers and homemakers."
St Mungo's client

As previously outlined, *Rebuilding Shattered Lives* highlighted the myriad of organisations women come into contact with before they enter homelessness services. These can include children's services and the care system, children's centres, health services including GPs and maternity services, Jobcentre Plus, the police, prisons and probation services, debt advice services, drug and alcohol treatment, and domestic violence services.

While many services will be effective in advising women on how to avoid homelessness, or signposting them to relevant help, this is not consistent. As outlined on page 22, better training for staff across a wide range of services is needed to ensure that women at risk of homelessness are more quickly identified. This should apply to mainstream services including GPs, children's centres etc, as well as services such as drug treatment which women may access when they are closer to or already homeless.

The role of innovation in commissioning

The service standard set out in chapter two offers a framework for effective support for women, and commissioners should prioritise provision that meets these criteria. However there is also room for more innovation, finding creative ways to meet the needs of vulnerable women, particularly given the current constraints of austerity on investment in services.

Recommendation 6: Innovative approaches to tackling women's homelessness should be identified, tested and developed, specifically lead practitioner approaches; multi agency case management; and cross boundary initiatives

Contributions to *Rebuilding Shattered Lives* described a number of different approaches which have been successful in supporting women on a small scale, but could usefully be tested more widely. Common to many of these is the need for cooperation and coordination across different services and departments. In particular, three different types of approach emerged as warranting further attention and development; lead practitioner approaches; multi agency case management; and cross boundary initiatives. Each of these is explored briefly below. We believe that services within these approaches should aim to reflect the practice recommendations set out in the last chapter.

a) Multi agency case management

Multi agency case management brings a range of relevant agencies together to discuss the most challenging cases. It is best known for its use in the fields of domestic violence, where monthly Multi Agency Risk Assessment Conferences (MARACs) are held to discuss the most at risk cases and draw up joint action plans, and offender management, where Multi Agency Public Protection Arrangements (MAPPA) bring together a range of professionals to manage high risk offenders. One of the submissions to *Rebuilding Shattered Lives* highlighted work in Lambeth where multi agency case management approaches are used in work with vulnerable women engaged in prostitution.

The 'Lambeth Model'

The London Borough of Lambeth's Violence Against Women and Girls strategy recognises prostitution as a form of violence against women, and includes measures aimed at tackling prostitution.

The model takes a four pronged approach aiming at tackling demand, prevention, community information and support for women to exit.

The latter involves partnership work through projects including the Chrysalis Project, court diversion work, the GAIA Violence Against Women and Girls centre and the Lambeth Prostitution Group. The model takes a multi agency risk assessment conference (MARAC) style approach to providing protection and support for women who engage in prostitution and for those seeking to exit.

This model could be adapted to provide prevention and recovery support to women at most risk of homelessness, or those most in need of coordinated support to escape it. Women identified by local services as at risk of homelessness, or who are failing to progress towards recovery, should be considered at regular multi agency meetings at which action plans are drawn up and actions allocated amongst the relevant services.

b) Lead practitioner approach

The lead practitioner approach, used for example in the Troubled Families Programme (see recommendation), appoints a single key worker to manage individual cases. The lead practitioner takes a lead on identifying needs and coordinating the provision of support, working with the range of services to ensure clients access support for the full range of needs. Our experience shows that to be effective, the lead practitioner must have authority to ensure that services actually do cooperate.

c) Cross boundary working

Many services are currently only available to residents of a particular borough or area, or those who are able to demonstrate a local connection. Women escaping domestic violence, or who want to leave their current area to recover from drug use or prostitution away from old acquaintances, often find it hard to do so because they have not lived in the new area for a sufficient length of time and cannot access support.

⁶⁰ Homeless Link and St Mungo's (2011) *Improving the health of the poorest, fastest: including single homeless people in your JSNA* <http://homeless.org.uk/jsna>

“I would like to move outside of this area...you’ve got to bear in mind that I’ve sex worked here and used [Drugs] here and I’ve lived here for a number of years so I’m known to a lot of people so even when I try to change my life people know me so there’s always going to be that continuous persuasion, temptation and people trying to lure me back into that lifestyle.” St Mungo’s client

In order to address this, Local Authorities should identify ways to provide support across boroughs. This can be done through joint funding of services available to women from a number of areas. An alternative is reciprocal agreements between different boroughs which allow women from one to use services in the other. Local Authorities can also work with other statutory services and the voluntary sector to provide cross borough support.

The need for cross boundary working is exacerbated by the hidden nature of women’s homelessness, and the comparatively small number of women who are homeless. This can lead commissioners to believe that there are too few women in a particular area to warrant investment in women only services. Working jointly with other local authorities can overcome these problems, offering women the chance to move out of their immediate home area, while making support available to sufficient women to fill women only services.

Recommendation 7: Commissioners must ensure that local provision gives women a choice between women only or mixed services

“Because I have been harmed by men before, I didn’t feel that safe in mixed homelessness projects. In one, it was dormitories with curtains between the beds rather than rooms. There was a separate section for women, but still there was lots of heavy drinking and fighting. I feel safe in this project (St Mungo’s North London Women’s Project) and am a lot better now.” St Mungo’s client

Outside of specialist women’s services, women tend to be a small minority within homelessness projects. As has been noted, many women do not feel safe where most service users are male, and some who have been abused find it far easier to recover in all women services. Women can be particularly vulnerable where they have been abused or exploited by men in the past, and we were told that in drug treatment, for example, women can be targeted for further exploitation.

Commissioners should therefore recognise the need and value of supporting single sex provision. This does not have to mean investing significant amounts in new women only accommodation and other services, but ensuring that existing provision enables a sufficient mix that women are able to access support in a women only environment should they wish to. This may mean that women are living in mixed services, but on separate floors or areas, or can get counselling and other support in a single sex environment. Given the relatively small number of homeless women in each local authority, joint commissioning across a number of authorities may be the most effective way to ensure that women have the choice of women only services.

East London Housing Partnership Reciprocal Agreement

East London Housing Partnership (ELHP) operates a Reciprocal Agreement that facilitates moves across borough boundaries for women escaping domestic violence. Eight local authorities and 20 registered providers have collaborated to offer the Reciprocal Agreement as an alternative to the homelessness route. The Reciprocal Agreement offers a move to alternative accommodation, subject to availability, on a similar level of tenancy security. The option is available to survivors who hold a social tenancy in the East London sub region, even if they are staying with friends or living in a refuge elsewhere, provided they still have the tenancy.

St Mungo’s and ELHP’s Women with Multiple Needs project is specifically designed to assist single women who are homeless or rough sleeping, with multiple or complex needs and with a local connection to the East London sub region.

ELHP commissioned a targeted response specifically for homeless or rough sleeping women who have multiple needs such as substance misuse, mental health issues, health problems, or the effects of domestic or sexual violence or childhood abuse. Women might have a background of rough sleeping or unsustained accommodation and will be assisted through a supported accommodation pathway which will be provided in one of St Mungo’s high support specialist women’s hostels.

Over an 18 month period St Mungo’s will provide accommodation and specialist support for 20 – 25 women from the sub region who require this level of assistance to move away from homelessness and avoid repeat homelessness.

The Chrysalis Project

The Chrysalis Project is a pioneering housing based model for particularly vulnerable homeless women involved in street prostitution in South London. A joint enterprise between Commonweal Housing, St Mungo’s and Lambeth Council, it provides high quality accommodation and support.

There are three phases of accommodation in the project; each phase offers support tailored to clients at different stages of recovery and together they offer a clear progression route towards independence.

Phase One – security, stability and intensive support: A 17 bed women only St Mungo’s high support project provides secure supported accommodation, designed to enable women to address enduring problems such as substance use issues. Specially trained psychotherapists provide therapy sessions and work with project staff to support clients to deal with traumatic experiences, such as having children taken into care, being assaulted or experiencing childhood neglect.

Phase Two – moving towards independence: Clients move into a St Mungo’s semi-independent project, to further develop skills that will help them to sustain

independent living. Support remains available from key workers for these clients, who are assisted to build links with local services and develop social networks in the wider community.

Phase Three – living in the community: The Commonweal Housing element of the Chrysalis Project forms the third phase; the women are given a tenancy in one of seven transitional move-on properties with floating support from a key worker.

An evaluation found that the Chrysalis project was unique in terms of the structured housing and support pathway for women exiting prostitution. One of these factors is clearly the availability of the Commonweal flats as the final transitional phase of the woman’s journey to a more stable future.

“The flats act as a real incentive for engagement for women earlier in the project whilst providing a safe and stable environment for those who have progressed where they are responsible for all the normal pressures of life such as paying the rent, getting on with neighbours, paying the bills, looking after a home so they can better cope when moving to fully independent housing.” Helen Easton – Senior Research Fellow, London South Bank University

Recommendation 8: Commissioners should invest in cost benefit analysis of services aimed at preventing or resolving women’s homelessness, and of women only services in particular

A growing body of research⁶¹ looks at ways to measure the effectiveness of services and interventions by analysing the costs and benefits they bring, including savings to the public purse and in the long term. Much of this work has looked at the long term benefits of services which provide early intervention to families in need. Often this is calculated by taking into account the range of service use avoided. For example, the Dundee Project which worked with families who were at risk of homelessness due to anti social behaviour was estimated to save agencies in the area £117,600.⁶²

Given the range of services that homeless women come into contact with while homeless, and prior to losing their home, we believe that investment in services to support women who are at risk of becoming, or already are, homeless would be significant savings to the public purse.

However, to date, there has been little assessment of the costs and benefits of support targeted at women, in particular of homelessness services. Commissioners should support the development of a robust evidence base demonstrating the true costs and benefits of services used by women who are homeless by including resource to undertake such evaluations in tenders for services, and by funding separate research projects.

⁶¹ Including: ICF GHK and Barnardos (2012) *The Value of Early Intervention: identifying the social return of Barnard’s children’s Centre Services* http://www.barnardos.org.uk/the_value_of_early_intervention.pdf; London Economics and Department of Children, Families and Schools (DCFS) *Cost benefit analysis of interventions with parents* Research Report DCSF-RW008 <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RW008.pdf>; McDermaid, S and Holmes, L (2013) *The cost effectiveness of Action for Children’s Intensive Family Support Services* http://www.actionforchildren.org.uk/media/6125184/intensive-family-support-cost-effectiveness_full-report.pdf

⁶² Dilore, J, Hill, M, Bannister, J and Scott, S (2001) *Evaluation of the Dundee Families Project* Centre for the Child and Department of Urban Studies, University of Glasgow <http://www.scotland.gov.uk/Resource/Doc/158816/0043123.pdf>

Childhood interventions to prevent adult homelessness

“I don’t remember a time from my childhood home when I felt happy, safe or secure or received any positive attention. I would have liked if my teacher at primary or secondary school had picked up that I was withdrawn or acting out and asked why that was. I didn’t know the support was out there. It didn’t even come into my mind to ask for help, as I accepted the abuse and thought it was normal.”

St Mungo’s client

Prevention and early intervention were strong themes running throughout submissions to *Rebuilding Shattered Lives*. We heard a range of ideas about how to work with children and families to prevent children becoming homeless in adulthood, including school based counselling. It was also clear that much preventative work can be done in adulthood, by better equipping services to recognise the risks of homelessness and take action to help prevent it. The long term impacts of childhood trauma highlighted throughout this report suggest services should pay particular attention to the victims of both child neglect and sexual abuse.⁶³

The Place2Be

The Place2Be runs an **integrated, schools based service** providing early intervention and mental health support for 75,000 children aged 4-14 in England, Scotland and Wales. The Charity aims to tackle poor educational achievement, truancy and exclusion from school through supporting children with emotional and behavioural problems. It offers swift access to counselling and other services, and provides training and advice for teachers, parents and carers.

The typical model is a team of five including clinical staff and trained volunteers. They provide a range of support to children in both primary and secondary schools, including group work, lunchtime self referral drop in sessions and one to one counselling for children with a need for more sustained support. This counselling is designed to be age appropriate. Place2Be also offers therapeutic services to parents.

Our recommendations focus on two areas of particular opportunity; the Troubled Families Programme and perinatal and parenting support.

Recommendation 9: The government should ensure that the Troubled Families Programme addresses the needs of girls who are at risk of homelessness in adulthood, identifying girls who need support

The Troubled Families Programme was established in April 2012 and aims to provide intensive support to the 120,000 most disadvantaged families in England. ‘Troubled families’ are households who:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse.

Metrics are set against each of these criteria, for example reduced crime and anti social behaviour; improved school attendance.⁶⁴ These are used to measure success and are linked to payment by results mechanisms. The programme has received £448 million of funding from central government and is coordinated locally, through partnerships between local authorities and other relevant agencies including the police, health services and the voluntary sector.

The programme focuses on five intervention practices: dedicated workers; dedicated to families; practical ‘hands on’ support; taking a persistent, assertive and challenging approach; considering the family as a whole; and ensuring a common purpose and agreed action. It has successfully “turned around” the lives of 35% of the families worked with up to September 2013.⁶⁵

As outlined in the practice recommendations above, we believe that this model provides a useful framework for addressing the multiple needs of vulnerable people, bringing together agencies and providing leadership in a lead practitioner for each family.

However, we are concerned that the needs of girls within these families may be underestimated. The childhoods recounted to us by our female clients suggest that many grew up in families which would have been eligible for support from the Troubled Families Programme had it existed at the time. But the behaviours and coping mechanisms women share with us suggest that they may have been missed by the success measures outlined above.

There is a risk that by identifying families who need support using these criteria, the needs of girls may be underestimated. For example, girls are less likely to be given an ASBO or to be arrested.⁶⁶ Girls may express their difficulties in different ways to boys: they are more likely to have mental health problems, and to self harm for example.⁶⁷

The metrics used to identify families and measure progress in the Troubled Families Programme could usefully be reviewed to ensure that they are identifying girls who are at risk. Data should be collected and published of the gender of children receiving support through the programme, and provider should be aware of the different needs of boys and girls and support should be tailored appropriately.

We also recommend longitudinal research is undertaken to assess the longer term outcomes from the programme for girls and women who have participated to measure its success in helping girls avoid becoming homeless in adulthood.

Recommendation 10: Access to parenting support and perinatal interventions which address the root causes of homelessness should be more widely available to families most at risk

“There are around a million children at risk of being trapped in the same cycles of deprivation as their parents as a consequence of mental ill health and homelessness.”

Dame Clare Tickell, then Chief Executive, Action for Children

There is considerable evidence⁶⁸ of the importance of parenting, and the positive impact that parenting programmes and other early intervention support for families of young children can have on the development of children and their experiences in later life.

In 2010 Graham Allen MP was asked to conduct an independent inquiry into early intervention. His 2011 report⁶⁹ provided extensive evidence of the importance of wellbeing in early childhood for outcomes in later life. It made a number of recommendations to Government, including expanding access to Family Nurse Partnerships to vulnerable first time mothers, developing a national parenting campaign, and the implementation of coherent assessments to better identify social and emotional difficulties amongst children aged 5 and under, so that these can be addressed before they become entrenched.

We know from the submissions to *Rebuilding Shattered Lives* that homeless women often trace their problems back to childhood. We believe that developing and implementing support for young children and their families, which addresses the risk factors associated with homelessness, could help reduce the number of women who become homeless in adulthood.

⁶³ Burgess, C, Daniel, B, Scott, J, Mulley, K, Dobbin, H (2013) *The State of Child Neglect in the UK*. Action for Children <http://www.actionforchildren.org.uk/policy-research/policy-priorities/the-state-of-child-neglect-in-the-uk>

⁶⁴ Department for Communities and local Government (2012) *The Troubled Families Programme: Financial framework for the Troubled Families Programme’s payment-by-results scheme for local authorities* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf

⁶⁵ Troubled families: progress information at September 2013 and families turned around at October 2013 <https://www.gov.uk/government/publications/troubled-families-progress-information-at-september-2013-and-families-turned-around-at-october-2013>

⁶⁶ Youth Justice Board/Ministry of Justice *Youth Justice Statistics England and Wales 2011-12* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/218552/yjb-stats-2011-12.pdf; Anti social behaviour order statistics 2012 <https://www.gov.uk/government/publications/anti-social-behaviour-order-statistics-england-and-wales-2012>

⁶⁷ Hagell, F, Coleman, J, Brooks, F (2013) *Key Data on Adolescence: The latest information and statistics about young people today* http://www.ayph.org.uk/publications/480_KeyData2013_WebVersion.pdf

⁶⁸ Including: ICF GHK and Barnardos (2012) *The Value of Early Intervention: identifying the social return of Barnard’s children’s Centre Services* http://www.barnardos.org.uk/the_value_of_early_intervention.pdf; London Economics and Department of Children, Families and Schools (DCFS) *Cost benefit analysis of interventions with parents* Research Report DCSF-RW008 <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RW008.pdf>; Joint Commissioning Panel for Mental Health (2012) *Guidance for commissioners of perinatal mental health services* <http://www.jcpmh.info/wp-content/uploads/jcpmh-perinatal-guide.pdf>

⁶⁹ Allen, G (2011) *Early intervention: next steps* HM Government

5. Conclusion



Rebuilding Shattered Lives drew together a wide range of organisations which work with women who are, or are at risk of becoming, homeless. It has underlined the value of working across all of the sectors which work with women. We have been impressed by the enthusiasm of those who have contributed, as well as the consensus across the themes regarding the issues affecting homeless women.

Central to providing the right help to women at the right time is an understanding of the causes of women's homelessness and the problems they face. Contributors recognised that women face a particularly complex set of interrelated problems, which often have their root in trauma related to experiences of violence and abuse. Relationships with children are also at the crux of women's needs.

Women who are homeless tend to face a different set of challenges to men. If we expect them to fit into services designed to support men, we cannot be surprised that they fail to progress as quickly.

This report sets out ways for service providers to improve the support on offer to women who are homeless, building on the experience of all the services which made submissions to the campaign. It shows that gender sensitive support is possible, but that national and local leadership is necessary to ensure that homeless women are not left behind.

Homeless women have been overlooked for too long. There are currently 10,000 women in homeless services, and many thousands more who are hidden homeless, or at risk. We fear that unless urgent action is taken now these numbers are likely to increase and too many will not get the right help to escape homelessness for good. With the leadership, coordination and innovation outlined here, we can rebuild these shattered lives.

Appendix I: Organisations who contributed to Rebuilding Shattered Lives

The following individuals and organisations made submissions to one or more of the themes. In addition, staff and clients from a number of St Mungo's projects made submissions, including job coaches, Outside In Women's Group, Putting Down Roots, and Lifeworks and women from the North London Women's Project and South London Women's Project.

We would particularly like to thank our female peer researchers for their work and interview skills that allowed women to feel comfortable and speak freely of their experiences to contribute to this report.

Action for Children	East London Housing Partnership	MATCH	Routes Out Service,
Addaction	Eaves	Momentum Training and Consultancy	Community Safety Glasgow
AdFam	Edinburgh Women's Rape and Sexual Abuse Centre	N Street Village (Washington DC)	Rylease: raising the status of women
Alana House	Emmaus	NA (Narcotics Anonymous)	Safe Horizon
Al-Hasaniya MWP	Faculty for Homeless and Inclusion Health	National Association of People Abused in childhood	SANE
Anawim Project	Family Action	National Child Trauma Stress Network	Smartworks
Bethany House.	Family Lives	New Bridge	Solace Women's Aid Refuge
Beyond the Streets	FPWP Hibiscus	New Horizon Youth Centre	Sonass Housing Association Ltd
Blenheim CDP	Gibran UK	NHS Greater Glasgow and Clyde Trauma Service	SOVA
Breaking free online	Glasgow Simon Community	NIWE Eating Distress Service	Street Talk UK
Brighter Futures	Haringey West Mental Health Projects	Norcap	Tees Valley Women's centre
Brighter Futures Sexual Exploitation Service	Health and Social Policy Research Centre	One25	The Adkins Project
Brighton Oasis	Homeless Link	Open Cinema	The Ava Project
Calgary Women's Emergency Shelter	Inspire	Place2Be.	The Canadian Homelessness Research Network
Calvary Women's Services (Washington DC)	IntoWork	Preston Domestic Violence Services	The Havens
Catch22	Isis Women's Centre.	Professor Kate Moss University of Wolverhampton	The Howard league
CIS'ters	Jewish Women's Aid	Rape and Sexual Abuse Support Centre	The Marylebone Project
Clean Break	Joanna Nicoles (consultant)	RAPt	The Richmond Fellowship
Clinks	Key Changes	Refuge	Together
Convent House Mother and Baby Programmes (USA)	Lambeth Council	Respect UK	Together Women Project Trust
Coventry Cyrenians	LGBT Domestic Abuse Forum	Re-Unite	University of Brighton
Coventry Rape and Sexual Abuse Centre	LIFT	Revolving Doors Agency	W.A.I.T.S (Women acting in today's society)
Crisis	London Borough of Islington	Rise UK Refuge'	WDP
Disability, Pregnancy and Parenthood International (DPPI)	Luther Street Medical Centre, Oxford	Manchester Women's Aid	Who Cares?
Door of Hope	MacArthur Youth Connections, Sydney, Australia		WISH
Drug and Alcohol Service for London			Women Space
Drugscope			Working Chance
			YWHP



Photographs used illustrate St Mungo's general work and should not necessarily be taken to reflect the pictured clients' circumstances.

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