

Women at St Mungo's

A three year strategy for 2019-2022

Executive summary

St Mungo's has long known that homelessness is different for women, and that expecting women to thrive in traditional, male-dominated homelessness services is not good enough. Our Women's Strategy is designed to address the ways in which women experience homelessness differently from men, equipping us to achieve equally positive outcomes with our female clients.

Building on our previous research and experience, we consulted with clients, staff and external experts to understand whether our current services and approaches are working for women who are homeless and at risk of homelessness.

We found that women face disproportionate risk of harm from people they love and trust as well as the dangers of homelessness.

Our core challenge as an organisation is creating an environment of physical and psychological safety for our female clients.

Establishing safety is a vital foundation for recovery and the only way that we can

successfully achieve the positive outcome our female clients deserve.

In the context of austerity and cuts to local budgets, we know that funding for all specialist work with women has been falling. However, our clients cannot wait for government to make women's homelessness a priority. We choose to prioritise women's safety.

In this strategy, we have identified aims involving every part of the organisation. We will work hard to ensure that each of our female clients has a safe place to live and has every reason to feel safe in our services. Once physical and psychological safety has been secured, we will use our recovery approach to support every female client to achieve a fulfilling and purposeful life as part of society.

In response to rising levels of rough sleeping and changes to the commissioning environment, St Mungo's has grown and changed as a charity. This brings challenges, but also opportunities to build a stronger offer for women who are homeless or at risk of homelessness.



Our strategic aims for the next three years are:

Improve services

- Offer **women-only services and spaces** as an option for all female clients
- Support and equip all our staff to **recognise and respond to violence and abuse**
- Improve our **rough sleeping services** so that they are even safer and more effective for women, and to improve our service offer for migrant women
- Commit time and resources to find the best ways to support women living in **mixed and women-only accommodation services** safely and effectively
- Review our offer for **clients moving on from our services** with women in mind
- Support our **clients with children**, providing emotional support and information about women's rights and obligations. We will work towards inclusion of clients with children in our services wherever it is safe and possible to do so
- Respect women's choices and rights to **personal relationships** while refusing to accept violence and abuse as inevitable. We will gather and implement better practice on working with couples in single homelessness services based on an honest and realistic assessment of safety and risk
- Monitor women's participation in our **employment, training and skills** projects to identify any barriers, and design opportunities that work for women, including women with children
- Support more female clients to complete our **life skills programme, gain qualifications and find and sustain employment**
- Promote **breast and cervical screening** in our services, identifying any barriers to access. We will create environments in our services where clients can have frank conversations about **sexual health and harm**
- Use our understanding of gender and trauma to **support clients' mental health** in our services
- Tackle **drug and alcohol related harm** to women by understanding trauma as a driver for substance use.

Interconnect with partners

- Inform our work with women by building relationships and drawing on the best practice from **homelessness and women's sector organisations**, including specialist services for women of colour, LGBTQ women, migrant women and disabled women
- Work with specialist agencies to offer individual support to women around **domestic and sexual abuse**, including support to end relationships safely
- Interconnect with a range of agencies to support women involved in **prostitution and transactional sex**, working to minimise harm, increase choice and control and support women exiting
- Proactively connect with specialist **rape and sexual assault services and specialist FGM clinics** to ensure access to the most appropriate healthcare for our clients
- Find ways for all our female clients to safely connect with **services and opportunities outside St Mungo's**.

Innovate and test new ways of working

- **Expand and improve our service offer** for women as we grow as an organisation
- Draw on our knowledge of women's homelessness to **inform our business development**, clearly articulating safe and effective service models for women as we introduce new mixed and women-only services and develop our existing services and contracts
- Use our housing assets and expertise in new ways to help **break women's cycle of hidden homelessness on release from prison**
- Challenge traditional ways of working, creating and testing new ways to **intervene rapidly when women are rough sleeping or at risk**
- Explore opportunities to provide more **safe and suitable move on options** for women who have experienced violence and abuse
- **Develop our Housing First approach** with an understanding of gender and how we can best provide safe and effective services for women
- Develop and disseminate good practice on **pregnancy and homelessness**.

Influence local and national government

- Speak out about the **connection between homelessness, gender and violence** against women to influence national policy and practice
- Advocate for a **consistent women-only accommodation offer** across the country
- Support **financial security for women** through national influencing, including for women with no recourse to public funds
- Advocate strongly for our clients to access appropriate healthcare and accommodation in **pregnancy** and after birth
- Use our understanding of gender and trauma to advocate for **better mental health services** for homeless people at local and national level
- Advocate for fair and safe access to **substance use services**, including in-reach to supported housing, external women-only spaces and services for women with children in their care
- Support all our female clients to exercise their **democratic right** to vote, to campaign and to influence government

Involve our female clients

- Break down barriers to female clients **being involved in the work St Mungo's does**, understanding how gender and identity impact on the opportunities available
- Hold **events and spaces for particular groups of women** – for example, BAME women and trans women – to make sure they are safe and comfortable to share their experiences and build relationships
- Consider how **Real Lettings clients** could benefit from the wider services that St Mungo's provides, and address any barriers to participation.

Research and impact

- Build our capacity to **measure the impact of our support** for women in all our services
- Improve data collection and research to better understand **the nature and extent of violence against women** sleeping rough and in homelessness accommodation
- Understand how **welfare changes** are impacting on female clients in particular
- Investigate whether the needs of our **older female clients and women with social care needs** are being met within our general supported accommodation.

Glossary of terms

Cis: Describes a person whose gender identity is the same as the sex they were assigned at birth.

Domestic abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include but is not limited to psychological, physical, sexual, financial and emotional abuse.¹

Intersectionality: A framework that describes how women experience disadvantage and oppression in varying configurations and degrees of intensity based on a range of overlapping factors, including race, ethnicity, religion, socio-economic status, class, sexuality, gender identity, age, disability and immigration status.

Involvement in prostitution: As in previous St Mungo's publications on women's homelessness, this strategy uses the phrase '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.²

We are aware that different agencies use different terminology and that not all women who are involved in transactional sex identify themselves in this way. In our work with clients we take the lead from individuals on how they describe their experiences while always working to minimise harm and increase choice and control.

Multiple disadvantage: Multiple and intersecting inequalities experienced by a person, including substance use, mental ill health, homelessness, and involvement in the criminal justice system. Women's multiple disadvantage often involves experiences of gender based violence and abuse.

Non-binary: Gender is often seen as a binary, with everybody being either male or female. Non-binary people don't feel that they fit in either category, and may feel like neither, both, or move between the two as they feel comfortable.

Single homelessness: Includes people who are homeless but do not meet the priority need criteria to be housed by their local council. Many nevertheless have significant support needs. They may live in supported housing, or sleep rough, sofa surf or live in squats. Single homeless people may be in a relationship and/or have children who are not currently living with them.

Statutory homelessness: Includes individuals and households that have approached their local council for assistance and have been found to meet priority need criteria and therefore owed the "main homelessness duty" (under the Homelessness Act 2002), making them eligible to be housed.³

Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.⁴

¹ <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

² St Mungo's (2014) Rebuilding Shattered Lives <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report/>

³ <https://www.gov.uk/guidance/homelessness-data-notes-and-definitions#statutory-homelessness>

⁴ United Nations (1993) Declaration on the Elimination of Violence against Women <http://www.un-documents.net/a48r104.htm>

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Women's homelessness in England

642

women were sleeping rough across England on **any one night** in autumn 2018, **14%** of the total.⁵



29%

of people accessing hostels and homelessness accommodation in 2016-17 were women.⁶



57%

of statutory homeless households in 2017 were lone women or women with dependent children. Many more women were part of statutory homeless couples.⁷



Women at St Mungo's



1,216

St Mungo's provided supported housing to **1,216** women in 2017-18. **31%** of our supported housing residents are women.



718

Real Lettings, our social lettings agency supporting people facing homelessness into private renting, accommodated **718** households in 2017-18. **72%** of Real Lettings clients are women.



936

936 women participated in skills training and activities that help prepare them for work during 2017-18.



897

Our housing advice services in women's prisons received **897** referrals in 2017-18.

⁵ Ministry of Housing, Communities and Local Government (MHCLG) (2019) Rough sleeping in England: autumn 2018 <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2018>

⁶ Homeless Link (2018) Single Homelessness Support in England: Annual Review 2017 <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

⁷ Bretherton and Pleave (2018) Women and rough sleeping: a critical review <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

I. Our purpose

At St Mungo's, our vision is that everyone has a place to call home and can fulfil their hopes and ambitions. We are here to end homelessness and rebuild lives.

Our work is shaped by our organisational values. This includes our commitment to be inclusive in everything we do. To be a truly inclusive organisation, we must be sure that the aims set out our organisational strategy are being achieved in our work with women as well as with men.

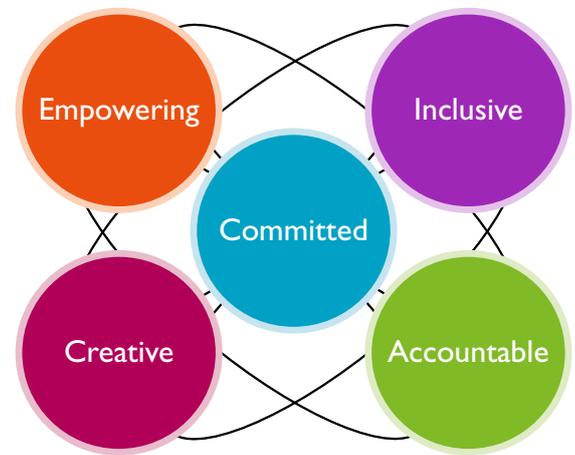
The purpose of our Women's Strategy is to test and deliver this commitment to women. During 2018, we consulted with clients, staff and external experts to understand whether our current services and approaches are working for women who are homeless and at risk of homelessness.

Why do we need a strategy for women?

St Mungo's has long known that homelessness is different for women, and that expecting women to thrive in traditional, male-dominated homelessness services is not good enough. Women face an additional burden of gender-based harassment, abuse and violence that is only magnified when they are exposed to the harm and danger of homelessness.

Our 2014 campaign, Rebuilding Shattered Lives, brought together expert voices from women

Our values are to be:



with lived experience of homelessness and the services that work with them. The research found that women who are homeless tend to have more severe and complex interrelated problems that make recovery exceptionally difficult. Our outcomes data showed that women with complex needs were more likely to make positive change when in women-only services than in mixed provision.⁸

This strategy is designed to address the ways in which women experience homelessness differently from men, equipping us to achieve equally positive outcomes with our female clients. It also begins to explore how women's experiences differ from each other so we can work effectively with our diverse client group.

With thanks to all the clients and colleagues at St Mungo's and beyond who were generous with their time and expertise during the development of this strategy, including 35 St Mungo's clients who took part in discussion groups in mixed and women's services.

⁸ St Mungo's (2014) Rebuilding Shattered Lives <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report/> In complex needs projects, 52% of women in women-only projects experienced positive change, compared to 48% in mixed projects, in spite of the fact that more women in women-only projects started at an earlier stage of recovery.

2. The context

St Mungo's has grown and changed as a charity in the past five years. In response to rising levels of rough sleeping and changes to the commissioning environment, some of the services we provide and the clients we support are different. This strategy begins to review and refresh our knowledge about women's homelessness in our new context.

A changing environment

Rough sleeping has risen across England over the past five years. Women's rough sleeping data was not recorded separately in official statistics until 2016, but recent figures have started to reveal the extent of the problem: 642 women were recorded sleeping rough on any one night in autumn 2018 and 653 were sleeping rough in 2017, up from 509 in 2016.

More women and men are dying while homeless, according to new ONS statistics. 94 women died while homeless in 2017, 16% of the total number of deaths. The average age of death for women was 42 years, and the men's average age of death was 44 years.⁹

Statutory homelessness has also been rising. The number of households accepted as homeless by local authorities is risen 48% since 2009-10, with a rising number of homeless households placed in temporary accommodation.¹⁰ 57% of statutory homeless households in 2017 were lone women or women with dependent children, and many more women were part of statutory homeless couples.¹¹

Analysis by Crisis and the Joseph Rowntree Foundation attributed the increase in statutory

homelessness to a sharp rise in the number of people made homeless at the end of a private rented tenancy. Reforms to Local Housing Allowance have restricted low-income households' access to the private rented sector, and other welfare reforms, including the roll-out of Universal Credit, have placed additional pressure on poorer and more vulnerable households.¹² Inadequate supply of social rented housing has further restricted housing options for this group.

During this period, the impact of local budget cuts has continued to be felt across the homelessness and women's sectors. In 2014, St Mungo's recommended to commissioners that all women facing homelessness have access to safe and appropriate accommodation, including a choice of mixed or women only.¹³ Five years later, this ambition is far from being realised.

	Number of homelessness accommodation projects in England	Percentage offering women-only provision
2013	1,271	13%
2014	1,253	11%
2015	1,185	11%
2016	1,121	7%

Source: Homeless Link¹⁴

In 2018, the National Audit Office found that there had been a 69% reduction in spending by councils on housing related support services between 2010 and 2017.¹⁵ This funding pays for support in homelessness accommodation and floating support for people living in

⁹ Office of National Statistics (2018) Deaths of homeless people in England and Wales: 2013 to 2017 <https://www.ons.gov.uk/releases/deathsofhomelesspeopleinenglandandwales>

¹⁰ Fitzpatrick et al (2018) The Homelessness Monitor: England 2018 <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2018>

¹¹ Bretherton and Pleace (2018) <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

¹² Fitzpatrick et al (2018) <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2018>

¹³ St Mungo's (2014) <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report/>

¹⁴ Homeless Link (2018)

<https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

¹⁵ The National Audit Office (2018) Financial sustainability of local authorities 2018

<https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainability-of-local-authorities-2018.pdf>

the community to prevent a return to homelessness.

Homeless Link analysis shows a steady decline in the number of accommodation projects and bed spaces available for people experiencing homelessness. Only 7% of homelessness accommodation projects in England were women-only in November 2016, down from 13% in 2013.¹⁶

The impact of austerity on the specialist women's sector has been severe, despite growing demand for sexual and domestic abuse services in the wake of wider public service cuts and high-profile international campaigns such as #MeToo.¹⁷ Women's sector organisations have called on government to use the new Domestic Abuse Bill as an opportunity to secure funding for specialist services.¹⁸

Data compiled by the Bureau of Investigative Journalism found that total local authority spend on refuge services has fallen by a quarter since 2010.¹⁹ Specialist BAME providers have been particularly hard hit – in London, several organisations had their services absorbed by larger providers or closed entirely.²⁰

Refuges are seldom resourced to work with women who have substance use and mental health needs, leaving women with few options. In addition, research by Agenda and AVA identified only a tiny number of services specifically for BAME women facing multiple disadvantage and none for LGBTQI women, disabled women, or for refugees and asylum seekers.²¹

The dramatic rise in rough sleeping since 2010 has increased the profile of homelessness at local and national level. The Homelessness Reduction Act, designed to better prevent and resolve homelessness at an early stage, came into force in 2018. Later in the year, national government published a new national rough sleeping strategy and released funding for new services as part of the Rough Sleepers Initiative.

The national rough sleeping strategy acknowledges that **“women who sleep rough are more likely to have specific support needs and to have experienced traumas”**.²² However, funding for women's specialist services is confined to a few areas in England and much provision under the new Rough Sleepers Initiative continues to be gender-blind. Short-term funding cycles continue to restrict the sector's ability to provide consistent services.

A growing evidence base

A growing body of research is improving our understanding of women's homelessness and women's multiple disadvantage. Recent analysis clearly shows the interaction between gender, social inequality and lifetime experiences of violence and abuse.

About one in every 20 women in England – 1.2 million women – has experienced extensive physical and sexual violence and abuse across their life course, compared to one in every 100 men. These experiences involve child sexual abuse or severe beatings by a parent or carer; and rape and violent sexual assault in adulthood.²³

¹⁶ Homeless Link (2018) <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

¹⁷ Women's Budget Group (2018) Life-Changing and Life-Saving: Funding for the women's sector <https://wbg.org.uk/wp-content/uploads/2018/12/WBG-Funding-Report-2.pdf>

¹⁸ All-Party Parliamentary Group on Domestic Violence and Abuse (2018) Creating a Truly Transformative Domestic Abuse Bill <https://www.womensaid.org.uk/appg-reports/>

¹⁹ The Bureau of Investigative Journalism (2017) Funding cuts to domestic violence refuges 2010-17 <https://www.thebureauinvestigates.com/projects/refuges/open-resources>

²⁰ Imkaan (2016) Capital Losses: The state of the specialist BME ending violence against women and girls sector in London <https://www.trustforlondon.org.uk/publications/capital-losses-state-specialist-bme-ending-violence-against-women-and-girls-sector-london/>

²¹ Holly (2017) Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales <https://www.mappingthemaze.org.uk/resources/>

²² MHCLG (2018) Rough Sleeping Strategy https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

²³ Scott and McManus (2016) Hidden Hurt: Violence, abuse and disadvantage in the lives of women <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

The more extensive the violence and abuse, the more likely it will be experienced by a woman – 84% of those who suffer extensive physical and sexual abuse as both children and adults are women.²⁴

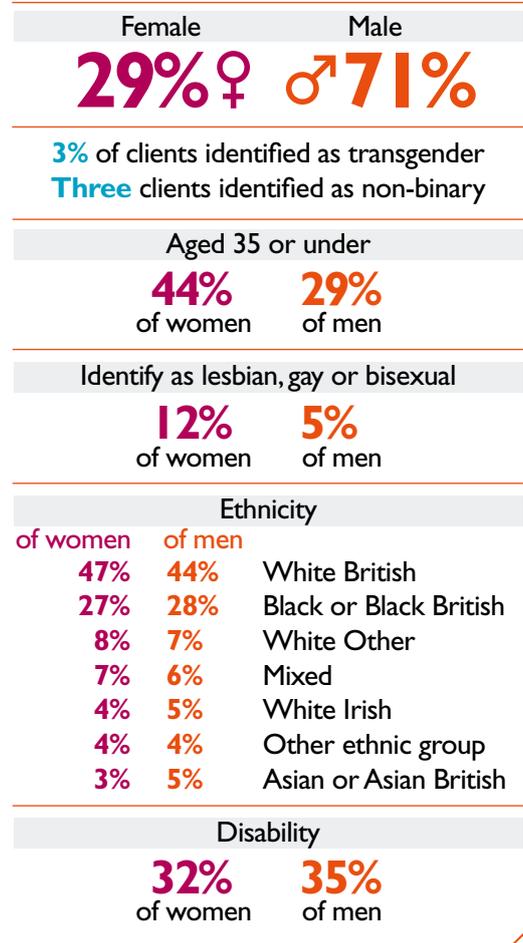
This experience of multiple trauma is linked to very poor physical and mental health outcomes, substance use and a higher risk of further violence and abuse. This is compounded by social disadvantage: *“Women who have single abusive experiences and have other protective factors in their lives are more likely to survive successfully than those who experience multiple and continuing forms of abuse without as many protective factors.”*²⁵

Research for Agenda found that one in five women in the extensive physical and sexual violence group reported having been homeless at some point in their lives.²⁶ This connection between violence, abuse and women’s homelessness is reinforced by international evidence.²⁷

Women’s homelessness is different. Despite this, women-specific and gender-informed homelessness services are absent across many areas of England and Wales. 2016 AVA and Agenda research found that 60% of areas in England and the vast majority of Wales (91%) appeared to have no homelessness services specifically for women.²⁹

Evidence also suggests that the broader range of services working with people experiencing multiple disadvantage are not always well-versed on the impact of gender, violence and abuse.³⁰

Demographics in St Mungo’s supported housing²⁸



²⁴ McNeish and Scott (2014) Women and girls at risk: Evidence across the life course

<https://lankellychase.org.uk/wp-content/uploads/2018/04/Women-and-Girls-at-Risk-Evidence-Review-Aug2014.pdf>

²⁵ Ibid.

²⁶ Scott and McManus (2016) <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

²⁷ Bretherton and Pleave (2018) <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

²⁸ Snapshot data for 1 January 2018 from St Mungo’s internal monitoring system. All percentages exclude clients where demographic or support information is unknown.

²⁹ Holly (2017) <https://www.mappingthemaze.org.uk/resources/>

³⁰ Sharpen (2018) Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women? <https://www.mungos.org/news/how-are-coordinated-responses-meeting-the-needs-of-women/>

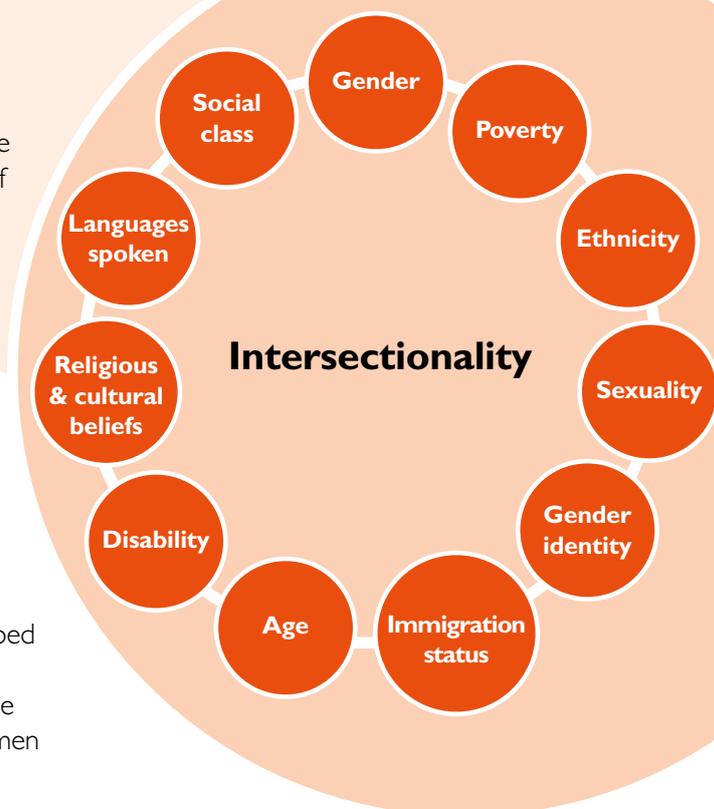
Diversity and intersectionality

Homelessness services are familiar with the impact of multiple disadvantage in terms of poor mental and physical health and substance use. However, further work is needed to make sure that services are responding effectively to the diversity of our client group. Culture, discrimination, social capital and economic status shape experiences of violence, abuse and homelessness, and should be shaping our response.³¹

Specialist organisations working with minority groups have long understood the impact of intersectionality, the idea developed by scholar Kimberlé Crenshaw to describe the combined and magnified impact of race and gendered discrimination for Black women experiencing domestic violence.³²

Women experience homelessness differently from each other because social and economic circumstances affect their exposure to harmful situations and their access to resources and support. For example:

- Over the last five years, statutory homelessness rose 71% among Asian households and 42% among Black households, compared to 22% overall³³
- Young homeless LGBT people have poorer mental and physical health than non-LGBT homeless youth³⁴



Homeless services must develop a better understanding of multiple disadvantage that includes the impact social marginalisation and discrimination on the causes, experiences and solutions to our clients' homelessness. Services must be willing to use this understanding to make changes to existing service models or develop new ones. Without this, our services will remain ill-suited or inaccessible to many women.

³¹ Imkaan (2016) Safe Minimum Practice Standards: Working with black and 'minority ethnic' women and girls <https://www.trustforlondon.org.uk/publications/safe-minimum-practice-standards/>

³² Crenshaw (1991) Mapping the Margins: Intersectionality, Identity Politics and Violence Against Women of Colour <https://www.jstor.org/stable/1229039>

³³ <https://www.ethnicity-facts-figures.service.gov.uk/>

³⁴ Albert Kennedy Trust (2015) LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>

A note on trans and non-binary people

This strategy covers St Mungo's work with all women, including cis and trans women. Trans women are welcome in our women-only services and spaces, in accordance with the law and with our values as an organisation. Access to services for trans people is determined by the same referral and assessment processes we use with all clients.

St Mungo's has a Women's Strategy because we recognise that cis and trans women experience homelessness differently from cis men. While we recognise that this is also true of non-binary people, our data, understanding and practice in this area is limited.

We hope that some of the measures in this strategy will start to challenge established policies and practices in helpful ways, but there is much further work to do to be truly inclusive of our non-binary clients.

Our capacity to respond

As a large and growing organisation, St Mungo's is well placed to reach women who are homeless and at risk of homelessness across London and the south of England, with new geographical areas in the pipeline. Though the commissioning context is challenging, we are in a strong position to advocate for better services for homeless women.

Our services have contact with women at all stages of homelessness, from women in prison at risk of losing their tenancy to women sleeping rough, living in hostels and moving into independence. We also reach different groups of women – our growing Real Lettings social lettings agency has expanded our focus to include both single homeless women and homeless families with children.

We support women facing multiple disadvantage in mixed and women-only settings, including our women's hostels across London and Bristol. To develop our practice, we combine our own homelessness expertise with new learning about the specific needs and priorities of women. It is important that our staff are supported and skilled to support women, including those who have experienced harm and trauma.

We are committed to support and partner with specialist women's sector organisations to improve our work and connect our clients with the best possible support.

St Mungo's is dedicated to using better evidence and the voices of our clients to influence local and national government. In the context of new data protection legislation we are improving the information we collect from our clients to measure our impact, improve our services and influence policy.

3. Our response

Our recovery approach

St Mungo's works to end homelessness by supporting our clients to recover. Our recovery service ethos commits us to understanding our individual clients' strengths, experiences and goals, which shape the support we provide through all our services.

Our recovery service ethos

As a client of St Mungo's, we will work with you to:

- Listen to, understand and value your unique individual experience
- **Ensure you have a safe place to live**
- Focus on your strengths, explore your real options and take practical steps towards achieving your goals
- Build and enjoy positive, supportive relationships
- Create opportunities that empower you to learn, thrive and contribute to your community.

Establishing safety for our clients is fundamental to this approach. Our clients' experiences of homelessness and rough sleeping are harmful, dangerous and traumatic. A safe place to live is a basic right and the starting point for recovery.

Our approach to recovery is based on a practical understanding of trauma. Traumatic events – such as combat experience, abuse in childhood or sexual assault – overwhelm the usual coping mechanisms that people rely on. Survivors of repeated trauma feel unsafe in their bodies, out of control of their emotions and thoughts, and unsafe in relation to other people.³⁵

Establishing safety creates a firm foundation for recovery from trauma and the basis for all further support work.³⁶ Safety is not only physical but psychological and emotional – our clients must **feel** safe in our services. Making someone safe is not a one-off event – like housing someone away from the streets – it is an ongoing process of building trust, encouraging disclosure and helping to mitigate risks.

When we talk about trauma and recovery, gender matters. Recent data analysis confirms that women and girls are far more likely than men to experience repeated violence and abuse from partners and family members – people that they love and trust.³⁷ Domestic violence and abuse is not only physical but psychological, involving emotional abuse and coercive and controlling behaviour.

Our own research and experience has also shown us that women's trauma is not confined to historical experiences. Women who are homeless are exposed to ongoing domestic abuse and sexual harassment, exploitation and violence.³⁸

A substantial minority (11%) of our female clients are known to be involved in prostitution.³⁹ Involvement in prostitution is highly dangerous for many women and can place clients at risk of harm from multiple perpetrators of violence, exploitation and abuse.

Services report that transactional or survival sex, including exchanging sex for shelter, drugs or alcohol, is more common for homeless and rough sleeping women than the data suggests. Not all women who are involved in this way identify themselves as being involved in prostitution, and not all homelessness services view them in this way.

³⁵ Herman (1992) *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*.

³⁶ Covington (2016) *Becoming Trauma Informed: Toolkit for Women's Community Service Providers*.

³⁷ Scott and McManus (2016) <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

³⁸ Bretherton and Pleace (2018) <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

³⁹ St Mungo's internal client support overview data. All percentages are based on a snapshot of client data for 1 January 2018. Base excludes clients where demographic or support information is unknown.

Some groups of women in our services also face additional risk of abuse and violent harm based on their race, religion, sexuality, gender identity or disability as well as their gender.

- Women are the most common victims of rising rates of anti-Muslim street based harassment, abuse and violence – 58% of reported incidents in 2018 had a female victim⁴⁰
- Disabled people experience disproportionately higher rates of domestic abuse and more severe and frequent abuse than non-disabled people⁴¹

We have a legal and an ethical duty to safeguard our clients against abuse. Establishing a firm foundation of safety means not only the safety of our buildings and recruiting trustworthy, supportive staff, but being equipped to recognise and respond to disclosures and signs of abuse, exploitation and violence against women. Safety is the first step towards establishing trust and restoring choice and control to our clients.

Our core challenge is creating an environment of physical and psychological safety for our female clients, who face disproportionate risk of harm from people they love and trust as well as the dangers of homelessness. We know that funding for all specialist work with women has been falling, but our clients cannot wait for government to make women's homelessness a priority.

We choose to prioritise women's safety. We will work hard to ensure that each of our female clients has a safe place to live and has every reason to feel safe in our services.

We commit to:

- Improve data collection and research to better understand the nature and extent of violence against women sleeping rough and in our services
- Offer women-only services and spaces as an option for all female clients
- Support and equip all our staff to recognise and respond to violence and abuse
- Inform our work by building relationships and drawing on the best practice from homelessness and women's sector organisations, including specialist services for women of colour, LGBTQ women, migrant women and disabled women
- Work with specialist agencies to offer individual support to women around domestic and sexual abuse, including support to end relationships safely
- Interconnect with a range of agencies to support women involved in prostitution and transactional sex, working to minimise harm, increase choice and control and support women exiting
- Speak out about the connection between homelessness, gender and violence against women to influence national policy and practice

⁴⁰ Tell MAMA (2018) Interim Report 2018: Gendered Anti-Muslim Hatred and Islamophobia, Street Based Aggression in Cases Reported to Tell MAMA Is Alarming <https://tellmamauk.org/gendered-anti-muslim-hatred-and-islamophobia-street-based-aggression-in-cases-reported-to-tell-mama-is-alarming/>

⁴¹ Public Health England (2015) Disability and domestic abuse: Risk, impacts and response https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

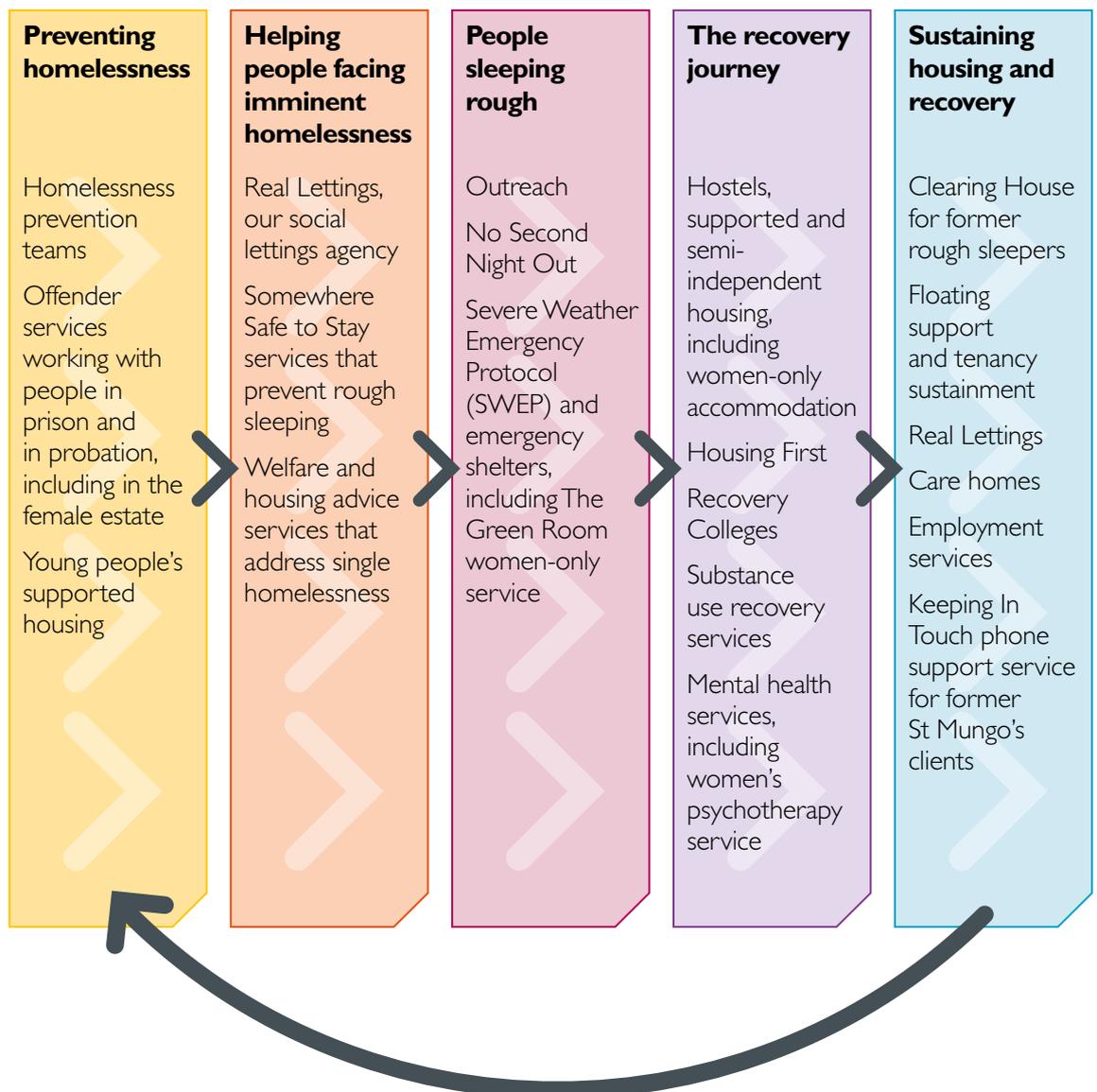
Our service offer for women

St Mungo's provides a wide range of services to prevent and tackle homelessness. We work with women in both mixed and women-only settings.

St Mungo's is expert in working with women with multiple interconnected needs, including substance use and mental health problems,

who may struggle to access and safely sustain other accommodation options. We connect with specialist providers of domestic abuse, substance use and health services in the areas we work in order to access the best possible range of support for our clients. Client involvement underpins all our work.

Examples of St Mungo's work along the homelessness pathway include:



Hidden homelessness

Research and experience shows that women are more likely to be hidden homeless, challenging the traditional approaches used to work with people sleeping rough and in homelessness accommodation.

In early 2017, there were an estimated 3.38 million adults living in concealed households in England.⁴² Research suggests women experiencing long-term and repeated homelessness alternate between precarious forms of hidden homelessness, living in crack houses or staying with partners or strangers, as well as sleeping rough or on public transport.⁴³ Women living in refuges may also not be recorded as homeless or be in contact with homelessness services.

Women-only services and spaces

We provide women-only services and spaces because we understand that some women will be re-traumatised and placed at further risk of



St Mungo's runs women-only hostels and supported housing services across London and Bristol

harm by accessing support with male clients, particularly if they have experienced violence or abuse from a male perpetrator. We believe that women in all areas should have the choice to access mixed or women-only services and spaces based on their safety and preference.

This reflects our previous peer research with women, which found that if asked to choose between women-only accommodation and being one of a few women living with lots of men – the reality in most homelessness services – 57% of women would choose women-only accommodation.⁴⁴

Offender services

More than a decade after the Corston Report advocated for a 'radically different' approach for women in criminal justice, the impact of the prison system on women remains stark.

Most women (83%) entering prison to serve a sentence have committed a non-violent offence. A rise in the severity of sentencing has seen fewer women receive community sentences and a rising proportion sentenced to prison.⁴⁵ The proportion of women serving very short prison sentences has risen sharply – in 2017 62% of women given a custodial sentence received less than six months.⁴⁶

Prison stays – including short sentences – have a profound impact on housing and family life. Nearly two in five women in England and Wales (37%) left prison without settled accommodation in 2017-18: 14% were homeless and 4% slept rough on release. Data from 2010 records that more than 17,240 children were estimated to be separated from their mother by imprisonment.⁴⁷ The closure of HMP Holloway has meant that London

⁴² Fitzpatrick et al (2018) <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2018>

⁴³ Bretherton and Pleace (2018) <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

⁴⁴ St Mungo's (2014) <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report>

⁴⁵ <https://www.womeninprison.org.uk/research/key-facts.php>

⁴⁶ Prison Reform Trust (2018) Bromley Briefings Prison Factfile <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202018%20Factfile.pdf>

⁴⁷ Ibid.



Nearly two in five women in England and Wales (37%) left prison without settled accommodation in 2017-18

women are now held further from family and support services, limiting visits, assessment and support before release.

Black women are affected disproportionately by the criminal justice system. There is disproportionate use of custodial remand and custodial sentencing for black women⁴⁸, who are 25% more likely than white women to be sentenced to custody at crown court.⁴⁹

The publication of the government's new Female Offenders Strategy could offer an opportunity for change. Despite ongoing efforts to divert vulnerable people away from prison, via liaison and diversion programmes, the strategy highlights the high rates of mental health and substance use needs among women in prison, who frequently have histories of domestic and sexual violence. The rate of self-harm is nearly five times as high in women's prisons compared to men's prisons.⁵⁰

St Mungo's has expertise in working with this client group, many of whom are also residents in our homelessness services – almost one in four (38%) of our female supported housing residents have a history of offending and 26% have spent time in prison. Within prisons, the aim of St Mungo's services is to prevent homelessness by reducing the number people leaving prison with no accommodation.

We are commissioned to provide housing advice and support in 15 prisons, including three women's prisons.

Prison is an opportunity to engage with women who are otherwise hidden homeless and out of contact of services. Staff report that without immediate support women can very quickly become hidden on release from prison, precariously accommodated in unsafe situations at risk of domestic and sexual violence and drug related harm and likely to reoffend. Once women become hidden homeless, service reach is poor and the tools to intervene are more limited. Women may only become visible again when they end up sleeping rough.

As a bridge between the criminal justice system and the homelessness sector, St Mungo's has the opportunity to address hidden homelessness by supporting women in prison and on release.

We commit to use our housing assets and expertise in new ways to help break women's cycle of hidden homelessness on release from prison.

Rough sleeping services

Rough sleeping in England has risen 165% since 2010. According to official statistics, 642 women were sleeping rough on any one night in England in autumn 2018.⁵¹ Over half (56%) of our female supported housing residents have slept rough in the past.

⁴⁸ Prison Reform Trust (2017) Counted Out: Black, Asian and minority ethnic women in the criminal justice system <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Counted%20Out.pdf>

⁴⁹ Cox and Sacks-Jones (2017) "Double disadvantage" The experiences of Black, Asian and Minority Ethnic women in the criminal justice system <https://www.womeninprison.org.uk/perch/resources/double-disadvantage-1.pdf>

⁵⁰ Ministry of Justice (2018) Female Offender Strategy https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf

⁵¹ Ministry of Housing, Communities and Local Government (MHCLG) (2019) Rough sleeping in England: autumn 2018 <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2018>

Women make up 14% of people recorded as sleeping rough by street counts and estimates. However, current methods of measuring rough sleeping have methodological limitations. Rough sleeping is underestimated in national statistics, and recent University of York research found reason to believe that women may be at greater risk of being missed than men.⁵²

“We have to hide because if we don’t we’re going to get raped, kicked, beat.”
Female focus group member

A review of international evidence and focus groups with women who have slept rough found that women conceal themselves while sleeping rough, choosing hidden locations or concealing their gender with clothing. Women face frightening risks of sexual harassment, abuse and violence while sleeping rough. St Mungo’s survey data from 2016 shows that 54% of female supported housing residents with a history of rough sleeping had experienced violence or abuse from a partner or family member.⁵³ A 2015 study from Ireland found that as many as 92% of homeless women had experienced violence or abuse during their lifetime.⁵⁴

The government has committed to end rough sleeping by 2027. The national rough sleeping strategy recognises that women who sleep rough are more likely than men to have experienced trauma, including domestic

abuse.⁵⁵ St Mungo’s has an ambition to halve rough sleeping in the areas we work by 2021, but we know that it will not be possible to end rough sleeping without focussed work to address violence against women before, during and after their time on the streets.

St Mungo’s is one of the largest rough sleeping service providers in London and the south of England. Our outreach and assessment services have continually evolved as rough sleeping has grown and changed. However, women’s rough sleeping is a challenge to traditional service models.

Many women sustain a precarious hidden homelessness with occasional rough sleeping rather than sleep rough for extended periods of time. Women sleep in the daytime, on buses, in tents, in bin chutes or with acquaintances or strangers who expect sex in return for shelter. Women enter these arrangements as an attempt to hide from harm, but these measures do little to protect against violence, abuse and assault. They also hide women from rough sleeping services.

Women form intimate relationships on the street as a means of survival and some measure of protection from violence and abuse by strangers. Relationships can form quickly and intensely on the street, and rough sleeping couples, particularly where abuse is present, pose a significant challenge for services. Few accommodation options exist, keeping violence and abuse outside services where little can be done to safeguard women’s welfare.

When women are sleeping rough intermittently or with abusive partners, the opportunities for services to intervene may be rare and brief. The current system is poorly

⁵² Bretherton and Pleace (2018) <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

⁵³ Survey of 1,949 clients who were supported by St Mungo’s in a residential service on 15 August 2016.

⁵⁴ Maycock et al (2015) Women, Homelessness and Service Provision <http://womenshomelessness.org/wp-content/uploads/2018/01/Women-Homelessness-and-Service-Provision.pdf>

⁵⁵ MHCLG (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_VWEB.pdf

equipped to respond quickly. Women-only emergency shelters are rare, and women tell us they avoid services where men are present. Even where safe places are available to move women quickly away from the street, the options to move women outside local authority areas or into women-only supported accommodation are often limited.

The traditional domestic abuse sector is not commissioned or resourced to house women with mental health and substance use problems. Research from the Women's Aid No Woman Turned Away programme reported that 31% of women with mental health problems and 65% of women with substance use problems were refused an available refuge space because of their needs. 39% of women with substance use problems slept rough while waiting, and just 22% were eventually accommodated in a refuge.⁵⁶

The situation is even worse for women whose immigration status means that they have no recourse to public funds. Where women have no access to housing benefit, access to refuges and supported housing is extremely limited. Rough sleeping services sometimes make use of faith-based sources of shelter, but these options are often short term, with women left in a 'holding pattern' with no prospect of longer term accommodation and little available expertise to help resolve their immigration status.

Women sleeping rough face stigma from all angles, but women from countries and communities with high levels of stigma around mental health, substance use and sexuality face additional barriers to leaving the street. Community and family rejection, hostility and abuse can make reconnection with potential support networks unsafe or impossible.

We commit to improve our rough sleeping services so that they are even safer and more effective for women, and to improve our service offer for migrant women. We will also challenge traditional ways of working, creating and testing new ways to intervene rapidly when women are rough sleeping or at risk.

We will improve understanding of the connection between rough sleeping and violence against women and girls by influencing national government and rough sleeping service providers.

Hostels and supported housing

Hostels and other supported housing services are the backbone of our national response to homelessness. The most common type of homelessness accommodation, hostels, can give people facing multiple disadvantage a supportive environment in which to recover and rebuild their lives.

Following successful campaigning from the homelessness and women's sectors, planned changes to housing benefit entitlements for supported housing residents have been scrapped by government. Though housing costs are now secure, reductions to local authority budgets have led to drastic cuts to support funding.

⁵⁶ Women's Aid (2017) Nowhere to Turn <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/NWTA-Full-report.pdf>



38% of our female supported housing residents live in women-only services, and 62% live in mixed supported accommodation.

Cuts to support funding have increased pressure on commissioners and providers to deliver generic, mixed services. Women-only specialist services are not consistently available in every part of the country, denying safety to some of society's most vulnerable women. We support the development of women-only services and spaces accessible to women in all local areas.

St Mungo's houses women in mixed and women-only environments, including homelessness hostels, mental health supported housing and young people's services. 38% of our female supported housing residents live in women-only services, with 62% of women living in mixed supported accommodation. We support and advocate for the right of all women to choose between mixed and women-only services. For many women, women-only services are a necessity, not a preference. They can be vital for the physical and psychological safety of women who have experienced trauma.

Work has been ongoing across the homelessness sector to make hostels more trauma responsive and psychologically informed environments. Staff and clients stress that building a trusting relationship between women and accommodation services can take time.

Women may be reluctant to enter services or may use bed spaces irregularly, particularly if involved in prostitution or begging or being abused and controlled by a partner outside the hostel. Services must understand that these actions can be underpinned by women's multiple experiences of rejection and trauma. Investment in building trust is a crucial part of recovery and can pay dividends.

Commissioners and providers should work to understand women's social and cultural context and develop services appropriately – for example by fostering and sharing expertise in supporting trans women or women of faith. Poorly designed services that fail to engage certain groups of women risk leaving the most marginalised women outside the system and at greater risk of harm.

We will commit time and resource to find the best ways to support women living in mixed and women-only services safely and effectively.

We will continue to advocate for a consistent women-only accommodation offer across the country.

We will improve our capacity to measure the impact of our support for women in hostels and supported accommodation.

Moving on from services

The majority of St Mungo's accommodation services are designed to be temporary – a safe and supportive place for people to recover from homelessness and move towards independent living. Many clients living with us have been identified as ready to move on, with 39% of women and 33% of men in our supported housing services ready. However, moving on can be challenging. Half of men and four in 10 women have no suitable option identified.

“The private rented sector is never ever permanent. It’s always temporary, and that’s what I’m worried about.”
Hayley, former St Mungo’s resident⁵⁷

Housing affordability is a common barrier to clients moving on from hostels and supported housing. Difficulties identifying suitable, safe and affordable accommodation mean that clients are likely to move on to less secure housing further away from their support systems. While many clients tell us they are ready and willing to move on from our services, the prospect of living independently also causes significant anxiety.

Staff and clients identify particular challenges for women moving on from St Mungo's. Many women have reconnection with children as a primary goal for their recovery and clients told us that finding move on options suitable for children was difficult. Where women have been living in women-only accommodation

for safety reasons, staff raised concerns about the location and security of move-on options. Some move-on options are earmarked for former rough sleepers, but women who have been hidden from services may lack records to prove they have a history of rough sleeping.

People moving on from supported housing often need ongoing support to successfully transition into independence and maintain a tenancy. Daily issues like budgeting, security and dealing with landlords and benefit claims can quickly become unmanageable and may precipitate a return to homelessness. Learning how to establish and defend boundaries within personal relationships is an important part of safe independent living.

St Mungo's is campaigning for better floating support to help people manage in their own home, including specialist support for homeless women who have experienced violence and abuse.⁵⁸ We provide floating support for former rough sleepers via our Tenancy Sustainment Team, and we have recently introduced our Keeping In Touch service, a telephone advice and signposting service for clients leaving St Mungo's accommodation.

As a large organisation looking to expand, St Mungo's has an opportunity to develop much needed move on options for our clients and others who are homeless or at risk of homelessness.

We commit to review our offer for clients moving on from our services with women in mind. We will explore opportunities to provide more safe and suitable move on options for women who have experienced violence and abuse.

⁵⁷ St Mungo's (2018) Home for Good <https://www.mungos.org/wp-content/uploads/2018/10/Home-for-Good-campaign-report.pdf?x74044>

⁵⁸ Ibid.

Longer term accommodation

Temporary accommodation options do not suit everybody, and St Mungo's also provides longer term alternatives for specific client groups.

Housing First

We are the largest provider of Housing First services in England, supporting over 100 clients in nine different areas. Housing First offers an alternative to hostel services, helping people facing multiple disadvantage to secure a tenancy as a first priority, and providing open-ended and flexible support to sustain accommodation and address support needs when the client is ready.

During 2017-18, St Mungo's housed 33 women in our Housing First services – 30% of all our Housing First clients. Early research has explored the potential of Housing First for women when hostels are unsuitable, but there is growing evidence that gender-specific services need to be developed.⁵⁹ Housing First has the potential to restore choice and control over their living environment to clients, though this can be limited by the availability of suitable tenancies.⁶⁰

We commit to develop our Housing First approach with an understanding of gender and how we can best provide safe and effective services for women.

Accommodating people with social care needs and older people

St Mungo's also provides longer term accommodation for older people, including care homes and hotel-style accommodation for older rough sleepers. Our services for this clients group are mostly male-only or male-dominated, and our older female clients are spread out across our supported accommodation.

Most clients in our general supported accommodation receive no adult social care support. St Mungo's has an in-house palliative care programme to support clients at the end of life.⁶¹

We commit to investigate whether the needs of our older female clients and women with social care needs are being met within our general supported accommodation, and whether more focussed work is needed to support older women and access the statutory support that our clients are entitled to.

⁵⁹ Pleace (2018) Using Housing First in Integrated Homelessness Strategies

https://www.mungos.org/wp-content/uploads/2018/02/ST_Mungos_HousingFirst_Report_2018.pdf

⁶⁰ Quilgars and Pleace (2017) The Threshold Housing First Pilot for Women with an Offending History: The First Two Years

<https://hfe.homeless.org.uk/sites/default/files/attachments/Threshold%20Housing%20First%20Evaluation%20Report.pdf>

⁶¹ https://www.mungos.org/service_model/palliative-care/

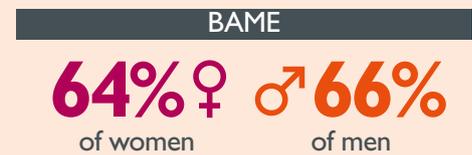
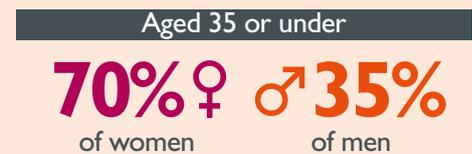
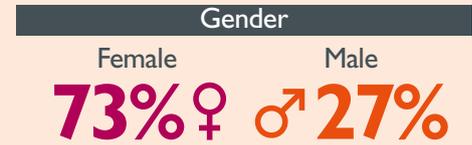
Real Lettings

Real Lettings is a social lettings agency run by St Mungo's. In partnership with social investment firm Resonance, three property investment funds have been set up to provide homeless and vulnerably housed people and their families with high quality and affordable private sector accommodation.

Real Lettings is primarily a service for homeless families with children, accepting referrals from local authorities. 87% of female clients in Real Lettings services have children. Real Lettings offers an alternative to temporary accommodation, which is costly for councils and often poor quality for tenants.

The demographics of our Real Lettings client group are different from our supported housing clients. Real Lettings clients are overwhelmingly young women with children, and a higher proportion are Black, Asian and minority ethnic than in supported housing.

Our relationship with Real Lettings clients is that of a landlord rather than a support provider. However, our commitment to keeping women safe from abuse remains.



We commit to developing our capacity as a landlord to recognise and respond to signs of domestic abuse. We will also consider how Real Lettings clients could benefit from any of the wider services that St Mungo's provides, and address any barriers to participation.

Opportunities for growth and innovation

St Mungo's is an established provider of services for women and men who are homeless or at risk of homelessness. We specialise in engaging with clients facing multiple disadvantage, who may be seen by other services as difficult to engage.

Women facing multiple disadvantage are underserved in the homelessness sector and in the traditional domestic abuse sector. At a time when public and political awareness of domestic abuse is growing, and as an experienced provider of outreach, assessment and accommodation services, we are well placed to interconnect with women's sector experts to identify and support a particularly vulnerable population who are at high risk of harm.

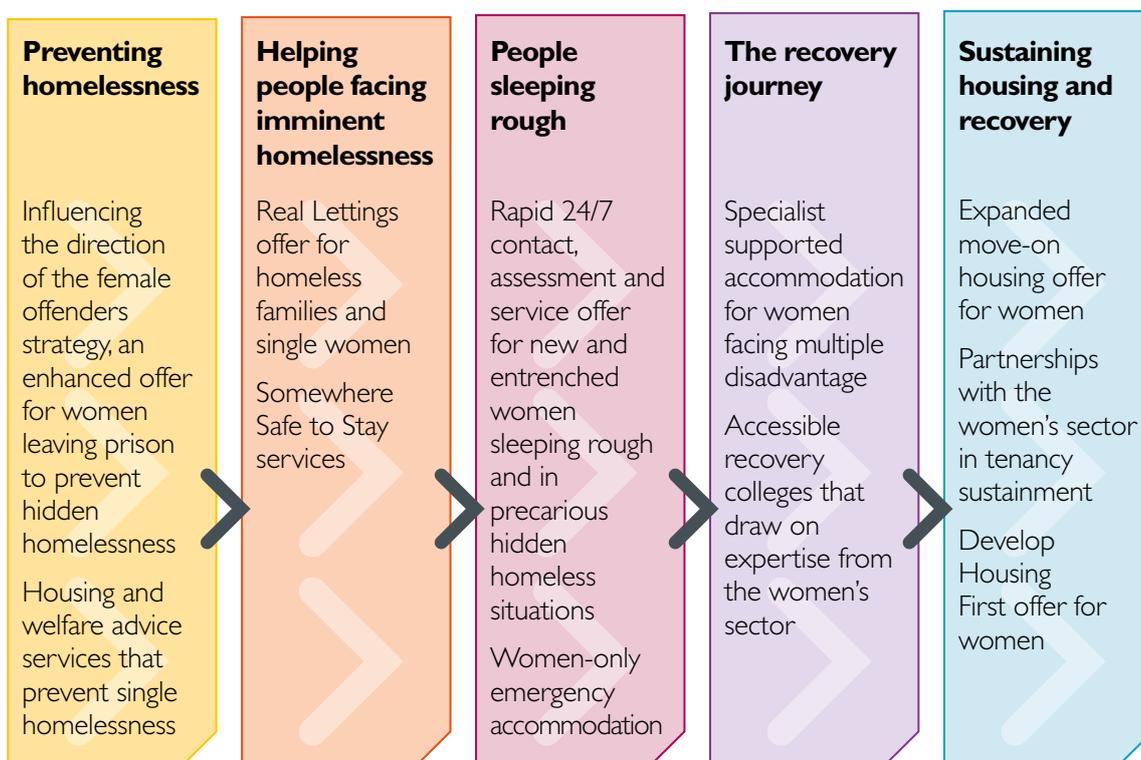
There is a shortage of affordable, quality housing for women who are ready to move on from refuges and women's hostels. As a large organisation with the ambition to grow our portfolio of housing assets, St Mungo's has the opportunity to provide safe options for women moving on from supported services.

As a large charity we are also well placed to influence local and national conversations around women's homelessness, highlighting innovative practice and making the case for adequate resources.

As we grow as an organisation, we commit to expand and improve our service offer for women throughout their journey away from homelessness.

We will draw on our knowledge of women's homelessness to inform our business development, clearly articulating safe and effective service models for women as we introduce new mixed and women-only services and develop our existing services and contracts.

Opportunities for growth and innovation for women include:



4. Support for recovery

St Mungo's works with clients to achieve sustainable recovery from homelessness. While securing accommodation is a vital element, for many clients this alone will not be sufficient. Once physical and psychological safety has been secured, the aim of our recovery approach is to achieve what each client sees as a fulfilling and purposeful life as part of society.

For most people this means securing a place to call home, sustaining a sense of wellbeing, enjoying positive relationships, being able to navigate life, and being part of a community. This holistic view of recovery helps to give protection against slipping back towards homelessness.

The data St Mungo's collects about our work to support recovery is gathered using our support overview tool, which is used by the majority of our supported housing and floating support services. All data below is drawn from the support overview tool unless otherwise stated.⁶²

Relationships and community

Supporting clients to build and enjoy positive relationships is an important part of the St Mungo's approach to recovery. Relationships with family, friends, St Mungo's staff and communities are vital for clients to sustain a life away from homelessness.

However, trauma theory also makes clear that supportive relationships are a key part of basic safety.⁶³ For women – many of whom have longstanding experience of violence and abuse – relationships have been a source of harm. Trusting relationships may take time to build and offering women choice and control is crucial to avoid replicating harmful past experiences.

Women in our services are more likely than men to be lonely – 35% of St Mungo's female clients need support with loneliness or isolation. For comparison, the ONS reports that in 2016-17, 5% of adults in England reported feeling lonely "often" or "always".⁶⁴

Children and parenting

Many of our female clients are mothers. Almost half (48%) of all our female supported housing residents are parents, and 87% of female clients in Real Lettings services have children.

The level of contact that clients have with their children varies. In 2016, a survey of our clients found that half of mothers had had children taken into care or adopted. Some women in this position have contact with their children via family, or increasingly through social media.

However, many women are separated from their children permanently. Our previous research found that this loss is a source of deep grief, shame and guilt for women, who feel that motherhood is a core part of their identity.⁶⁵ Separation from children is another example of trauma, affecting women's mental health and substance use. Feelings of loss and grief can lead women to seek to become pregnant again.

Women who have experienced repeated pregnancies and removal of children are not uncommon in St Mungo's services. When women have their child removed at birth, support for the mother is vital. Women who move out of supported accommodation before they give birth can be left stranded as services retreat once their child is removed.

⁶² Snapshot data for clients with a support overview on 1 January 2018 from St Mungo's internal monitoring system. All percentages exclude clients where demographic or support information is unknown.

⁶³ Herman (1992) Trauma and Recovery.

⁶⁴ ONS (2018) Loneliness - What characteristics and circumstances are associated with feeling lonely? <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

⁶⁵ St Mungo's (2014) <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report>

Establishing contact with children can be an important driver for client recovery.

St Mungo's is committed to safeguarding children in line with our legal duties. We work to support clients as parents in a safe, realistic and appropriate way, focussing on healthy relationships and developing boundaries.

St Mungo's also supports women with children in their care. The majority of Real Lettings households are single parents – mostly mothers – with children. Our substance use services also support many women with children, including through specialist provision like the Orbit Project, which provides support to families with children under five where the parent is struggling with alcohol or substance use.

However, many adult services – including some run by St Mungo's – are not designed or equipped to work with children. Excluding children risks also excluding women who have no ready access to childcare, compounding isolation and making it impossible for this group of clients to access the services they need to recover.

We commit to support our clients with children, providing emotional support and information about women's rights and obligations. We will work towards inclusion of clients with children in our services wherever it is safe and possible to do so.

Working with couples

Most homelessness services have limited expertise in working with people in couples, and are designed primarily to accommodate and support single people. Homeless Link reports that less than 10% of services in England provided accommodation for mixed- or same-sex couples.⁶⁶ However, in reality our services work with couples regularly, both on the streets and in accommodation, whether one or both partners are clients of St Mungo's.

Women in couples sleeping rough or living in homelessness services face particular challenges and pressures. Couple relationships can be viewed by clients as a source of support, safety and protection. However, services tend to view couple relationships as a source of risk and a barrier to progress, particularly where violence and abuse is known or suspected.

St Mungo's staff and clients report that people turn down or choose to leave accommodation that does not accept couples, returning to the street rather than be separated.⁶⁷ Whether or not violence and abuse is part of a relationship, returning to the streets is dangerous and leaves women particularly exposed to further gender-based violence while hidden from services.

St Mungo's is committed to end rough sleeping. To achieve this, it is vital that we have the skills and understanding to work with couples effectively and prevent women staying on or returning to the streets. Staff and services must be equipped to work with couples and able to recognise and respond to violence and abuse where it is present. Services must also have a good working knowledge of the implications of working with couples for individual benefit entitlements and service contracts.

⁶⁶ Clement and Green (2018) Couples First: Understanding the needs of rough sleeping couples

https://womenscentre.org.uk/wp-content/uploads/2018/12/BWC_couples-first-report_301118.pdf

⁶⁷ St Mungo's (2018) On my own two feet: Why do some people return to rough sleeping after time off the streets?

<https://www.mungos.org/publication/on-my-own-two-feet-why-do-some-people-return-to-rough-sleeping-after-time-off-the-streets/>

We commit to respect women's choices and rights to personal relationships while refusing to accept violence and abuse as inevitable.

We will gather and implement better practice on working with couples in single homelessness services based on an honest and realistic assessment of safety and risk.

We will offer individual support to women including support to end relationships safely, working in partnership with specialist agencies.

Involvement in the St Mungo's community

As part of our organisational strategy, St Mungo's is committed to involving clients in all our work. Involving clients in our work is important because it improves our services, but also because it helps clients to achieve their recovery goals. It boosts confidence, self-esteem and skills, and gives clients a say in the support they receive.

Client involvement activities take place centrally – including our Client Advisory Board, which informs the work of our Board of Trustees – and also locally in individual services. Clients tell us that they value structured opportunities to be involved in our work as well as more informal activities, including cooking and art sessions, which are an opportunity to meet and socialise with others. Clients felt that structured activities with staff or volunteers present can help clients form healthier and safer relationships with each other, reducing the risk of isolation, harm or exploitation.

Women in our services sometimes face barriers to involvement. Geography and poor mental health can be barriers to travelling to locations beyond their accommodation services. Some of our events and buildings are not designed in a way that is appropriate for women accompanied by children. Staff have shared concerns that women, clients from ethnic minorities and LGBTQ+ clients may not always feel able to speak candidly about their experiences in shared spaces.

Our approach to client involvement is evolving. St Mungo's has a longstanding programme of women-only groups as part of Outside In, our client involvement network, and our Recovery College. Work is underway to open up opportunities across a greater range of geographical locations, to improve communication with clients and to bring involvement opportunities in-house at our accommodation services. The client involvement groups that informed the development of the Women's Strategy were held within services, to maximise the number of women who felt safe and comfortable taking part.

We commit to break down barriers to clients being involved in the work St Mungo's does, understanding how gender and identity impact on the opportunities available to women.

This may include holding events and spaces for particular groups of women to make sure they are safe and comfortable to share their experiences and build relationships.

Involvement in the broader community

Supporting clients to develop positive relationships in the wider community is an important part of preparing for life beyond St Mungo's. Our services support clients to volunteer, work and make use of community facilities in their local area, as well as to vote in local and national elections.

Some women in our services are well connected with communities outside St Mungo's and value these as another source of support. However, for some women living in our accommodation services, in-reach can be a helpful way to initiate contact and build trust with external services and opportunities.

For example, female clients tell us that they value the input of external volunteers and services that run drop in clinics within accommodation. In-reach is also a vital option for women who would not be safe accessing community services.

We commit to finding ways for all our female clients to safely connect with services and opportunities outside St Mungo's, including opportunities to vote, campaign and influence government.

Skills, employment and financial security

Establishing financial security is an important step towards ending homelessness. St Mungo's supports clients to access their welfare entitlements, build new skills and work towards employment. This work helps to prevent homelessness for those at risk, but also supports clients who have been homeless to build a new life and have hope for the future.

Employment, training and skills

St Mungo's provides a range of specialist skills, training and employment services designed for different client groups. Women are already achieving success through our business start-up programme, multi-skills and gardening projects. However, our teams are working to improve the number of women involved through in-reach into accommodation projects and promoting success stories of women succeeding in male-dominated industries like construction. We will be working to enable more of our female clients to complete qualifications and gain and sustain employment to support their recovery.

St Mungo's is developing life skills training that is bespoke to individuals, including digital skills, literacy, move on support and work on resilience and personal development. We will monitor women's participation in this programme, identifying any barriers to entry and adapting our work as necessary.

Our Recovery Colleges offer opportunities for clients to participate in and lead a wide range of courses and training. Clients told us that the geographical location of these services was important to them, and was sometimes a barrier to engagement. St Mungo's is developing new Recovery Colleges in different areas to widen participation.

We commit to monitor women's participation in our employment, training and skills projects. We will design skills and training opportunities that work for women, including women with children, so that more women can complete our life skills programme, gain qualifications and find and sustain employment.

Financial security

Both men and women have faced challenges with the roll-out of Universal Credit, including lengthy delays, arrears and difficulties for people who have been sleeping rough setting up bank accounts and using IT systems.

Research has shown that welfare reforms have had a disproportionate impact on women, and particularly black and minority ethnic women and disabled women.⁶⁸ Economic hardship can leave women vulnerable to harm and exploitation, including survival sex and begging.

The structure of the welfare system itself can also create opportunities for abuse: charities have highlighted that the Universal Credit single monthly payment can be used a mechanism of financial control by abusers, threatening the economic independence of women.⁶⁹ Universal Credit claims can also be difficult to establish for women fleeing domestic abuse who have previously had limited control of their finances or restricted access to identification documents.

Women with no recourse to public funds have very limited opportunity to establish financial security. In particular, women sleeping rough without access to welfare or housing benefit are extremely vulnerable to harm and exploitation.

We commit to fully understand how welfare changes are impacting on female clients in particular.

We will support financial security for women through service delivery and national influencing, including for women with no recourse to public funds.

Health and substance use

Poor health, including physical health, mental health and substance use, is both a cause and a consequence of homelessness. Most St Mungo's clients have greater health needs than the general population, while also experiencing greater barriers to accessing services.

Women's health and access to healthcare can be affected by their sexuality and gender identity. A recent Stonewall report found that a significant number of trans people face poor treatment when accessing healthcare services, a finding echoed by trans women in St Mungo's services.⁷⁰ A review by the Albert Kennedy Trust reported significantly higher levels of physical and mental health problems among LGBT homeless youth compared to other homeless young people.⁷¹

⁶⁸ Women's Budget Group (2018) <https://wbg.org.uk/wp-content/uploads/2018/12/WBG-Funding-Report-2.pdf>

⁶⁹ Women's Budget Group (2018) Universal Credit and financial abuse: Exploring the links <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/FINAL-full-report-financial-abuse-and-uc.pdf>

⁷⁰ Stonewall (2018) LGBT in Britain: Trans Report <https://www.stonewall.org.uk/sites/default/files/lgbt-in-britain-trans.pdf>

⁷¹ Albert Kennedy Trust (2015) <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>

Physical health

Women and men who are homeless are at high risk of physical health problems and are often exposed to physical harm from smoking, substance use, poor diet and dangerous living conditions. Many St Mungo's clients live with chronic health conditions. These health inequalities are noted in the NHS Long Term Plan, which commits up to £30 million of extra spending on health services for people who sleep rough.⁷²

Women who are homeless also share physical health concerns with women in the general population. These are less commonly considered within homelessness services. For example, it is essential that people who are homeless have access to early detection and screening services, including cervical smear testing and breast cancer screening, as well as age-related health checks.

Maintaining personal hygiene can be particularly challenging for homeless women, who may lack access to sanitary products and safe women-only places to shower. The impact of menstruation and menopause on physical and mental health for homeless women is rarely considered.

Many homeless women struggle to engage with health services that fail to understand the impact of psychological trauma and sexual assault. Offering women choice and control in healthcare settings is vital, as is understanding why survivors may have trouble with certain situations. For example, some women may not be able to tolerate being physically examined by a male doctor; or find gynaecological or oral exams trigger a trauma response.

Data on pregnancy and homelessness is poor, but many of our residential and rough sleeping services work with pregnant women. Research by Revolving Doors Agency and Birth found growing evidence that women facing multiple disadvantage experience significantly poorer outcomes and are worse served by maternity services.⁷³ In 2017, we published our Homeless Pregnancy Toolkit to share information and practice on pregnancy and homelessness.⁷⁴

Our practice must continue to develop in this area, for example to better understand and communicate the impact of alcohol and substance use during pregnancy. We must develop our understanding of the immediate and longer term impacts of pregnancy and birth on women's mental health, including when children are removed by social services.

The policy context is also important. Feedback from rough sleeper services working with migrant women suggests that NHS charging regulations requiring some women to pay for maternity services are deterring women sleeping rough from seeking care during pregnancy. NHS services can share information with the Home Office regarding unpaid medical debt, which can be used to pursue immigration enforcement.⁷⁵

Limited accommodation options for women with no recourse to public funds also leave pregnant women exposed to the harms and dangers of rough sleeping.

Support overview data suggests that 15% of our female clients need support around contraception. Services and clients can find it challenging to talk openly about sexual health and sexual harm, but these conversations are a crucial part of establishing basic safety for women and introducing a measure of choice and control in relationships.

⁷² NHS (2019) The NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

⁷³ Revolving Doors Agency and Birth Companions (2018) Making Better Births a reality for women with multiple disadvantages <http://www.revolving-doors.org.uk/blog/making-better-births-reality-women-multiple-disadvantages>

⁷⁴ St Mungo's (2017) Homeless pregnancy toolkit https://www.mungos.org/wp-content/uploads/2017/11/StM_Pregnancy_Toolkit_Final.pdf

⁷⁵ <https://www.maternityaction.org.uk/advice-2/maternitycareaccess/>

Women involved in prostitution and those experiencing abuse are often at high risk of physical and sexual violence. Rapid access to emergency healthcare and support in cases of rape and sexual assault is vital. Other forms of violence against women and girls, including female genital mutilation (FGM), can also have lasting impact on the physical and sexual health of women.

Safety planning, risk management and measures to protect women's sexual health are important, including practical advice on contraception and avoiding the transmission of blood borne viruses and other sexually transmitted diseases. This advice must take account of individual circumstances, for example the experiences of lesbian and bisexual women or women involved in prostitution.

However, conversations around sexual health should not be limited to particular groups of women. Clients report that staff initiating conversations about sexual health can be seen to imply that a client is involved in prostitution. It is important that sexual health is discussed openly and routinely to reduce stigma.

In-reach nursing services in supported housing are highly valued by clients, with the potential to reach women who would otherwise not engage with health services. However, even with in-reach services, shame and fear of judgement remained a barrier to engagement.

We commit to develop good practice on pregnancy and advocate strongly for our clients to access appropriate healthcare and accommodation before and after birth.

We will create environments in our services where clients can have frank conversations about sexual and reproductive health and harm. We will proactively connect with specialist services, including rape and sexual assault services and specialist FGM clinics, to ensure access to the most appropriate care for our clients.

We will include breast and cervical screening in health promotion work within our services, identifying any barriers to access.

Mental health

St Mungo's research has shown that poor mental health and homelessness are strongly linked, and that women are even more likely to be experiencing mental ill-health than men.⁷⁶

Support overview data from our services finds that 81% of female clients and 74% of male clients have a mental health need that hinders their recovery or causes them distress. 61% of women and 48% of men sleeping rough in London during 2017-18 had a mental health support need.⁷⁷

⁷⁶ St Mungo's (2016) Stop the Scandal: An investigation into mental health and rough sleeping
<https://www.mungos.org/publication/stop-scandal-investigation-mental-health-rough-sleeping/>

⁷⁷ London CHAIN data for 2017/18. Percentages exclude clients whose support needs are not known or not assessed.

Suicidal ideation and action and self-harm are both more common among women than men in our services. 25% of our female clients and 16% of male clients experience suicidal ideation or take action. Research shows the connection between abuse and suicide – a study by Refuge and the University of Warwick showed that chronic abuse within trusting relationships was likely to increase the risk of suicidality.⁷⁸

St Mungo's has campaigned for better access and specialist support for mental health that understands the impact of homelessness and rough sleeping. We also recognise the need for mental health services that take account of gender and trauma, and deliver these services in-house through our successful Lifeworks women's psychotherapy service.

Research by Agenda demonstrates that sexual exploitation, abuse and violence are drivers of trauma and poor mental health in women – more than half of women with mental health problems have experienced abuse. Black, asian and minority ethnic women face additional inequalities and challenges to their mental health, such as racism and stigma, and black women are at increased risk of mental ill-health.⁷⁹

Experiences of trauma can be reflected in the mental health diagnoses that women receive. A higher proportion of women than men in our services have been diagnosed with post-traumatic stress and personality disorders. Personality disorders are often diagnosed in people who have experienced repeated, complex trauma, and literature reviews have found strong and consistent evidence supporting the association between homelessness and complex trauma.⁸⁰

Most common mental health diagnoses among St Mungo's clients

Women with a formal diagnosis	Men with a formal diagnosis
1) Depression (68%)	1) Depression (62%)
2) Anxiety (44%)	2) Schizophrenia (33%)
3) Personality disorder (22%)	3) Anxiety (32%)
4) Schizophrenia (19%)	4) Personality disorder (9%)
5) PTSD (12%)	5) PTSD (8%)

In December 2018, the government published the final report of the Women's Mental Health Taskforce, highlighting the challenges many women face in accessing safe and appropriate mental healthcare. Services are rarely attuned to women's experience of violence and trauma, and are particularly poorly designed for women with multiple needs.⁸¹

Previous St Mungo's research found that access to mental health services for clients sleeping rough and living in homelessness accommodation was poor.⁸² Client and staff confirm that this is still the case.

Long waiting lists for talking therapies and poor provision for people using drugs and alcohol confirm client expectations that services will reject and exclude them. This contributes to a sense of powerlessness and hopelessness which is exacerbated for women who have also experienced other stigma and exclusion

⁷⁸ Aitken and Munro (2018) Domestic abuse and suicide: Exploring the links with Refuge's client base and workforce <https://www.refuge.org.uk/wp-content/uploads/2018/10/domestic-abuse-suicide-refuge-warwick-july2018.pdf>

⁷⁹ Agenda (2017) Women in Mind: briefing on women's mental health <https://weareagenda.org/wp-content/uploads/2017/03/Women-in-Mind-May-2017-FINAL.pdf>

⁸⁰ FEANTSA (2017) Recognising the link between trauma and homelessness https://www.feantsa.org/download/feantsa_traumaandhomelessness03073471219052946810738.pdf

⁸¹ Department of Health and Social Care and Agenda (2018) The Women's Mental Health Taskforce: Final report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765821/The_Womens_Mental_Health_Taskforce_-_final_report1.pdf

⁸² St Mungo's (2016) Stop the Scandal: Can people living in homelessness accommodation access mental health services? <https://www.mungos.org/publication/stop-scandal-can-people-living-homelessness-accommodation-access-mental-health-services/>

from services, for example on the grounds of race or gender identity. Too often, client contact with mental health services is restricted to brief interventions from crisis teams. When clients do establish connections with services, many will make every effort to maintain these relationships. Clients told us about people taking three buses to medical appointments because they knew and trusted a particular professional.

This understanding of trauma and relationships informs our supportive approach to mental health, both in our specialist mental health services and our wider recovery approach. While we will always advocate for clients to receive the mental health services they are entitled to, we are also developing ways of designing and delivering our own services that are trauma-informed.

We commit to prioritise training and support for staff to create an environment where both clients and staff are able to confront trauma safely.

We will continue to develop and use our understanding of gender and trauma to advocate for better mental health services for homeless people at local and national level, and support clients in our own accommodation and psychotherapy services.

Substance use

St Mungo's understands the relationship between homelessness and substance use as mutually reinforcing. The rates of substance use among people who are homeless are disproportionately high, and this should be understood in the context of the causes and experiences of homelessness for women.

Substance use, mental health and physical health are closely connected and health problems can be a trigger for substance use or relapse. Women tell us that isolation and loneliness are also a driver of substance use, particularly in the evening and during the night when staffing levels in accommodation is lower:

The government's Drug Strategy recognises research evidence linking women's drug use to experiences of domestic violence and involvement in prostitution.⁸³ Women who experience physical and sexual violence are twice as likely to have an alcohol problem and eight times more likely to be addicted to drugs than women who have not.⁸⁴ Women use substances to mitigate the effects of past and present traumas, as well as a method of self-harm and as an outlet for distress.

The connection between substance use and ongoing risk of sexual violence is complex. Research by AVA highlights that common narratives around sexual violence and alcohol and drug use are often problematic. Overwhelmingly, respondents to their survey of survivors felt that, if the victim had drunk alcohol or taken drugs prior to an assault, they would be less likely to be believed or supported by others.⁸⁵ Too often, sexual violence is seen as a fact of life for homeless women who use drugs and alcohol.

⁸³ HM Government (2017) 2017 Drug Strategy https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

⁸⁴ Scott and McManus (2016) <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

⁸⁵ Harvey et al (2013) Not worth reporting: Women's experiences of drug-facilitated sexual assault <https://avaproject.org.uk/wp-content/uploads/2016/03/Not-worth-reporting-Full-report.pdf>

ONS data shows that while overall rates of drug-related deaths have stabilised since 2015, the rate of drug related deaths among women has risen for eight consecutive years.⁸⁶ It is our responsibility to support our clients minimise the risks of drug-related harms and move towards recovery.

Women in our services are less likely than men overall to need support with drugs and alcohol, but more than half (51%) of female clients have a substance use support need.



46% of female clients who use substances are at risk of overdose. 53% are using heroin and 61% crack cocaine.



Women who do use drugs are more likely than men to be using heroin and crack cocaine. Among clients who use drugs, 53% of women and 43% of men use heroin, while 61% of women and 45% of men use crack cocaine. Feedback from substance use specialist services indicates that women are also more likely to be engaged in poly-substance use, taking multiple illicit and prescription drugs in combination. 46% of women who use substances are reported to be at risk of overdose, compared to 28% of men who use substances.

St Mungo's plays a key role in reducing the harms associated with substance use, both through our specialist recovery services and by supporting clients in our accommodation with their recovery. For women, connecting with appropriate support from external agencies can be challenging.

Investment in locally commissioned treatment services is declining, and services are under pressure to discharge clients for lack of engagement. However, women face barriers to safety and consistently accessing substance use services where perpetrators may be present. When female clients avoid harmful situations they are penalised, while perpetrators continue to have access to services. Women with children in their care may also be unable to access drug and alcohol services if they do not have access to childcare.

We commit to tackle drug and alcohol related harm to women by understanding trauma as a driver for substance use.

We will advocate for fair and safe access to substance use services, including in-reach to supported housing, external women-only spaces, and services for women with children.

⁸⁶ ONS (2018) Deaths related to drug poisoning in England and Wales: 2017 registrations
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>

5. Our strategic aims

This strategy sets out the direction and focus of our work with women over the next three years. The commitments we have made to women inform our strategic aims. These are organised below using the five themes of our organisational strategy: Improve, Interconnect, Innovate, Influence and Involve.

These aims will form the basis for an organisational action plan, equipping us to overcome our core challenge: creating an environment of physical and psychological safety for our female clients. This work will help us achieve our organisational vision for women – to end homelessness and rebuild lives.

a. Improve services

We aim to:

- Offer **women-only services and spaces** as an option for all female clients
- Support and equip all our staff to **recognise and respond to violence and abuse**
- Improve our **rough sleeping services** so that they are even safer and more effective for women, and to improve our service offer for migrant women
- Commit time and resources to find the best ways to support women living in **mixed and women-only accommodation services** safely and effectively
- Review our offer for **clients moving on from our services** with women in mind
- Support our **clients with children**, providing emotional support and information about women's rights and obligations. We will work towards inclusion of clients with children in our services wherever it is safe and possible to do so
- Respect women's choices and rights to **personal relationships** while refusing to accept violence and abuse as inevitable. We will gather and implement better practice on working with couples in single homelessness services based on an honest and realistic assessment of safety and risk
- Monitor women's participation in our **employment, training and skills** projects to identify any barriers, and design opportunities that work for women, including women with children
- Support more female clients to complete our **life skills programme, gain qualifications and find and sustain employment**
- Promote **breast and cervical screening** in within our services, identifying any barriers to access. We will create environments in our services where clients can have frank conversations about **sexual health and harm**
- Use our understanding of gender and trauma to **support clients' mental health** in our services
- Tackle **drug and alcohol related harm** to women by understanding trauma as a driver for substance use.

b. Interconnect with partners

We aim to:

- Inform our work with women by building relationships and drawing on the best practice from **homelessness and women's sector organisations**, including specialist services for women of colour, LGBT women, migrant women and disabled women
- Work with specialist agencies to offer individual support to women around **domestic and sexual abuse**, including support to end relationships safely
- Interconnect with a range of agencies to support women involved in **prostitution and transactional sex**, working to minimise harm, increase choice and control and support women exiting
- Proactively connect with specialist **rape and sexual assault services and specialist FGM clinics**, to ensure access to the most appropriate healthcare for our clients
- Find ways for all our female clients to safely connect with **services and opportunities outside St Mungo's**.

c. Innovate and test new ways of working

We aim to:

- **Expand and improve our service offer** for women as we grow as an organisation
- Draw on our knowledge of women's homelessness to **inform our business development**, clearly articulating safe and effective service models for women as we introduce new mixed and women-only services and develop our existing services and contracts
- Use our housing assets and expertise in new ways to help **break women's cycle of hidden homelessness on release from prison**
- Challenge traditional ways of working, creating and testing new ways to **intervene rapidly when women are rough sleeping or at risk**
- Explore opportunities to provide more **safe and suitable move on options** for women who have experienced violence and abuse
- **Develop our Housing First approach** with an understanding of gender and how we can best provide safe and effective services for women
- Develop and disseminate good practice on **pregnancy and homelessness**.

d. Influence local and national government

We aim to:

- Speak out about the **connection between homelessness, gender and violence** against women to influence national policy and practice
- Advocate for a **consistent women-only accommodation offer** across the country
- Support **financial security for women** through national influencing, including for women with no recourse to public funds
- Advocate strongly for our clients to access appropriate healthcare and accommodation in **pregnancy** and after birth
- Use our understanding of gender and trauma to advocate for **better mental health services** for homeless people at local and national level
- Advocate for fair and safe access to **substance use services**, including in-reach to supported housing, external women-only spaces and services for women with children in their care
- Support all our female clients to exercise their **democratic right** to vote, to campaign and influence government.

e. Involve our female clients

We aim to:

- Break down barriers to female clients **being involved in the work St Mungo's does**, understanding how gender and identity impact on the opportunities available
- Hold **events and spaces for particular groups of women** – for example, BAME women and trans women – to make sure they are safe and comfortable to share their experiences and build relationships
- Consider how **Real Lettings clients** could benefit from the wider services that St Mungo's provides, and address any barriers to participation.

Research and impact

The strategy has identified several topic areas where further research and data are needed to inform policy and practice. Where evidence is lacking, we will continue to conduct analysis and research on women's homelessness both within St Mungo's and in collaboration with expert partners.

We aim to:

- Build our capacity to **measure the impact of our support** for women in all our services
- Improve data collection and research to better understand **the nature and extent of violence against women** sleeping rough and in homelessness accommodation
- Understand how **welfare changes** are impact on female clients in particular
- Investigate whether the needs of our **older female clients and women with social care needs** are being met within our general supported accommodation.

We will track progress against our strategic aims by monitoring our organisational data and through our service quality and audit programme. Specific metrics to measure the impact of the Women's Strategy will also be developed.

Next steps

This strategy is just the first step in transforming St Mungo's work with women. Next, we will create a detailed action plan based on our strategic aims, involving every part of the organisation.

In the first year, we will prioritise actions that secure women's immediate physical and psychological safety in our services. Building on this foundation, we will turn our attention to women's recovery in the second and third years of the strategy period.

Achieving these strategic aims will be neither quick nor easy, and we will need to make choices about how to prioritise our resources. Our success will depend on external opportunities and pressures, as well as the hard work of St Mungo's staff and clients.

We will be honest and accountable about our progress and the barriers we face, and share our learning with other organisations working towards similar goals. We cannot do this alone, and look forward to working with partner organisations to achieve a better future for women.



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St Mungo's
Ending homelessness
Rebuilding lives