

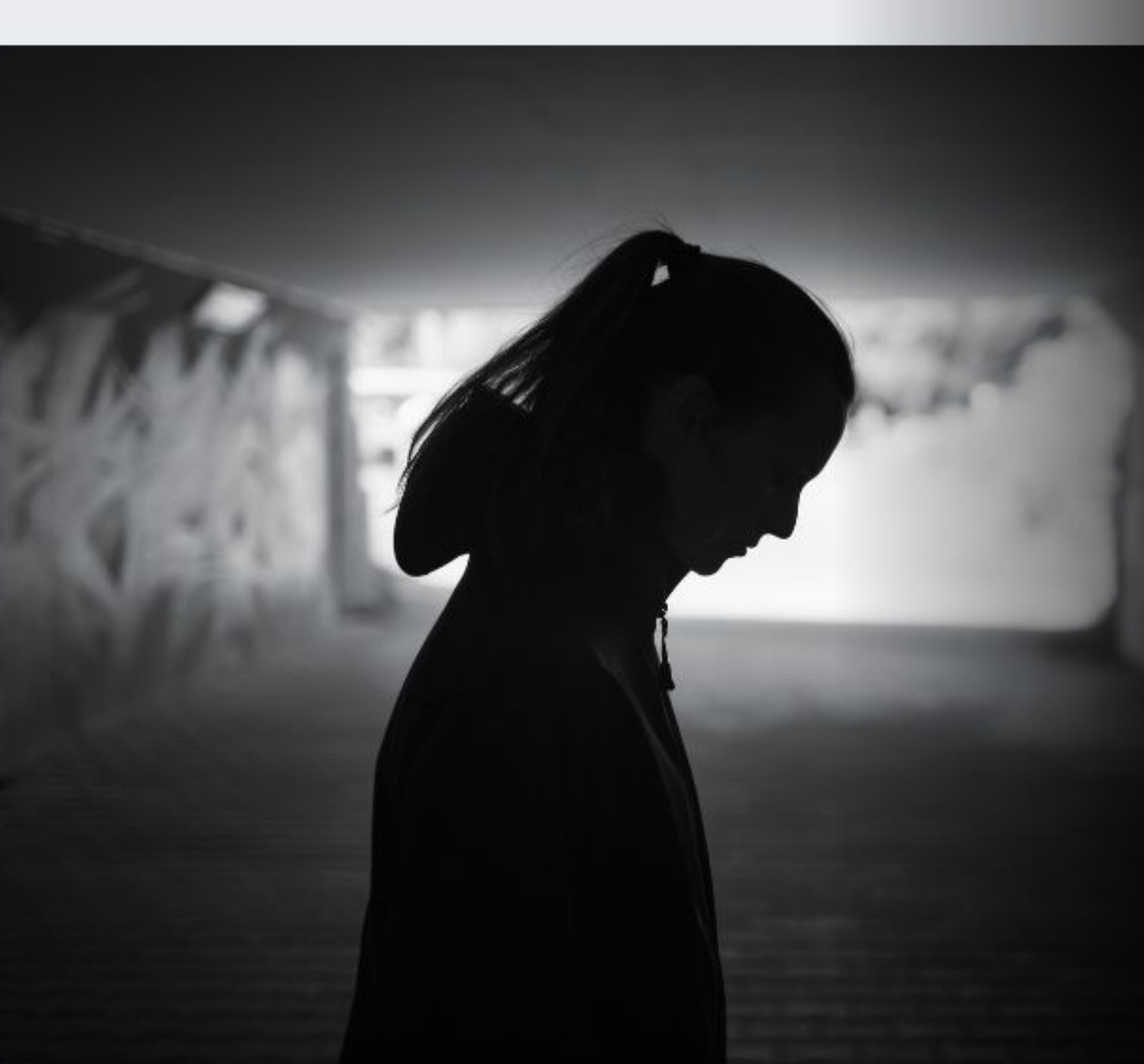


**LNNM Annual Conference:
Organisational Neglect:
Where is the Line?**

Women's health: How women's homelessness has been neglected

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Today we'll be talking about...

1. How women's homelessness has been neglected
2. The impact of homelessness on women's health
3. Findings of the women's rough sleeping census
4. How you can get involved in the 2023 census!

Women's homelessness:
How and why has it
been neglected?

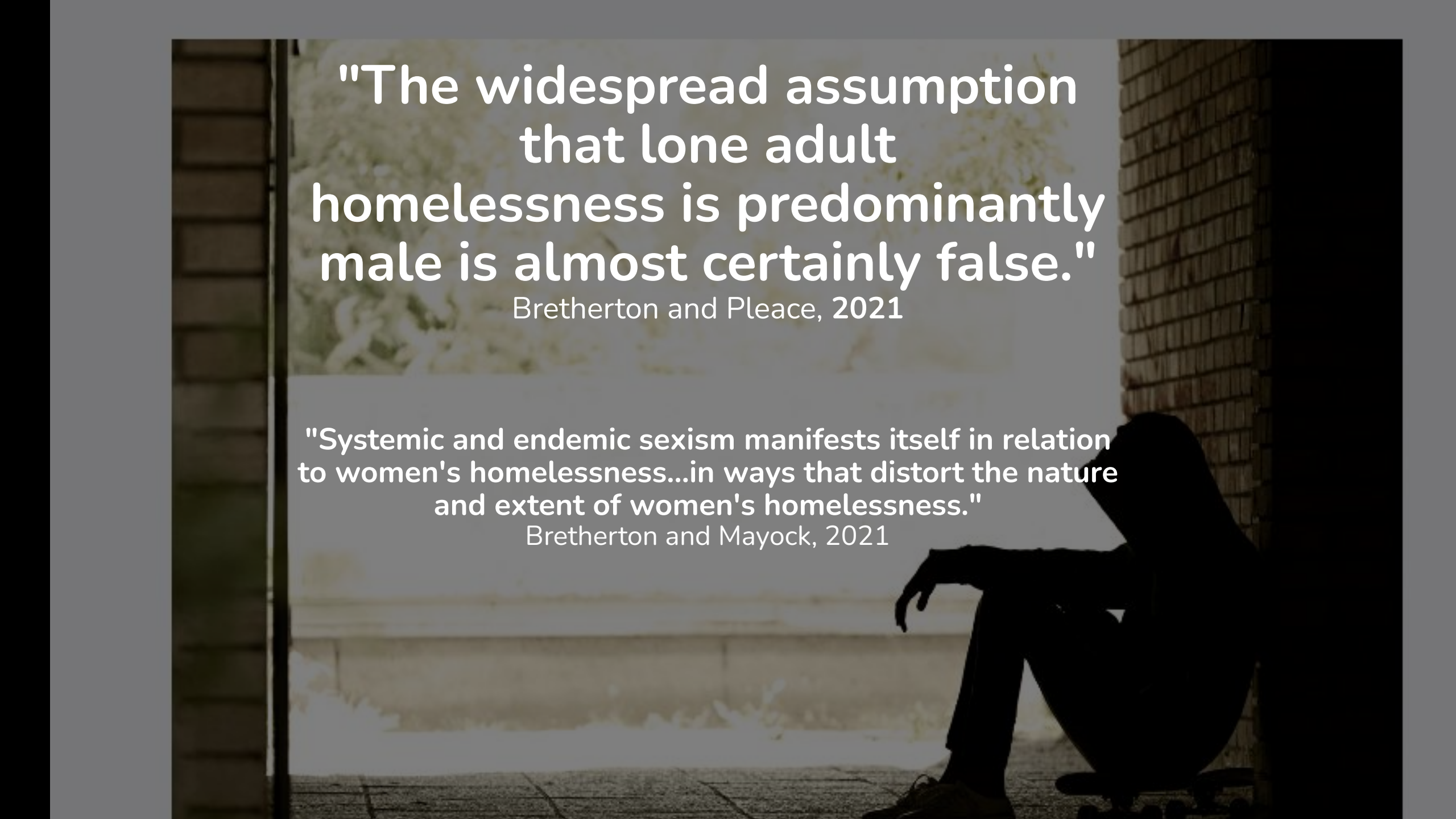


Types of homelessness

- **Rough sleeping:** “People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, etc). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, etc).
- **Statutory homelessness:** "To lack a secure place in which you are entitled to live or not reasonably be able to stay". Local Authorities only have a duty to provide accommodation to someone with 'priority need'. Mainly families with children. Otherwise duty only to 'prevent and relieve' homelessness.
- **Hidden homelessness:** People who may stay in squats, hostels, the floor or sofas of friends, family or strangers. Currently not measured in statistics.

Why has women's homelessness been neglected?

- **Spatial error:** Focusing on spaces and places where women are less likely to be present, e.g. rough sleeping or homeless hostels. Women often avoid these environments for safety reasons.
- **Administrative error:** Only counting women's homelessness under certain circumstances and within certain systems, i.e. women in domestic abuse refuges are not recorded as homeless, statutorily homeless households recorded as "family" homelessness which de-emphasises highly gendered nature.
- **Methodological error:** Homelessness has focused on rough sleeping and has been researched using cross-sectional surveys, i.e. surveys with short periods of data collection, that have oversampled men. Hidden or concealed homelessness has not been explored.

A person is sitting on a bench by the water, silhouetted against a bright background. The person is wearing a dark hoodie and pants, and is sitting with their back to the camera, looking out towards the water. The background shows a body of water with some ripples, and a brick wall is visible on the right side of the frame. The overall mood is contemplative and somewhat somber.

**"The widespread assumption
that lone adult
homelessness is predominantly
male is almost certainly false."**

Bretherton and Pleace, 2021

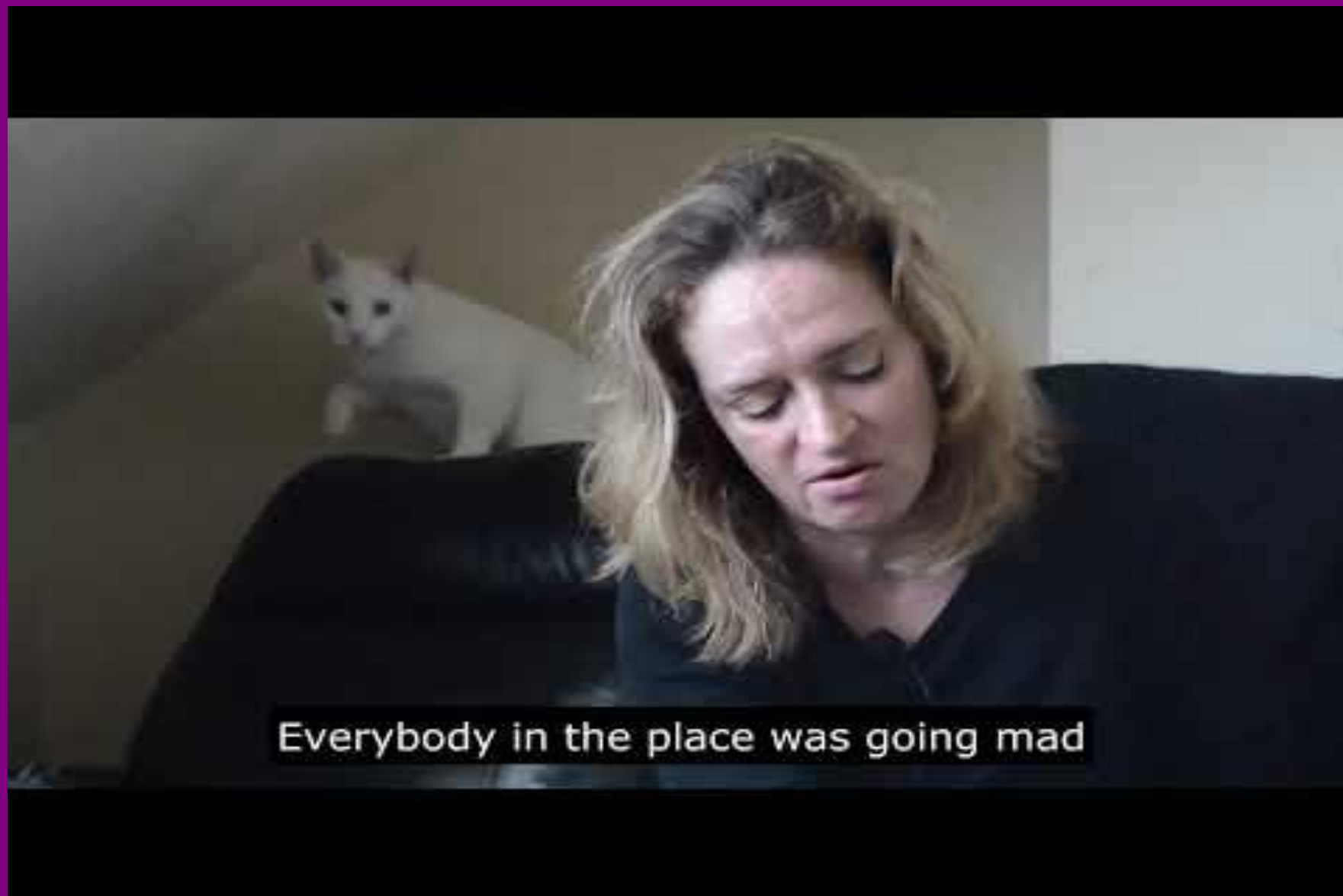
**"Systemic and endemic sexism manifests itself in relation
to women's homelessness...in ways that distort the nature
and extent of women's homelessness."**

Bretherton and Mayock, 2021

The cycle that keeps women trapped in homelessness



How women fall through the gaps: Michelle's story



Everybody in the place was going mad

The impact of homelessness on women's health



Women's homelessness and health

- Mean age at death whilst homeless: **43.2 years in 2021**. For men, this was 45.4 years.
- **Gendered violence**: high risks of violence while rough sleeping can in turn cause health problems.
- **Health needs exacerbate** and trust in services diminishes as rough sleeping continues.
- Homelessness services are rarely designed for women's needs: women are less likely to attend, and their specific needs are less likely to be addressed – including health needs.
- Reproductive health and maternity.

Groundswell Women's Health Research:

- 64% experiencing mental health issues compared to 20.7% of women in the general population.
- 45% rarely, or never, get enough sleep.
- 35% were eating either no meals or one meal a day.
- 74% had a current physical health issue.

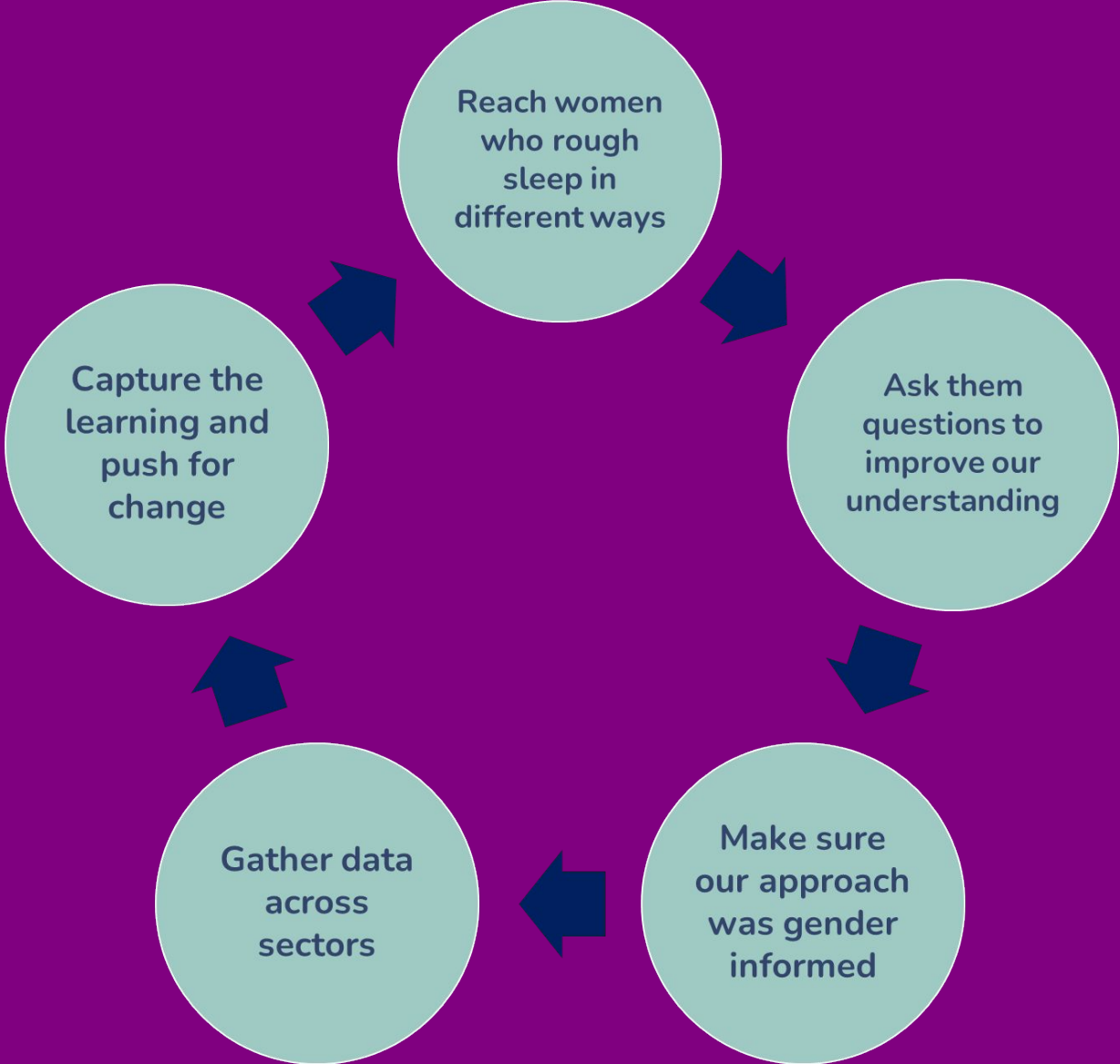
Women's homelessness and health – barriers to support

- **Practical barriers:** Little control over where they sleep, a need to travel between boroughs, limited or no money. Lack of access to support to get appointments, no phone or limited phone or internet access, language barriers. Need to prioritise other urgent needs above their health. Lack of flexibility by other services to give them time to get to appointments.
- **Low self-esteem,** self-worth and confidence can prevent women from addressing their health needs, or can cause anxiety and fear about doing so, as can past experiences.
- **GPs:** 17% of participants were refused registration by a GP (Groundswell research).
- **Washing and day to day hygiene:** possible at homelessness day centres, but often overwhelmingly male-dominated. Women may spend little time there, or only attend during any women-only hours.
 - Impacts: keeping any wounds or infections clean, managing periods, low self-esteem and neglect.
- **Domestic abuse:** some women may have partners who are controlling and can block or discourage women from attending appointments.

London Women's Rough Sleeping Census



What did we want the census to achieve?



Expanding the definition of rough sleeping

The definition used for annual rough sleeping snapshot counts doesn't fully capture the experiences of women. We wanted to use a definition which included women whose rough sleeping was hidden and intermittent:

"By sleeping rough we mean having nowhere at all to go at night: for example sleeping outside on the ground or in a tent, sleeping in a doorway or stairwell, sitting/sleeping in places which are open late or 24/7 (such as fast-food restaurants, bus and train stations), walking all night, sex working at night but not having anywhere to sleep during the day, travelling on transport all night, staying in derelict buildings. You might not do this every night, but it might be something you do on and off or have done within the last 3 months."



Researchers at PraxisCollab supported development of the methodology and wrote up the report

What information did we want to capture?

- We wanted to go beyond counting women and also capture information to learn more about women's experiences.
- We designed a snapshot survey – max 10 questions and multiple-choice responses, to make it as quick and easy as possible.
- Questions included: the last time respondents slept rough; how many nights they had slept rough in the last 30 days; where they stayed last night; where they stayed before sleeping rough; which type of support services they were currently accessing.
- Demographic questions covering; age; ethnicity; sex and gender.
- Online and paper survey versions.

How was the census delivered? Data collection

- Data collection period of 5 days (a working week, 3rd – 7th October)
- Rough sleeping outreach teams conducted gender-informed daytime outreach shifts, completing the survey with women met on outreach.
- Services from a range of sectors conducted the survey with women who used their service.
 - Day centres and advice services; VAWG services; drug and alcohol services; migrant support services; health services.
 - We asked services who deliver different types of outreach to take part (e.g. sexual health outreach).
- Additional forms of data - requested basic numerical data from statutory housing services and Streetlink services on women who reported they were rough sleeping. We also requested data on women leaving prison without accommodation.

Gender informed outreach for women: Where and when were we looking?

In and around day centres, substance misuse services, homeless health services

Inside public, open spaces and venues which are open to anyone

A&E waiting rooms

Places of worship and graveyards

Libraries

McDonald's and other restaurants/cafes including toilets

Transport hubs

7am – 7pm

Parks and green spaces



Gender informed outreach for women

At least one woman worker per outreach pair

Enable choice and control: "Is now an ok time to talk?"

Be aware of your body language. Give space. Offer choice: "Is it ok if I sit here?"

Be prepared to respond to disclosures of trauma/abuse

Be mindful that the woman might be with a perpetrator/be being watched by a perpetrator

Avoid re-traumatisation /no unnecessary questions and don't push for answers

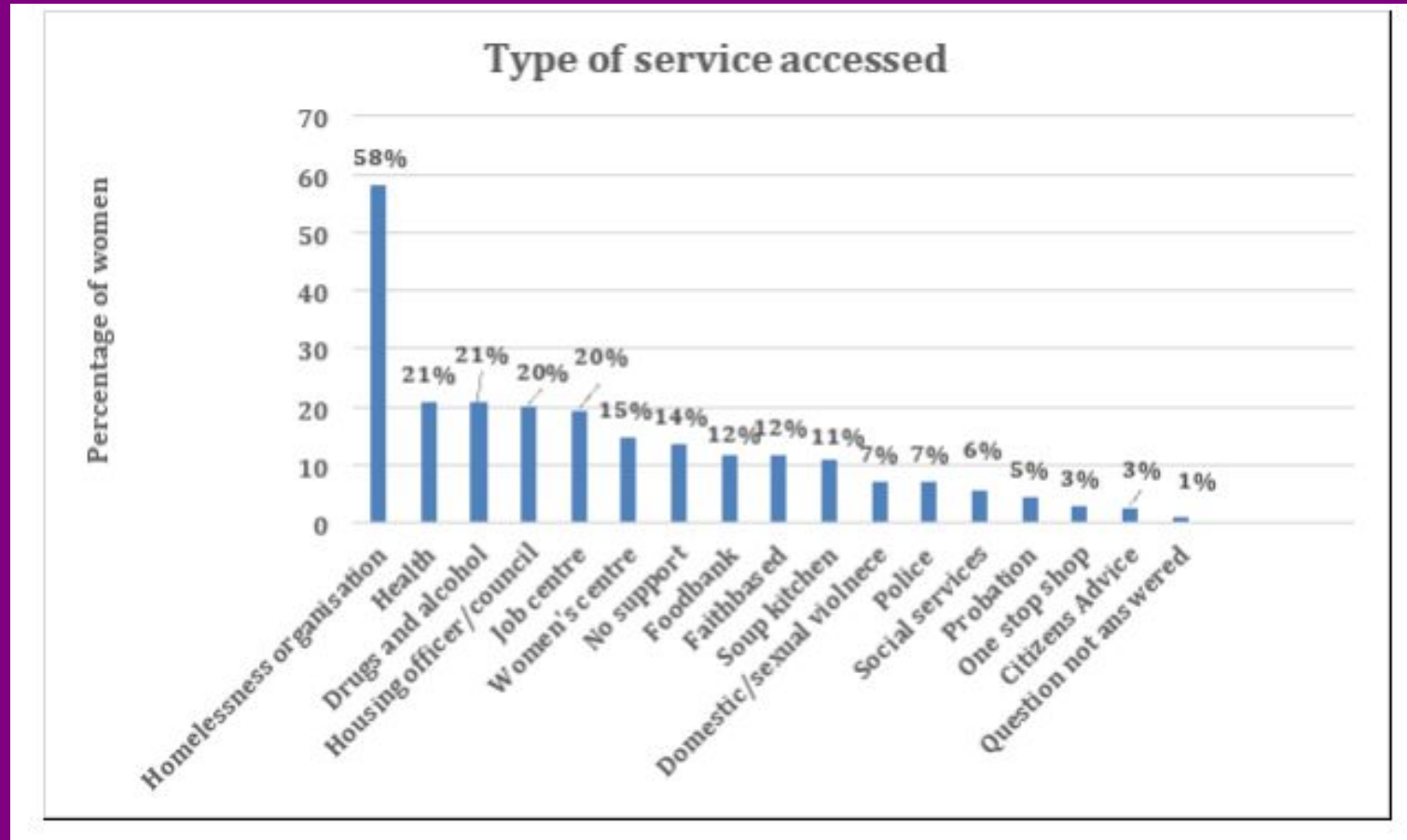
£5 Vouchers to thank women for their time, care packs distributed where possible

Be equipped with knowledge of local women's resources

What did the census find?

- We received **184** census survey responses. **154** responses are included in the final report after responses were checked to remove duplicate responses or those that fell outside the timeframe and remit.
- We had survey responses from **24 out of 33** London boroughs
- **39** separate services submitted survey responses. **76%** of those taking part were homelessness services.
- Using the figure of **154** responses included in the report, the census saw **79%** more women than were seen in the annual snapshot count in London in 2021, which was a total of **86**.

Types of service accessed



- Although 74% of women experiencing homelessness have a current health need, only 21% of women we asked said they were accessing a health service.
- 14% said they weren't accessing any services at all.

What did the census find?

"Women's rough sleeping is often transient and intermittent: Women reported sleeping rough on the streets and in other places, and occasionally staying in hostels, emergency accommodation, or at a friend or relative's house, interspersed with rough sleeping."

"Women were sleeping in a wide variety of places, including hospital toilets, disused garages, squatting, on public transport, standing outside hospitals."



"Rough sleeping is not currently defined in a way that incorporates how women experience rough sleeping...More work is required to develop a definition that is meaningful and relevant to women's experiences."





"Dear Felicity Buchan MP...

We urge the Government to take action and provide the leadership, guidance and resources to implement the following recommendations, based on the report's findings:

- The Government should require local authorities to deliver an annual Women's Rough Sleeping Census and report on their findings.*
- The Government should produce guidance to support local authorities to improve access to rough sleeping services for women"*

DRIVE >

SURVIVING
ECONOMIC
ABUSE

GENERATION RENT
The national voice of private renters

gentoo



Crisis



St Mungo's
Ending homelessness
Rebuilding lives

STANDING
TOGETHER
against domestic abuse

AGENDA
alliance



imkaan



Public Interest
Law Centre

NATIONAL
HOUSING
FEDERATION



RESOLVE



Respect



GLASSDOOR

How can the health sector get involved?



How can the census help the health sector?

Better data can help us all to:

- Increase our shared understanding of women's experiences;
- Increase our understanding of how and when women can access support;
- Demonstrate the need for specialist women's services, tailored to women's access and health needs.

In turn this can help us to:

- Provide health services to women sooner and more effectively;
- Reduce the length of time health needs go untreated.
- This can more effectively support women out of homelessness and reduce the immediate high health risks and long-term impacts.

Women's Census 2023

- Health services can get involved to make sure your data gets included and the experiences of the women you work with are represented.
- Health services can then use the data to demonstrate need for training and service provision for women.

What can you do?

- Sign up to the mailing list!
- Attend our training and information sessions in the summer
- Spread the word!
- Take part during census week: by conducting the survey, looking at your service data, providing health outreach at a women's census hub.



Women's health: How women's homelessness has been neglected

Any questions?

Thank you!

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