FEANTSA

FEANTSA Report

Caught in a Gap:
Are European and UK homeless, substance use, and domestic violence service providers meeting the complex needs of clients who are women?

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Introduction

How well do European and UK services providers[1] support women[2] experiencing homelessness, domestic violence, substance abuse and other complex needs? This report investigates the prevalence of women-centred approaches, overlapping services and those with complex needs: questioning if services employ a women's specific strategy and common staff approaches to women clients (Section 1) or if they implement trauma-informed care (Section 2). It takes a specific look into the intersection of domestic violence and homeless sectors, investigating their current levels of collaboration (Section 3). Finally, service providers report back what they view to be the gaps in service provision that currently inhibits them from supporting women in vulnerable societal positions (Section 4).

1. Women's Strategy

Respondents were asked if they had a women's strategy implemented in dealing with women's homeless as typically differing from men's; they were also asked if their staff share a common approach with dealing with women clients.

Eight out of eighteen respondents replied that they had both a women's strategy and common staff approach. Their methods of meeting the needs of clients who are women varied from collaborating in research, advocacy and working with governmental bodies[3] , to inreach and outreach services within women's prisons[4], helping with parenting and childcare, having partnerships with women's or family organisations, being involved with their outside community, providing peer support and having women's specific accommodations, special projects or events. Some services ensure that period and other products are available, support sex workers (including

[1] In conducting this research, a questionnaire was disseminated through FEANTSA's members (yielding a response from 11 service providers) and 8 qualitative interviews were carried out. With one organisation taking part in both activities, the population for this research is (n=18). The population of respondents consist of mainly homelessness organisations, with some domestic violence and substance use organisations. Respondents ranged from those who were women-only organisations, to mixed-gender organisations, several of which had women-only services or programmes.

[2] This report uses the terms woman and women to describe the services provided to the adult population that define themselves as such. Additionally, Section 3 describes primarily heterosexual couples in its discussion of domestic violence. More research is required in areas of young women's, trans women's and nonbinary people's navigation of homelessness and service provision.

[3] For example, Safe Ireland, a domestic violence organisation, helped introduce the Domestic Violence Emergency Rent Supplement, and collaborate with national agencies such as TUSLA in their upcoming Accommodation Review. [safeireland, 2020. Safe Ireland Welcomes Prioritisation of Rent Supplement for Survivors of Domestic Abuse. [Online] Available at: https://www.safeireland.ie/safe-ireland-welcomes-prioritisation-of-rent-supplement-for-survivors-of-domestic-abuse/ [Accessed 3 July 2021]].

[4] For example, Focus Ireland, a homeless organisation, operates an outlook service with the Dochas Centre (female prison), aiming to reintegrate women, build up family and community links, and ensure women don't return to homelessness.

harm reduction and providing condoms and lube), and invest in women client's health, betterment and education[5].

Overwhelmingly, empowerment practices were the main means of tailoring services to be women-specific. Safe Ireland, stress that an empowering, non-judgemental, non-directive approach is key in restoring autonomy to those who have potentially been coerced or controlled[6]. Similarly, Suur-Helsingin Valkonauha ry (White Ribbon of Greater Helsinki association), a Finnish community home for women experiencing substance use and homelessness, say their strategy is community-, identity- and participation-based; building hope, meaningfulness and safety through relationships and rapport. St. Mungo's have a specific three-year overarching programme, recognising the difference in women's experiences of homelessness, for example, women may need longer to engage, need a more relational approach, different resources, or staff training. They implement this awareness into practice, by continuously asking the question *'How is this going to impact women in the service?'*[7]. Metzineres, a shelter for womxn who use drugs and are surviving violence in Spain, respects women's choices and aims to give women the tools, institutional help and support to actualise them for themselves, using their privilege to share member's voices and build bridges within communities. Five out of eighteen respondents replied as either having a women's strategy but no staff approach, or having a common staff approach, but no overarching strategy. However, five organisations responded as having no specific strategy nor a common staff method in their treatment of women clients.

2. Trauma-informed Care

Respondents were asked if their staff are equipped in methods such as Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) models or equivalent trauma-based approaches; additionally, they were asked if they thought their organisations provide a physically and emotionally safe space for women. Finally, respondents were asked if they included their women clients in feedback to their service.

Eleven out of eighteen respondents reported that their staff had training in Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) models or equivalent approaches. Several organisations report being involved in FENTSA's PIE4shelters project[8],

[5] For example, St. Mungo's, a UK homeless organisation, runs a 'Recovery College' programme, offering learning and training opportunities for clients in both academics and wellbeing tools. They run a weekly women's support group, facilitated by a former St. Mungo's client. [StMungos, 2020. What is the Digital Recovery College?. [Online] Available at: https://www.mungos.org/st-mungos-recovery-college-online-for-our-clients/ [Accessed 3 July 2021]].

[6] safeireland, 2015. *A Framework, Principles and Standards for Specialist Domestic Violence Services in Ireland.* [Online]Available at: https://www.safeireland.ie/wp-content/uploads/A-Framework-Principles-and-Standards-for-Specialist-DV-Services.pdf [Accessed 3 July 2021].

[7] StMungos, 2019. *Women at St Mungos – A three year strategy for 2019-2022.* [Online] Available at: https://www.mungos.org/publication/women-strategy/ [Accessed 3 July 2021].

[8] FEANTSA, 2018. *PIE4shelters - Making Shelters Psychologically- and Trauma-Informed (2018-2019).* [Online] Available at: https://www.feantsa.org/en/project/2018/02/01/pie4shelters-making-shelters-psychologically-and-trauma-informed?bcParent=418 [Accessed 3 July 2021].

implementing the principles and language of trauma-informed care, and being aware not only of the body's response to trauma but how that manifested. However, services reported that many of their buildings aren't purpose-built or require work, resources and time to actualise PIE and physical safety. Some services did report having a specific PIE fund for this work to be actualised. Focus Ireland reported that they are in the early stages of implementing TIC and PIE, having used therapeutic crisis intervention (TCI) previously[9]. Six respondents replied that they had no trauma-informed training, one responded that they did not know.

Many organisations reported that levels of physical and emotional safety varied through their services. Some services have safety measures, such as CCTV, fob security card access, lock changes, 24-7 staff or regular staff visits. Women's residential services may have protected addresses or other services may separate clusters of women from the mixed population. Depending on the service and the wishes of the women clients, women's safety is also promoted through events or groups, the development of safety plans for individual women and meetings with clients about their safety and comfort. Some organisations have links with specialist services or employ domestic abuse policies or staff training to increase physical safety. In male-dominated services, staff members may remain visible so as to not leave a woman user alone. However, some services felt limitations in how much physical safety they could provide women, only being able to advise against relationships with a perpetrator of violence, and not being able to help the women clients when they were not at the service.

Emotional safety is provided in certain services through empowering, non-hierarchical and non-judgemental client-centred practices, including consistent work with staff. These cultivate feelings of community and belonging, offer help and autonomy to women, build healthy relationships and trust, and normalize conversations around wellness. Some organisations prioritize services having quiet rooms, or a staff office where clients can go to talk or be alone, especially in youth services, incorporating TIC and PIE principles. Certain services allow women to share whatever information they want, having no entry questions or barriers to access, they also may have low thresholds of rules or conditions, promoting choice and mutual support, encouraging users to support each other outside the service as well as inside. However, some services struggle in providing emotional safety, with little privacy, cramped conditions, irregular meetings with case workers, or clients being unsure about how long their stay will be. Some services are not women-only, and have no women-specific services, programmes, or activities.

Fifteen out of eighteen respondents replied that they did include women clients in feedback. Their means of doing this ranged from consulting with users on their activities (away days etc.), conducting research or surveys, having user meetings and groups, having opportunities for complaints and feedback, carrying out disengagement with clients leaving the service, having a suggestion box, involving clients in staff recruitment, having key worker engagement, having an open and approachable team, including former clients in project development and services and

[9] TCI involved the de-escalating, managing and learning from behaviours, but not necessarily changing the service as a result of them. TIC practices involve changing the service, it's rules and requirements to meet people's needs, as opposed to expecting the customer to change their behaviour.

allowing clients to choosing their relief worker. Additionally, some organisations have a customer magazine for customers to send in art, or creative pieces. Three respondents reported having no means of gathering feedback from their women clients.

3. Domestic Violence

Organisations were asked how they respond to instances of gender-based violence (GBV) and domestic violence (DV) in their service. They were additionally asked (1) if their staff asked clients if they had experiences in GBV or DV in their entry assessments, (2) if they thought their staff could recognise signs of DV, and (3) if they thought their organisation was able to respond appropriately to instances and reports of DV.

Respondents replied with a range of support for GBV and DV, including, providing information about face-to-face consultation for service users experiencing DV, providing staff training on GBV and DV, providing material which raises service users' awareness of domestic violence, and providing material that directly addresses service users experiencing DV. St. Mungo described their response to DV as including a robust incident reporting system involving each client being logged into a centralised case management system. Once recorded, the system prompts additional questions, for example, if a Dash risk assessment has been completed and if the client has been referred to a Multi-agency risk assessment conference (MARAC). These reports are then reviewed by managers and staff are encouraged to make referrals to specialist agencies or develop safety actions such as safe words, giving the client a mobile phone, organising checks or GP visits. St. Mungo's found the improvement of recording systems increased the number of reports entering their system and being reacted to. Similarly, Assistência Médica Internacional (AMI), a human rights organisation in Portugal, has a statistical and qualitative database for categorising DV, it helps to monitor and characterise the phenomenon within women's homelessness. Several organisations noted the change in attitudes this area has undergone, regarding that previous service response would have put responsibility of child safety onto the mother, but now understanding dynamics of DV and why it is hard to leave, this attitude has changed. Services such as Focus Ireland and Kralji Ulice (the latter being a street organisation in Slovenia), have a zero-policy stance on issues of child protection. In instances without children involved, services find it more difficult to intervene, but they offer support and empowerment. In BMSZKI, a homeless organisation in Hungary, family temporary hostels have a protocol in which men engaging violence are required to join a men's group discussing the issue. They intend to expand this to other services, and it is a tactic for violence prevention.

Seven out of the possible eighteen respondents reported that their staff ask about experiences of GBV or DV in initial assessments[10]. Asking often varies depending on the length of the service in question, for example, in Safe Ireland's long-term support services clients are asked what has brought them to the service, however in low-threshold services and refuges, it is assumed the woman there have experienced violence[11]. Alternatively, in services like St. Mungo's, clients may be

[10] Nine responded that they did not ask, two responded that they did not know.
[11] Notably in these refuges in countries such as Ireland women are not considered homeless, unlike under FEANTSA's

referred to the service by their Local Authority, meaning whether a woman has experienced DV might already be known. St. Mungo's and other services might ask in initial assessments to find out the woman's needs and to document it, so she does not have to be asked again and possibly retraumatised as she moves through the service. The need to ask may also be reduced by the open environment cultivated in the service. In Suur-Helsingin Valkonauha ry, staff often share their own experiences of domestic violence or other difficulties to support and encourage the women living there in opening up.

Fifteen out of eighteen respondents replied that their staff could identify instances of DV, and thirteen out of eighteen replied that their organisation could respond appropriately to domestic violence. However, six organisations reported that they had no support for clients experiencing GBV and DV and nine organisations replied that they had no specific training on DV.

4. Gaps in Service Provision

Each organisation was asked what gaps in provisions inhibited them from accessing certain populations of women and what recommendations they had for services and future research.

Services reported issues in recording and identifying mechanisms specific to women and their specific forms of homelessness, including those in hidden homelessness and experiencing domestic violence[12]. More well-funded, timely and efficient public services for women experiencing homelessness or violence are required, as are further investments in staff training and better rolled-out services, encouraging constant professional development. Services, especially those in homeless and domestic violence sectors, need to collaborate, and partnership works need to be invested in to provide wrap-around support and support for after clients leave the services. Services should include their women clients in the design and implementation and feedback processes. There is a need for a whole-housing approach; providing more shelters and safe houses, the expansion and funding of Housing First, supporting housing instability, homeless prevention, tenancy sustainment support[13] and long and short term provision. Some services suggested a women's only private rented scheme or women-only move on pathway. More move-on options should be invested in to prevent 'bottlenecks' in current service provision, causing people to not be able to leave services and preventing others from entering services. Issues with service consolidation should be considered; for example, women may have to encounter perpetrators at certain services if all are situated together, possibly resulting in non-engagement. Many services work towards changing stigmatising and patriarchal or conservative attitudes within

ETHOS typography. [FEANTSA, 2005. ETHOS Typology on Homelessness and Housing Exclusion. [Online] Available at: https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion [Accessed 3 July 2021]]

[12] Several organisations interviewed took part in FEANTSA's Erasmus+ programme, including BMSZKI and Kralji Ulice. FEANTSA, 2019. Erasmus+ Women and Homelessness (2019-2021). [Online] Available at: https://www.feantsa.org/en/project/2019/01/03/women-and-homelessness?bcParent=418 [Accessed 3 July 2021].

[13] For example, Focus Ireland have developed a Tenancy Sustainment Support (TSS) services working with families and individuals at risk of homelessness. FocusIreland, 2018. Case Management in Focus Ireland. [Online] Available at: https://www.focusireland.ie/case-management-focus-ireland/ [Accessed 3 July 2021].

their communities, this should be expanded. There is a need for training and implementation of TIC and PIE, investment into making buildings suitable for physical safety. Several suggested engaging with perpetrators around accountability or giving women the option to stay in homes if they choose to be alternative solutions to DV. The sector must also expand an empathetic approach to mothers whose children go into custody; as these women are then treated as single by homeless sector services.Drug use frameworks should be reconsidered as family or short-term shelters intended for women experiencing DV might not accept homeless or actively using women. Services recommended investing into good relationships with staff and women clients; identifying staff's own weaknesses and strengths and supporting staff in dealing with complex issues. A need exists for services for youths leaving after-care, support with sex workers, mental health services, DV services and programmes for pregnant women. Finally, there is an overarching need for a general investment into client's wellness and betterment and health and pleasure.

Conclusion

Finally, interview respondents were asked what they thought their organisation's biggest achievements were. Answers ranged from the individual policies and frameworks their organisations had helped build, to the individual relationships they have cultivated with women clients and stigmas they have helped dismantle in their communities. In moving forward, the sectors that meet the needs for homeless, domestic violence and substance abuse populations should focus on coordination, addressing current disparities in the treatment of women in services and should invest in women-centred and women-informed strategies. Finally, gaps in provision inhibiting services from accessing the most vulnerable and hidden populations of women need to be addressed.

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