

Recommendations

These recommendations were created based on the findings of the research and with the input from women with experience of homelessness and people working to support them¹. The findings suggest that:

There is a need for a deeper understanding of health issue women experience when they are homeless

- **Further research.** Further research is needed to better understand the health needs of women experiencing homelessness on a national level. This research identified the need for further research particularly on past and current experiences of violence and the mental health implications of the experience and risk of 'losing children'.
- **Sharing existing knowledge.** Research should be shared between funders, academics, NHS staff and representatives from local authorities, Government departments and women and homelessness services. Where possible organisations should collaborate to create standardised research and monitoring tools.
- **Increasing knowledge of NHS staff.** NHS staff need to have further training to develop their understanding of homelessness and housing issues with a focus on gender.
- **National standards and accreditation.** Services supporting the health of women who are homeless including health providers, housing and homelessness support providers and organisations in the women's sector should work towards shared standards. These should be developed with the full input of women who have been homeless themselves.

There is a need for flexible, considered and participatory commissioning

- **Creating dedicated services.** Services should work together to ensure that there are spaces for women who are experiencing homelessness to go at different times of the day – 24-hour services should be highly beneficial to women.
- **Participation in commissioning.** Women with experience of homelessness should be involved in designing commissioning tenders, assessing proposals and on interview panels.
- **Fund early intervention.** Increased funding and resources for domestic and sexual violence service are important as violence remains a common cause of homelessness and significantly affects mental health.
- **Flexible funding.** Commissioning should encourage organisations to work together and to bridge the gap between women's and homelessness sectors. Flexible funding arrangements are especially important in the context of pressure on local budgets and limited resources.

¹ On the 31st January 2020 Groundswell organised an event that shared the findings of the research and collaboratively developed the recommendations. Guests included funders, academics, journalists, NHS staff and representatives from local authorities, Government departments and charities. The researchers and some participants from the study also attended.

- **Homeless Health Peer Advocates.** One-to-one advocacy support from people with a shared experience of homelessness is an effective tool to support women with complex health needs.

There is a need for flexible, compassionate and consistent support centered around individual need within homelessness services and housing provision

- **Develop a women's strategy.** Providers of support should develop and implement a women's strategy with users of the service. It should clearly set out steps to respond to women's health and wellbeing.
- **Co-produced services.** Asking women who experience homelessness to design services and inform practice leads to services that better meet the needs of individuals. This participation needs to be meaningful and not a tokenistic gesture.
- **Women only spaces.** Services should create women only drop-in times to engage women who face challenges in mixed gender groups.
- **Training on the frontline.** Staff and volunteers working in support services need training on gender and trauma informed approaches to better support women's health and wellbeing.
- **Gender informed leads/champions.** Designated staff to promote and embed gender informed approaches within services is an effective way to drive change/.
- **Peer-led support.** There is a need to develop support systems for women led by women with experience of homelessness.
- **Ringfenced roles for women with experience of homelessness.** Creating roles across organisations that make use of the skills and experiences of people who use services is a powerful catalyst for change for both individuals and services. These must not be restricted to 'Peer roles' but are across the functions of the organization. E.g. Human resources, administrative roles.
- **Support listening.** Women in this research appreciated being listened to especially by someone with experience of homelessness. It is suggested that support services create more staff and volunteer roles dedicated to active listening and talking. Training should also be given to help staff and volunteers respond appropriately to what people tell them.

There is a need for a focused approach within NHS services on the health of women who experience homelessness

- **Ask questions on accommodation status.** As this research found physical and mental health were two of the main reasons for homelessness. Given this, it is likely that NHS staff are treating patients before they become homeless, and therefore have an important role in prevention. However, stakeholders at the event felt that NHS staff are often not aware that patients are homeless². All statutory services have a duty to refer when someone presents as homeless, but this needs to go one

² This is also further evidenced by other research conducted by Groundswell and something Groundswell HHPA advocates experience.

step further by staff asking patients directly about their accommodation. This is important as women may not be forthcoming about their housing issues.

- **In-reach services and co-location of services.** Having multidisciplinary teams ‘under one roof’ has a positive impact on women’s health. Where possible NHS services should have drop in’s in hostels and homeless charities.
- **Mobile health units.** Mobile units specifically supporting the health needs of homeless women³ can help to engage Women particularly when they do not feel safe going to services that are predominantly used by men.
- **Specialist support.** Support from Navigators⁴ and midwives who specialize in working with homeless women in hospitals and community settings can lead to better quality and safer care that is tailored to the needs of women.⁵
- **A safeguarding concern.** Homelessness and risk of homelessness should be listed as a safeguarding concern within women’s organisations, housing providers, the NHS and other statutory services.
- **Mental health CATCH 22.** Remove the barriers to accessing mental health connected with housing and addiction (see report). In addition to this, there should be support for mental health before people reach crisis point.

There is a need for joined up working between services and sectors who support women experiencing homelessness

- **Mapping of homelessness, health and women’s services.** Mapping of services and good practice would be a helpful tool for services supporting women who are homeless and the bodies that fund them.
- **Increased opportunities for joint working.** Women and homelessness sectors and other statutory services should identify where their expertise lies and if there is a gap in their knowledge, capacity or resources to partner with complementary services. One way of achieving this is through staff and/or volunteer exchanges between women’s and homelessness sectors.
- **Increasing joint referrals between women’s and homelessness services.** This will allow women to have more tailored support and for sectors to continue to learn from each other.

SUPPORTED BY

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³ See for example Groundswell find and treat van <https://groundswell.org.uk/2009/tb-peer-educator-hi-vis/>

⁴ See examples of Groundswell <https://groundswell.org.uk/care-navigation/> and Pathways

<https://www.uclhcharity.org.uk/news/story/pathway-care-navigators>

⁵ Royal College Midwives have published guidance on supporting women who are pregnancy and who are housing issues or at risk of housing issues. There are also midwives dedicated to supporting vulnerable and marginalised women – this should be extended to homeless women.