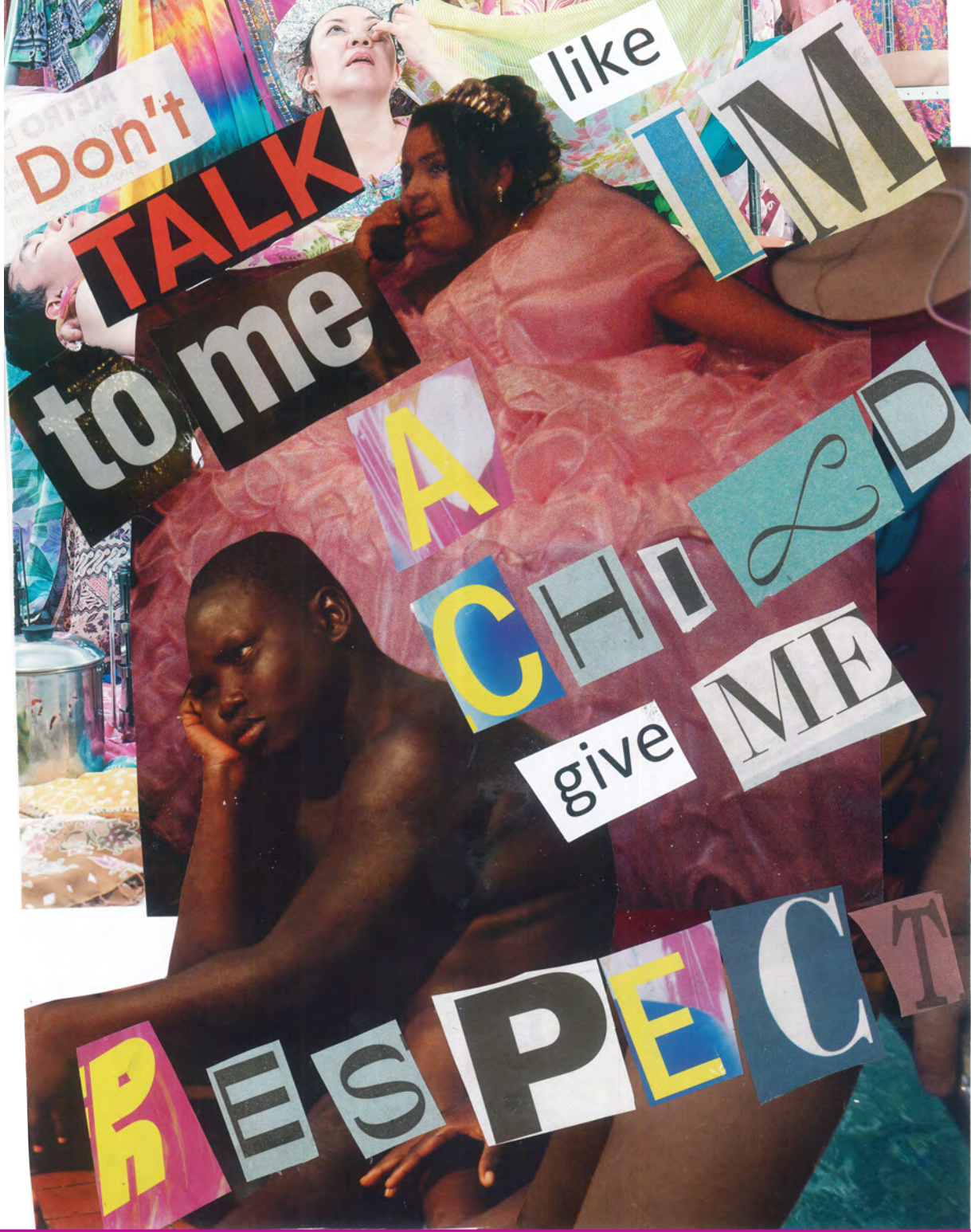**Homeless Link**

The Gendered Lens Framework

A workbook for embedding
a gendered lens to
homelessness services

The artwork in this workbook - that introduces the Gendered Lens Framework - was created by women with lived experience of homelessness. The artwork was created in workshops with the Women's Voices Group (Your Place Newham) and the Bristol Women's Action Group (Nelson Trust and Shelter). The goal of the workshops was to develop the framework through exploring the women's understanding of the impact of gender on their lives and the relevance of approaches for embedding a gendered lens. The artwork was their response to these questions. The workbook also includes quotes that were shared in the workshops. If you would like to carry out art workshops with women, you can find the template for the session in the appendices.

Contents

This workbook introduces the framework for embedding a Gendered Lens into service design and delivery.

Introduction

Why should homelessness services embed a 'gendered lens'?

The purpose of embedding a 'gendered lens' in homelessness services is to make them more accessible and suitable for women. Women often experience homelessness in different ways to men. While routes into homelessness and the experiences of homelessness are unique to each person, a person's gender and relationship to their gender impacts their experience. This includes risk of gender-based violence, harassment, discrimination and disadvantage. To consider the impact of gender, is to be 'gender-informed'.

While gender impacts on everyone's experiences, this framework for embedding a gendered lens focuses on the needs of women. Homelessness services that do not consider the impact of gender and are designed according to a 'one-size-fits-all approach', often privilege access for men. For example, women may have additional physical and psychological safety concerns. If these additional factors are not recognised in the service's design and delivery, women may avoid accessing it.

What is the Gendered Lens Framework?

The Gendered Lens Framework sets out seven approaches to service design and delivery and explains how homelessness services can embed them, thereby becoming gender-informed. The approaches in the framework should be viewed through the gendered lens. This means that even if the approaches outlined are already in place within the service, it is necessary to apply a gendered lens to consider if they are working well for women. For example, for a service to be trauma-informed, the impact of gender on a person's experience and response to trauma should be understood.

Who can use the Gendered Lens Framework?

This framework is suitable for anyone wanting to further their understanding of how to deliver a gender-informed service. However, those responsible for designing and developing new or existing services are encouraged to use the framework to embed a gendered lens in the process.

To consider where to begin, and how the framework can be adapted for the local context and service, listen to the women for whom the service is intended. More detail on how to collaborate with people with lived experience can be found in the principle on co-production. The process of improving the support the service can provide to women will be ongoing. Create time to reflect on the successes, challenges, and room for development. The process can be complicated, but is ultimately rewarding.

How was the Gendered Lens Framework developed?

This framework is a culmination of the research and recommendations on 'what works' for women experiencing homelessness. It has relied on resources produced by organisations working across the women's and homelessness sectors, including the 'Insights and Impact Report' produced by Homeless Link. This report summarised what was learnt by 29 organisations in receipt of the Ending Women's Homelessness Grant Fund. A full list of resources can be found on page 68.
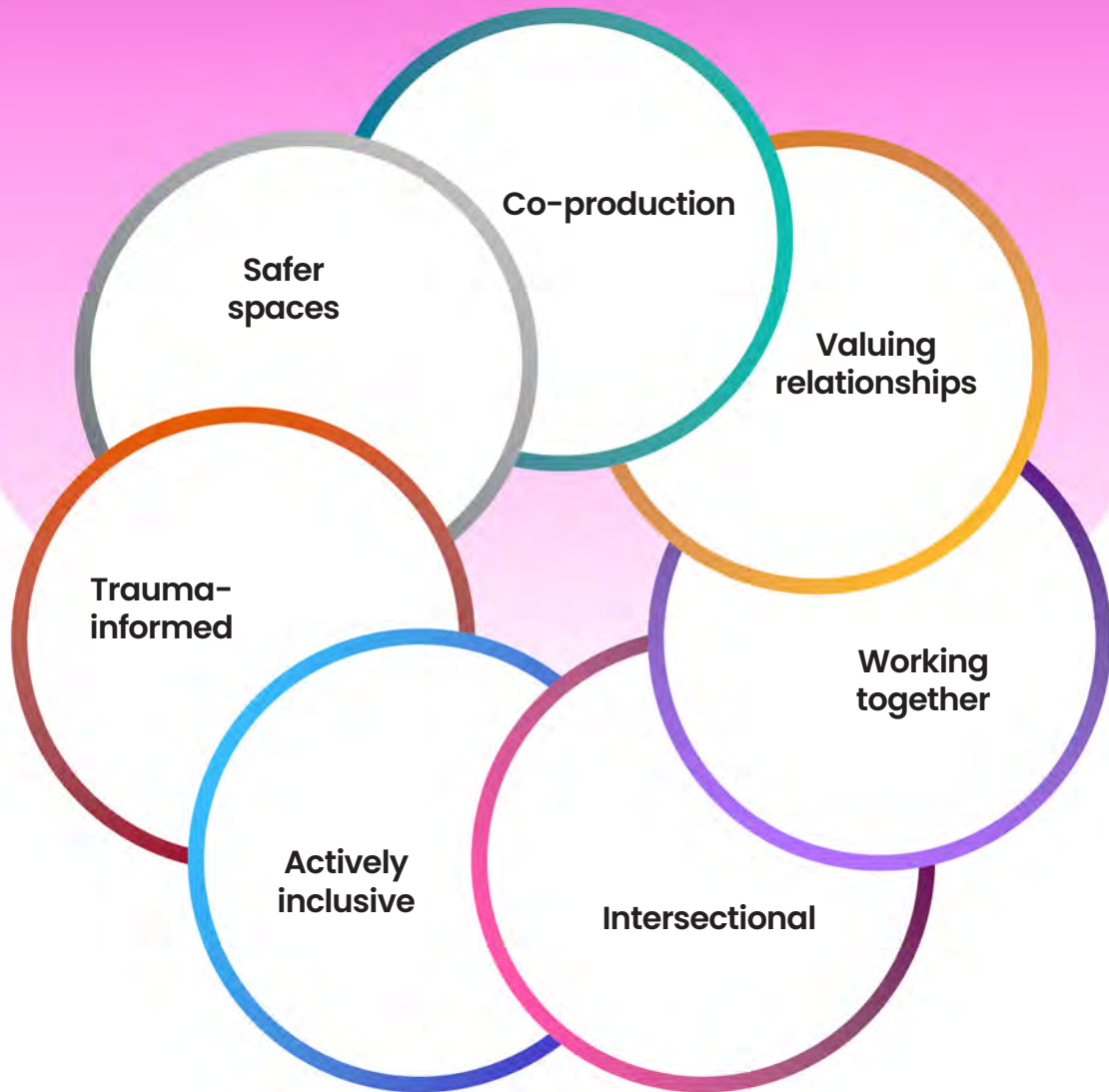
The framework was tested and developed in collaboration with women with lived experience through a series of art workshops. The workshops were conducted with the Women's Voices group at Your Place Newham and the Bristol Women's Action Group (facilitated jointly by Nelson Trust and Shelter). It also received critical feedback from practitioners at Changing Futures Stoke on Trent, Micro Rainbow, Anawim, Coventry Women's partnership, Glassdoor, Oxford Gatehouse, Single Homeless Project, St Mungo's Women's Development Unit, Standing Together Against Domestic Abuse, Your Place, AVA, Homeless Oxfordshire, Evolve Housing, Spitalfields Crypt Trust, Migrant Accommodation Pathways Support Service (MAPS) St Mungos and East Midlands Housing.

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1. https://homelesslink-1b54.kxcdn.com/media/documents/Homeless_Link_-_Insights_and_Impact_from_the_Ending_Womens_Homelessnes_Fund_1.pdf

The Gendered Lens Framework

Gendered Lens

Acknowledge that gender makes a difference

- Co-production
- Safer spaces
- Valuing relationships
- Trauma-informed
- Working together
- Actively inclusive
- Intersectional

Using this workbook

For each of the approaches in the Gendered Lens Framework, this workbook includes the following information and resources:

Approach explanations and top tips

Explanation of the approaches referenced in the framework and top tips for service design and delivery.

Questions

Questions for all staff, from frontline practitioners to commissioners, to help them consider each approach. Many more questions will hopefully be prompted, but this workbook asks one question per job role.

Further reading

Relevant guidance and training from Homeless Link and other organisations across the sector.

Artwork and quotes

Artwork produced in workshops by women with lived experience from the Women's Voices group (Your Place Newham) and the Bristol Women's Action Group (Nelson Trust and Shelter); quotes from the women who took part in the workshops.

Reflections from the frontline

Reflections from frontline practitioners taken from communities of practice facilitated by Homeless Link.

Homeless Link highlights

Short summaries of existing research on women's homelessness.

Case studies

Six case studies of services that have worked creatively to improve their offer for women.

Exercise templates

Templates for three exercises you can use to inform the development of your service - the art workshops used to develop this workbook; Your Place Newham's for gendered walk through of the service; and Basis Yorkshire's exercise to help the board of trustees to understand the pressures on their frontline staff.

It's not what you look at, it's what you see

What I feel. ↓

What you see ↓

Homelessness has no Label, Many women can change their faces to occommo-date or hide our their enveronment. Jest because we may sleep rough

ceraumstance from you deesnt mean we don't meet the criteria of homelesnes duty!
Every woman who is withaut a house, will create one wherever they go, we live in a home withaut a roof or walls.

Gendered Lens

Acknowledge that gender
makes a difference

What does this mean?

- The service understands the experiences and needs that predominantly or disproportionately affect women, such as all forms of gender-based violence (including domestic abuse, sexual violence, grooming and exploitation and harassment), selling or exchanging sex and child removal.

- The service understands and responds to the gender inequalities which impact routes into and experiences of homelessness, such as lower wages, vulnerability to welfare cuts, gendered discrimination and stigmatisation.

- There is acknowledgement and understanding of the impact of gender on a person's relationship to services. This includes barriers to support which have resulted from embedded practice that can privilege men, for example, strict verification requirements that do not reflect that women are more likely to experience transitory patterns of homelessness.

- The service recognises the opportunities for creativity, innovation and community that are available when an understanding of gender inequalities and a strengths-based approach are embedded.

- The service acknowledges that gender makes a difference to all those who operate within it, including all staff.

Questions to consider

All staff:	What ideas do I have about the differences between the women and men that I work with? What gendered stereotypes might inform those ideas?
Frontline practitioners:	Do I know what additional barriers the women I work with might face accessing the service, compared to the men?
Managers:	How can I support a culture shift in the organisation towards recognising gender makes a difference?
Commissioners:	Do the services I commission have the funding and support to provide training to staff on gendered needs?

'We are treated differently in society and labelled and stigmatised.'

'We are sometimes treated by society like 2nd class citizens, this is oppression and needs to change.'

Top tips for delivery

✓ Ensure all staff within the service have training on gendered needs, including but not limited to: gender-based violence, domestic abuse, health needs, and child removal. Consider procuring training from local specialist services and exchanging training to reduce costs.

✓ Ensure organisational policies are in place, which respond to gendered needs including, but not limited to: domestic abuse, sexual violence, harassment, and women's health.

✓ Recognise and take steps to work effectively with perpetrators of domestic abuse as well as survivors.

✓ Review existing policies with the goal of addressing the disproportionate impact on women. For example, review and reevaluate eviction policies to account for gendered reasons for absences e.g., sex work and caring responsibilities.

✓ Create regular reflective spaces for staff - from commissioners to frontline workers - to consider the extent to which the service has adopted a gendered lens.

✓ Disaggregate and analyse all data by gender. Use this to inform the development of future strategy, for example, the development of bids for future contracts.

✓ Recruit or appoint a specialist women's or violence against women lead to maintain focus on women's needs and safety within services.

Additional Resources →

Knowing our strengths

Homeless Link highlights

Women with lived experience of homelessness report being labelled as 'chaotic' and 'aggressive' (St Mungos, 2022). This can be a reference to the challenges practitioners face working with women with multiple unmet needs who might not conform to expected gender roles. This labelling can result in the explanations for their behaviour being ignored or supressed, for example the woman maybe unwell, scared or simply busy trying to manage the effects of homelessness (St Mungos, 2022).

Research has suggested that because women are associated with the home, homelessness is perceived as a deviation from normal gender roles. This means that women who experience homelessness face additional stigma (Reeve, 2018). Women who experience homelessness have reported being overlooked, condescended to and victimised (St Mungos, 2022).

My Survival Kit

It's things that remind me most prominently of the things I had with me when I was homeless. No matter what city I was in, it was my survival kit.

No one helped me when I was homeless, from when I was 19-22. The only reason I got help because I went through violence. No one would speak to me, apparently there was outreach, but no one ever found or helped me.

I didn't know where to go, if you are in a coercive relationship or have an addiction, you won't go to an office, you don't have a regular schedule.
A lot of people won't have phone credit or be getting enough sleep - People with a home's take their time for granted, being homeless is time consuming. All the energy you have goes on trying to survive.

Gendered Lens

Co-production
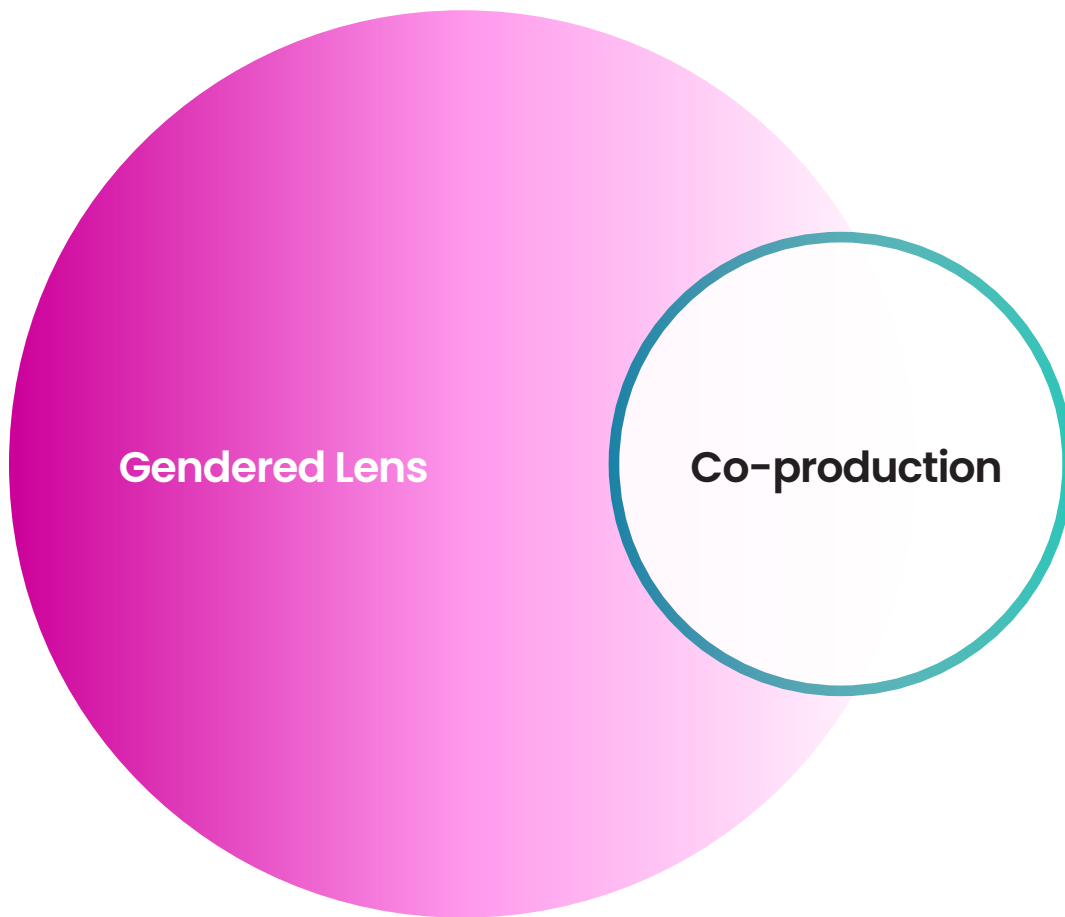
What does this mean?

- There is an organisational commitment to ensuring that at all levels they are informed by those who use their services and those for whom the service is intended. Those who are involved in this process are adequately compensated and respected for their time and contribution.

- There is a recognition that if people who use the service are listened to regarding all aspects of the service, then it is more likely to meet their needs. This includes, but is not limited to, matters related to the design of the service, policies and procedures, recruitment and training of staff.

- The service seeks to amplify the voices of the people who use their services, externally as well as internally.

- This work is integrated and ongoing, incorporated into the service's reflection and development.

Questions to consider

All staff:	What opportunities are there in my role to actively listen to women? If there are no opportunities, how can I create them?
Frontline practitioners:	Do I collaborate with the women I work with to produce their support plans?
Managers:	Do the structures that we have in place to enable the involvement of women with lived experience support an active, engaged community? If not, have you asked the women why?
Commissioners:	At what stage of commissioning services do you consult women with lived experience? Is consultation embedded into the process from the outset?

'If you feel you are in a place where you can have a voice you gain confidence and even try to help other people. This can help break a pattern.'

'Sometimes I feel sorry for men, they are not in the women's community'

'Give us a chance, to talk and listen and you will hear a lot'

Top tips for delivery

Consider steps to ensure proportionate representation of gender in existing co-production groups and/or establish a co-production group for women.

Using a gendered lens, collaborate with people who use the service to review and redesign the policies and procedures followed by frontline staff; this includes personal assessments, support plans, and multi-agency meetings.

Ensure the complaints procedure is fit for purpose, familiar, and accessible to all those who use the service.

Ensure that outcome measurement is focused on relational outcomes, often referred to as 'gendered' outcomes. These outcomes can be captured in co-produced ways such as interviews with women, case studies and well-being self-assessment tools.

Collaborate with people who use the service to review, co-design and decorate physical spaces.

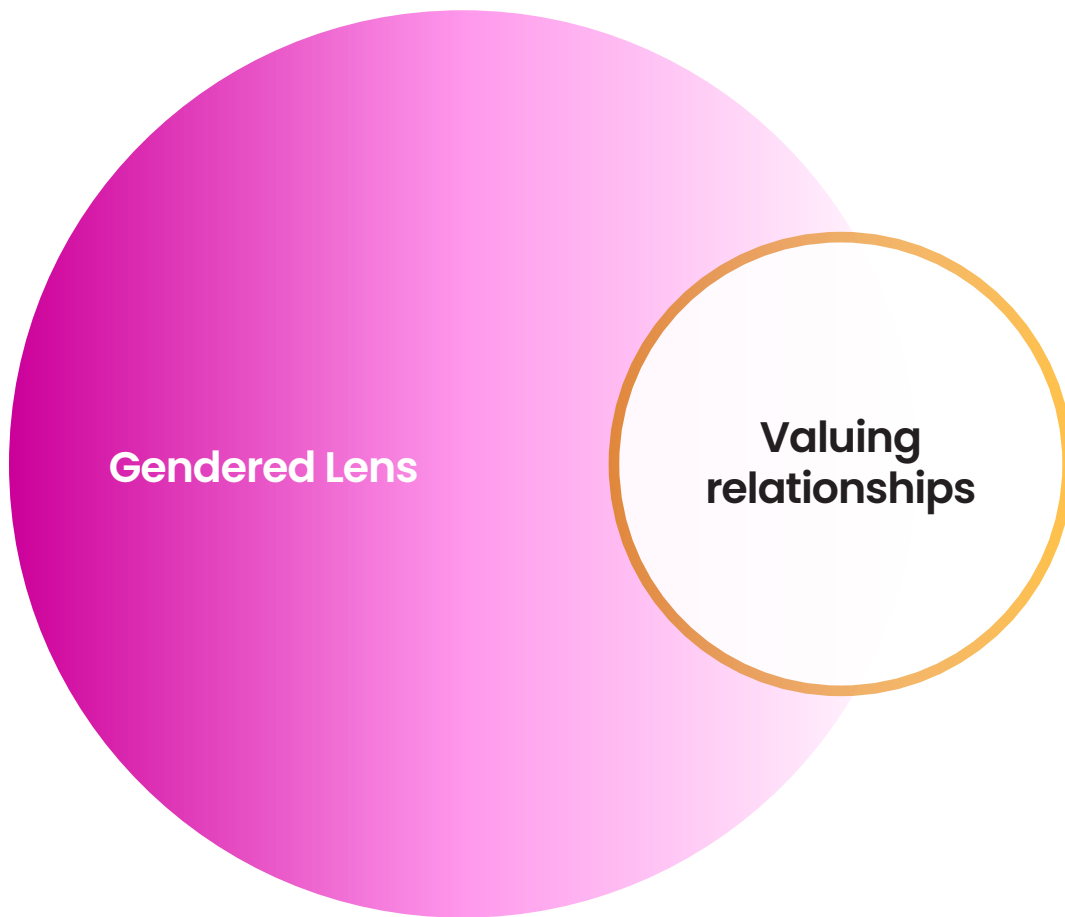Involve people who use the service in the recruitment process

Additional Resources →

Go to meet the women where they're at, and ask them what they want from services

Ladies Night Case Study

Homeless Link

Gendered Lens

Valuing relationships

What does this mean?

- The importance of good quality relationships is recognised. These are relationships which may display qualities such as honesty, transparency, kindness, decency, warmth and humour.

- There is an understanding that relationships of trust between frontline practitioners and individuals are important and take time to be built; processes are designed to enable the building of relationships.

- Healthy connections to friends, family, significant others, and the wider community are promoted and supported.

- The service recognises that a women may wish to reconnect with a child that has been removed from their care, and is designed to enable this where it is possible.

- Peer relationships are valued and supported to develop the creation of mutual empowerment and support.

Questions to consider

All staff:

How can I create an environment that allows trust to grow?

Frontline practitioners:

Can I connect and support women to access activities in the wider community?

Managers:

How might a woman's desire to maintain a positive relationship with her children (in her care or not) affect her ability to access the service?

Commissioners:

In the services I commission, do staff have the low caseloads and flexibility necessary to build relationships of trust with women?

The facilitation of strong networks and community resilience within the accommodation, built on the networks that many of the women already had.

Your Place Case Study

The founders of Trevi had realised that there was nowhere that mothers could go with their children and that mothers who wanted to go into rehab had to be separated from their children, thus often compromising their treatment outcomes. Trevi was the first service of its kind to take women with their children.

Trevi Case Study

Homeless Link highlight

In cases of child removal, the needs of the child are considered above the needs of the parents. This can mean the needs of the mother that might impact on her ability to provide care are not acknowledged or supported (AVA, 2022).

Experiences of homelessness caused by multiple factors including domestic abuse, can result in children being removed from their parent's care (AVA, 2022, Reeve, 2018). Women who experience homelessness are often held responsible for the impact on their children, rather than the impact of structural disadvantage that caused their homelessness being recognised. Women who face increased structural disadvantage including black and minoritised women, disabled women and women living in poverty face higher rates of childcare proceedings and removal (AVA, 2022).

Women often do not receive sufficient support to manage the effects of child removal, and the resulting trauma can be long lasting and damaging (Groundswell, 2022). Women may lack trust in services because of their negative experiences (Your Place, 2023).

Top tips for delivery

Recognise the potential negative impact of staff being responsible for both administering punitive policies and procedures and sustaining and building relationships. This could be avoided by ensuring one staff member does not hold both roles.

Adopt an approach that aims to rebuild relationships, following incidents that might damage relationships between service users and staff.

Consider how the design of the service may facilitate contact with children or other significant family members e.g., flexible visiting hours and arranging phone calls/internet access to contact family members.

Organise healthy relationship workshops/training for all those who use the service, including men.

Create opportunities to strengthen community within the service for example by organising events on festive occasions.

Create opportunities for women to build connections with communities outside the service, for example, by running activities in local community spaces that are open to the public.

Do not adopt a risk-adverse approach when supporting couples. Engage with the resources available on how to improve the support for women in relationships.

Additional Resources →

'When there is no communication people fall through the cracks'

The drop-in creates a safer space in which moments that might transform a women's experience can happen. If a woman wants to be on a methadone prescription 'script', she might have the idea for months before she can follow through with it. In that time, she will have met and had conversations with the relevant worker. They have built up a relationship which then makes it easier for her to take that step

Kairos Case Study

Gendered Lens

Working together

What does this mean?

- Multiple agencies collaborate to ensure the person has access to the most appropriate support for their wishes and needs, which may be gendered.

- The knowledge and contribution of the women's sector is valued.

- Where a person's support is provided by multiple agencies, there is clarity of roles and responsibilities to avoid them having to repeat unnecessary information and to prevent work from being duplicated or neglected.

- Multi-agency working is done in collaboration with the person being supported, seeking to maximise their choice and control in the development of their support. This includes understanding where a person might not want to engage with an agency.

- It is understood that providing a single point of access for support from multiple agencies can improve the services' accessibility, helping overcome complexity and practical barriers as well as enabling the choice and control of a person.

- The service understands the limits of its provision and is aware of the resources and referral provision that can provide appropriate support based on a person's needs and wishes.

- Multiple agencies build and maintain strong relationships with each other, and create spaces for effective communication, reflection, peer learning and best practice.

Questions to consider

All staff:	Do we share a vision across our local area for what good support for women experiencing homelessness looks like?
Frontline practitioners:	When working with partners on cases, do you feel confident that you know what your role is and who is responsible for communicating with the woman?
Managers:	Does the service have relationships with local services in the women's sector? If not, what steps can I take to build those relationships?
Commissioners:	Has an approach of jointly commissioning services across sectors to better meet the needs of women been considered?

Recognise everyone as a potential partner, not just your usual allies

Kairos Case Study

The partnership brought expertise and mutual respect.

Respite Rooms Case Study

Zara helped me with finding a baking course

Top tips for delivery

✓ Identify and build relationships with local services that can support service users on key gendered and specific needs, including but not limited to, immigration advocacy, refugee and asylum support, debt advisory services, domestic and sexual abuse services, sex work advocacy, child removal advocacy and support and LGBTIQ+ advocacy.

✓ Identify opportunities with partners for resource and knowledge sharing. This could include peer training, shadowing each other's services, or using each other's buildings.

✓ Develop a clear partnership agreement, which sets out the roles and responsibilities of all participating agencies.

✓ Co-locate with other services. Consider developing a multi-agency drop-in service or 'one stop shop'.

✓ Attend and/or coordinate local forums, meetings and events, which consider how to improve support for women experiencing homelessness.

✓ When multiple agencies are working with one woman, consider appointing a lead practitioner to provide consistency. Consult with the person as to whom they have the strongest relationship with to inform the decision.

Additional Resources →

Gendered Lens
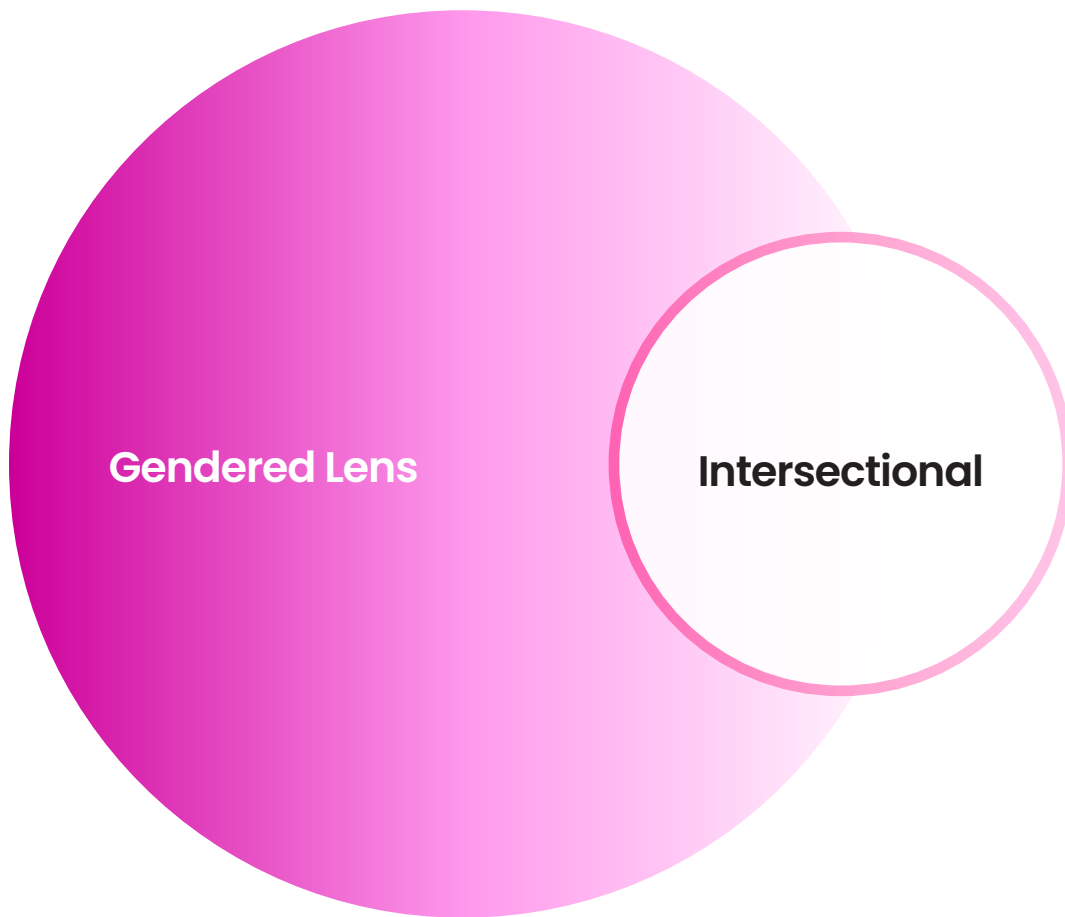
Intersectional

What does this mean?

- There is an understanding of the interconnected nature of gender and other forms of structural disadvantage such as race, disability, sexuality, gender identity. It is recognised that the intersection of these identities may negatively impact the associated biases, assumptions, and challenges a person faces.

- There is understanding of the impact of the broader context of structural inequality on policy, commissioning, language, attitudes and behaviours and personal experience.

- There is recognition of the importance of specialist provision – also known as 'by and for' organisations – and there is commitment to supporting their continued existence and growth.

- The service recognises that power dynamics between itself, other agencies and people who use their service are also affected by the broader context of structural inequality.

'Discrimination is not listening to women's choices or decisions.'

Questions to consider

All staff:	Do I listen and respond to a women's particular needs and wishes, recognising that all women will not be the same?
Frontline practitioners:	Do I support the women to make their own informed choices?
Managers:	Is there a gap in specialist support for women; what partnerships or training can I develop to address that gap?
Commissioners:	Do I commission specialist services, recognising the capacity of organisations to better respond to the needs of their community?

Before the service was established, it was thought that there weren't many black and minoritised women that needed homelessness services locally, as they were not seen. However, the partnership between Panaghar and NDND meant that the Respite Rooms service was designed with the needs of black and minoritised women in mind. Black and minoritised women then accessed the service and so it was realised that there were women that needed this support, they were just not visible to homelessness services before.

Respite Rooms (Case Study)

Top tips for delivery

Ensure all staff adopt a tailored, person-centred approach to developing support plans, which considers the range of intersecting needs a person may have. Aspects of a support plan that consider safety planning and risk management, should recognise and respond to the person's particular needs and risks.

Review all policies and practices on data collection and sharing to ensure the needs and wishes of all women are considered and respected, for example, the impact of sharing information with public bodies on a person's immigration status.

Develop and review policies to promote the inclusion of marginalised women and to protect staff from discriminatory attitudes and behaviours.

Provide staff with training on understanding different women's needs, for example, training on supporting women to overcome cultural and language barriers.

Disaggregate and analyse all data by all protected characteristics and ethnicities. Use this to inform the development of future strategy and practice, for example, which languages to translate documents into.

Seek to build equitable relationships with specialist services in the local area. Recognise their expertise, share resources, and create spaces for peer learning.

Additional Resources →

There is often an assumption that all refugees need the same type of support. However, if a person is LGBTQI they might need different support. It is necessary to be aware that their sexuality also puts them at a disadvantage. The one-size-fits-all approach does not work.

Micro Rainbow Case Study

'You need to put yourself in all different types of discrimination and understand all human beings.'

Homeless Link Highlight:

Black, Asian, minoritised, and migratised women face more barriers to accessing services. This includes racism and discrimination, language barriers, and not being able to access public funds. 'Women described a lack of cultural responsiveness across mainstream services, perpetuated by the fact that practitioners often do not reflect the diversity of service users' (AGENDA, 2023). The support of by and for specialist services is vital for women.

From what we know, LGBTIQ+ women, migrant women, black and minoritised women, disabled women are disproportionately represented in homelessness data. For example, analysis of CHAIN data for 2021-22 (information on rough sleeping in London) revealed that 21% of women sleeping rough were black compared to 12.5% of the London population. Stonewall has shown 25% of trans people have experienced homelessness at some point in their lives, compared to 16% LGBT people who aren't trans, 24% of non-binary people and 20 per cent of LGBT women have experienced homelessness (Stonewall, 2018). We need to work closely with specialist services to understand how our services are failing these women and what we can do to improve the available support.

Gendered Lens

Actively inclusive

What does this mean?

- The service understands and is designed to address the gendered and multiple unmet needs of the women they seek to support.

- The service is flexible in its approach, recognising and being responsive to the needs and circumstances of the people who wish to access its service.

- The service provides information and support in an accessible way.

- The service challenges local systems and services which impose onerous access requirements that prevent women from receiving support.

- There is consideration for how the service can meet the practical needs of all women.

- The service understands that women who face additional access barriers may need more support to navigate complex systems than their counterparts.

- The service demonstrates culturally informed practice that acknowledges, respects, and integrates women's cultural values, beliefs, and practices. This includes practice which is sensitive to women's specific circumstances related to race and ethnicity as well as faith/religion.

Questions to consider

All staff:	Is the service well known across a range of communities within the area we serve?
Frontline practitioners:	If a woman is having difficulty attending appointments, do you know why?
Managers:	If women with a certain protected characteristic are not accessing the service, are there any steps you can take to make sure their needs are being met?
Commissioners:	Are access and engagement requirements made flexible to accommodate the gendered barriers to accessing homelessness services?

Practitioners should learn more about migrants, LGBTQI people, trans issues, and women. There is a general lack of understanding across the sector about trans women and trans issues, making trans women even more vulnerable.

Micro Rainbow Case Study

Reflections from the frontline:

Frontline workers spoke about how important cultural understanding and responsiveness was to their work. Language translation does not go far enough, particularly if it is a phone translation service. To help women feel comfortable in new environments, build trust with workers and navigate complex and unfamiliar systems, it is necessary to have the tools and time to recognise and respond to differences in experience.

Top tips for delivery

✓ Ensure the service's location is safe and accessible to the women who need it.

✓ Provide support to women in times or locations that are safe and accessible to them; this might include adopting assertive outreach practices, using other service's building, altering the service opening hours.

✓ Ensure staff have access to language translation services and all written information advertising and explaining the service is available in multiple languages and in accessible formats for those with disabilities.

✓ Ensure women can practice their faith by providing the physical space and articles necessary to do so.

✓ Accommodate for additional caring responsibilities, for example provide a nursery within the service or deliver support to the person where they're at.

✓ Provide a wellbeing pack including practical items to address health and care needs, i.e., toiletries, makeup, clothes, sanitary products.

✓ Seek to understand why a person may have difficulty accessing the service rather than adopting a punitive approach when they fail to do so (attending appointments).

✓ Provide additional financial support to help women access the service, i.e., phone credit or transport costs.

Additional Resources →

The Equality Act:

Services available to people experiencing homelessness aim to meet needs by offering a wide range of support. Services are encouraged to consider their inclusion policies and practices for all of those with protected characteristics, and other marginalised groups.

The Equality Act 2010, and EHRC guidance relating to the provision of single sex services, outlines the duties and responsibilities of service providers, and employers, to those with protected characteristics. These, along with an underpinning ethos of inclusive service delivery, mean that services for women experiencing homelessness may routinely include trans women. In certain circumstances, some exceptions may be applied, as outlined in the EHRC guidance. Services may need to further consider how best they can support trans and non-binary people.

Homeless Link has, and will continue to produce good practice resources to support inclusive service provision. These are available on our Knowledge Hub.

Gendered Lens   Trauma-informed
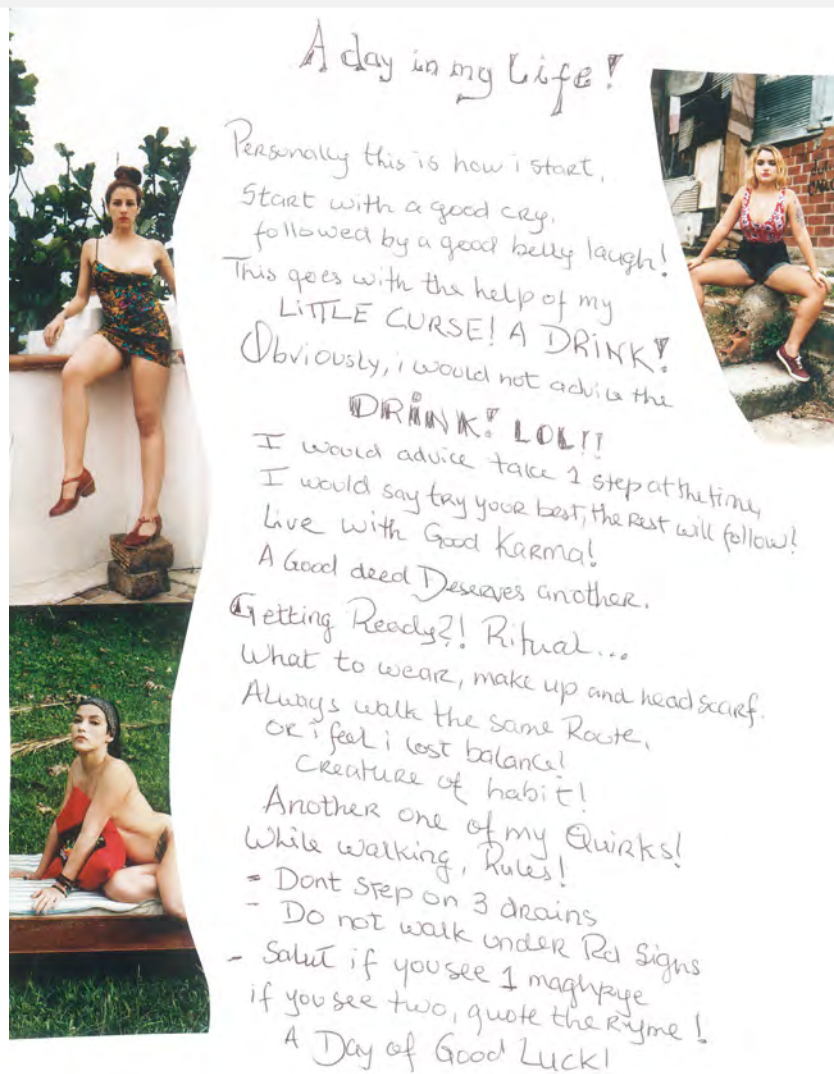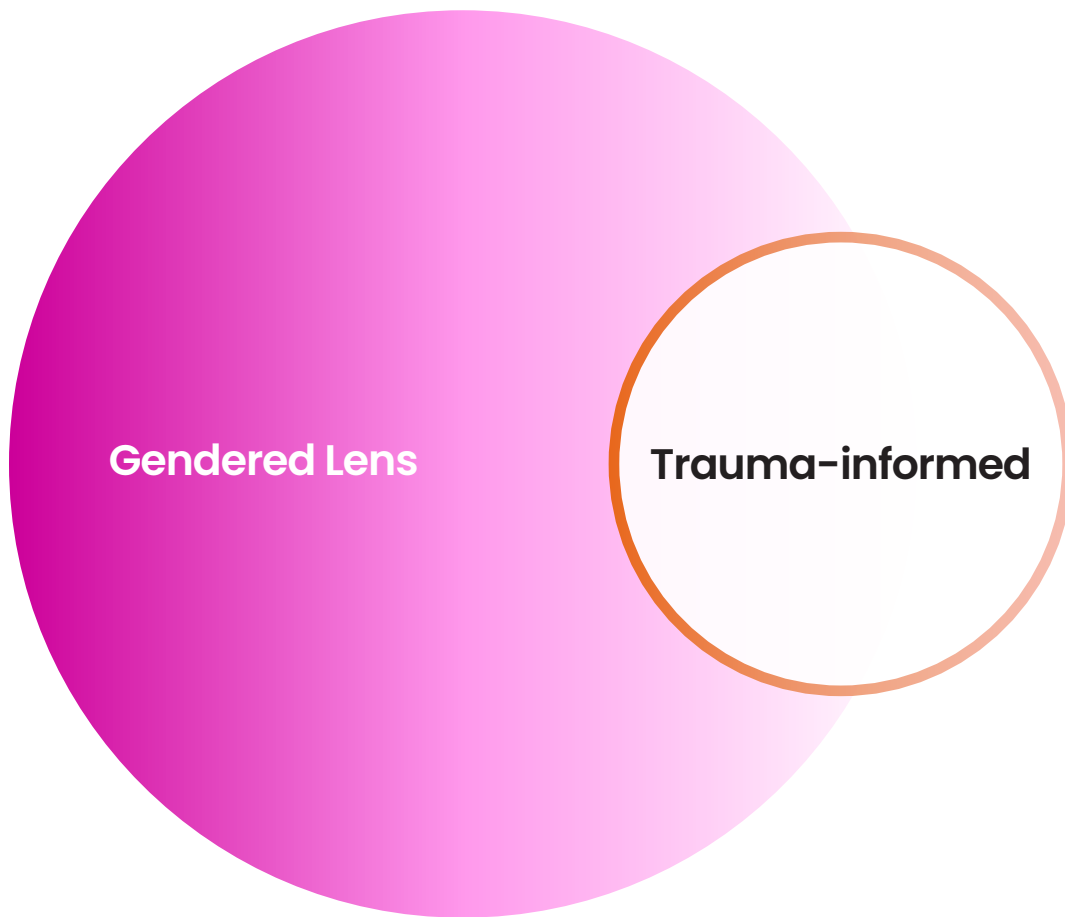
What does this mean?

- The service design and delivery recognise the impact of trauma in the lives of women

- It is understood that while trauma is personal there is also a relationship between gender and trauma. This includes the impact of interpersonal trauma on women such as experiences of violence and child removal.

- The additional impact of stereotyping and stigma a woman may face for being at risk of and experiencing homelessness is recognised.

- The service recognises and is designed to reduce the risk of re-traumatisation.

- The importance of transparency, communication and consistency to people who use the service is recognised.

- It is understood that the impact of traumatic events is long-term, does not have a quick fix and requires long-term, flexible support.

- The service understands the impact of vicarious and direct trauma on staff and takes responsibility for staff wellbeing and support.

Questions to consider

All staff:	Do I understand the relationship between gender and trauma?
Frontline practitioners:	Do I offer support in a way that is not judgemental?
Managers:	Could I review the initial assessment processes to consider how much information we are asking of the women at first contact, and how necessary it is to have that information?
Commissioners:	Does the service have the flexibility to provide long-term support to women where needed?

It is important to recognise that if they engage and share information with you, this is a privilege. A professional does not have a right to know this information.

Ladies Night (Case Study)

Reflections from the frontline:

Frontline practitioners described their frustration at only being able to work with women for a short period of time, explaining that the trauma women experience, such as having a child taken into care, is long lasting and does not have a quick fix. The pressure to have short term positive outcome when supporting women with the impact of trauma was felt by many in the forum and had a negative effect on the practitioners.

Give us a change to
talk and listen and you
will hear a lot

...ike I be always freedum.

I wish for nobody
to ever experience
homelessness in their lives.

Top tips for delivery

✓ Ensure staff have training on being trauma-informed, which includes the interaction of gender and trauma.

✓ Adopt a strengths-based approach that validates the experiences of people being supported and empowers them to make positive changes in their lives.

✓ Provide support in a non-judgmental way and cultivate a practice of doing 'with' rather than 'for' or 'to' the person.

✓ Review assessment and triaging processes to consider how much information it is necessary to take. Take steps to empower the person accessing the service to make further disclosures on their own terms.

✓ Ensure policies and processes on engagement are flexible, enabling a person to access support when they are ready.

✓ Ensure caseloads are small and case management practice is flexible, enabling the person to be supported at their own pace.

✓ Show sensitivity to staff's own histories of trauma. Be aware of and provide support for symptoms of burn-out, compassion fatigue and vicarious and direct trauma. This may include reflective practice supervision and access to further support schemes.

✓ Ensure outcome measurement supports the flexible long-term approach to case management, rather an expectation of a 'quick fix'.

Additional Resources →

'You have to retell your story so many times it's triggering - although some services say they try and design systems so you should only have to tell your story twice, reality is you have to keep repeating your story until you're heard.'

'Unique gender-based trauma and triggers and preferences of who you want to work with e.g. prefer women doctors and support workers'

Trevi works with people who have experienced significant trauma, and the staff team are all women. 1 in 4 women experience domestic abuse and 1 in 4 women have been raped or sexually assaulted as an adult, therefore there will be women in the workforce who have experienced trauma. It is necessary to attend to everyone's needs and support the staff team through reflective practice and supervision.

Trevi Plymouth (Case Study)
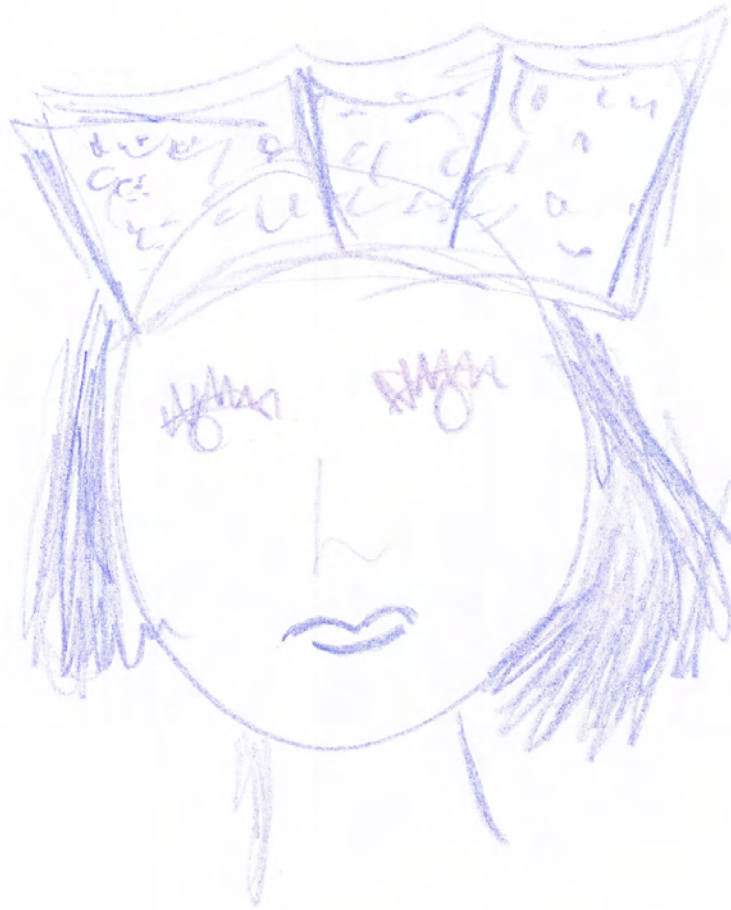
'If I have an appointment, please call. I have a head like a sieve.'

Most of the women have experienced trauma, but women typically internalise it and men externalise it. Start by recognising the high likelihood the woman has experienced trauma.

Respite Rooms (Case Study)

Homeless Link Highlight:

Traumatic events are deeply personal and have lasting effects which will depend on the person. However, research has shown that the kinds of events experienced by the person are often gendered.

Women are more likely to experience interpersonal trauma, for example abuse perpetrated by someone who says, 'I love you'. This can lead to a higher likelihood of having a 'dissociative response', this means feeling disconnected from yourself or the world around you (Covington,2016). People with a dissociative response can experience memory loss and events as if they are unreal. This is one of several responses but is just more likely to be experienced by people who have experienced interpersonal trauma (Centre for Mental Health, 2019). Other responses can include risk taking behaviour, hypervigilance, lack of boundaries or very high boundaries and anger (STADA & St Mungo's, 2021).
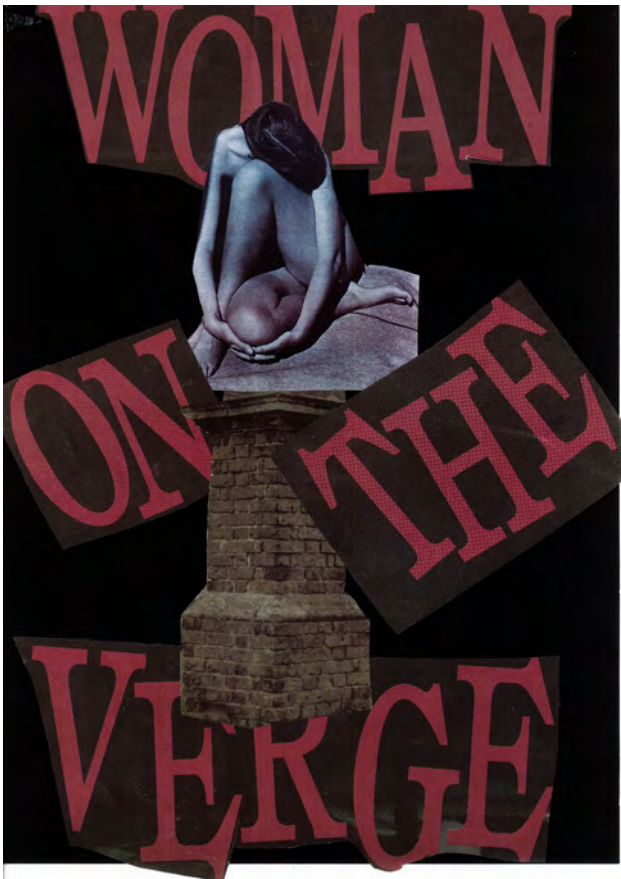
'Impact of trauma means that people will respond differently to the same event.'

Gendered Lens
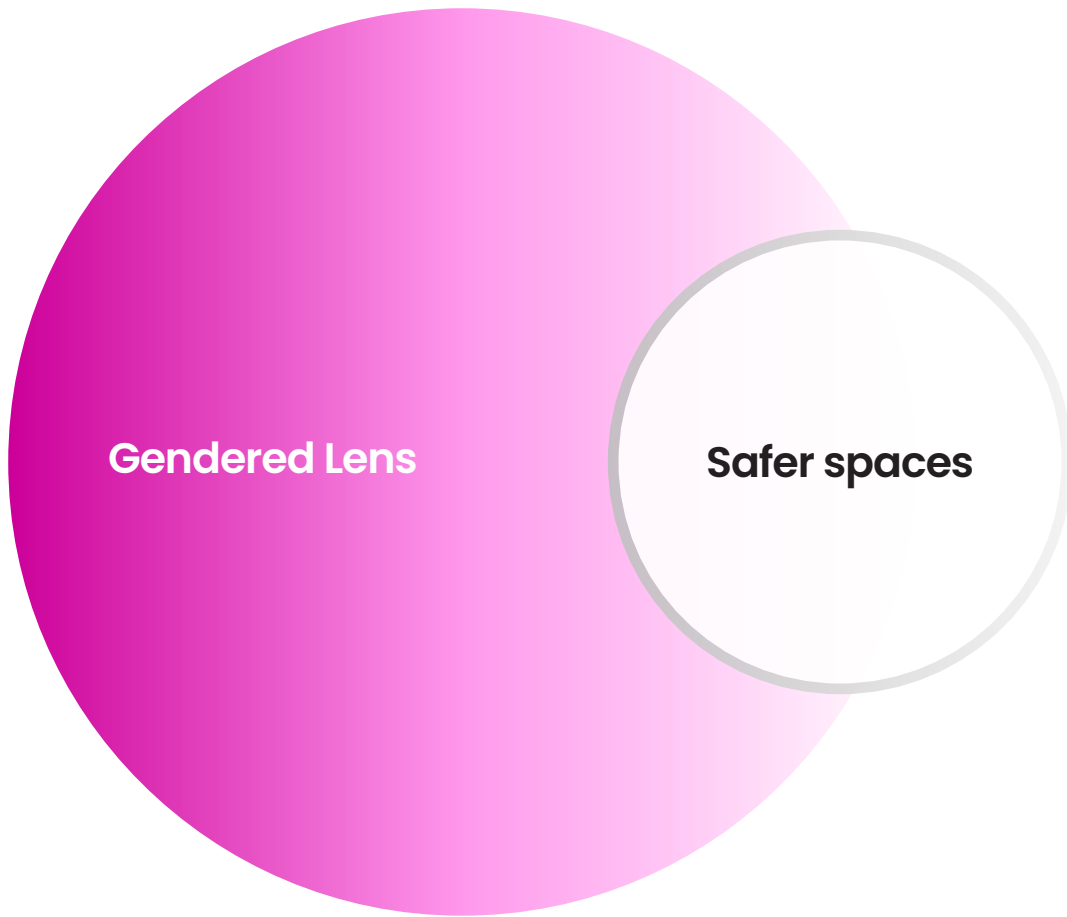
Safer spaces

What does this mean?

- A safer space is created, designed for the needs and wishes of women. Safer spaces aim to facilitate the physical and emotional safety of all those who wish to access it.

- The location and physical design of the environment, as well as the policies and procedures put in place, consider the safety of those who wish to access it.

- People who access the environment are offered a space to 'just be', receiving support from practitioners as well as their peers.

- The environment has opportunities for individuals to build collective skills, knowledge, and confidence.

- Safer environments may be single-gender and exclude men.

- Safer spaces that exclude men are made available to all those who want them, but it is understood that it will not be the right solution for everyone. Individuals are given choice and control over whether it is a suitable option for them.

Your Place first created safer spaces for the women in their supported accommodation, because the lack of safe spaces was the primary barrier to women being able to access the service.

Your Place Case Study

Questions to consider

All staff:	Do I feel emotionally at ease in the space?
Frontline practitioners:	Can I meet women in a place that they tell me they feel safe in?
Managers:	Have I consulted with women on how physically or emotionally safe they feel in the service?
Commissioners:	If women make up a low proportion of the number of people accessing homelessness services in the area, what other support is available to them?

'Don't expect a woman to be vulnerable, but allow her to be.'

Safety and security, relaxed and calm - I need all of these things to be able to share'

Top tips for delivery

✓ Designate an area or environment with the aim of it being a safer space. This might be the entire service, a floor in a hostel, a room in the service and/or a day of the week or time in the day.

✓ If it is promoted as a service which excludes men, then ensure this is reflected in the staff.

✓ Review existing environments to make them safer for all those accessing them (see Your Place gendered walk-through template).

✓ Consider how to make the environment psychologically informed by co-producing the design and using the available resources.

✓ Ensure all staff on the premises, including those responsible for security, take seriously all disclosures of gender-based violence, responding sensitively and in accordance with the service's policies and local safeguarding procedures.

✓ Create a timetable of activities that support the development of relationships and collective skills of those using the safer space. This might include workshops on healthy relationships, confidence-building workshops, or art workshops (see template). You can also include more therapeutic activities such as haircuts, yoga etc.

✓ Create a peer support or mentoring programme. Work with those who will be participating in the activities to develop the programme.

✓ Ensure the confidentiality and privacy of discussions that are held within the space.

Additional Resources →

Homeless Link highlight

Experiences of violence among women who slept rough are near universal (Bretherton and Pleace,2018). Because of experiences of interpersonal violence perpetrated by men, women often actively avoid services 'that appear designed, and dominated by, the needs of men (Mcgrath,2023).

Women can therefore be less visible to services, but this does not mean the need is not there. Women who are stigmatised because of their race, mental health, relationship with the criminal justice system, can be discredited when reporting experiences of violence, their concerns about risk of violence not taken seriously (Lived Experience Workshops WDU). Woman have suggested they have felt this is because they do not fit criterion of the 'perfect victim' as they do not comply with gendered expectations, instead being assumed to be 'aggressive' or 'tough'. (Lived Experience Workshops WDU)

It feels like "a swimming pool" feeling comfortable in own body and skin
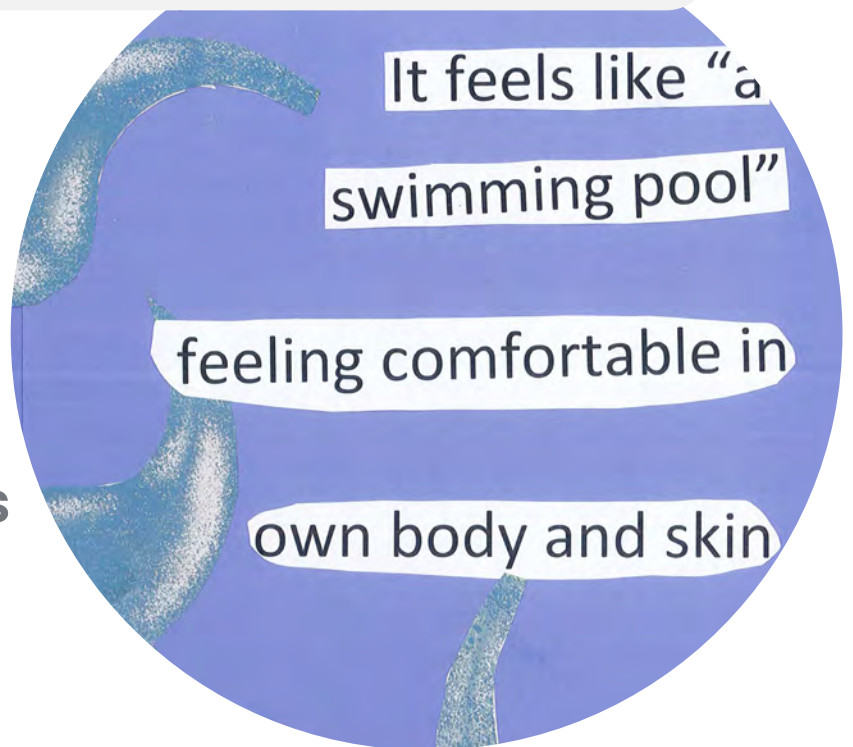
'Many professionals won't listen to me about what I need to make something accessible for my physical and mental disabilities.'

Homeless Link Highlight: Gendered Health Needs

- **Sleep deprivation**: Causes include additional risk, stress, noise and anxiety.

- **Severe back pain:** Causes include not being able to lie down due to transitory homelessness.

- **Eating habits:** Causes include stress, lack of regularity and availability of nutritious food, comfort eating, wanting to feel unattractive to men.

- **Urinary tract infections:** Causes included scarce access to toilets and washing facilities, especially over the weekends and at night when public spaces are closed.

- **Periods stopping and early menopause:** Causes include stress and trauma of homelessness or what caused them to be homeless in the first place. Symptoms of menopause in older women may not be recognised as such.

- **Difficulty managing periods:** causes include lack or limited access to tampons and pads, sleeping in public places without access to sanitary bathrooms.

- **Stress, has range of health implications:** Including headaches, loss of hair, stomach pain, irritation in their eyes, rapid heartbeat, panic attacks, chest pain.

- **Sexual health and cervical screening:** need clear available support to access screening, might face additional challenges if experience of sexual abuse means that person may be triggered.

- **Access to gendered healthcare checks:** This includes cervical and breast cancer screenings.

- **Pregnancy:** Please see St Mungo's Toolkit on Pregnancy and Homelessness

(Groundswell, 2018 and St Mungos, 2022)

Glossary of Terms

Coercive control: Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. (Womens Aid)

Culture: The set of distinctive spiritual, material, intellectual and emotional features of society or a social group, which includes lifestyles, ways of living together, value systems, traditions and beliefs, as well as art and literature. (UNESCO) Note: Given the difficulties of defining particular cultures, academic research on the role of culture in support services tends to use characteristics such as ethnicity and religion as a proxy for culture. However, while someone's ethnicity or religion can influence their culture, they do not define it. (NPC)

Domestic abuse: The statutory definition of domestic abuse is any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and are, or have been, personally connected to each other (regardless of gender or sexuality). The abuse can involve but is not limited to psychological; physical; sexual; financial; emotional; violent; threatening; controlling and coercive behaviour. Note: It is a pattern of behaviour - rather than a singular act - enacted over time to exert power and control. (Domestic Abuse Act 2021)

Gender: The roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex. (World Health Organisation)

Gender-informed: Gender-informed approaches recognise how people's specific needs and experiences are influenced by their gender. (NPC)

Gender identity: A person's innate sense of their own gender, whether male, female or something else, which may or may not correspond to the sex assigned at birth. (GALOP)

Gender-based violence (GBV): Refers to violence perpetrated against people based on their gender identity or expression. This can be an act in any area of their life, including public and private spaces, at the workplace, in the home, on the street, or within support services. (Your Place)

Hidden homelessness: Refers to forms of homelessness which are hidden from official statistics and routes to support from housing services, as the person is dealing with the situation informally. This includes staying with family or friends, sofa surfing, squatting or other informal housing. Women and girls are disproportionately represented in this form of homelessness. (Your Place)

Intersectionality: A term first coined by Kimberle Crenshaw, an American lawyer and leader of critical race theory, describes how systems relating to social identities such as race, sexuality or gender overlap with one another and acknowledges that some individuals experience multiple and intersecting systems of oppression at the same time as a result. For example, a black and minoritised woman must navigate a racist and sexist society at the same time and will have very different experiences from a white woman or a black and minoritised man. Or a disabled trans woman must navigate a transphobic and ableist society at the same time. (Keeping Us Safer Toolkit)

LGBTQI+: An is the acronym for lesbian, gay, bi, trans and queer people. (GALOP)

Non-binary: An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. (GALOP)

Selling sex: Refers to the provision of sexual or erotic acts or sexual intimacy in exchange for payment or goods. (Your Place)

Structural inequality and disadvantage: Inequalities occur because of an imbalance in the distribution of political and economic power. Structural inequality is embedded over time, where certain groups have claimed wealth and resources and created the rules and laws that make up the systems we live in. They can be observed across institutions such as legal, educational, business, government, and health care systems. Gender inequality is an example of structural inequality, as in most societies men have historically held power and have created rules and laws to embed that power. While gender equality has progressed, women are still at a disadvantage to men in most institutions.

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. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender variant, crossdresser, genderless, agender, nongender, third gender, two-spirit, bi-gender, trans man, trans woman, trans masculine and trans feminine. (GALOP)

Appendices

Case studies
Embedding a gendered lens in homelessness services

Embedding a gendered lens in homelessness services is an ongoing process and will vary depending on the local context and service. This section contains six case studies of services that have considered the impact of gender and worked creatively to improve the support available to women experiencing homelessness. The services have all taken a different approach, responding to their local context, the nature of the service they offer and the wishes of the women for whom the service is intended. They provide examples of how embedding a gendered lens may work in practice and key insights on what they have learned.

1. **Your Place Newham** – building community resilience and safer spaces for women in mixed gender accommodation.

2. **Respite Rooms (Panaghar with New Dawn New Day)** – working together to deliver trauma informed and inclusive accommodation for survivors of domestic abuse.

3. **Micro Rainbow** – starting with an intersectional approach to provide person-centered support to refugee and migrant, LGBTQI+ women.

4. **Kairos and the Coventry Women's Partnership** – working in partnership to create a safer space for women to access advice and support.

5. **Ladies Night (Medway Council)** – co-producing all aspects of the service for women.

6. **Trevi Plymouth** – providing a service for women that centres their needs and wishes alongside their childrens'.

Your Place Newham

Building community resilience and safer spaces for women in mixed gender accommodation.

The context

Your Place is a 150-bed mixed gender supported accommodation service in Newham. Newham has consistently been represented in the five boroughs with the highest number of women rough sleeping (CHAIN 2017-2022). The experiences of many women in the area and at Your Place are not represented in the official figures; only 50% of the women at Your Place are verified as rough sleeping. There is a lack of bed spaces and specialist accommodation for women locally.

Your Place had concerns about the safety of women experiencing homelessness in the borough. Of the women who live at Your Place, 79% have experienced domestic abuse. Newham contains a known red-light district alongside some of the highest rates of poverty in the UK; 70% of women selling sex interviewed in Newham described themselves as homeless and predominantly rough sleeping (Stuart and Grenfell, 2019). In 2023, there was an increase in sexual violence against women selling sex following a local Public Space Protection Order (PSPO), which disperses these women from frequently used sites into out-of-sight and unsafe locations. Just two months following the order being put into action, women residents engaging in selling sex reported eight sexual assaults (Your Place, 2022). Many of the women experiencing rough sleeping in Newham have been supporting each other for decades – they know each other from previous accommodation, local connections, or from the streets. This was the starting point for developing the women's strategy at Your Place.

What they did

Your Place secured funding from the National Lottery Community Fund and Nationwide for a Women's Development Specialist. The funding for the project was flexible and focused on softer outcomes and narrative-based reporting. This was perfect for gender-informed programming.

Your Place first created safer spaces for the women in their supported accommodation, because the lack of safe spaces was the primary barrier to women being able to access the service. They included:

- a woman-only floor (already existed)
- a weekly informal women's centred group
- a monthly women's voices space
- women's safer space auditing
- a domestic abuse, sexual violence and women's safer spaces policy
- toolkits and specialist trainings for teams
- partnership and survivor-led pathway building
- a review of case management systems

The facilitation of strong networks and community resilience within the accommodation built on the networks that many of the women already had. Since women's spaces were created, the women are more visible in the accommodation. Colleagues and women residents fed back that there was an increased presence of women throughout the building. The women's group is well attended, and it's their group, not the organisation's. A women's homelessness strategy for change has been co-produced with the women. The women are better able to report issues they are having to staff, which helps Your Place respond when problems do come up.

Key learnings

- Where the funding is short term, it is necessary to hit the ground running. To support this to happen, it is helpful for work to begin across the service which can lay the foundation for the project. This may include culture shift activities such as convincing staff and residents for the need to take a gendered approach.

- Make sure the work feels relatable and safe for men. Without that there may be more resistance to change. The women's group suggested that it would be good to also have a men's group and this is something that has now been explored at Your Place.

- Create a trans policy to support trans people in the service. Nonbinary or trans women are not that visible in the service, possibly because of a lack of disclosures or masking, leading to voices not being heard.

Respite Rooms: Panaghar with New Dawn New Day

Working together to deliver a trauma informed and intersectional service for survivors of domestic abuse.

The context

Panaghar has been running for 43/44 years and is a 'by and for' women's organisation. They provide accommodation, outreach, independent domestic violence advocate (IDVA) and children's services. The needs of black and minoritized women are often different to white women and those needs, including forced marriage, honour-based violence and the impact of racism, can be overlooked. The immigration system and hostile environment also creates particular challenges for migrant women. Women can be evicted because of their immigration status or having their visas revoked, and some women are supported by Panaghar for years because of their immigration status or blacklisting for accommodation.

New Dawn New Day started as a grassroots organisation in Leicester 25 years ago. Their remit is quite wide: they support women to improve their lives. They focus on criminal justice contracts, including early diversion work, court disposals and conditional cautions. They also help women access accommodation. Domestic abuse and homelessness are the biggest drivers for involvement with the criminal justice system.

What they did

In 2021 DLUHC funded a project for homeless women who experienced domestic abuse, substance use or mental health issues. Panaghar partnered with New Dawn New Day (NDND) to deliver this Respite Rooms service, which had five bedspaces initially, then expanded to eight.

The partnership brought expertise and mutual respect. Panaghar, the specialists for accommodation provision and support for black and minoritized women, operated the accommodation and provided support for women who experienced domestic abuse. NDND, the specialists in trauma-informed working, provided trauma-informed support and operated the women's centre.

The services weren't co-located but the women's centre was around the corner from the accommodation, so the women could access support easily. A lot of the women needed women-only spaces for religious or cultural reasons.

Before the service was established, it was thought that there weren't many black and minoritized women that needed homelessness service locally as they were not seen. However, the partnership between Panaghar and NDND meant that the Respite Rooms service was designed with the needs of black and minoritized women in mind. Black and minoritized women then accessed the service and so it was realised that there were women that needed this support, they were just not visible to homelessness services before.

Key learnings

- Design the service around the needs of women and consider their cultural and religious needs.
- Provide psychological safety alongside physical safety.
- Most of the women have experienced trauma, but women typically internalise it and men externalise it. Start by recognising the high likelihood the women have experienced trauma.
- Employ and provide proper staff with lived and /or work experience

Micro Rainbow

Starting with an intersectional approach to provide support to refugee and migrant, LGBTQI women.

The context

Micro Rainbow's vision is to create a world where lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) people are free from discrimination and persecution and have equal opportunities in life, including in accessing employment, training, education, financial services, healthcare, housing, places of faith, and public services.

Micro Rainbow has been working with LGBTQI refugees and migrants for 11 years. Originally, there was little awareness of the challenges LGBTQI asylum seekers and refugees commonly face, such as being abused by other refugees. LGBTQI refugees and asylum seekers may be afraid of being outed, or information going back to family. For this reason, they avoid approaching many mainstream services including religious spaces, and suffer from a lack of adequate support as a result.

What they did

Micro Rainbow's approach is to start with an intersectional lens. There is often an assumption that all refugees need the same type of support, but if a person is LGBTQI they might need different support. It is necessary to be aware that their sexuality also puts them at a disadvantage and that the one-size-fits-all approach does not work.

Micro Rainbow:

- provides safe housing to LGBTQI asylum seekers and refugees,
- facilitates access to employment, volunteering, training, and education for LGBTQI refugees through a moving on programme,
- provides social inclusion activities to reduce the extreme isolation faced by LGBTQI people,
- runs peer support groups, with three main types of support: homelessness, social inclusion and moving on – employability.

Micro Rainbow also has projects that are specifically for anyone who identifies as a woman, which includes anyone assigned female at birth, trans women and non-binary and assigned male at birth. They offer a peer support group and a women's outreach service, which works with women who are street homeless or at risk of homelessness, needing to flee domestic abuse, seeking asylum, or facing harassment in hotels.

Key learnings

- It is important to engage the people the project is intended to work with; people with lived experience know what is needed.
- The management/staff should reflect the diversity of the people they want to support and really understand the issues.

- There is no one-size-fits-all approach.

- Lots of services are intersectional but sometimes the service and staff can get blindsided by one issue. For example, if a service's primary focus is women, the experience of women who are also LGBTQI might not receive attention.

- Practitioners should learn more about migrants, LGBTQI people, trans issues, and women. There is a general lack of understanding across the sector about trans women and trans issues, making trans women even more vulnerable.

- The issues can be overwhelming or seem too big, but there will be something you can do to help. Instead of focusing on the problems and the tasks, focus on the person being supported.

Kairos and the Coventry Women's Partnership

Working in partnership to create a safer space for women to access support

The context

The Coventry Women's Partnership seeks to break down barriers for women in accessing crucial services and streamline the support they receive. The partnership is led by FWT - a centre for women and includes Coventry Haven Women's Aid, Coventry Race and Sexual Abuse Centre (CRASAC), Central England Law Centre Coventry and Kairos. Kairos is a community-based service which sets out to provide holistic, trauma-informed, open ended support and advocacy for women who are subject to or at risk of sexual exploitation. This includes women who have multiple unmet needs.

While Kairos specialises in providing services to women at risk of exploitation, they have consistently found that women they work with have unmet housing needs. In 2019, the Coventry Women's Partnership coordinated a project called 'A Home of Her Own', which Kairos and Coventry Haven Women's Aid would co-deliver. This project employed housing practitioners to provide housing support to women and offered a multi-agency drop-in.

What they did

After Covid 19 restrictions were lifted and the funding for the 'A Home of Her Own' project came to an end, Kairos had conversations with their Coventry partners about how they could continue to work together to remove barriers to women accessing services. This led to the further development of the multi-agency drop-in service.

The service became the Wonder Women Wednesdays drop-in, operated by Kairos and funded through the Coventry Women's Partnership:

- Women can come to the drop-in for 'everything and anything'. This might include a cup of tea on the sofa, a chat, lunch, food donations or a shower.
- The drop-in takes place every week; services within the Coventry Women's Partnership and beyond either attend on a rota or every week.
- There is no expectation that the women who come to the drop-in must access wider services. If women do make a disclosure or ask for support, the services are there and available to them.
- The women don't need to fill in forms or wait for a response but can speak directly to people that they might already have built a relationship with.

The drop-in creates a safer space in which moments that might transform a women's experience can happen. For example, if a woman wants to be on a methadone prescription 'script', she might have the idea for months before she can follow through with it. In that time, she is likely to have met and had conversations with the relevant worker and built up a relationship, which then makes it easier for her to take that step. As the women's space, the drop-in is a place where they feel comfortable and they know they will get the same consistent support from any of the partnership services. Workers also enjoy being in the setting, in which there are fewer hierarchies and everyone chats, laughs and cries together.

The Coventry Women's Partnership supports the development of effective multi-agency working, such as the drop-in. The services in the partnership respect each other's specialisms and in so doing have shared their resources and knowledge. This has included coordination of joint training for the partnership (for example Kairos provide training on sexual exploitation), not competing for funding and using each other's spaces for activities and meetings where it has been identified a woman might feel safer. The partnership coordinator also conducts meetings for everyone to reflect on what works well and what could be improved.

Key learnings

- Within a partnership, be clear on shared values and strategic aims. The practical challenges will then be worked out as the project develops.

- Recognise everyone as a potential partner, not just your usual allies.

- Give women a more active role in developing the service. Make the time to equip the women to set the direction and lead the service.

- Staff wellbeing is essential. Understand the needs of the staff, including the impact of trauma in their own lives. Provide training, reflective practice, and clinical supervision. If someone needs time out, time off, or even a nap let that be OK. Caring about your team is a really important message and value.

Ladies' Night: Medway Council

Co-producing all aspects of the service for women.

The context

In Medway, women were not able to access mainstream services. To find out why, Medway ran a forum and asked them. They said:

- Services that were only open during the day could be difficult to access. This was because at night they may be sex working or unable to rest because it was not safe. In the normal daytime working hours, they would then be tired and less able attend a service.
- A high percentage of the women shared that being on the streets was safer than the circumstances they were fleeing from.
- They felt the public looked down on them more than they would a man as they were not fulfilling their role in society i.e. as a mother; looking after the home.

What they did

In that forum, the women were asked: 'If I had a magic wand what would you turn up to?' They said they wanted:

- services that were open at night,
- to be able to find out about a service and the support delivered without having to give their details and backstory before speaking to someone,
- to be able to ask about a service without being pushed or told what they needed,
- support without having to make an appointment or go through a receptionist,
- services that were confidential,
- workers that were casual, friendly, and safe.

In response to this feedback, 'Ladies' Night' was created. At Ladies' Night there are lots of different local services under one roof, but engagement with these services is completely on the women's own terms. There is a role reversal, in which the women ask the services what's on offer and can make the decision whether to engage.

The event is very informal, everyone is dressed casually, and no ID badges are worn. There are activities, food and goodie bags of useful items such as beauty items, and personal alarms to take away. The women are provided with taxis at the end of the event if they need them.

Ladies' Night has a different approach to partnership working. The emphasis on interventions is removed and instead the space is created to enable the women to get the information they need, so they can make their own decisions. The personal details of the women attending are not recorded and any information they share does not leave the space. The night is strictly confidential.

Ladies' Night has been a big success. In the last nine months, 56 women have attended, including women who were known not to engage in services. Many of them participated in the educational activities, had a physical health check, and engaged with other services including domestic abuse services and accommodation support. In a feedback exercise conducted with the women, they said they really liked it and to keep it as it is. This project is currently funded by the Kent Police and Crime Commissioner.

Key learnings

- Go to meet the women wherever they are and ask them what they want from services.

- It is important to recognise that if they engage and share information with you, this is a privilege. A professional does not have a right to know this information.

- Start small and don't have any expectations. Try to reduce the pressure of outcomes or numbers - if they turn up it's a win.

- As the service develops, be reflective. You learn through doing and then adapting.

- Rely on word of mouth. If you do what you said you would, they'll turn up. If it's what's needed, word of mouth will help the service grow.

Trevi Plymouth

Providing a service for women that centres their needs and wishes alongside their childrens'.

The context

Trevi was born from the desire of four drug and alcohol workers in Plymouth to create a unique environment for women and their children experiencing drug and alcohol misuse issues to grow and create positive futures. The benefits of residential drug and alcohol treatment are well documented. However, the founders of Trevi had realised that there was nowhere that mothers could go with their children and that mothers who wanted to go into rehab had to be separated from their children, thus often compromising their treatment outcomes. Trevi was the first service of its kind to take women with their children.

What they did

Over the last 30 years, Trevi have developed a range of services that are designed to recognise the mother's needs as well as the child's. These include a residential rehabilitation service for women and children, a women's centre, and a family centre. Key aspects of the practice that have been developed include:

- the capacity to admit women during pregnancy
- detox
- groupwork programme
- 1-2-1 counselling
- parenting observations
- parenting support
- helping the mother to help the child
- independent social worker in-house for parenting assessment
- PAMS / Parent Assess

Trevi has its 30th anniversary this year. It has made the transition from a generic service working with women, to one that is more intentional about working with women.

Reflection and involvement of women with lived experience are central to this. Supervision and reflective practice are encouraged to support staff to think about the work and how it affects everyone. It has also been important to have women with lived experience at every step of the journey. This includes having women on relevant panels and providing them with support to speak out.

Key learnings:

- Trevi works with people who have experienced significant trauma, and the staff team are all women. 1 in 4 women experience domestic abuse and 1 in 4 women have been raped or sexually assaulted as an adult, therefore there will be women in the workforce who have experienced trauma. It is necessary to attend to everyone's needs

and support the staff team through reflective practice and supervision.

- It is important to get recruitment right. Including people from outside the organisation in the recruitment process helps with this.
- The management team needs to lead on setting a culture and the tone.
- Adopt courageous practice. With a 'just do it' attitude you can get good outcomes.
- The project has always been more effective when women with lived experience have been included in its development.

Art workshop template

This template was used to support the development of the art in this workbook. It therefore focused on the women's understanding of the approaches for embedding a gendered lens and their relevance to women's lives. It can be adapted to explore other relevant issues.

Session 1

Materials: example zines and artwork, sticky notes, paper, pens, felts, magazines, glue, scissors, paints, paint brushes, lino cutter, lino, clay, roller paint brush, oil pastels, oil pastel paper, examples of artwork, covers for table

Set up: circle of chairs in centre; principles printed out and displayed around the room

Duration: 2 hours with lunch/dinner provided

Timings	Activity	Detail
5 minutes	Introduction	Introduction to facilitators
5 minutes	Session purpose	Outline the purpose of the session – to collectively develop the gender-informed approaches and produce artwork that responds to the approaches. Participants will be able to think through how these approachess are lived, and how they hope to see them embedded for a transformative future. Ask if anyone has any questions around the purpose of the session.
40 minutes	Exercise 1: our principles	The approaches are printed out and displayed around the room. Facilitators give a brief description of what each approaches means. Participants are then asked to use sticky notes to add their definitions of the approach around each title. Prompts could include: • How has the approach been lived/is it a reality for them? • What does the approach look like for them? • What do they think the approach means? • Why do they think the approach is important? • How would they like to see the approach taken up?
15 minutes	Lunch/dinner	

Timings	Activity	Detail
45 minutes	Exercise 2: planning artwork	Participants discuss what they wrote in exercise 1 and how it might form the basis of their own art piece. This might be done as a large group, in smaller groups or one by one with facilitator support. Participants are encouraged to share what artistic medium they are most comfortable with or what medium they would like to try out. Prompts to encourage discussions could include: • Why did you write this? • How does this make others feel? • Has this been others' experiences? • How would you present this thought visually? • What artistic medium would work well to represent this idea, eg collage/lino print/watercolour/colour pencil etc.? Once they have their idea, participants may want to start their piece while the discussion carries on.
	Closing	Remind participants when the next session is and what it will consist of. Let them know who to contact if they want more information or have an idea to share. Debrief: ask participants to share one word to describe how they are feeling.

Session 2

Materials: example zines and artwork, paper, pens, felts, magazines, glue, scissors, food items, paints, paint brushes, lino cutter, lino, clay, roller paint brush, oil pastels, oil pastel paper, examples of artwork, covers for table; quotes from the discussion first session that have been printed out

Set up: four stations throughout the room for each art practice; all art materials in centre of table for participants to choose

Duration: 2 hours

Timings	Activity	Detail
5 minutes	Session purpose	Introduction of any new faces to facilitators Outline the purpose of the session – for participants to start or develop their art pieces. Ask if anyone has any questions around the purpose of the session.
20 minutes	Exercise 1: developing artwork	The participants are reminded of what was discussed last week. They are given copies of the quotes from the previous session. If participants are not familiar with artistic mediums, then facilitators can explain them and how they could be used. Facilitators can talk to each participant about the idea for their art piece and how they would like to develop it. Some participants may want to work on a piece together.
90 minutes	Exercise 2: creating artwork	The group creates their artwork with support from facilitators and ongoing discussion between the group. Offer lunch/dinner during this session
5 minutes	Closing	If participants are not finished with their work, explain what the options are to do so. Debrief: ask participants to share one word to describe how they are feeling.

Basis: fishbowl exercise

A fishbowl exercise is a tool for facilitating conversation that allows a range of viewpoints to be heard and encourages active listening. The Women's Centre Basis Yorkshire used this exercise to help give trustees an insight into the experiences of the women the frontline practitioners are supporting, from the perspective of those on the frontline.

Participants	• 10 or more people • Mix of frontline practitioners, trustees and other senior managers
Room set-up	• Inner circle: chairs facing each other in a circle in the middle • Outer circle: chairs surrounding/looking in on the inner circle • Depending on your group/audience, you may have more on the outside or inside of circle
Exercise	• Frontline workers sit in the inner circle and trustees sit in the outer circle. • The frontline workers imagine that they are speaking from the perspective of the women they support to share statements of their experiences, for example 'I am a 27 year old woman and I have had…. (this experience)'. This is based on the experiences they have heard from women they have supported. • Those in the inner circle take it in turns to share until someone from the outer circle 'taps them out', which means they pause the discussion for brief period. • When the conversation of the inner circle is paused, people from the outer circle come in to share their experiences or comment. • This creates the effect of sometimes watching and reflecting, sometimes partaking of/sharing experiences.
Basis' reflection on the outcome	• Captured the impact of vicarious trauma on frontline workers. • It was a shared, emotional experience that made workers recognise the severity of what them and their colleagues support people through. For example, often easy to normalise the extent of trauma people go through. • Trustees gained insight into what women we support and consequently frontline workers experience.

Women's safer spaces/ walk through template

Date:
Facilitators:
Attendees:
Resources; whiteboard and pens, clipboards, paper, water and snacks (need for 2 or more facilitators, depending on size of group).

Discussion point:	Breakdown
Introductions/ ice breaker (10mins):	Introduction to attendants and facilitators of the group (name, pronouns) Housekeeping: 30 mins discussion about the safety of spaces/ 10 min BREAK/ 30 mins walk through of the site Discuss the purpose of this session: Part of a wider audit to assess the safety of spaces and to build safer spaces to within which women are empowered to make transformative. What is a safer space? A place where women's physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial well-being, and more fully realize their rights. *Content warning: potential incidents of abuse, violence, harmful practices, triggering environments. If attendants need to take a break or grab some water, they should feel able to. Facilitators will be around for breakout discussion.

Group agreement (5mins)	Outline the co-produced women's space group agreement
	
	Additional points for the walkthrough:
	   - Stay together so that each person is listened to and heard.
	   - Attendants' experiences of spaces will differ- respect this.
	   - Be mindful of the person taking notes.
	   - Try to make solution-focused comments of how we can improve the space.
	
	Ask attendants if they have anything to add or if any point of the agreement resonates?

Focus group safer spaces (30mins)	Prompts: Which are the spaces women feel particularly safe or unsafe to go to? Are there restrictions on the time of the day, day of the week, or spaces a woman may go to? Do women take any precautions in these spaces? Who do women approach for help? Did they feel the response met their needs? What could be done in this community to create a safe environment for women? Areas in which women will meet and talk freely?
Break (10 mins)	(Remind the group of the time they need to return)

Walkthrough (30mins)	Attendants can be given clipboards and paper to take any notes whilst on the walkthrough. It is important to give space for them to record any feelings or instincts when moving into a new space, before opening to the below questions: The walkthrough should cover all areas of the site (internal and external) that a women might use during her stay. As such, depending on the size of the site, time may vary. Within each area ask attendants to consider: First Impressions – *What is your first reaction to this place?* – *Busy areas or isolated space?* – *What three words best describe this area?* – *Are there a lot of people using this area? What are they doing (e.g. walking, hanging out, eating, meeting)?* – *Does this make you feel safe/unsafe? Why?* – *Are there places that feel empty and unsafe? Why is this?* – *Where would you go for help?* – *When might problems occur?* – *Underlying causes of harm?* Lighting – *How well-lit is the area?* – *Does this make you feel safe/ unsafe? Why?* – *What areas may need better lighting?* Maintenance – *How well maintained is the area?* – *Does the general state of maintenance of the area make you feel safe/ unsafe? Why?* – *What could be improved in this area?* Signage – *Is it clear how to access places?* – *Does this make you feel safe/unsafe? Why?* – *What could signage outline to make the space more accessible and things clearer?*

	Security — *Do you feel that team members and security are present in this area?* — *Do you feel the CCTV/ surveillance is visible/present?* — *What areas do you feel there could be more/less surveillance?* — *How does the surveillance make you feel?*
Kitchen	First impressions: Security: Lighting: Maintenance: Signage:
Back hallway	First impressions: Security: Lighting: Maintenance: Signage:
Communal area	First impressions: Security: Lighting: Maintenance: Signage:
Front external	First impressions: Security: Lighting: Maintenance: Signage
Reception	First impressions: Security: Lighting: Maintenance: Signage
Closing (5 mins)	Come back into the circle and allow space for women to debrief with one another. Go around the circle and share in one word how you are feeling, and what you feel is the most important thing that was said today?

Additional Resources

Gendered Lens:

Toolkit: FLIC, SHP and STADA, Working Effectively with Perpetrators and Survivors of Domestic Abuse in Homelessness Settings Download.ashx (shp.org.uk)

Toolkit: St Mungo's and STADA "Keeping Us Safer: An Approach for Supporting Homeless Women Experiencing Multiple Disadvantage"

Toolkit: St Mungo's Women and Homelessness: St Mungo's approach to supporting women experiencing homelessness

Training: Homeless Link Women Experiencing Homelessness

Training: Homeless Link Domestic Abuse and Homelessness

Co-Production:

Toolkit: Homeless Link Co-Production

Toolkit: Fulfilling Lives Southeast Partnership employing people with lived experience of multiple disadvantage

Valuing Relationships:

Toolkit: Homeless Link & Brighter Futures Reconnecting Families

E-Learning: AVA Domestic Abuse and Child removal

Toolkit & Guidance: National Voices Peer Support Hub

Toolkit: St Mungo's, Homeless Couples and Relationships Toolkit - St Mungo's (mungos.org)

Working Together:

Guidance: Fulfilling Lives Islington and Camden Guide to Co-Location

Toolkit: Homeless Link Partnership Toolkit- when finished

Guidance and Template : Single Homeless Project Team Around Me, case conferencing tool

Guidance: Homeless Link Better commissioning of homelessness services

Intersectional:

Guidance: Outside Project and Homeless Link Supporting LGBTIQ+ people in homelessness services an introduction for frontline staff

Guidance: Galop Commissioning for Inclusion: delivering services for LGBT+ survivors of Domestic Abuse

Guidance: Homeless Link Cultural Festival's

Guidance: Homeless Link Tackling Hate Crime

Workshop: Homeless Link Building partnerships for quality commissioning- inclusive service for homeless migrants

Training: Ask your local by and for and specialist organisations if they have a training offer. Examples include Cultural Mediation - Hibiscus Initiatives ; Halo Project: Trauma Informed training packages

Actively Inclusive:

Factsheet: Galop Barriers faced by LGBT+ people in accessing non-LGBT+ domestic abuse support services

Toolkit: Homeless Link Learning Disabilities and Homelessness

Guidance: Homeless Link Working with Refugees and people seeking Asylum

Guidance: Stronger Together – Guidance for women's services on the inclusion of transgender women

Trauma Informed:

Toolkit: One Small Thing, Becoming Trauma Informed Tool Kit for Women's Community Service Providers

Training: Homeless Link Trauma Informed Training

Consultancy: Homeless Link Becoming Trauma Informed

Safer Spaces:

Toolkit: Women's Development Unit Women's spaces within homelessness settings: Setting up your service

Guidance: DAHA Domestic abuse risk identification, assessment and management – A guidance for housing professionals

Guidance: Stonewall Housing Finding safe spaces Understanding the experiences of lesbian, gay, bisexual and trans* rough sleepers

Training & Guidance: Homeless Link Psychologically informed environments

Framework references:

Ava and Agenda (2017) Mapping the Maze-Literature Review [online] Microsoft Word - Mapping the Maze - Literature Review Full.docx (agendaalliance.org)

AVA and peer researchers. (2020). Domestic Abuse, Homelessness and Insecure Housing: A report for the Haringey Women's Voices Project [online]

FINAL-Domestic-abuse-Homelessness-and-Unstable-Housing_-Womens-Voices-in-Haringey-4-2-3-1.pdf (avaproject.org.uk)

Ascent and Imkaan (2017) Safe Pathways? exploring an intersectional approach to addressing violence against women and girls 2017+|+safe+pathways?+exploring+an+intersectional+approach+to+addressing+violence+against+women+and+girls+-+Good+Practice+Briefing.+London:+Ascent+(London+VAWG+Consortium).pdf (squarespace.com)

FEANTSA (2021) Guide for developing effective gender-responsive support and solutions for women experiencing homelessness [online] Guide supporting and solutions for women.pdf (feantsa.org)

FLIC and SHP (2021) Gender Informed Principles for Homelessness Services: Co-produced with women with lived experience

Homeless Link (2018) Promising Practice from the Frontline [online] Womens_research_March_19_1_wBWxUOB.pdf (kxcdn.com)

Homeless Link (2021) Insights and Impact from the Ending Women's Homelessness Fund Led by Homeless Link [online]

Homeless_Link_-_Insights_and_Impact_from_the_Ending_Womens_Homelessnes_Fund_1.pdf (kxcdn.com)

Lankelly Chase (2014) Showcasing Women Centre Solutions [online] WCW-A4.pdf (lankellychase.org.uk)

Shelter (2021) Fobbed Off [online] Report template England (ctfassets.net)

St Mungo's (2014) Rebuilding Shattered Lives [online] https://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf

St Mungos (2022) Safe Space, A gender informed and trauma responsive approach to working with multiple disadvantaged women.

Tavistock Institute (2019) Why Women's Centres Work – Evidence Brief [online] Women-and-Girls-Briefing-Report-Final-_web.pdf (tavinstitute.org)

Women's Development Unit (2022) A Strategy for Ending Women's Homelessness in London Evidence Report and Guidance [online] Womens-Development-Unit_Womens_Homelessness_Evidence_Report.pdf (connection-at-stmartins.org.uk)

Women's Housing and Homelessness Network – Canada (2015) : Best Practice Guideline for Ending Women's and Girl's Homelessness [online] Best Practice Guideline for Ending Women's and Girl's Homelessness (abeoudshoorn.com)

Your Place (2023), Women's Development Strategy Women's Development Strategy (your-place.org.uk)

'Homeless Link Highlight' references:

Agenda Alliance and Changing Lives (2023) Dismantling Disadvantage, Levelling up public services for women with multiple unmet needs [online] TSWF Final Report (prismic.io)

AVA and peer researchers. (2020). Domestic Abuse, Homelessness and Insecure Housing: A report for the Haringey Women's Voices Project [online]

FINAL-Domestic-abuse-Homelessness-and-Unstable-Housing_-Womens-Voices-in-Haringey-4-2-3-1.pdf (avaproject.org.uk)

AVA and peer researchers (2022) Staying Mum: Findings from peer research with mothers surviving domestic abuse & child removal [online] https://avaproject.org.uk/staying-mum/

Bretherton and Pleace, (2018) Women and Rough Sleeping, University of York, Centre for Housing Policy [online] Women and Rough Sleeping: A Critical Review of Current Research and Methodology — York Research Database

Centre for Mental Health(2019) Engaging with complexity Providing effective trauma-informed care for women [online] https://www.centreformentalhealth.org.uk/publications/engaging-complexity

CHAIN (2022a) CHAIN annual report Greater London April 2021 - March 2022 (Greater London Authority) CHAIN (2022b) Data accessed at https://data.london.gov.uk/dataset/chain-reports

Covington, Stephanie (2003, REV.2016) Beyond Trauma: A Healing Journey for Women, Hazelden Publishing

Groundswell (2020) Women, homelessness and health [online] https://groundswell.org.uk/women-homelessness-and-health/

Mcgrath (2023), Social capital and women's narratives of homelessness and multiple exclusion in northern England, International Journal for Equity in Health

Reeve, Kesia. (2018). Women and homelessness: putting gender back on the agenda. People, Place and Policy [online] women-homelessness-putting-gender-on-the-agenda.pdf (shu.ac.uk)

STADA and St Mungos, (2021) Keeping us safer: An approach for supporting homeless women experiencing multiple disadvantage [online] https://www.mungos.org/publication/keeping-us-safer-an-approach-for-supporting-homeless-women-experiencing-multiple-disadvantage/

St Mungos (2022) Safe Space, A gender informed and trauma responsive approach to working with multiple disadvantaged women.

Stonewall. (2018). LGBT in Britain: Home and Communities [online] lgbt_in_britain_home_and_communities.pdf (stonewall.org.uk)

Women In Prison and Agenda (2017) "Double disadvantage" The experiences of Black, Asian and Minority Ethnic women in the criminal justice system [online] https://www.agendaalliance.org/documents/7/Double_Disadvantage_Report.pdf

Your Place (2023), Women's Development Strategy [online] Women's Development Strategy (your-place.org.uk)

What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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