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1. Who we are

Porchlight has been helping adults, young people and families across Kent and the south east for 45 years. Every person's situation is different, and we provide a range of services to meet the needs of local communities.

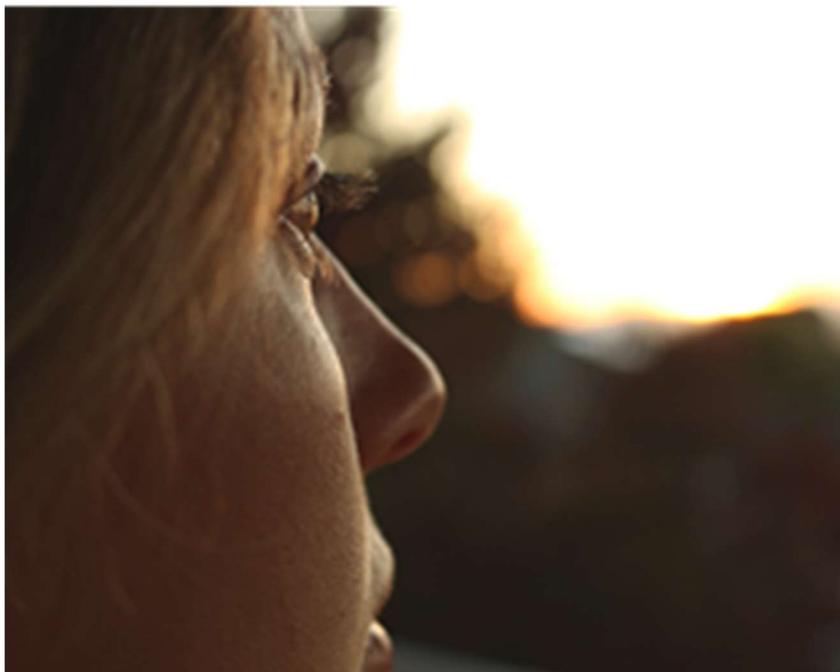
We have a strategic relationship with commissioners in Kent to provide homelessness and primary care mental health services. As well as responsibility for the delivery of these services Porchlight also ensures that there are clear pathways for people accessing services, best practice is followed, impact is evidenced and, ultimately, we facilitate long term change for the most vulnerable people in our communities.

To better meet the goals of these services we provide a range of wrap around support, including:

- Work, Health and Learning activity targeted at improving employment, wellbeing and community engagement
- An Involvement team who ensure that the people we support play an active role in how our services are designed and delivered
- A 24-hour Helpline which triages people to the correct service for them as well as offering information and advice.

Every year we help more than 7,000 people change their lives for the better

2. Why we've responded



Health inequalities are rightfully on the national agenda; it is accepted that, in the UK, there is work to be done in ensuring that all people have equal access to the resources and services that they need to achieve and maintain good health.

Nowhere are these inequalities more apparent than when we examine the health outcomes of homeless populations. The average age of death for people experiencing homelessness is [45 for men and 43 for women](#). Poor health is widespread amongst homeless people; [research by Homeless Link in 2014](#) showed that 73% of people experiencing homelessness suffered from a physical health problem, and 80% a mental health problem.

Whilst research exists examining the health needs of homeless populations in general, evidence related to the specific needs of women experiencing homelessness is scarce. The work of our Women's Services has given us the opportunity to give a voice to women experiencing homelessness who are often in desperate need of health services but who are also too often excluded in their design and delivery.

3. How we gathered our evidence

The evidence included within this response comes from our 2018 research, 'Seeing the Unseen', and a follow-up study conducted in 2020, 'Understanding how to meet the needs of homeless women in Kent' as well as our internal data recorded by front-line staff on our dedicated data management system.

a) Seeing the Unseen

Our research was completed between January and April 2018 and consisted of an online questionnaire. A total of 40 women, all of whom were based in Kent at the time and were either currently rough sleeping or who had recent experience of rough sleeping, completed the survey.

The cohort were asked to complete a survey collecting information on demographics, causes of homelessness, physical and mental health problems, offending history, and experience of sexual and non-sexual violence among other areas.

b) Understanding how to meet the needs of homeless women in Kent – a study

Completed between January 2020 and March 2020, this study builds on the findings of the 2018 report, Seeing the Unseen. We spoke with 10 women, aged 19 to 60 years old, who have experienced homelessness and/or rough sleeping in Kent to understand their needs at various points in their journey and how we might develop our services to better meet those needs.

The study was designed in such a way to allow women to tell their story in their own way during a 45-60minute face to face meeting with two members of Porchlight staff, the Women's Services Development Manager and an Involvement Service worker.

c) Rapid Rehousing Fund Case studies

In November 2020 we secured £30,000 over 3 years to set up our Rapid Rehousing Fund. This allows us to financially support vulnerable women through the provision of emergency accommodation, private rented sector deposit and rent advances, and goods and furnishings, preventing women from needing to rough sleep and avoiding the risk of exposure to further violence. Since the award of funding, we have supported 20 women.

In May 2021, we contacted our outreach workers to provide case studies demonstrating the impact of this funding, one of which is included within our response.



4. What we know about the health needs of women who experience homelessness

a) Women who experience homelessness often have complex health needs.

In our Seeing the Unseen research, **66% of women stated that they had physical health problems**, including deep vein thrombosis, tuberculosis, chest infections, back pain, arthritis, swollen feet, circulatory problems and skin conditions.

92% of respondents said that rough sleeping made their physical health problems worse and 62% said it affected their ability to walk and move around.

Of the women who took part in the Seeing the Unseen research, **83% had experienced mental ill health and 66% had felt suicidal while rough sleeping**. Depression and anxiety were the most commonly diagnosed mental health conditions but bipolar disorder, personality disorders and post-traumatic stress disorder also featured highly. Some of the respondents had more than one mental health condition.

62% of the women in the survey drank alcohol; of those, 83% drank every day and 56% were potentially dependent drinkers.



“I drank to black out, so I could sleep, it was scary and cold. Anything could have happened”

33% of the women used illegal drugs with heroin, crack and cannabis the most commonly used. Of concern, of the eight people who injected drugs, four regularly or sometimes shared equipment, increasing their risk of blood-borne viruses such as Hepatitis C and HIV which have long-term physical health complications.

Of the people using drugs and alcohol, the majority were not receiving support from a substance misuse service and clearly more work needs to be done to understand why this is the case.

b) More needs to be done to prevent mental health and substance misuse needs from resulting in homelessness.

Of those women in Seeing the Unseen that said they had a mental health problem, 88% said they had mental ill health before they became homeless. This raises a question around how adequately mental health services, as well as homelessness prevention services and other agencies, are working together to prevent a person with mental health issues from losing their home.

50% of respondents experienced problems with drugs or alcohol before they became homeless, again strengthening the case that more work needs to be done to prevent people with drug or alcohol misuse issues from losing their home.

c) Women who experience homelessness often experience complex trauma that exacerbates mental health needs.

Women who are homeless can be affected by multiple layers of trauma. Once they are on the streets, they are particularly vulnerable and at high risk of violent and sexual assault.

“I don't like to drink but I need to block things out”

Our survey showed that **73% of the women who took part had experienced violence before they became homeless**, the majority of which came from someone they knew, for example, a partner, family member or friend. In some cases, this was part of a pattern of abuse over a long period of their life and escaping this violence was instrumental to their initial homelessness.

The perpetrators of violence change when women are sleeping on the streets. **Almost two-thirds of respondents (59%) experienced violence and 30% experienced sexual assault or abuse when they were sleeping rough**, but for the majority this was not from someone they knew but a member of the general public or another rough sleeper. **Women had often experienced violence on multiple occasions, an average of 6.2 times.**

“I don't think there is enough support for domestic violence or rape victims. Their emotional wellbeing is not met. They feel isolated and alone, turning to addiction which results in homelessness”

Unfortunately, a person's housing status seems to influence the support available to them and duties of care. Being 'homeless' is a label that will often decide a specific pathway of support regardless of the level of specialist care or treatment needed.

For example, although the Homelessness code of guidance for local authorities recognises that abusive relationships are not confined to a home, **the duties to those homeless or threatened with homelessness does not recognise abusive relationships that are formed when sleeping rough.**

Assessment for priority need as a result of domestic violence is undertaken if the person is *'vulnerable as a result of having to leave accommodation because of violence from another person, or threats of violence from another person that are likely to be carried out.'* (Article 6, Homelessness (Priority Need for Accommodation) (England) Order 2002). **As a result, women who are victims of domestic abuse whilst rough sleeping are not assessed as being priority need on this basis, therefore prolonging exposure to abuse and resultant trauma and increasing mental health complexity.**

d) Serious Mental Illness puts women experiencing homelessness at significantly increased risk.

Of the 34 women in Seeing the Unseen who stated that they had a mental health problem, 27 had been diagnosed, 17 of whom had a severe mental illness such as bipolar disorder, schizophrenia, post-traumatic stress disorder, anorexia, obsessive compulsive disorder or a personality disorder.

Of these, 94% had experienced homelessness on more than one occasion, with almost half experiencing homelessness three or more times. 47% of women said they harmed themselves as opposed to 29% of respondents who didn't have a severe mental illness. 88% said they felt suicidal when sleeping rough compared to 50% without a severe mental illness.

Women with a severe mental illness were more likely to use illegal drugs – 59% compared to 12.5% of women without a severe mental illness – and they were more likely to support their drug and alcohol use through higher risk activities such as crime and sex than found in the overall survey.

The women's experience of physical and sexual violence also increased markedly within the cohort diagnosed with severe mental illness. 87% of women with a severe mental illness had experienced violence before they became homeless as opposed to 62.5% of the non-SMI group. 80% of women with a severe mental illness had experienced violence when they were sleeping rough as opposed to 42% without an SMI and 47% had experienced sexual assault or abuse when rough sleeping as opposed to 12.5%. 79% of these sexual assaults were by strangers. None of these were reported to the police.

e) Homelessness presents a significant barrier to recovery, particularly from mental health difficulties.

38% of respondents with a diagnosed mental health condition in Seeing the Unseen were either not receiving treatment or only sometimes receiving treatment. Of those prescribed medication, 93% cited difficulties with storing or taking it. Difficulties included medication getting damaged when it got wet or damp in the rain or lost when belongings were stolen

Of those respondents in Seeing the Unseen with an undiagnosed mental health issue, 75% did not try and get help from mental health services. People who are rough sleeping often say they are made to feel like second class citizens which may affect their willingness to seek help.

This was reflected in the survey, with one respondent being told that they were not ill enough. Some of the women we spoke with had access counselling services and felt the benefit, but some also found the intervention insufficient for long-lasting change.

f) Too often, services available to women experiencing homelessness are difficult to access or don't meet their needs.

In Seeing the Unseen, **73% of women said that they had had trouble getting help from statutory or support services when they needed it**, most commonly from 'benefits', the council, housing, mental health services, and the police, with drug and alcohol services, GPs and dentists also mentioned. **This rose to 87% of respondents with a severe mental illness. 60% of those with a severe mental illness who were using drugs and alcohol were not getting support from substance misuse services.**

Many women's perception was that services simply "didn't want to help me." Often women were refused access or were bounced from one service to another. Some felt unsafe or had difficulty getting there in a rural area with limited public transport.

Personal issues were also raised as a barrier to getting help, including feeling embarrassed, or being refused access due to antisocial behaviour, or missing appointments because of drug or alcohol use.

Unfortunately, **even when women did access help, services to help women to address their mental health needs were insufficient to address the complexity of their trauma.**

"I don't know if it's anger management, I'm not an angry person. I don't know if it's anger or frustration. I then get very upset for myself. I'm very emotional, I do get very emotional."

"I tried going through the NHS, but the waiting list was so long. I'm still want it and it's a year later. So, I just kind of give up with that one."

When women's mental health needs were most acute, nearly half were let down when it came to discharge; **43% of respondents had been discharged from in-patient treatment at hospital without somewhere to live, rising to 53% of those with a severe mental illness.**

5. Women's Services Case Studies

Porchlight supported a woman who was struggling to maintain her tenancy having been housed after long-term rough sleeping.

She had a number of health issues when she came to us for support; she was alcohol dependant, suffering from depression, experiencing incontinence issues and had an ulcerated leg.

Without support, the woman was **struggling to access GP services** to adequately address her health needs and **was unable to access PIP**.

With Porchlight's support, she is **now seeing her GP more regularly**, both face-to-face and via telephone consultations. As such, her physical and mental health is slowly beginning to improve.

We also supported her in the purchase of a washing machine through access to our Rapid Rehousing Fund which has **enabled her to improve her self-care and self-esteem**.

She **has now had a PIP assessment and is awaiting the result** and is **taking the first steps to begin to address her dependence on alcohol**.

With the stabilisation of her physical and mental health needs and the ongoing support of Porchlight, the woman is now successfully maintaining her tenancy and working towards independence.

Our Specialist Worker has been supporting an extremely vulnerable woman with complex needs to find safety and stability in her life.

When **Jane*** came to us to support, she has **complex and untreated mental health needs** and a history of abuse and sexual exploitation that made her extremely vulnerable. She had been rough sleeping and was made unsafe by some of her interactions with men.

The Specialist Worker **accessed our Rapid Rehousing Fund to provide Jane with a safe place to stay to enable us to intervene in her declining mental health**. By liaising with the Community Mental Health Team, our worker was able to arrange an assessment by a Community Psychiatric Nurse so that Jane could begin to engage with treatment.

Unfortunately, **despite providing evidence of her vulnerability on mental health grounds, the council declined to assess Jane as being priority need**. The worker therefore advocated for an **emergency panel review for Mental Health Accommodation** and supported Jane throughout the assessment. Disappointingly, she was **deemed as being too high need for the accommodation**.

Our worker continues to support Jane whilst our Rapid Rehousing Fund means that she continues to have a safe place to stay. We are supporting Jane to appeal the non-priority decision with the council, approaching a solicitor's firm which has been gathering evidence and are asking the council to accommodate her whilst the challenge is ongoing.

Without services like ours, too often women like Jane fall through the gaps between services, unable to access the support they need and denied the chance of recovering from rough sleeping, mental health difficulties and the trauma of past abuse. Our Specialist Workers are able to support these women throughout their journey, providing intensive support when women need it for as long as they need it.

**Names have been changed and identifying details removed to protect the identity of the client.*

6. Our recommendations

Historically homelessness and homelessness health services have been designed specifically with single men in mind. In order to ensure that services meet the needs of women there is a need for:

- **Improved service design and delivery**
 - i) **Involving women in consultation, co-design and delivery of services.**
 - ii) **Mental health services** working with women experiencing homelessness **to be grounded in trauma informed practice**, acknowledging that trauma can mean **women need longer to engage** with services and **longer within the service** to address mental health needs underpinned by complex trauma.
- **Collaborative working**
 - i) **Homelessness prevention services and mental health/substance misuse services to work collaboratively** to prevent mental health/substance misuse becoming a cause of homelessness for women.
 - ii) **Mental health and substance misuse specialists** embedded within rough sleeper **outreach services** teams with clear **priority pathways into secondary mental health care and substance misuse services** for women experiencing homelessness.
 - iii) **Discharge arrangements that mean that no woman should be discharged from inpatient care to street homelessness.**
- **Improved access to services**
 - i) **Health services** to respond flexibly to the needs of women experiencing homelessness, **providing services to women at locations that are accessible to them such as mobile units.**
 - ii) **Increased access to dual-diagnosis services**, with a specific focus on engaging women experiencing homelessness.
- **Increased awareness of the needs of women**
 - i) **Awareness raising of health needs associated with an increased risk of homelessness and where to turn for help**, for both the public and client-facing services such as GPs and pharmacists.
 - ii) **Specialist training on the needs of homeless women for NHS staff** so wherever women reach out for help they feel understood.
- **Further research**
 - i) **Further analysis** of the health needs of women experiencing homelessness needs to be undertaken in order **to ensure sex-specific needs are addressed** such as:
 - (1) Gynaecological health care including routine sex-specific cancer screening
 - (2) Increased risk of cirrhosis of the liver

Porchlight is committed to deepening our understanding of women's health needs as we develop services and advocating for system-wide change where it is needed.

7. The changes we have made

Since the release of the Seeing the Unseen report, we have appointed a Women's Services Development Manager to spearhead change across the organisation and to influence the way our local partners work. Developments include:

- **Steering Group:** We have established a steering group for with representatives from women with lived experience, front line staff and our partner organisations that provide support and accommodation in Kent to guide the decision making for the development of women's services.
- **Toolkit:** We have developed and rolled out a toolkit of best practices for working with homeless women, created in consultation with women we support and the staff who work with them.
- **Specialist Outreach Workers:** The appointment of two specialist workers has enabled us to support women experiencing or at-risk of homelessness in a gender-informed way, understanding that the worker-client relationship is key in getting women off the streets and into accommodation, helping them to furnish their houses and enabling them to reach out for extra support when they need it.

""[The specialist outreach worker] saved my life. She says the sweetest things. It's been brilliant with [S], she's such a gift. And she rung me, I met her on the Wednesday and I was in Connaught the next night or something. And within a month I was in my house. Where I live now."

- **Rapid Rehousing Fund:** We have successfully secured £30,000 over the coming three years to support the work of the Specialist Outreach Workers and pre-existing outreach teams. This allows us to financially support vulnerable women through the provision of emergency accommodation, private rented sector deposit and rent advances, and goods and furnishings, preventing women from needing to rough sleep and avoiding the risk of exposure to further violence. Since the award of funding in November 2020, we have supported 20 women with the fund.
- **Supported Accommodation Needs Analysis:** We have worked to understand the proportion of women referred into Kent Homeless Connect Services so that we can better understand the need for women's only properties. This includes data analysis of level of support need and geographical area and the % of rough sleeping women in need of supported accommodation. As a result, we have set a target of 10% of properties in Porchlight's Kent Homeless Connect to be allocated as female properties.
- **Women's Only Supported Accommodation:** A two-bedroom property within our services in Dover has been allocated as single-sex accommodation, offering women who have experienced abuse a safe place to live whilst they embark on their recovery.
- **Women's Housing First:** We are currently negotiating the development of the first Women's Housing First project in Kent. Our aspiration is that a single-bed flat will be secured for use in a self-financing Housing First model where the rental income will pay for support costs, building and maintenance. This will help guarantee the sustainability of the project without the need to secure additional funding.
- **Bespoke Training:** Our Women's Services Development manager continues to develop and deliver bespoke training on women's needs to staff within the organisation as well to partners and external agencies.

8. Our ongoing work

Our Women's Services Strategy Document 2021-2024 outlines our key priorities over the coming years. These include:

- **Providing specialist housing interventions for women**
 - **Housing First Schemes** – establish and grow this service for entrenched female rough sleepers and those with complex support needs
 - **Rapid Rehousing Fund** – continue to grow the fund so that we can offer a fresh start in private rented accommodation for vulnerable women for many years to come
 - **Kent Homeless Connect** – source further women only spaces in low and high support projects
 - **Short-term support** – develop and deliver intervention services that aim to provide a safe space for women to stay while mediating with family and friends or securing accommodation
- **Provide specialist non-housing interventions for women**
 - Develop the provision of **counselling services** for women
 - Develop more **activities and groups** for women within our services
 - Provide **access to sanitary and hygiene products**
 - Develop and support **specialist health interventions** for women
- **Provide further specialist workers for women**
 - Develop more specialist worker roles to support female rough sleepers off the streets and those at risk of homelessness
- **Continue to develop relationships with other agencies and partners in Kent and beyond; championing the cause of homeless women and instigating change in the way that we work with women across the sector**
 - Maintain and grow stakeholder working group to explore ways to improve and promote collaborative working and develop improved services for women
 - Produce webinars/podcasts/other media on specific project interventions (e.g., Housing First)
 - Speak at sector events on what we have learned and done