WOMEN and HOMELESSNESS

Simon Community

Resource Guide

CONTENT

For many women who become homeless, it is a temporary situation, they move out of relatively quickly, never to return. The minority are not so lucky however, and get trapped in homelessness, cycling between services. This guide[1] focuses on exploring and highlighting the needs of these women. The guide is informed by the findings and learning arising from *Women and Homelessness in Ireland: Service use Patterns and Service Needs* a 2015 study commissioned by the Simon Communities in Ireland. This study found that 50% of the women involved in the research had experienced homelessness on multiple occasions. Exiting homelessness temporarily, only to return at a later stage, suggesting that for a large number of women homelessness can be '*cyclical and recurring*'[2].

> **"Homelessness is *the absense of a personal, permanent, adequate dwelling"***
>
> Feantsa (2005)

What is homelessness?

Homelessness can mean sleeping rough, staying in emergency accommodation, shelters, or temporary bed and breakfast accommodation or staying in overcrowded accommodation with friends and relatives, when there is nowhere else to go. There is also a group of people at risk of homelessness. People who fall into this category may have insecure housing with a high risk of becoming homeless because of economic difficulties inability to manage rent /mortgage, previous experience of homelessness and/or the threat of violence.

Why do people become homeless?

Homelessness rarely has one single cause; usually it is the result of a number of factors including structural factors; poverty, inequality and lack of affordable housing, often coupled with systems failure (e.g. individuals being released from hospital or prison with no place to go) and individual circumstances. Often it's a complex combination of

factors. Approximately one third of people who are homeless are women (Mayock and Sheridan, 2015) and this is growing[3] (DECLG, 2015). Traditionally homelessness has been viewed as a primarily male phenomenon[4] however more recently research highlights both the number of women who are homeless and the existence of a gender dimension to homelessness. Services targeting individuals who are homeless are modelled on the needs of men who are homeless, with limited sensitivity to the particular needs of women.[5]

Why do women become homeless?

Each person who becomes homeless (male or female) has a unique story. Notwithstanding the uniqueness of their story it is possible to identify some shared characteristics among the women who experience long term homelessness. Many grew up in family circumstances characterised by tension and or conflict, where economic hardship was often a daily reality. Research highlights the range of adversities experienced by female participants during childhood including poverty, family difficulties and household instability. Some

experience homelessness for the first time as a child (Mayock et al. 2015).

According to FEANTSA, in a paper looking at the links between domestic violence and homelessness violence is a very common reason for women becoming homeless.[6] The 2015 study of *Women, Homeless and Service Provision* found that high levels of violence were often a contributory factor to the women's homelessness. '*92% of the women participating in the study reported that they had had experienced some form of violence or abuse (physical, emotional, economic and/or sexual) throughout their life*' while '*72% reported experiencing some form of violence or abuse as children*', with '*46% reporting experiences of sexual abuse perpetrated by a, relative, or a family friend with experiences of violence or abuse often spanning the life course of the women*' involved in the study. The study found that violence perpetrated by a male partner was the most common form of victimisation reported during adulthood with 66% of the women reporting having experienced intimate partner violence.[7]

Some women who are homeless link the experience of being in state care as a child to a lack of readiness

for independent living and social isolation. Some became homeless in their teenage years in order to escape difficult family situations and circumstances. 20% of the women involved in the 2015 study of women and homeless in Ireland had 'spent either short or prolonged periods of their childhoods in State care' (p23).[8] It is not surprising therefore that some young women leave school early in order to escape a difficult home life, leaving them with few resources and very little family or peer supports they can rely on.

These experiences can leave women severely traumatised, impacting on their mental and physical health, as well as their ability to trust others and form healthy relationships. It can also have a profound effect on their housing situation, making it difficult to live independently, manage a household, or sustain a tenancy. These issues may also be complicated by problematic drug and/or alcohol use, which may result in some women becoming involved in criminality and, in some cases, sex work in order to sustain themselves.

The concept of complex/multiple needs is often used to describe the situation where an individual

> **"Experiences of poverty and deprivation during childhood, histories of state care, experiences of domestic violence and/or child sexual abuse, parental and personal substance use and gender based violence across the life course' all emerged as common themes in an Irish Study of 60 women's first homeless experiences."**
>
> Mayock & Sheridan, (2012)

(in this case a woman) who is homeless will present to services with more than one serious problem.

Homeless Link (2002)[9] defines complex/multiple needs as '*where a person who is homeless presents with three or more of the following*:

- mental health problems;
- problematic use of various substances;
- personality disorders;
- offending behaviour;
- borderline learning difficulties;
- disability;
- physical health problems;
- challenging behaviours;
- vulnerability because of age.

and where, if one of these needs were to be resolved, the others would still give cause for concern.'

These overlapping needs in relation to health, life skills and housing can aggravate one another. Meeting the breath and complexity of the needs of women who are chronically homeless is clearly a challenge for service providers, few of whom are equipped with the range of resources required to do so. The consequence of this is that women who are homeless can either find themselves moving (cycling) from service to service or falling between various services (including homeless services, mental health services, drug treatment services and prison).

Many women who are homeless often have caring responsibilities (for their children and perhaps other family members i.e. parents, siblings other relatives). In the 2015 Irish study 73% of the women were mothers.[10] The response to growing incidence of family homelessness has tended to focus on placing the family in emergency B&B's and hotels which is understandable but not always appropriate to their needs, especially in the longer term. It should be remembered however that sometimes women experiencing these issues do not remain the primary carer for their children. In the aforementioned study, 35% of the women participating reported one or more of their children had been placed in the care of relatives or the HSE.[11]

These responsibilities, which can often be linked with feelings of great loss (when a women is not able to fulfil these various caring commitments), can further increase a women's level of anxiety, trauma and guilt in the context of housing instability.

Figure 1
Some of the characteristics of women who experience long term homelessness[12]

Experiences of poverty, financial stress & economic hardship as a child

Institutionalisation as a child (in state/ foster care) and/or in later life (prision, psychiatric hospital, the homeless system, etc.)

Ongoing tension & trauma in childhood and in later life

Abuse (physical, emotional, &/or sexual) as a child and/or in later life

Homelessness and Women

Experience/s of Homelessness and housing instability as a child and/or teenager

Problem drug and/or alcohol issues within the family and/or at an individual level

Physical and Mental Health Issues

Domestic Violence (witnessed in childhood and experienced in later intimate relationships

What do women do when they become homeless?

Women who become homeless for the first time do not always know where to go. The 2015 study of women and homelessness in Ireland found that this was particularly the case for women experiencing domestic violence.[13]

> **"A considerable number of women reported a lack of knowledge about available support services at the time they first experienced homelessness"**
>
> Mayock, Parker & Sheridan, (2015, P22)

Women who are homeless are often sceptical of trusting others because of their past negative experiences of institutional and/or other State care settings. These women tend to avoid services when they first become homeless. Some avoid services because of the stigma of being homeless and staying in a hostel. Others are fearful of emergency accommodation which they perceive to be unclean, intimidating, frightening and unsafe. For women with previous experience of communal/institutional living, the prospect of having to return to this type of living can act as a barrier to them presenting to services.
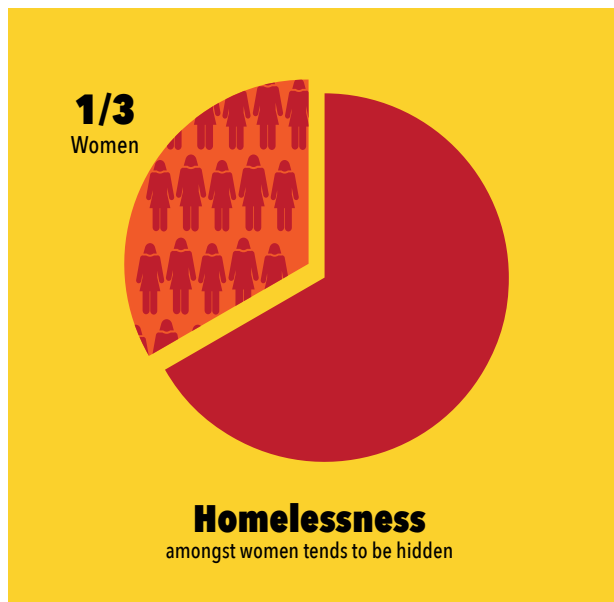
> **"Women also report sleeping rough, or remaining in volatile or abusive situations in order to avoid entering the hostel 'scene'."**
>
> Mayock, Parker & Sheridan, (2015)

Women who were problematic drug and /or alcohol users and/or who experienced mental health issues and who become homeless as a result of domestic violence often did not consider accessing a domestic

violence service because they believed they did not '*fit the criteria*', presenting instead to homeless services and or alcohol/drug treatment support services (Mayock, Parker and Sheridan, 2015. (P22). Women who participated in this study also reported being reluctant to access domestic violence services because of the shame and stigma associated with domestic abuse and/or marital breakdown, linked to a fear of rejection by family members and others.

Women tend to stay with family and friends for as long as possible and generally only present to services when they have run out of other options. According to the 2015 study[14] a small number of women reported sleeping rough '*in order to avoid entering the hostel scene*', so great was their fear. The 2015 study found that these situations of 'hidden homelessness' (which are exacerbated by the absence of move on options and affordable housing) can often persist over prolonged periods, leaving these women with no access to support in relation to any of their complex health, social and or housing needs. Services also report that women with children are often reluctant to present to services because they do not feel services are suitable for their children and are wary of being brought to the attention of social workers and social services, because they feared that their children might be taken into care.

1/3
Women

Homelessness
amongst women tends to be hidden

2015 research conducted on behalf of the Simon Communities of Ireland with women who are homeless in Ireland found the following:

- **72% of the women involved in the research had experienced some form of violence or abuse as a child.**
- **20% of the women involved had spent either short or prolonged periods of their childhood in state care.**
- **30% of the women had experienced homelessness for the first time as children (under the age of 18).**
- **The women involved in the research generally reported two or more challenging or traumatic early life experiences which they believed had a negative impact on their lives generally and on their housing situations specifically.**
- **50% of the women had experienced homelessness on multiple occasions.**
- **73% of the women were mothers, while 21% of the mothers had one or more of their children placed in the care of a relative of the HSE.**

Mayock, Parker & Sheridan, (2015)

How do women experience homelessness and homeless services?

When women who are homeless do eventually present to services they are often at crisis point with a range of multiple and complex needs[15] often coinciding with deteriorating mental health. Mayock et al (2015) described '*women's initial entry to services as a difficult and distressing transition*' (p30). The chaotic nature of emergency accommodation can be the cause of more pressure and stress, with some women turning to, or increasing their alcohol and/

or drug consumption to help them cope '*substance abuse depicted as a form of self-medication and as a way to counteract anxiety, trauma and stress.*'[16] This would fit with evidence that drug and alcohol risk behaviour increases as housing instability increases with the highest levels of risk behaviour seen amongst those sleeping rough, squatting and in emergency accommodation (Cox and Lawless, 1999). Women only and children friendly emergency accommodation is in short supply, so women often find themselves in mixed gender settings. A small number have reported experiencing '*instances of sexual abuse or harassment from male residents thereby further exacerbating their sense of vulnerability within emergency accommodation settings*'.[17]

For some women, living for long periods in homeless service facilities represents just one more location/institutional setting in a long history of living in institutional settings (including industrial schools, orphanages, residential alcohol or drug treatment services, psychiatric hospitals). The long lasting and negative impact of this '*institutional cycling*' has been linked by the women themselves to their poor mental health, related to (often multiple) traumatic life events and experiences. This is also connected to a lack of readiness for independent living with '*deficits in everyday life skills such as cooking, cleaning, paying bills and budgeting*'(Mayock, Parker & Sheridan, 2015).

Women who are homeless cope with life in emergency accommodation in different ways, some keep to themselves while others adopt a tough outer exterior in order to avoid trouble or victimisation. These different coping strategies require a range of responses from service providers in order to enable them to identify and provide the supports the women need.

Women who are homeless and who have their child/children with them in homeless accommodation worry about the long term impact of living in this type of chaotic accommodation on their children - '*they have seen things they should never have seen*'. It is also very difficult to maintain any semblance of family life in the context of communal emergency accommodation. For women whose children are in care, their location in emergency accommodation often means that they are not in a position to have their children visit, as the majority of emergency accommodation precludes visitors. With a shortage

Research conducted with the women accessing services from St. Mungos/Broadway Homeless Services in England found the following:

- Almost 50% of female clients had experienced domestic violence and 19% had experienced abuse as a child compared with 5% and 8% respectively of men.
- About a third of female clients said that domestic violence had contributed their homelessness compared with 8% of men.
- About a half of female clients were mothers. 79% of whom had their children taken into care or adopted. Many were traumatised by the loss of their children and struggled to cope with limited contact.
- 70% of the women had mental health needs compared with 57% men.
- About one third of St Mungos female clients who had slept rough had been involved in prostitution.

Rebuilding Shattered Lives (2014)

of move on options women often find themselves staying within these services for relatively long periods, impacting negatively on their readiness for independent living and ultimately their ability to secure and/or sustain stable housing at a later stage.
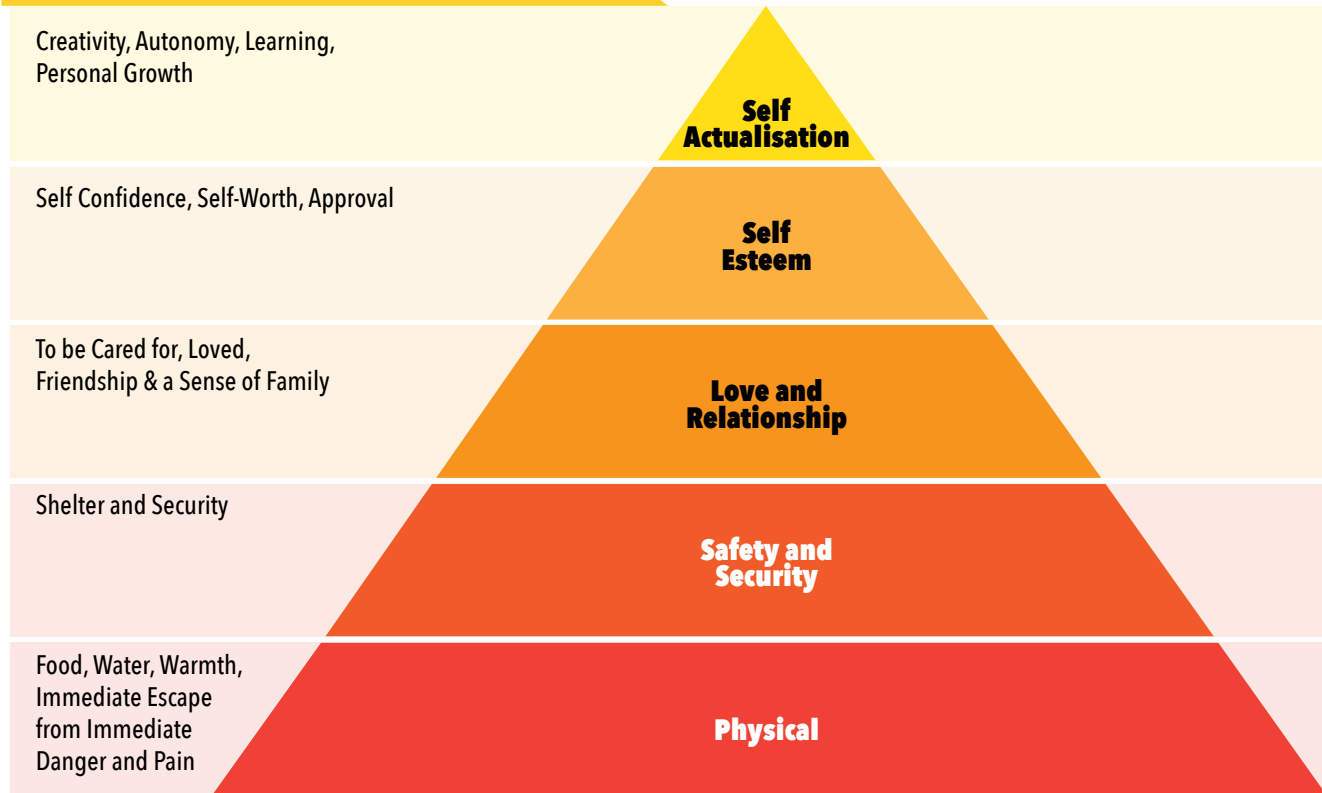
The particular needs of women who are homeless?

The needs of women, who are homeless, are broadly similar to the needs to all human beings.

See Figure 2 Maslow's Hierarchy of Needs for more details.

The main difference between women who are homeless and other people is that women who are homeless have a lot more issues to deal with in order to be able to address their immediate needs and they often don't they often don't have a place of 'safety and security' where needs/goals as outlined by Maslow can be realised.

Figure 2: Maslow's Hierarchy of Needs

Creativity, Autonomy, Learning, Personal Growth

Self Actualisation

Self Confidence, Self-Worth, Approval

Self Esteem

To be Cared for, Loved, Friendship & a Sense of Family

Love and Relationship

Shelter and Security

Safety and Security

Food, Water, Warmth, Immediate Escape from Immediate Danger and Pain

Physical

Women who are homeless have a range of issues that they need to deal with, key among them include:

Dealing with a history of trauma and abuse

The trauma and abuse experience by women who are homeless often goes back to childhood. It affects the women's ability to relate to other people and to form healthy relationships. If left unresolved it can be a significant barrier.

Stigma and shame

Society, generally, expects women to be feminine; good mothers and to maintain a home. Women who are homeless often struggle with all three of these expectations in the context of homelessness and housing instability, and as a result experience multiple stigmas that together can have a very demoralising and debilitating impact. These women often report feeling they have failed and that they are judged because of past mistakes and/problematic drug and/or alcohol use. Some women characterise their experience of motherhood as traumatic due to these challenges.

Relationships with children

Women who are homeless are often separated from their children, some indeed lose custody. This separation from their children can be devastating for women, who are left to deal with this loss with little or no acknowledgement or emotional support. They often become further traumatised as a result of this separation, as they internalise their feelings of guilt and shame.

Right type of housing with a range of associated supports

There is an urgent need for access to appropriate, affordable housing with supports – a Housing First/Led Approach.[18] Women who are homeless need prompt access to appropriate, affordable housing with supports put in place to meet their specific needs (including housing support, clinical support
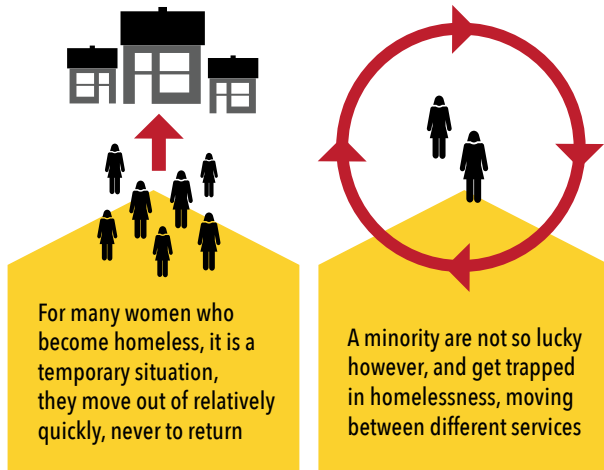

Women who have their child/children with them in emergency accommodation worry about the impact

and support to facilitate integration into the wider community).

Move to a culture of empowerment

Services need to develop and apply frameworks based on the empowerment of women to enable them to become more independent, based on the applications of the principles of dignity, autonomy and self-determination, thereby promoting and protecting the privacy and autonomy of these women.

When women eventually present to homeless services they are often at crisis point

For many women who become homeless, it is a temporary situation, they move out of relatively quickly, never to return

A minority are not so lucky however, and get trapped in homelessness, moving between different services

Create spaces and facilities that are safe and secure for women

Women who are homeless need to feel safe and secure. This is particularly important for women who have a history of trauma and abuse. Women who are homeless often report feeling unsafe in homeless and other services (Mayock *et al.* 2015). Services need to provide a safe, clean and calm environment for the women they are supporting.

Create women only spaces and supports (including women's projects, women's groups within mixed gender settings and access to women only facilities)

With women who are homeless reporting being fearful of being 'robbed, bullied, victimised, or assaulted' there is a need to be able to offer women the option of access to women only spaces and supports (Mayock *et al.* 2015, p 47). These spaces can offer women a temporary space to consider their options and needs. They should be open to all women, with younger women, pregnant women and women who have experienced gender based violence and abuse particularly prioritised. These spaces can also provide opportunities for women who are homeless to meet other women (including those who have successfully negotiated homeless services and who can share their experiences and learning).

Create spaces for women and their children

Women who are homeless with children should be able to access facilities and emergency accommodation that includes provision for their children (e.g. sufficient living and sleeping space, a safe space to play, access to childcare, etc.).

Research has found that with a very limited supply of supported temporary accommodation[19] available, the vast majority of families who are homeless are being placed in either B&B's or hotel accommodation, neither of which have been found
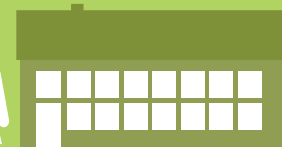
Women's Experience of Homelessness

Many women grew up in family circumstances characterised by **trauma**, **conflict** and **housing instability** where **economic hardship** was often a daily reality

Women's Experience of Homelessness

Violence perpetrated by a male partner was the most common form of victimisation reported during adulthood with **66%** of the women reporting having experienced i**ntimate partner violence**

Some women who are homeless link the experience of being in **state care** as a child to a lack of readiness for independent living and social isolation

to be suitable for family living.[20] Where children do not live with their mother, facilities should be available for them to visit.

Harm Reduction

Harm reduction must be at the heart of homeless and drug service provision and is key to the success of Housing First approaches. According to Riley & O'Hare (2000, P.6-7)[21] key features of harm reduction include;

- **Pragmatism:** An acknowledgment that some drug use in society is inevitable.

- **Humanistic values:** This means that the user's decision to use drugs is accepted, without (moral) judgement and that the dignity and rights of the user are respected.

- **A focus on harms:** The extent of drug use is secondary to the risk of harms with neither a presumption, nor an exclusion of the goal of abstinence.

- **A balancing costs and benefits:** There is a process of assessing the importance of drug related problems and associated harms vis-à-vis a cost-benefit analysis of interventions.

- **A hierarchy of goals:** Most programmes have a hierarchy of goals with the most immediate goal being to address the most pressing needs.

Create some drug free facilities and spaces

Offer spaces and facilitates that are drug free and that can support women to either reduce their consumption or to remain abstinent if they wish to do so.

In an ideal situation, women who are homeless would be provided with immediate access to housing with (gender sensitive) support in line with Housing First principles. The current housing shortage means that this is unlikely in the short to medium term. In the short to medium term, things that services providers can do to enhance the supports available to women who are homeless include the following:

The creation of spaces and facilities that feel more like home including making provision for children and/or partners

Women who are homeless want a sense of independence and to be treated like adults. They speak about the negative impact of stigma or/and discrimination. The rules different services apply in relation to curfews, friendship formation with other service users, and visitation with partners, children and/or other family members can significantly influence women's movements between services. Research[22] has found that women with children

who are not in their care often move 'in and out' of different emergency accommodation because of different rules in relation to child visitation. Few emergency accommodation settings have facilities that enable children to visit. Women with children who live with them, also need to know that the services they access, include such provision (e.g. safe spaces to play) for their children. The challenge for service providers working with women who are homeless is to create a safe, non-judgemental space with reasonable rules, consistently applied.

The establishment of more informed and encouraging relationships with the women – built on the principles of trust, compassion and respect

It is important to be acutely aware of the potential impact a history of trauma and abuse can have on a woman and to work on a one to one basis (through a key worker model) to build a caring and encouraging relationship with the women, in order to fully understand their individual history

and needs. It must be recognised that it may take some time for the woman to open up and establish a degree of trust. The establishment of positive and trusting relationships with staff or key workers can be an important step for women who are homeless.

Facilitating greater involvement by and engagement with the women (making a plan with the woman (not for the woman), always keeping in mind the longer term)

It is critical to support women who are homeless to have a voice in determining what services are needed and how they should be delivered. Begin by making a plan in line with best practice and the Care and Case Management Approach focused on supporting the woman who is homeless. Research (Mayock et al. 2015) has found that women who have lengthy homeless histories have often been cycling the services for protracted periods and have '*an extensive knowledge about the structures and practices that operate in the majority of services*' (P33). This is knowledge which may indeed be useful in terms of working out the woman's needs and preventing any further cycling within the system.

- Identify needs and personal goals, remembering that the longer a woman is homeless the more complex their needs are likely to be.
- Focus initially on meeting the most immediate needs of the woman, moving on as time progresses to focus on addressing longer term needs and challenges.
- Be aware of the danger of the women becoming institutionalised and dependent on the services.
- Focus on equipping with women with confidence and longer term life skills that will enable them to take control of their lives and ultimately live independently.

Providing both practical and emotional support, linking with other services as necessary

Provide women who are homeless with both practical and psychologically informed support. The practical supports provided should focus on equipping the women with the necessary skills for independent living (e.g. budgeting, cooking & nutritional support, living skills, etc.). All staff working with a woman should be focused on encouraging and supporting her to become more self-sufficient. Psychological and emotional supports (which could include access to counselling, supportive key working and peer support groups) are particularly important for promoting feelings of safety, belonging, and self-confidence. Where particular needs (e.g. physical and/or mental health issues, drug and alcohol misuse, etc.) are identified, service providers will need to connect the women to the appropriate specialist services.

Actively engaging with other service providers to ensure the various needs of the woman are being met

Many women who are homeless are coping with complex overlapping issues. Service providers need to put structures in place to help women to address these various overlapping issues and to foster better interagency and interdisciplinary working between various service providers (e.g. mental health, housing support, substance use, criminal justice and social services, etc.) to better meet women's needs.

Learning how to effectively deal with challenging behaviour

Recognise that challenging behaviour is often a coping strategy that hides vulnerability and fear therefore the onus is on service providers to build trusting and supportive relationships. Women with a long history of trauma and poor mental health can find it very difficult to trust and to abandon the coping strategies that have served them well.

Staff trained to easily recognise and support women dealing with the aftermath of trauma and violence

Staff working with women who are homeless need to be trained in order to recognise the specific needs of women fleeing violence and exploitation, and to have the knowledge and skills to support this particular group of women.

Remembering that women who are homeless are not a homogeneous group

Specific groups of women (e.g. women who have been/are sex workers, women with histories of incarceration etc.) may have particular/additional complex needs. Services and supports need to be tailored to each woman's specific needs.

Working to ensure prompt service provision

Prompt service provision will reduce the risk of relapse (particularly in relation to support in addressing problematic drug and/alcohol use) and help break the cycle of women moving within and between services. This enables them to exit homelessness successfully with the support they need.

Locating support for women with children (not in their care)

Specialist support (including advocacy and psychological support) may need to be provided to help women deal with fostering/adoption proceedings and loss of children.

Collaborating with domestic violence service providers (where relevant)

Domestic violence service providers work from a culture of empowerment and have particular skills and expertise in relation to supporting women who are homeless as a result of trauma and violence or who have experienced violence and trauma while homeless. There is a need for greater collaboration and learning from domestic violence services to better meet the needs of women who are homeless and who have experience of trauma and violence.

Being very aware of the existence/perceptions of the existence of unequal power relations within service environment

Trust, once built, needs to be nurtured and sustained. Sustaining trust requires service providers to actively seek out and value the views and preferences of women. Women who are homeless need to have their views respected and seen to be respected. Service providers need to do all in their power to protect the confidentiality of the woman accessing services and be very careful in relation to the disclosure of personal information.

Support when in housing

Recognise that women will need to be able to continue to access support when they leave homeless services. Three types of supports are required, as follows:

Housing supports: This type of support involves helping a woman obtain, set up and maintain their housing, in a way that takes into account their particular preferences and needs. It can also include supporting relations with landlords and applying for and managing rent subsidies.

Clinical supports: This type of support is designed to enhance well-being, mitigate the effects of mental health and problematic drug and/or alcohol use challenges. It should also foster the self-sufficiency of the woman and improve her quality of life.

Supports towards Community Integration: The purpose of these supports is to help the woman integrate into the community and potentially achieve self-sufficiency. This type of support may include the provision of life skills; engagement in meaningful activities, income supports, assistance with employment, training and education, and community engagement (Simon Communities in Ireland, 2015).

These supports all need to be open ended and flexible in nature, available to the woman for as long as she requires it, with the woman clear that she can return for support at any stage.

Connect women to other community based supports

Recognise that day centres, peer support group training programmes, childcare facilities and other community based facilities have an important role to play in terms of helping the women socialise and reintegrate into society (They have a particularly important role to play in relation to reducing the risk of loneliness for women whose children are in care).

Responding Effectively

Urgent need for access to appropriate, affordable housing with supports – a Housing First approach

Women who are homeless with children should be able to access facilities and emergency accommodation that includes provision for their children

A trauma informed care approach which recognises that chronic homelessness cannot be resolved without addressing the underlying issues of trauma
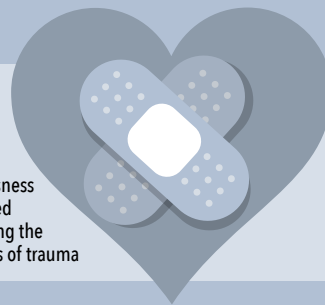
Women who get trapped in a cycle of homelessness often have a range of complex needs, the origins of which can often stem from very difficult childhood experiences. While each woman's story is unique, common factors[24] include:

- The hidden nature of their homelessness,
- The role of trauma and violence,
- Challenges to mental health,
- Problematic drug and/or alcohol use, and
- Poverty.

These factors clearly influence pathways into homelessness and indeed create barriers to exiting it. Supporting women who get trapped in homelessness requires:

- Housing and
- Support that meets the particular needs and preferences of the individual.

Key characteristics of the housing required includes housing that is safe, secure, affordable, accessible, adequate, supportive and ultimately permanent.

The lack of affordable housing has been identified as the most significant barrier in relation to housing provision for people who are homeless in Ireland.

Among the key areas where women need support include the following:

Support to move out of situations of 'hidden homelessness' and to engage with relevant services

Research has found that the informal and/or unsafe living arrangements women who are homeless often engage in when they first become homeless ultimately become unstainable when the women have exhausted all their financial and personal resources. This forces them to present to homeless and other support services. These periods of hidden homelessness have also been found to exacerbate problems. Ending hidden homeless and encouraging women who are homeless to engage with services before they reach crises point requires service providers to enhance the gender specific supports

and services they provide. Earlier engagement with gender sensitive services can not only provide women with more rapid access to the services and supports they need, it can also ensure that the scale of women's homelessness is more fully recognised.

Support to address past and more recent experiences of trauma and abuse

The provision of this support requires the creation of safe women only spaces, where women feel safe enough to open up and talk about their experiences. It also requires the adoption of a **trauma informed care approach** which recognises that chronic homelessness cannot be resolved without addressing the underlying issues of trauma.

Support to address multiple complex needs (including mental health issues, problematic drug and/or alcohol use and poverty

For women who are dealing with multiple needs, service providers need to look at how they can work together to better support these women access the variety of supports and services they need to meet their particular needs and issues.

Recognition of the importance of a woman's autonomy and agency

Women need to be supported and empowered to engage with and make decisions in relation to the services and supports they believe are suited to their particular needs. Services must be flexible enough to facilitate this.

A CHECKLIST OF WHAT SERVICE PROVIDERS NEED TO DO

✔ Seek senior level commitment and leadership in relation to the provision of gender sensitive services. Appoint a senior level manager within the organisation to take responsibility for working on gender sensitive approaches. Provide them with the relevant training. Appoint an individual in each region to work on gender sensitive approaches and provide them with the relevant training and the capacity to train others.

✔ Improve awareness across the organisation about gender differences in relation to homelessness. All staff and managers need to be aware of gender differences and implement a gender-sensitive approach in the planning and delivery of services.

✔ Consult and involve women from different backgrounds (including different ages, different ethnicities, women with children and women without children, women with a long histories of homeless and women just recently homeless, etc.) when creating a gender-sensitive system. It is only with this participation, that services can be appropriately adjusted to be more responsive to the experiences of women from all backgrounds.

✔ A woman's needs, experiences and views should be taken into account in the allocation of their key worker.

✔ Offer some women only a) facilities, b) spaces, c) peer support groups. Implement some other demonstration projects as a good way of developing expertise and raising awareness of the importance of women only options.

✔ Monitor, review and report on the implementation of gender sensitive actions on an ongoing basis to determine their effectiveness.

✔ Collate and analyse gender disaggregated data. There is a need for improved data and indicators on gender differences in relation to homelessness. Improved data will provide the evidence upon which services can be assessed for any gender differences.

1 This guide was prepared by Kathy Walsh on behalf of the Simon Communities in Ireland

2 Mayock, P. and Sheridan, S. (2012a) Migrant Women and Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 2. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin (p4).

3 Of the 3285 adults in emergency accommodation in July 2015, 38% (approximately 1,248 adults) were female.

4 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p1)

5 Mayock, P. & Sheridan, S. (2012) Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 1. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.

6 FEANTSA (2015) The Links between Violence against Women and Homelessness. Background Paper (p.2)

7 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p21)

8 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p21)

9 Bevan, P, (2002) Multiple Needs Briefing, Homeless Link

10 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p25)

11 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p26)

12 This figure which was compiled by the guide author was informed and drew from a presentation made by Esther Sample (from St Mungos/ Broadway) to the Simon Communities of Ireland on the themes arising from consultations undertaken as part of the Re-Building Shattered Lives Programme as well as a telephone interview conducted with Esther Sample on the 29th April 2015

13 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p26)

14 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p26)

15 The term "complex needs" refers to a situation where a person has two or more severe and longstanding needs affecting their physical, mental, social or financial wellbeing. http://www.turning-point.co.uk/media/636823/appg_factsheet_1_-_june_2014.pdf (Accessed 19th May 2015)

16 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p26)

17 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. (p32)

18 For more details see the Dept. of Environment, Community and Local Government (2013) Homelessness Policy Statement

19 Supported Temporary Accommodation refers to local authority or social housing provided accommodation in small self-contained 1-2 bedroom flats, generally with a supervisor/manager. It was identified by Walsh & Harvey (2015) as 'while not perfect' was 'the accommodation option which 'best met the needs of homeless families, in terms of giving them a degree of autonomy and independence, with support available if required'.

20 Walsh & Harvey (2015) Family Experiences of Pathways into Homeless – The Families' Perspective. The Housing Agency, Dublin.

21 Riley, D & O'Hare P. (2000) Harm Reduction: History, Definition and Practice. In Inciardi, J. A & Harrison, L.D. (Eds) Harm Reduction: National & International Perspectives. Sage Publications California.

22 Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision

23 Simon Communities in Ireland (2015) Changing the forecast – addressing the homeless and housing crisis. Pre Budget Submission 2016, p25)

24 Van Berkum, A. & Oudshoorn, A. & Women's Community House (2015) Best Practice Guideline for Ending Women's and Girl's Homelessness. Prepared on behalf of: All Our Sisters, Canada.

Bevan, P, (2002) Multiple Needs Briefing, Homeless Link

CSO (2011) Homeless Persons in Ireland: A Special Census Report. CSO.

Dept. of Environment, Community and Local Government (2013) Homelessness Policy Statement Feantsa (2006) ETHOS Typology on Homelessness and Housing Exclusion

Hutchinson, S, Page, A and Sample, E (2014) Rebuilding Shattered Lives- The Final Report – Getting the right help at the right time to women who are homeless or at risk. St. Mungos.

Mayock, P. and Sheridan, S. (2012a) Migrant Women and Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 2. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.

Mayock, P. & Sheridan, S. (2012) Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 1. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.

Mayock, P. Parker, S. & Sheridan, S. (2015) Women, Homelessness and Service Provision. Simon Communities of Ireland, Dublin.

Riley, D & O'Hare P. (2000) Harm Reduction: History, Definition and Practice. In Inciardi, J. A & Harrison, L.D. (Eds) Harm Reduction: National & International Perspectives. Sage Publications California

Van Berkum, A. & Oudshoorn, A. & Women's Community House (2015) Best Practice Guideline for Ending Women's and Girl's Homelessness. Prepared on behalf of: All Our Sisters, Canada.

Simon Communities in Ireland (2015) Changing the forecast – addressing the homeless and housing crisis Pre Budget Submission 2016, (p25).

Walsh & Harvey (2015) Family Experiences of Pathways into Homeless – The Families' Perspective. The Housing Agency, Dublin.

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