

# Seeing the

# unseen



Meeting the needs of women  
sleeping rough in Kent

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This report is dedicated to Shelley  
Daughter, mother, sister, Porchlight client  
1976 - 2018

# About us

We're proud of our reputation as Kent's leading homelessness charity.

We help people who have nowhere to go and no-one to turn to. Some are homeless, others are struggling to cope with the pressures in their lives and need our support to keep on track.

We help people with housing, education and employment, and their health and wellbeing.

We make a positive impact on adults, children, families and communities as a whole.

## Our vision, mission and values

### Our vision

We strive for a fairer society where vulnerable people find stability, the most excluded are included, and where homelessness and poverty are things of the past.

### Our values

- Inclusiveness
- Integrity
- Compassion
- Empowerment
- Passion
- Innovation

### Our mission

- To change lives for the better, by:
- Preventing people from becoming homeless through the provision of timely and personalised support services
  - Providing housing, education, employability and personal development support to the most vulnerable and isolated people in our communities
  - Challenging negative attitudes towards people who are homeless, living with mental ill-health, or living in poverty



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The photographs used in this report illustrate Porchlight's general work and do not necessarily reflect the circumstances of those pictured.



“I am invisible, simply because people refuse to see me.” Ralph Ellison, author

## Foreword

Rough sleeping takes away hope and destroys lives. No-one should have to experience it yet, shockingly, rough sleeping in England has risen by 169% in the last seven years.

As a local authority, Kent has one of the highest percentages of female rough sleepers in the country. We carried out this research to gain more understanding about the needs of this group and what we can do better to support them.

I am saddened by the stories of the women who took part – at the complexity of their support needs, at their vulnerability and risk of abuse. This is yet more evidence that the system is failing those who need it most. The most vulnerable are paying a heavy price for the ill-thought out decisions of successive governments and charities like ours are struggling to pick up the pieces.

Our challenge is to remain undefeated by the injustice of the policy framework and to find new solutions to the crisis. When the worst happens, and people lose their homes, it's vital that help is available at an early stage and this is particularly true of women whose problems can be much more complicated than men's. But all too often many homelessness support services – including our own – have been designed predominantly for men and do not meet the very specific needs of women.

I am grateful to those who demonstrated such bravery in sharing their experiences. What they have shown us is that there is so much more that Porchlight, other organisations and statutory services can and should be doing to prevent any woman from facing the misery of rough sleeping. There are too many opportunities to change lives that are currently being missed.

“We're missing opportunities to help the most vulnerable”

There should never be an inevitability to someone losing their home. By sharing the learning from this survey, we're contributing to a national body of knowledge that will, I hope, awaken compassion and bring about the determination and investment needed to stop more vulnerable women ending up on our streets. We need to show the world that our society does care and will not accept destitution as a normal part of Britain today.

This research has shown us that we need to commit more resources to developing gender-specific services that consider the unique challenges of women and provide them with the tools and support they need to redirect their lives away from instability and abuse.

By tailoring our support to better meet the needs of people in our local communities, we can move closer to our vision of a fairer society where the most excluded are included and homelessness and poverty are things of the past.

Mike Barrett CIHCM  
Chief executive, Porchlight



“I know how much things need to change”

When I was asked to take part in this study I jumped at the chance because I was a female rough sleeper for a long time and I know how much things need to change.

Anyone rough sleeping, male or female, is vulnerable and lives a dangerous life but women suffer an additional set of difficulties and vulnerabilities that men don't. I know women rough sleepers who have been raped, beaten, turned-out, kidnapped and used as drug mules.

Alcohol is often used by men as a way of getting women to do the things they want, and, because of a lack of support services, me and other women

I've known have stayed in an abusive relationship on the street so that at least we have a man to protect us from all the other horrors.

This is the tip of the iceberg; that's why this study is so important to show the truth so that things can change.

Kristy Vaughan  
Porchlight resident



## Acknowledgements

This research would not have been possible without the support of many individuals and organisations and we would like to extend our sincere thanks to them all.

We are particularly grateful to the women who showed such courage in sharing their stories. Their interviews have given us a unique insight into life on the streets of Kent. Their words have told us that we need to do more.

Thanks to Porchlight's Aidan Gray and the numerous staff who spent many hours gathering data, in particular our rough sleeper, service user involvement and supported accommodation teams.

Their words have told us that we need to do more

And thanks to the steering group of staff and clients who continue to review our work and shape the way that our services are delivered in the future.

Finally, thanks to Tesco for their support of this project through the provision of vouchers for participants.

# Summary

Our research, conducted with 40 women who were either sleeping rough or had experience of sleeping rough, showed very high levels of vulnerability.

Of the women who took part in this research, 83% had experienced mental ill health, 66% had experienced violence before they became

homeless, 54% had experienced violence when they were homeless (27% had been raped or sexually assaulted while rough sleeping), 66% had felt suicidal while sleeping rough and 61% experienced physical health problems. Alcohol and drug problems were also at high levels among this group.

## Our key findings

- Homeless women with a severe mental illness are highly vulnerable.
- Women rough sleepers experience increasingly complex trauma.
- There is no single cause of women’s homelessness.
- Managing health and personal hygiene is challenging for women rough sleepers.
- Women rough sleepers are not getting the help they need from statutory or support services.

## What we’ve committed to

Our findings show that we are missing opportunities to help the most vulnerable. No woman should spend more than 48 hours on the streets.

In order to make this happen, we will:

- create a women’s services development post within the organisation (see opposite)
- set up a ‘rapid rehousing fund’ for women rough sleepers
- recruit specialist outreach workers to support female rough sleepers off the streets
- ensure all Porchlight staff receive sufficient training to manage the complex needs of women rough sleepers
- Develop Kent’s first female Housing First model. Housing First provides permanent accommodation for people straight from the street.

Our women’s services development post will:

- build on our understanding of the risks and dangers faced by women sleeping rough
- identify barriers which prevent or make it difficult for women rough sleepers to access treatment and support, and develop practical solutions to address these
- make services (such as shelters, day centres, health services, police, domestic violence services, etc) more responsive to the needs of women rough sleepers. In particular, we aim to develop three comprehensive protocols for mental health services, domestic violence agencies and the police
- develop a good practice toolkit that will help services and practitioners change and improve their services (and increase awareness of these issues through presentations, training, conferences, etc).

# Introduction

Rough sleeping is the most visible form of homelessness. It is also the most dangerous.

It damages people’s mental and physical health and destroys their confidence and self-esteem. The longer someone spends on the streets, the worse their problems become.

People who are rough sleeping are at high risk of violent assault and abuse. Fear and mistrust can become deep-rooted, affecting an individual’s ability to seek or accept support from those people and organisations that can help.

No wonder then that people who are homeless are three and a half times more likely to die by suicide than the general population.<sup>1</sup>

Over the last seven years there’s been a steady rise in rough sleeping across the country. Analysis of figures collected in autumn 2017 estimates there are 4,751 people sleeping rough on any one night in England, a rise of 169% since 2010.<sup>2</sup>

Porchlight’s own figures show that between 2012-2013 and 2017-18, the number of people found rough sleeping in Kent increased by 463%.

## Kent has one of the highest percentages of women rough sleepers in the country

There are more women sleeping rough in the south east of England than anywhere else in the country, including London.<sup>3</sup> Of all the counties in the south east, Kent has the highest percentage of women rough sleepers.

Last year, one in five of the people Porchlight found sleeping on Kent’s streets were women.

Of the hundreds of people we support on the streets, women are the least visible. They are more likely to avoid sleeping out in the open and may not even appear homeless to passers-by.

And while women who are homeless share many of the same challenges as men, or people who do

not identify as either gender, there are important differences. Women are particularly at risk of multiple forms of victimisation, and the causes of their homelessness are often more complex and multi-faceted.

“It’s degrading because you can’t be clean or look nice. It’s always so cold, isolating and devastating. You become prey for men. They think you’re an easy target and, in some sense, yes, we are.”

Many are homeless because they are escaping domestic violence or abusive relationships: a report by Women’s Aid<sup>4</sup> highlighted that 11% of women who were escaping abusive relationships slept rough while waiting for refuge accommodation.

Many have children they do not see or with whom they have limited contact. They are also more likely to experience violence whilst on the streets and are at high risk of sexual assault or rape.

Multiple levels of trauma can lead to a cycle of abusive relationships, mental ill health, the use of drugs and alcohol, self-harm and suicidal thoughts, making the journey out of homelessness complicated and challenging.





## Introduction

Women rough sleepers are the most vulnerable group of people we support. The average age of death for a woman who is homeless is just 43.<sup>1</sup> Shelley, to whom this report is dedicated, died on the streets of Canterbury at just 42.

Whilst there are a small number of national reports, there is surprisingly little information, evidence and data at a national level on the specific needs of women currently experiencing homelessness, nor best practice advice on delivering gender-specific services for women who are rough sleeping.

“ I felt embarrassed, scared, didn’t feel like a human being in some ways. ”

If we want our services to support and empower women effectively, we need to know more about the reasons for their homelessness, the barriers to them getting support, and the specific risks and dangers they face.

We must learn from their lived experience and their knowledge and use our increased understanding to improve our own services and support our

partner organisations to do the same. We want our collective services to become safer, more accessible and more responsive to the needs of vulnerable women with complex needs and high levels of risk.

The stories of the women who took part in this survey paint a grim picture of life on the streets and we are grateful to each person who recounted traumatic experiences to help us develop this report.

This is just the starting point. Homelessness is getting worse but the downward spiral towards rough sleeping is not inevitable and it can be prevented.

There are key points in each person’s journey where, with the right support, they can avoid losing their home.

Kent has the one of the highest percentages of women rough sleepers in the country. As the county’s leading homelessness charity, it is our duty to invest in services that consider the unique challenges facing women and provide them with the tools and support they need to redirect their lives.

## The aim of our research

- To identify the specific needs of women who are sleeping rough in Kent
- To identify the barriers to women seeking support
- To raise awareness of the risk, vulnerability and harm that women experience as a result of sleeping rough
- To improve our own support services, as well as strengthen our partnership working, to ensure that women are sleeping on the streets for as short a time as possible
- To develop a solid foundation for a system change
- To ensure the support that women are offered is timely, gender-appropriate and tailored to their needs.

## Our research approach

Our research was completed between January and April 2018 and consisted of a questionnaire conducted via Survey Monkey.

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 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.

### Definition

For the purposes of this research, the government’s definition of rough sleeping was applied.

This definition is used in the annual count and estimate<sup>5</sup> of rough sleeper numbers:

‘People sleeping, about to bed down (sitting on/ in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments), people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or ‘bashes’).

### Anonymity

All respondents took part in the survey anonymously providing information solely on demographics and their experiences of homelessness.

No identifying information or names were recorded during the process.



# Key findings

From the stories our service users told us, there are key issues facing women rough sleepers in Kent. These are:

- 1. Homeless women with a severe mental illness are highly vulnerable.
- 2. Women rough sleepers experience increasingly complex trauma.
- 3. There is no single cause of women's homelessness.
- 4. Managing health and personal hygiene is challenging for women rough sleepers.
- 5. Women rough sleepers are not getting the help they need from statutory or support services.

## 1 Homeless women with a severe mental illness are highly vulnerable

Rough sleeping makes all women vulnerable and unsafe but for those who are living with a severe mental illness (SMI), this form of homelessness is particularly dangerous.

Of the 34 women 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.

Issue	Women without an SMI	Women with an SMI
Experienced homelessness on more than one occasion	69%	94%
Experienced homelessness three times or more	39%	50%
Self-harmed	29%	47%
Felt suicidal	50%	88%
Used illegal drugs	12.5%	59%
Experienced violence before they became homeless	62.5%	87%
Experienced violence when sleeping rough	42%	80%
Experienced sexual assault when sleeping rough	12.5%	47%
Reported violence to the police	4%	0%

# Key findings

## 2 Women rough sleepers experience increasingly complex trauma

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. The women in this survey told us they have been pushed, grabbed, beaten up, assaulted and raped while living on the street. They live in constant fear.

Many have turned to substance misuse to help them cope with the fear or to block out the pain. Some have entered into abusive relationships with men as a form of security or have been coerced into offering sex in return for drugs or a safe place to stay. Research from Crisis showed that women who sleep rough are at higher risk than men of violence, verbal abuse and harassment, and of having their belongings stolen.<sup>6</sup>

Just as the causes of women's homelessness are not straightforward, neither is the journey out of homelessness. Issues escalate the longer women are on the streets, resulting in more complex trauma and a detrimental cycle of abuse, violence, drug and alcohol dependency. This destroys self-

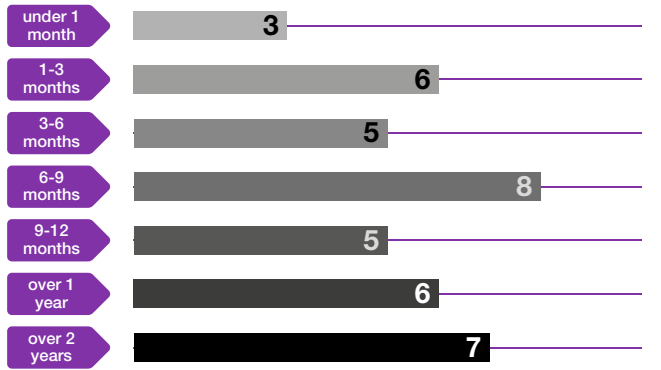
## The threat of physical and sexual violence

The women who shared their stories overwhelmingly felt that the worst things about rough sleeping were the constant fear, feeling unsafe and vulnerable, and the cold.

Many avoided public places because of the fear of being attacked, preferring instead to stay hidden or out of the way in doorways or tents.

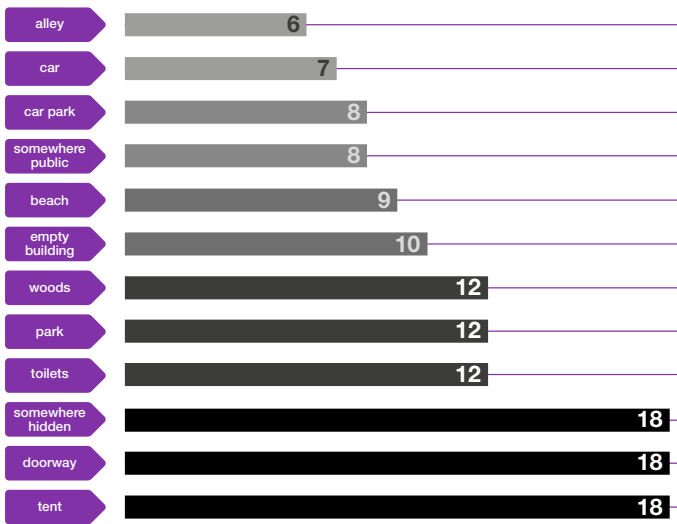
Moss and Singh found that 35% of female rough sleepers left their homes because of domestic abuse.<sup>7</sup> Our survey showed that 73% of the women who took part had experienced violence before they became homeless, the majority of which came from someone they knew, for example, a partner,

What is the longest period you have ever slept rough for? (40 respondents)



esteem, aspirations and confidence as well as the ability to move away from the situation and accept support to end their homelessness.

76% of the women we spoke to had experienced rough sleeping for over 6 months; 32% for over 12 months. We need to know more about why it is taking so long to support women away from the streets and the transition points when, with the right help and support, their homelessness and further trauma may have been avoided.



What type of places do you sleep in? (40 respondents)



## Key findings

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.

Domestic violence causes significant trauma that can go on to affect all future relationships, but the way trauma is experienced is specific to gender. For example, adolescent boys are more likely to experience violence from strangers such as other young men or gangs. The risk for teenage girls is overwhelmingly from men they say they love. This can progress into adulthood and make further victimisation more likely.<sup>8</sup>

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.

**“Always had to keep my guard up, never felt safe”**

**“I fear being abused and attacked daily”**

**“Never knowing if you will be attacked or not. Constant fear for your own safety”**

**“Worst experience of my life”**

**“It’s cold, scary and lonely”**

**“I couldn’t handle it again”**

This makes violence a constant, unavoidable and unpredictable threat. When asked what made them feel the most unsafe, women cited factors including knowing that they can’t fight back if someone attacks them, being beaten up, sexual harassment and abuse, waking up not knowing who they might face, feeling exposed and the threat of rape and feeling vulnerable around men.

Some reported trying to stay awake all night, or walking round during the night, as they were too scared to sleep for fear of being attacked or having their belongings stolen. Some had been coerced into ‘survival sex’, often just to get a roof over their head. Others entered into abusive relationships with men because it felt safer to have a man by their side than to be alone.

Shockingly, 91% of women who had experienced violence or sexual abuse when sleeping rough had not reported it to the police, primarily because they did not feel they would be believed or were too afraid.

**91%  
did not  
report  
violence  
or sexual  
abuse to the police**



**“Grooming was a huge problem on the street. I was never groomed but I saw plenty of it resulting in a friend committing suicide. It was mostly runaways, running from difficult home situations or abusive relationships. Women feel safer on the street with a man by their side, so if shown a bit of affection they will take it, resulting in that man using this vulnerability to control the woman, she begs for money to feed his addiction or he pimps her out. Secondly some women including me used to sleep with random men just to get a warm bed for the night. This results in dangerous situations as well as stripping these women of their dignity and self-esteem. And if you are on the street alone there is always a fear of being raped, groomed or attacked”**

**“Older men try and groom you all the time”**

**“Men always tried their luck, always so pushy because they could see I was vulnerable”**

**“You are out in the open all alone and you don’t know what can happen to you while you sleep”**

**“Just in fear of being burnt alive or being set on fire when asleep”**

## Key findings



### Blocking out the pain

For some women who are sleeping rough, the use of alcohol or drugs can block out the pain of being homeless. Women tell us that it helps them to forget, to feel less scared, and makes them

feel warm on a cold night. But it also dramatically increases vulnerability, with 70% of the women who used drugs or alcohol thinking it had placed them in an unsafe situation.

**“People think because you’re homeless and a girl that you will sleep with them and they try and take you home to abuse you. Men think that they can touch you and abuse you for drugs and safety”**

**“Sexually assaulted on the streets many times in black out with alcohol, I have been raped”**

**“Addiction makes you do things and be in places that you should never go in to”**

**“I slept with strangers to have a roof over my head. This resulted in a hostage situation”**

**“Didn’t know what I was doing”**

**“I’ve been too drunk to fight off men”**

While winter and night shelters may provide access to people under the influence of drugs and alcohol, many do not allow people to use substances when they are there. This can mean that women rough sleepers may leave the shelter if they are dependent on using substances regularly, consequently sleeping outside on some of the coldest nights of the year.

**“Men asking for sex when drunk, taking advantage and people spitting on us”**

**“Believe me, being homeless, addiction comes pretty easy. Drugs and alcohol let you forget about the life you are living, makes you confident when selling yourself for money, helps you sleep at night when the nights are cold and you want to forget the dangers just to enjoy a half decent sleep. And while on the street you seem to just fit into the world of addiction it’s a pretty easy road to go down sometimes you don’t even notice that you are an addict until sometimes it is too late”**

Women also report feeling intimidated by male rough sleepers, especially in shelters staffed by volunteers and not by experienced staff who are trained to manage people who are substance affected.

**“Women are more vulnerable. Men scared me off the winter shelter”**



Key findings

The trauma of losing children

Homelessness can devastate family life and personal relationships.

Of the women who took part in our survey, 68% had children and the majority of those (85%) still had limited contact with their child or children while sleeping rough. Research by St Mungo's found that nearly half of the charity's female clients were mothers, of which 79% had had their children taken into care or adopted.<sup>9</sup>



“ We heard time and again how devastating separation from children can be, and how ashamed the women felt. ”

Many of the women who spoke to us felt that mental ill health, lack of support, instability, and domestic violence contributed to them either losing or having reduced contact with their children.

They were traumatised by the loss of their children, or lack of contact, and struggled to cope with their situation, reinforcing feelings of unworthiness or “not being good enough.” For those escaping violent relationships this fed into negative pattern-forming behaviours around their ability to be a “good mum” or failing as a parent or a woman.

We heard time and again how devastating separation from children can be, and how ashamed the women felt. Unsurprisingly, 82% felt that it had

“ (we need) for social services to understand why women don't come forward until it's too late as they fear their babies will be taken without a chance of getting them back. ”

an impact on their health and wellbeing, resulting in depression, anxiety, low self-esteem, isolation, drug and alcohol use and self-harm.

Women who are homeless and lose contact with their children can experience ‘disenfranchised grief’, characterised by a loss that cannot be socially sanctioned, openly acknowledged or publicly mourned, where the usual social support networks are missing.<sup>10</sup> They are too often expected to cope with this loss without access to support services and with little, or no, emotional and personal support.

“It taps into all my past experiences of not being good enough and my rape which tells me I am not worthy of my children”

“Feelings of not being good enough which social services labelled me with”

“Services and other women think you're a bad mum when you have had to walk away from your child to give them a better life”

“I miss being a mum and I love and miss my children. Keeping them away makes me more depressed”

“Feeling useless and suicidal”

“It's very difficult to stay in contact due to not knowing where you will be from one day to the next, so visits are difficult and telephone conversations are equally difficult due to phone dying and sometimes unable to access a power supply to charge it”

“It eats away at you. As a parent knowing you cannot see your children”

“It is so degrading as you are supposed to support them”

Key findings

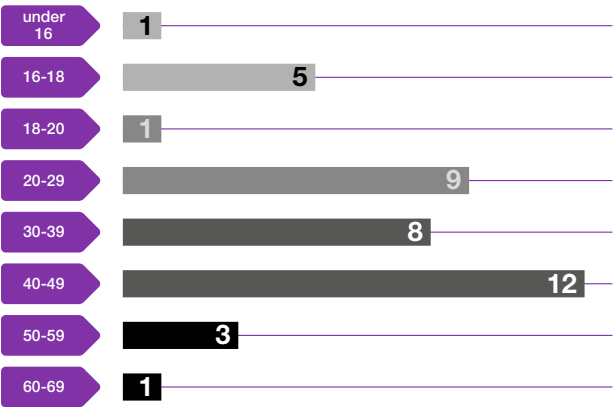
3 There is no single cause of women's homelessness

The causes of women's homelessness are rarely straightforward. Most of the women who took part in our survey experienced multiple risk factors for homelessness, for example relationship breakdown or domestic abuse alongside systemic factors such as welfare reform, unemployment and poverty.

60% of the women we spoke to experienced their first episode of homelessness after they were 30 years old, with 30% of those experiencing homelessness for the first time between the ages of 40 and 49.

Relationship breakdown, which includes fleeing domestic violence, was the most common cause of women's homelessness on the first occasion in this age group. This is a relatively late age to experience homelessness for the first time, indicating that problems may have built up significantly over a long period of time before reaching crisis point.

80% of women had experienced homelessness on more than one occasion. While relationship



How old were you when you first became homeless? (40 respondents)

breakdown remained a significant causal factor, women's repeat homelessness was caused by multiple issues including fleeing domestic violence, substance misuse, mental ill health, and cuckooing (where drug dealers take over the home of a vulnerable person to use as a base for selling drugs). Systemic causes included benefit sanctions







and poor living conditions. Each of these can be traumatic in isolation, but when they overlap the impact can be devastating.

The younger women are when they first experience homelessness, the more likely it is that it will happen again. As with the older age group, relationship breakdown was cited regularly as an initial cause, but substance misuse and mental ill health accounted for more than half of the causes of repeat homelessness.

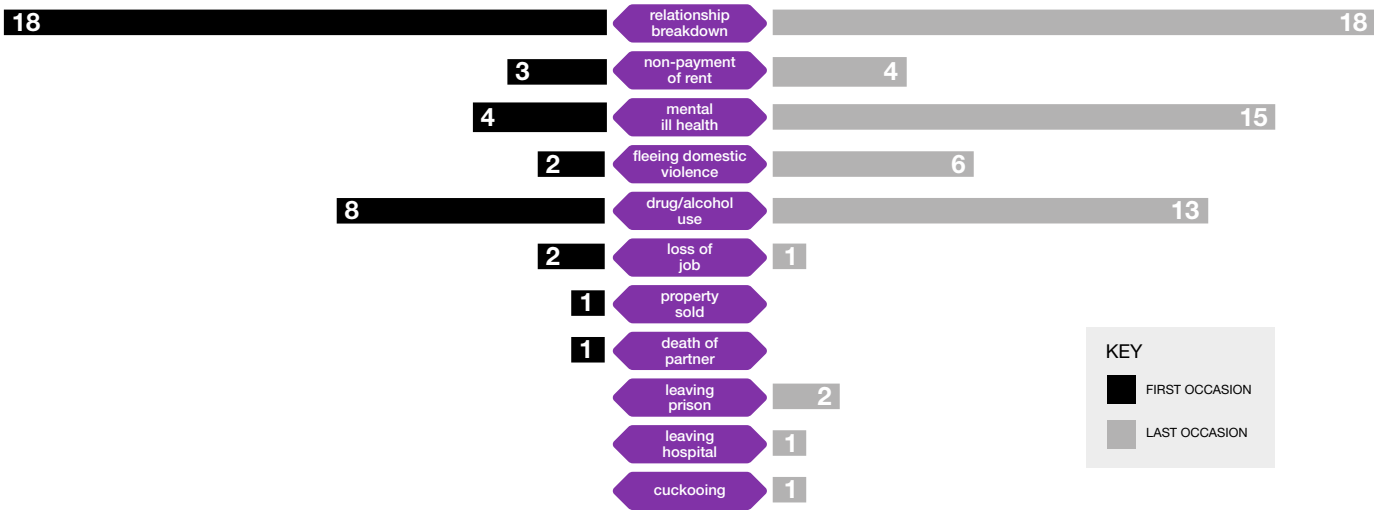
This would indicate that young women are not accessing the support they need to avoid repeatedly becoming homeless and further research is needed to identify the reasons why and the barriers to them seeking support.

There is no single cause of homelessness among women; the many causes, as well as the effects, are inter-related and complex. Treating one without

“There is a large and growing body of evidence showing that a high proportion of homeless people have experienced trauma or ‘adverse childhood experiences’ in their early life.”<sup>11</sup>

offering support for the others will not bring about change in the long term and missed opportunities to provide the right support at the right time can result in women becoming increasingly vulnerable and traumatised, leading to further homelessness.

More investigation is needed to better identify pressure points and transitional periods where extra support could prevent a cycle of homelessness forming. We also need to identify at which point abusive relationships and domestic violence lead to pattern-forming behaviour among the women we support.



What led to you becoming homeless on the first and last occasion?

# 4 Managing health and personal hygiene is challenging for women who are rough sleeping

Rough sleeping is dangerous and overwhelmingly detrimental to both mental and physical health. People who experience this type of homelessness have a much lower average age of death than the general population.

For women who are rough sleeping there are some very specific gender-related challenges, particularly in terms of accessing healthcare services and support and managing personal hygiene.

## Physical health

Sleeping on cold floors or in damp outbuildings with little or no shelter, walking long distances to find somewhere safe to sleep, stress and a poor diet all have damaging impacts on physical health. Relatively simple conditions such as dermatitis become much more difficult to manage whilst sleeping on the streets. Complex conditions such as injuries from violence, infections from injecting drugs, or managing alcohol withdrawal symptoms, become altogether more challenging.

The Homeless Link Health Needs Audit in England shows that 78% of rough sleepers report physical health problems.<sup>12</sup> In our own 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.

physical and mental health services can be difficult to access by public transport, with many rough sleepers having to walk long distances to engage with the support they need.

Although just over 60% of women we spoke to were able to access healthcare services such as a GP while sleeping rough, it is concerning that 10% could not access healthcare services and 16% had not tried. Reasons included having no proof of address or identity, while trauma from past experiences and trust issues also present a barrier. One respondent said they would not let another person touch them due to past experiences and another was reluctant to remove clothing because they hadn't been able to wash.



92% said rough sleeping made their physical health worse

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. This has implications in a rural area like Kent where



Key findings

“I can’t be bothered to even care about myself when I am rough sleeping”

“I felt alone and scared, drinking stale water, clothes and myself dirty, couldn’t clean my teeth”

“Due to lack of washing at the time when I was homeless, I didn’t want to take my clothing off in front of anyone let alone health people”



Mental health

Mental ill health among people who are rough sleeping is very common. Stigma, isolation, loneliness, trauma and living in constant fear all impact on mental health and wellbeing. Research from the charity St Mungo’s<sup>13</sup> shows that people with mental health issues are more likely to spend longer sleeping on the streets. Many get caught in a vicious cycle; the longer they sleep on the streets, the more their mental health will deteriorate. The worse their mental health becomes, the less likely

they may be to seek help and they may turn to alcohol or drugs to block out how they’re feeling.

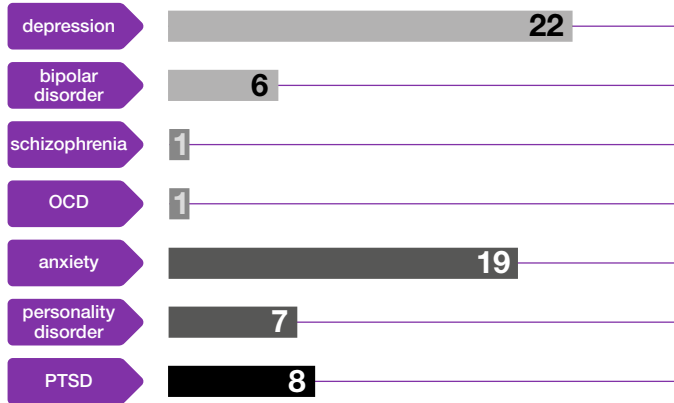
St Mungo’s also found that more than 40% of people who are sleeping rough have mental health issues. Our own research shows a higher percentage of women rough sleepers suffering from mental ill health. 87% had a self-declared mental health condition, whilst 79% had a medical diagnosis. Of those that said they had a mental

Key findings

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.

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.

38% of respondents were either not receiving treatment or only sometimes receiving treatment. Of those prescribed medication, 93% cited difficulties with storing or taking it. Medication that needs refrigeration presents an obvious challenge and it can be difficult to take tablets with food if you don’t know where your next meal is coming from. Other difficulties included medication getting damaged when it got wet or damp in the rain or lost when belongings were stolen.



What mental health conditions have you been diagnosed with?

Of those 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

“ Homelessness makes my mental health worse and does not help with recovering from anorexia as I need to eat regularly and healthy and that can be difficult without accommodation or proper facilities to cook. ”

to receive help, while another had been sectioned for a week and then released back onto the street.

These attitudes may further undermine someone’s trust in public services to provide the help they so desperately need:

“Always being judged for being homeless, people automatically think you’re scum”  
“People look down on me”

St Mungo’s Dying on the streets report<sup>14</sup> found that 70% of their research respondents said access to mental health services for people sleeping rough has got harder compared to five years ago.

Between 2012 and 2016, mental health trusts in England received a reduction in their budgets in cash terms of between 40% and 50%.

While data for 2016/17 shows a more positive situation, it is clear that budgets are under pressure while the need for services is increasing.

People who are homeless are three and a half times more likely to die by suicide than the general population.<sup>1</sup> Within the group of women who took part in our survey, 44% stated that they self-harmed, while 79% said that they had felt suicidal whilst sleeping rough. Over a third of those that had felt suicidal had also attempted suicide when sleeping rough.



Have you ever felt suicidal when sleeping rough?



## Key findings

### Personal hygiene

Personal hygiene needs often go unmet when people are sleeping rough and can prove particularly challenging for women during their menstrual cycle. While many women may wash in public toilets, there is limited access to cubicles

with a hand basin for privacy. Similarly, there appears to be a lack of women-only facilities at day centres even though women may feel too scared to use mixed washing facilities due to their fear of violence or sexual attack.



### The impact of substance misuse

Not all people who are rough sleeping have a problem with drugs or alcohol but the longer someone spends on the street, the higher the risk that they will use them as a way of blocking out the feelings of isolation or fear, or as a way of keeping warm.

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

**“[I drink] all day and a lot, it starts in the morning and until I black out”**

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

**“I drink to keep warm but although it makes me feel warm, I have been very cold and did not realise”**

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

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. Crisis’ Homelessness Kills report<sup>1</sup> states that homeless people have nearly seven times the chance of dying from HIV and hepatitis than the general population.

**“Drugs help to take the pain away from street life homelessness.”**

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.

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.

## Key findings

### 5 Homeless women are not currently getting the help they need from statutory or support services

There are points in each woman’s journey into homelessness where, with the right support at the right time, things could have been different. Time and again respondents felt that receiving more help from statutory services or support organisations would have made a difference.

Many statutory services and charitable organisations are under increasing pressure from funding cuts but the perception of the women in our survey was that they could do more to help.

When asked what could have prevented their homelessness, women told us:

**“Better support from the local council. Struggle to pay my top up and service charge from the start of my tenancy as LHA [local housing allowance] is too low. I’ve notified my local council to report my struggle as it was virtually impossible for me to survive”**

**“More help and information about what is out there”**

**“Support from prison”**

**“Local council made things more complicated for me as I didn’t have an ID to register with Kent Home Choice and better understand my own situation/needs”**

**“More support around drugs and alcohol”**

**“Better communication between benefit departments”**

**“Support from doctor”**

**“More available properties and change in council’s priorities.”**

**“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”**

73% 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



Key findings

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.

The experiences of women in Kent mirror those in a report by St Mungo's<sup>11</sup> which stated 'we asked

people about their experience of accessing services to help prevent or resolve rough sleeping. We found that accessing services to help can be hard. Some of the things that stop people successfully getting help include demands are too high (for example, around punctuality, abstinence, distance to travel), inconsistency from service providers (including not providing support they should) and having experienced rejection in the past (potentially triggering memories of past trauma)'.

State institutions are discharging women back onto the street

Leaving state institutions such as prison, hospital, care or the armed forces are predictable transition points where a return to the street can be prevented. Yet women are being released onto the streets before their housing needs have been fully addressed.

43% of respondents have been discharged from in-patient treatment at hospital without somewhere to live, rising to 53% of those with a severe mental illness. Of our respondents who had been to prison, over half who did not have a severe mental illness and 86% of women with a severe mental illness, had been released without somewhere to live.

The responsibility for housing ultimately falls to the local authority, but by the time a woman leaving an institution seeks support directly from the local housing team, they are likely to already be homeless and at risk of falling through the cracks.

As one respondent said: "If we don't get the right help to women at the right time, and start putting in support around women's housing, mental health, violence against women and girls, criminal justice and vulnerable children, the risk is that more women will fall through the gap and end up being passed from service to service and feeling like there is no help out there and that they are failing – when, in actual fact, it is the services that are failing."

Joined up working is critical in preventing homelessness.<sup>15</sup>

Clearly opportunities to secure someone's housing before they leave an institution are being missed and all organisations involved need to work together more closely to prevent homelessness at an earlier point.

A strong support network can make all the difference

The importance of a strong personal network can be key in preventing homelessness; feeling part of a community can make a huge difference.

Respondents often cited this as something that could have prevented their homelessness: "support in the home;" "better support network;" "stronger more reliable support network."

The St Mungo's On my own two feet<sup>11</sup> report found that 'for many of the people we met, their limited social support network was either a cause or result



Key findings

of other underlying traumatic experiences that represented another hole in their safety nets. This trauma can also weaken a person's resilience and make them more vulnerable to returning to the streets when something goes wrong'.

What is clear from our research is that even when

there was some support available, it was not being accessed at the critical point needed. Further investigation is required to find out why.

We also need to develop stronger partnership working and advocacy between the many state and charitable institutions involved.

Working together to achieve positive change

Thanet District Council is piloting a 'housing-led' project for female rough sleepers in Thanet, funded by the Ministry of Housing, Communities and Local Government.

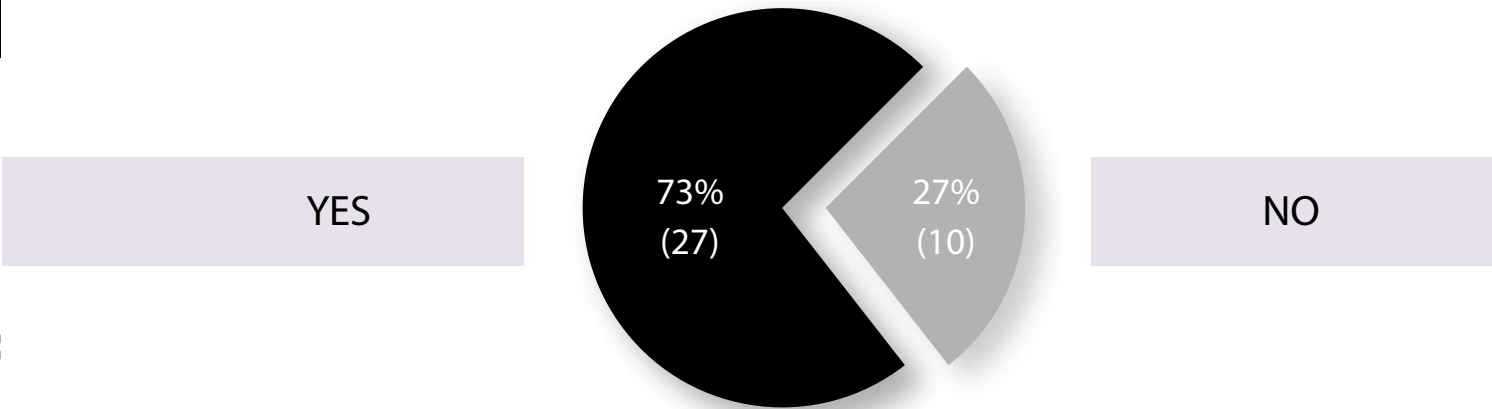
The scheme will include a seven-bed house which prioritises female rough sleepers with complex needs, managed by Paramount Independent Properties. Intensive housing and wellbeing support will be provided by Porchlight alongside the scheme manager.

Mental health support will be provided by a seconded community mental health nurse from Kent and Medway NHS and Social Care Partnership Trust whilst drug and alcohol support will be provided by The Forward Trust.

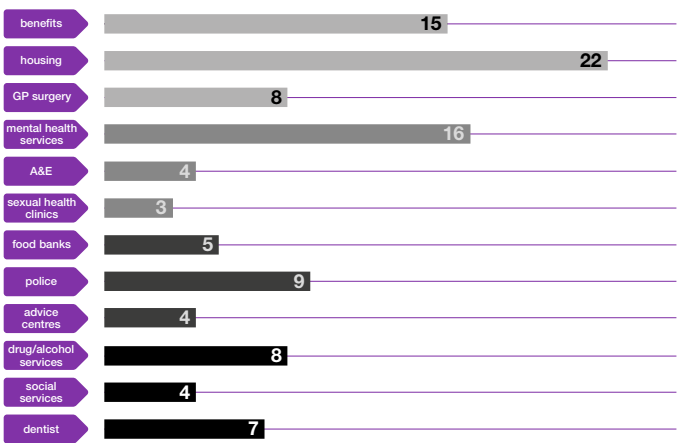
As far as we are aware this is the first project of its kind in Kent providing holistic one-to-one support specifically for this vulnerable group of rough sleepers.

Getting help

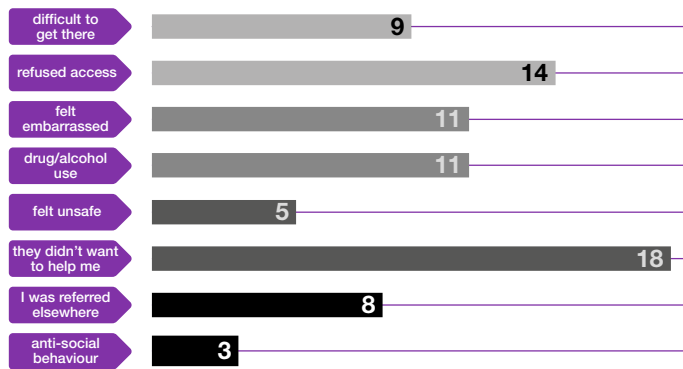
When homeless, have you ever experienced difficulties in getting help from statutory or support services when you needed it?



What services did you have difficulty in getting help from?



If yes, why have you had difficulty in getting help?





# Our recommendations

“ We should be listened to ”

Our research shows us that women require gender-specific support that meets their needs, is easily accessible and, crucially, allows them to leave the streets as quickly and safely as possible.

Women rough sleepers are best placed to know what support should be made available to other women who are homeless in Kent. Overwhelmingly, they told us that there should be more safe women-only drop-ins, shower facilities, bed spaces and hostels.

Other recommendations included stronger mental health support and a deeper understanding about the different needs of women – “more support when you lose your children,” “a lot more help around rape,” and “advice on how women can make themselves safer.”

Many of the issues raised in this report require

further investigation to help us develop services that effectively support women rough sleepers in the long term. For example, we need to know more about why it is taking so long to support women away from the streets. We also need to identify the key transition points when, with the right help and support, their homelessness or further trauma may have been avoided.

“ Main thing is somewhere to go, someone to talk to who doesn’t judge. ”

The total number of women who took part in this initial survey is relatively small so we’re committed to conducting further research and involving focus groups so that we can gain a better understanding. We know that if we want our services to be of real benefit, we must involve the people that use them. Our women’s needs steering group will enable women with lived experience to help us develop new services that are truly gender-specific.

There are other clear actions that can help us improve the support for women rough sleepers.

## New services

We will look at gender-specific support in relation to:

- street outreach (see page 6)
- supported accommodation (hostels and shared houses)
- Housing First (see page 6)
- move-on options (private rented or social housing)

## Partnership working

We’re committed to taking a leadership role in the south east for the development of tailored services for homeless women. We will share the learning from this survey with our partners in the sector, contributing to a national body of research to address the gap in knowledge and provision.

We will also share our findings with organisations in Kent, and beyond, who are working with vulnerable women. We want to kick-start dialogue on this issue with local councils, MPs, local charities supporting women experiencing domestic violence, health professionals and the police as well as others.

## Training

Porchlight’s trauma informed care training will be updated to reflect the negative experiences of women sleeping rough relating to:

- men
- fear of attack and rape
- historical and current experiences of violence
- loss of contact with children and motherhood

## Our recommendations

### Best practice

We will support the development of new protocols for Kent to help all women off the streets as soon as possible in order to avoid the repetition of traumatic events such as violence, rape and abusive relationships.

- This would include the development of protocols/awareness raising with Kent police and the development of clear and effective pathways for women experiencing street based domestic abuse.

We need to develop specific policies around the support of women who are experiencing or have experienced rough sleeping.

### Raising awareness

Awareness of women’s needs must increase among services that should be seeking to prevent homelessness so that any existing issues are dealt with appropriately before homelessness becomes a reality.

We also want to raise awareness of the gender-specific needs of women rough sleepers with local authority commissioners and clinical commissioning groups, with whom we already work closely.

And we can apply pressure on district authorities so that every woman is treated as priority need. As a first step this should focus upon women with a severe mental illness as their increased vulnerability can be demonstrated.

Awareness of the health needs of women rough sleepers must increase among primary and

These should include:

- supportive street working
- priority need pathways
- women support staff/coaches
- induction and placement of women in supported accommodation
- risk assessment of men with violent histories and their suitability for housing alongside women
- specific support offered to women during their stay (groups, connections with relevant services)

secondary healthcare services to help improve women’s access to the help they need. This is especially important in relation to:

- trauma
- increased vulnerability associated with severe mental illness and dual diagnosis
- self-harm and suicidal thoughts

And the relationship between women’s drug and/or alcohol misuse needs to be further examined in connection with:

- coping with sleeping rough
- surviving abusive relationships
- exploitation
- increased vulnerability

### Long term solutions

We are considering a range of long term solutions including the feasibility of female only supported accommodation and emergency bed space as well as developing campaigning messages around policy issues, such as advocating for the need for a county-wide local authority homelessness strategy which commits to specific provision for women rough sleepers.



# Conclusion

“No human being should be homeless”

Women rough sleepers are the least visible of all homeless people but one in five of the people we worked with on the street last year was female. Our research showed that there is no single cause of women’s homelessness. Instead, multiple factors overlap to contribute to their loss of housing.

Complex histories of violent relationships and abuse, sometimes stemming from childhood, can result in pattern-forming behaviour which means women may enter into abusive relationships on the street for security and companionship, or to get a roof over their heads. The trauma they face from losing contact with their children, alongside the constant fear of violence and assault, all combine to make women rough sleepers among the most vulnerable people in our society.

Homelessness ruins lives but it is at its most damaging to people and to society when it is long-term or recurrent. There is a clear human cost to

those women who see no choice but to sleep on the streets, but there is also a cost to society – with increased physical and mental health needs comes a higher cost to the NHS,<sup>16</sup> with increased numbers of people rough sleeping comes more pressure on local authority housing services and with long-term use of drugs or alcohol comes an impact on public services such as the police.

Supporting women away from street sleeping is not just about saving money, it is about saving lives. It is the right thing for us all – as individuals, as communities, and as part of a fairer society.

“I’m a survivor and always will be”

We don’t want women who are rough sleeping in Kent to simply ‘survive’. We want to prevent their homelessness in the first place. We want to stop their homelessness being repeated time after time, and we want to make sure that they get the tailored support that gets them off the street as soon as possible.

Ultimately, we want the women we support to rebuild their lives so that not only do they survive, but they thrive.

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# Further reading

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