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Women's Physical Safety at Turning Tides

Research and Recommendations

Full Report

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Publication year: 2024

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Acknowledgements

I am extremely grateful to all the female clients and staff involved in this research for your insightful contributions to this report. Thank you also to Isobel McVeigh, Amy Thorley and the service staff who have been so helpful in coordinating the research and supporting clients to participate.

My thanks to my supervisor Professor Emily Gray at the University of Warwick, who has provided invaluable guidance throughout the research process. Finally, this research would not have been possible without funding from Warwick's Undergraduate Research Support Scheme.

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Executive Summary

This report

This report examines how Turning Tides (TT) can ensure its female clients feel physically safe when accessing its services. It is intended to inform future decisions about TT policy and practice, as well as to support TT in seeking public or charitable funding to invest in new services or service improvement.

The report has been collaboratively created with three women living at two TT accommodation sites through art workshops and feedback meetings. It also draws on survey and interview data from 10 staff across the organisation, a review of relevant literature from national homelessness and women's organisations, and informal conversations with staff at other women's organisations such as [Women in Prison](#).

Why physical safety matters

This report, echoing findings from research conducted with other organisations, shows that women's homelessness is deeply intertwined with experiences of violence, and so additional attention and effort is necessary to ensure that women are, and feel, physically safe.

TT's women clients, like most homeless women, tend to be extremely vulnerable to violence and abuse - from strangers, 'friends' and partners, and even other clients within services - and may require additional support to be safe. Furthermore, the majority of TT's women clients are survivors of interpersonal abuse. TT's trauma-informed approach - of which ensuring that individuals *feel* physically safe is a core element - is particularly crucial for women clients.

Summary of recommendations

This report, drawing on staff and client contributions as well as relevant national research published by other public or charitable organisations, sets forward a set of recommendations to inform the future development of Turning Tides' services and policies.

Recommendation 1.1a: Structure staff meetings to minimise the time in which all staff are behind a closed office door. Where possible, encourage staff to make themselves available in communal areas or moving around the service.

Recommendation 1.1b: Collaborate with clients to develop shared agreement on a strategy for seeking support when no staff are available in communal areas.

Recommendation 1.2: In services where clients are not allowed in bedrooms of clients of the opposite gender, consider creating more small communal spaces to provide women with a space to socialise without having to enter busy, exposed communal spaces.

Recommendation 1.3: Schedule more frequent and varied activity sessions at services, including:

- Sport and fitness sessions
- Creative or skills-based activities contributing to project maintenance and decoration

Recommendation 1.4: Target future investment in new accommodation services at more services with fewer beds each. Services could be located close together to enable them to share resources (such as maintenance and support staff).

Recommendation 1.5a: Consider working with staff and clients to discuss how on-site security could be introduced in TT's larger services in a trauma-informed way.

Recommendation 1.5b: Offer staff training in physical reactive strategies to strengthen their confidence in minimising injury and regaining control of a violent situation.

Recommendation 1.5c: Collaborate with clients to develop shared confidence in the verbal de-escalation strategies staff use to mitigate aggressive behaviour. This could be:

- During PACT (Partnership and Co-Production Team) meetings
- During post-crisis debriefs with the staff and clients involved

Recommendation 1.6a: Schedule women-only time slots at all community hubs (including the Littlehampton and mobile hubs).

Recommendation 1.6b: Consider introducing a women-only accommodation service, staffed by women only. Continue to provide women clients with a choice between women-only accommodation, mixed accommodation with a locked women-only corridor, and fully mixed accommodation.

Recommendation 2.1a: Introduce structured opportunities for clients to provide feedback on their relationships with staff. This could involve a 1-1 conversation with another staff member, asking clients if they are happy with:

- Their choice of keyworker and other support workers
- How often, and what time, they meet their keyworker and other support workers

Recommendation 2.2: Test different techniques to help staff consistently and effectively communicate information to clients, such as:

- Letters through residents' doors
- (Digital) information boards in reception areas
- 'Handover notebooks' in reception areas to which both staff and residents can contribute

Collaborate with clients to review the effectiveness of these techniques.

Recommendation 2.3: Support all staff members to achieve the flexibility and communication (with clients and with other staff) discussed throughout sections [2.1: Choice and flexibility](#), [2.2: Communication between staff and clients](#), and [2.3: Knowledge sharing among staff](#), by:

- Providing additional training or information to staff on the value of these behaviours for building positive relationships and strengthening clients' sense of safety
- Sharing information and resources about trauma-informed care for women specifically, such as Mental Health Foundation's [Engaging with Complexity](#)
- Investing in service staffing levels to ensure that staff have enough time in their working day to meet these objectives
- Placing greater weight on these objectives in service monitoring and evaluation so that staff feel that their efforts are recognised as part of their core role rather than adding to their workload

Recommendation 3.1a: Consider providing women clients with [Reliance Pulse fobs](#) or the [Hollie Guard](#) mobile app (with training on appropriate use).

Recommendation 3.1b: Work with staff to understand why staff may be unable to respond to clients contacting the staff mobile. For instance, TT may need to:

- Place posters in staff offices to remind staff to keep the phone charged and collect the phone when starting a shift: TT could place reminder posters in staff offices.
- Provide each service with multiple (cheap) phones so that clients can contact other staff if one staff member is busy with clients.
- Speak to clients to ensure that staff and clients have a shared understanding on what times and circumstances clients can contact staff on this phone.

Recommendation 3.2a: Introduce regular women's groups offering structured activities aimed at empowering TT's women's clients to protect themselves from abuse and harm. Activities could include:

- Workshops teaching strategies to boost confidence and self-esteem
- Education on coercion and exploitation and how to seek support or justice
- Workshops teaching practical safety skills such as first aid
- Group leisure activities such as yoga or art workshops

These group sessions could be delivered at specific accommodation services, or be held at community hubs and made available for both day clients and service residents.

Recommendation 3.2b: Introduce regular men's groups. Activities could be selected in collaboration with TT's male clients.

Avenues for further research

Resource, time, and sampling constraints limited this research's scope significantly. However, staff, clients and wider literature raised several other areas relating to physical safety in which future research could be valuable:

- Conduct further research, including peer research with TT's male clients, on opportunities to improve physical safety for TT's vulnerable male clients.
- Conduct further research on opportunities to make TT services inclusive for both cisgender women experiencing trauma related to male abuse *and* transgender individuals. This may involve collaboration with local trans support services such as [The Clare Project](#) in order to canvass the views of homeless transgender people in Sussex who are not currently accessing TT services.

Introduction

Women experience homelessness differently to men. A gender-neutral approach to homelessness service provision therefore risks blindness to the unique circumstances and service needs of women. In particular, women's homelessness is deeply intertwined with experiences of violence, and so homelessness services must pay attention to ensuring that women are, and feel, physically safe.

This report examines how Turning Tides (TT) can ensure its female clients feel physically safe when accessing its services. It is intended to help inform future decisions about TT policy and practice, as well as to support TT in seeking public or charitable funding to improve its provision of homelessness services in West Sussex.

The report has been collaboratively created with three women living at two TT accommodation sites. Participants created artworks, pictured throughout the report, depicting things which made them feel safe or unsafe. They also provided comments and feedback on a draft version of the report. 10 staff (both men and women) also contributed to the report via interview or survey. Research was conducted by Saoirse Osborne, a TT volunteer studying at the University of Warwick. Funding, research guidance, and ethical approval was provided by the University of Warwick. Full details of the research methodology can be found in Appendix 1.

Some participants chose to remain completely anonymous, whereas others chose to be named only at the start of the report and others requested that any quotes from them be labelled with their name or job title. This is why the labelling of quotes and artwork is inconsistent, and why the accommodation services involved have not been named: there are so few women at some services that naming them would effectively identify the women who participated.

Why physical safety matters

Physical safety matters for everyone. However, it is particularly essential to ensure that TT's women clients are safe - and *feel* safe - because of the present vulnerability and historic trauma which this population experiences.

While homeless, women tend to be extremely vulnerable to violence and abuse. This is particularly true for clients who access TT's community hubs or outreach services but do not reside in TT accommodation. For both men and women, rough sleeping can be dangerous: Crisis' survey of rough sleepers found around a third of both genders reported being deliberately hit or kicked while rough sleeping.¹ For women, temporary housing arrangements with partners or acquaintances may be preferable to rough sleeping - however, being dependent on partners or acquaintances for accommodation puts women at risk of victimisation or exploitation.² Staff raised concerns about women entering or remaining in *"unhealthy relationships...in order to feel safe [from violence committed by strangers]"* (Paul Hughes, Community Links Manager).

Importantly, entering TT accommodation does not guarantee women's safety. Homelessness and displacement can be acutely isolating, and so women may seek to protect the social networks they developed while homeless - even if this entails remaining in contact with abusive friends or partners: staff observed women *"frequently com[ing] back [to TT accommodation] with bruises from abusive partners or friends"* (Project Worker). Clients also pointed out that a woman may be *"terrified"* of exiting an unhealthy relationship if the partner *"knows where she is"*, given that women are often most at risk from their (ex-)partner after attempting to leave the relationship. Furthermore, women may be vulnerable to abuse even when within homelessness services, usually from other clients in the service. One client participant moved to a TT service after a resident in her previous accommodation assaulted her, and staff recalled incidents of assault even within TT services.

The gender-based vulnerabilities of TT's women clients are often exacerbated by other characteristics which may make it harder for women to identify and avoid physical risk: staff identified *"neurodiversity"*, *"learning disability"* and substance abuse as common factors compounding women's vulnerability. It is essential to pay attention to the physical safety of TT's women clients, as clearly it cannot be taken for granted.

It is as important that TT's women clients *perceive* themselves to be physically safe as it is that they *are* actually safe: the prevalence of historic trauma in this population means that a sense of safety is crucial to support their recovery from homelessness. Staff noted

¹ Sanders, B. and Albanese, F. 2016. *"It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales*. London: Crisis.

² McGrath, J., Crossley, S., Lhussier, M. and Forster, N. 2023. *Social capital and women's narratives of homelessness and multiple exclusion in northern England*. International Journal for Equity in Health. 22(41).

that "a high percentage" of women supported by TT have experienced sexual or domestic abuse in the past (both while homeless and beforehand), and all the women clients who contributed to this report survived abuse from partners or family members before becoming homeless. This reflects statistics from other homelessness services: in one survey by St Mungo's, homeless women were nine times more likely than homeless men to have experienced abuse from a partner (44% versus 5%), and twice as likely to have experienced childhood abuse (19% versus 8%).³ As a result, TT's trauma-informed approach - of which ensuring that individuals feel physically safe is a core element⁴ - is particularly crucial for women clients.⁵⁶ Trauma tends to generate hyper-vigilance and feelings of threat. For instance, one client drew a map ([pictured below](#)) of the area where her abusive ex-partner lives because even being in the region makes her feel unsafe. "It's been so many years [but]...it's always on my mind". Unless women *feel* physically safe (even if they *are* actually safe), they are unlikely to engage effectively with the TT services which could support their recovery from trauma.⁷⁸

³ Hutchison, S., Page, A. and Sample, E. 2014. [Rebuilding Shattered Lives](#). London: St Mungo's.

⁴ Turning Tides. n.d. [Health and Wellbeing](#). [Online].

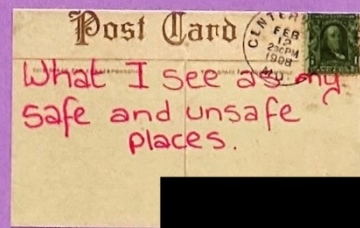
⁵ Homeless Link. 2024. [Being trauma-informed: a practice development framework](#). London: Homeless Link.

⁶ Informal conversations with staff at [Women in Prison](#).

⁷ Sweeney A., Clement S, Filson B., and Kennedy A. 2016. [Trauma-informed mental healthcare in the UK: what is it and how can we further its development?](#) *Mental Health Review Journal*. **21**(3), pp. 174-192.

⁸ Revolving Doors and CFE Research. 2023. [Trauma-informed approaches to supporting people experiencing multiple disadvantage: a rapid evidence assessment](#). London: Department for Levelling Up, Housing and Communities.

Client artwork: What I see as my safe and unsafe places



Recommendations

This section of the report draws on the contributions of TT clients and staff as well as evidence from other homelessness services to identify opportunities for change to help TT's women clients feel safer. It is important to note that both staff and clients also offered much positive feedback about women's safety in TT services, and so the report will also identify areas of present good practice which should be sustained.

The suggestions of staff and clients can be grouped by three overarching themes:

1. Spaces: how can TT ensure women clients are safe when they are within the physical boundaries of TT buildings?
2. Relationships: how can TT staff build trusting relationships with women clients, to encourage clients to seek safety-related support when needed and to help clients feel safer?
3. Individuals: how can TT support women clients to develop the confidence and practical skills to keep themselves safe when away from TT services and staff?

Clients recognised that Turning Tides operates with limited resources - for instance, when discussing the need for fans in residents' bedrooms in hot weather, one participant remarked that "*[TT] are a charity. They have better things to fork out for*". Where possible, this report has explored initiatives which require minimal financial investment. However, creating truly safe environments for vulnerable women is inevitably resource-intensive. This report is also intended to support future bids or campaigns for additional funding to support women's safety.

1: Spaces

Surveyed staff were largely confident in TT's capacity to provide physical safety to its women clients when they are within the physical boundaries of TT buildings, with eight out of 10 respondents agreeing that women are "*mostly safe*" within TT services. Promisingly, client participants agreed, with one client reporting that "*I feel a lot safer here*" (than in her previous accommodation before TT). That said, staff and clients agreed that there are opportunities to make TT's buildings feel even safer for women clients.

1.1: Staff presence

Staff availability within services is key to keeping TT spaces safe. Of the eight staff who felt that women are "*mostly safe*" within TT services, five cited the fact that staff are "*always*", "*24/7*", or "*regularly*" present as a factor. Similarly, clients felt that staff presence helps to monitor and regulate the behaviour of other residents. One client "*think[s] that the staff are brilliant*" and "*on your case a lot more*" (than in her previous service, where she had been assaulted). Another was confident that the male residents

"would never dare to touch us" because "they know that if they say [or do] something wrong, we can go speak to staff".

Admittedly, women did observe periods throughout the day when staff were less accessible. Clients recognised that staff may be busy in handover meetings and that *"there's a lot of paperwork to be done for their role"*, so they may require a quiet, private office. However, clients may be intimidated by the thought of interrupting staff in the office when they need help - particularly if they are already feeling vulnerable or overwhelmed. For clients, this barrier to seeking support could undermine their sense of security.

"A couple of times, I've needed to go to the staff, and if it's handover or they're doing meds, and the office door is shut, there's no staff around. If they're in with someone, there's no staff on the floor..you feel like, ooh, should I knock on the door? You don't want to interrupt." (Client)

Recommendation 1.1a: Structure staff meetings to minimise the time in which all staff are behind a closed office door. Where possible, encourage staff to make themselves available in communal areas or moving around the service.

Recommendation 1.1b: Collaborate with clients to develop shared agreement on a strategy for seeking support when no staff are available in communal areas.

1.2: Privacy

Clients reported that having their own bedroom with a lock contributed to their sense of safety. One client chose to depict her room key in her artwork ([pictured below](#)) as an object which makes her feel safe: *"privacy...no disturbances...mind's at rest"*. Offering all women individual locked bedrooms is an area of good practice which should be continued.

Client artwork: My Safe Guarding



In both services studied, residents are not allowed to visit the rooms of residents of the opposite gender. While several staff members identified these rules as a factor in promoting physical safety, there appears to be a trade-off between actual safety and clients' feelings of safety. For one client, "because I've had a lot of trauma happen in my own room, my own room never feels safe to me...I struggle in my own company". She created her artwork (pictured below) before the service's rules changed and women were no longer allowed in men's rooms. The white Xbox and black square projector symbolise two of her male friends in the service, who help her to "disentangle" the emotions which make her feel overwhelmed and unsafe. One friend's room "is literally one of my only safe spaces here".

Client artwork: Disentangle Emotions



Disentangle Emotions
3rd August 2024

There is evidence that women are more likely than men to react to trauma with a 'tend-and-befriend' response, which refers to a desire to seek social support in stressful situations. Subsequently, while interpersonal relationships may be a cause of trauma, positive relationships also have the potential to protect women from the consequences of trauma. Providing women with spaces to socialise and form positive relationships - including with men - may be necessary to help them feel safe.⁹

Although the women involved in this research acknowledged that *"the [safety-related] reasons for doing it [introducing stricter room visitation rules] are very understandable"*, they expressed frustration that these rules left them with few spaces to socialise. They pointed out that most communal areas are so large and central that *"Tom, Dick and Harry can walk through"*, which may make clients feel overwhelmed and unsafe.

Recommendation 1.2: In services where clients are not allowed in bedrooms of clients of the opposite gender, consider creating more small communal spaces to provide women with a space to socialise without having to enter busy, exposed communal spaces.

1.3: Boredom and activities

Although clients appreciated that the presence of staff helped to regulate the behaviour of other residents, they felt that *"drama"* occurs nevertheless, particularly in larger high-support services: *"sometimes you'll have days where it's proper kicking off, everybody's going at each other, and nobody's stopping until someone gets blooded."* This aggressive behaviour may threaten women's sense of safety regardless of whether it is targeted directly at them. One client, who has PTSD, explained that *"loud bangs and things often trigger me...I find [instances of disruptive behaviour in the service] quite difficult"*.

Both staff and clients attributed disruptive behaviour in part to the boredom and restlessness of some residents. *"People in here, they get really bored because there isn't much to do day-to-day... when people are bored, they make their own stuff to do, and that's where the trouble comes from. When you're bored, you're disruptive"* (Client). One project worker similarly called for *"activities...much more activities"* to provide *"a natural outlet for any energy"*, suggesting in particular sport and fitness sessions. Clients also proposed *"productive"* activities - for instance, clients in one service suggested that residents with appropriate skills could be allowed to volunteer for simple renovation or maintenance tasks within the service. They reported that some male residents would be keen to do so even if they could not receive payment.

⁹ Wilton J. and Williams A. 2019. [*Engaging with complexity: Providing effective trauma-informed care for women*](#). London: Mental Health Foundation.

Recommendation 1.3: Schedule more frequent and varied activity sessions at services, including:

- Sport and fitness sessions
- Creative or skills-based activities contributing to project maintenance and decoration

1.4: Accommodation size

Both staff and clients also linked aggressive behaviour to the size of some accommodation projects. For example, one staff respondent acknowledged that Roffey Place *"is great"* insofar as its size enables activities and support to be delivered more cost-effectively, but is nevertheless *"a large hostel with many, many people"* and so disruptive behaviour or interpersonal conflict is inherently more likely. Indeed, participants living in larger services reported that *"there's always drama here. If it's not with someone, it's with someone else"*. Another staff member, when asked how TT could promote safety within its services, explicitly proposed *"smaller accommodation units"* (Paul Hughes, Community Links Manager).

Recommendation 1.4: Target future investment in new accommodation services at more services with fewer beds each. Services could be located close together to enable them to share resources (such as maintenance and support staff).

1.5: De-escalation

The above recommendations could help to reduce the likelihood of aggressive behaviour occurring. However, staff also requested more support to help them mitigate aggression in instances when behaviour does escalate, in order to keep themselves and aggressive residents safe and to avoid women in the service feeling unsafe.

One staff member suggested that larger accommodation projects may benefit from on-site security, particularly on weekend evenings when disruptive behaviour tends to peak. *"When it does kick off...we're not security guards...there have been times that I'd like security on site because police aren't getting here fast enough"* (project worker). However, when this idea was suggested to client participants their reactions were mixed. Although one client felt that *"that's a good idea"*, this was in response to the proposal of security at other, larger services: she was sceptical about the need for security at her own service. Furthermore, clients at larger services were very resistant, arguing that *"that would just feel like you're keeping this as a prison."* Homeless Link warns caution in introducing security staff: there is a risk that the presence of security staff could, in the

words of one client, *"get people's backs up"* and exacerbate rather than resolve conflict.¹⁰ Furthermore, the presence of (likely male) security staff could in fact make women residents feel less, rather than more, safe: if on-site security is adopted, it will need to be sensitively introduced to avoid disrupting TT's ethos of trauma-informed care. For example, clients suggest that security staff *"shouldn't wear a uniform"*, and staff should *"call them by their first name"*.

Recommendation 1.5a: Consider working with staff and clients to discuss how on-site security could be introduced in TT's larger services in a trauma-informed way.

An alternative to introducing on-site security staff could be providing more training to project staff in crisis intervention, to improve staff capacity to address conflict without requiring on-site security. In particular, one project worker requested *"physical safety training...just even blocks [against assault] if someone comes towards you"*. Knowing that staff are trained to respond effectively even if verbal de-escalation tactics have proven ineffective could strengthen the sense of security of both staff and women clients.

Recommendation 1.5b: Offer staff training in physical reactive strategies to strengthen their confidence in minimising injury and regaining control of a violent situation.

It may also be valuable to review the verbal de-escalation training provided to staff: whereas one project worker noted that *"we've [already] been given training on challenging aggressive behaviour...how to talk someone down"*, one woman involved in the research *"feels that staff definitely need more training in ways of de-escalation"*, particularly *"having those difficult conversations before [a physical altercation occurs]"*. The conflicting views of staff and clients indicates that it may be valuable to assess the effectiveness of staff training in collaboration with clients - for instance, during PACT (Partnership and CoProduction Team) meetings, or in debriefs in the days after instances of aggression with the staff and clients involved.

Recommendation 1.5c: Collaborate with clients to develop shared confidence in the verbal de-escalation strategies staff use to mitigate aggressive behaviour. This could be:

- During PACT meetings
- During post-crisis debriefs with the staff and clients involved

¹⁰ Homeless Link. 2024. [Being trauma-informed: a practice development framework](#). London: Homeless Link.

1.6: Women-only spaces

When asked about how to ensure women are and feel safe when within TT spaces, the most common suggestion among staff, proposed by seven of 10 respondents, was women-only spaces which are staffed by and intended for women only. This echoes the near-consensus in literature on women's homelessness that, given the prevalence of trauma related to male violence in this population, homeless women can feel highly vulnerable in services dominated by men. Some women experience trauma symptoms of hyper-vigilance, so even in secure and well-run services the very presence of men may be a trigger.¹¹¹² Clients felt that women-only services would be "good for women who have just left trauma": one client, who had been physically abused by her ex-partner, stated that "if it was me early on from everything that had happened with my ex, I don't think I'd go into a mixed[-gender service] at all". Staff noted that this would be particularly valuable given that "there are not many services of this nature...in Sussex".

With respect to TT's community hubs, staff spoke positively about the Women's Hub at St Clare's, which provides a weekly two-hour women-only slot for female day clients to access the hub's amenities plus support from [Brighton Women's Centre](#). Women-only times should be introduced at the Littlehampton community hub and the mobile bus hub, although these hubs' hours are more limited so it may be necessary to invest in extending opening times one day a week to ensure that men still have time to access support on that day too.

Recommendation 1.6a: Schedule women-only time slots at all community hubs (including the Littlehampton and mobile hubs).

TT has also already made significant progress toward introducing women-only accommodation by introducing women-only spaces within mixed accommodation services. Some accommodation sites already have a women-only corridor which is accessible only with a key fob. One client even depicted this fob in her artwork ([pictured above](#)) as an item which makes her feel safe: "the girls' area...I feel safe with the key and knowing that the boys can't come up to our own section".

However, it is important to recall that TT's women clients are not a homogenous group. Although the women involved in this research agreed that earlier in their recovery journeys they would have benefited from women-only accommodation, at present they were "quite happy to live in mixed [accommodation]", with some reporting close friendships with male residents (as discussed in section [1.2: Privacy](#)).

¹¹ Horvath, T. and Young, L. 2018. [Promising practice from the frontline](#). London: Homeless Link.

¹² Holly, J. 2017. [Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales](#). London: Agenda Alliance.

In fact, one woman preferred to live in a service without a locked women-only corridor. *"I'd find [a locked women-only corridor] a bit weird. I'd find that a bit more prison-y"*.

Recommendation 1.6b: Consider introducing a women-only accommodation service, staffed by women only. Continue to provide women clients with a choice between women-only accommodation, mixed accommodation with a locked women-only corridor, and fully mixed accommodation.

2: Relationships

Women's physical safety is also engendered through secure, trusting staff-client relationships, but gendered patterns of trauma mean staff may need to devote additional effort in order to earn the trust of women clients. Homeless women appear to be more likely than homeless men to have survived interpersonal violence (from someone they already know).¹³¹⁴¹⁵ Indeed, all women who participated in this research had experienced abuse from a partner or family member. This form of violence is particularly damaging to women's ability to trust, with one client stating that her trauma *"is affecting me having other relationships because I don't trust anybody. Friendships as well"*, and another admitting that *"when I first came [to this service], I did have a strict barrier up...I was protecting myself"*.

Additional effort to earn trust may not directly translate into 'hard' outcomes like tenancy sustainment, which can be easily measured. Nevertheless, 'soft' relational outcomes like staff-client trust are equally crucial to help clients feel and be safe.¹⁶ In fact, one client chose to depict a trusted staff member, symbolised by a dragon, in her artwork ([pictured above](#)). The staff member helps her to *"disentangle"* the chaotic emotions she experiences so that she feels less unsafe and overwhelmed. Furthermore, staff warned that because *"some female clients refrain from admitting [to staff] how they truly feel"*: a positive staff-client relationship is essential to encourage clients to confide in staff and seek help when their safety is threatened. Another client emphasised that *"this is...your recovery, and if you don't [get on with your keyworker], it's only going to jeopardise it"*.

2.1: Choice and flexibility

¹³ Horvath, T. and Young, L. 2018. [Promising practice from the frontline](#). London: Homeless Link.

¹⁴ Wilton J. and Williams A. 2019. [Engaging with complexity: Providing effective trauma-informed care for women](#). London: Mental Health Foundation.

¹⁵ Informal conversations with staff at [Women in Prison](#).

¹⁶ Solace and The Connection at St Martin's. 2022. [A strategy for ending women's homelessness in London](#). London: The Connection at St Martin's.

To feel safe in their interactions with staff, women must feel like they have choice and control. Women's experiences of trauma are often complexly linked with their sense of their own agency, since their trauma tends to be the result of abuse from someone who has power - whether physical strength, control over their finances, or access to their children - over them. Consequently, feeling controlled or disempowered can trigger feelings of threat.¹⁷

Providing clients with control in their engagement with staff is largely an area of good practice for TT. Staff emphasised that *"we're happy to accommodate"* clients' preference of keyworker, and clients felt that *"it's quite easy to change keyworker"* - indeed, one client switched keyworker over the course of this research.

Staff also emphasised that, within the keyworker relationship, they seek to provide flexibility in terms of the timing, frequency, and intensity of support offered. *"We try and capture the client's wishes...that's really, really important, that we don't feel overbearing to them."* Indeed, one client expressed appreciation as to how *"flexible"* her keyworker is and her willingness to work around the client's energy peaks and troughs. However, this client felt that her previous keyworker had been significantly less flexible, indicating that it may be useful to check that all staff have enough flexibility in their working day to enable clients to choose when they engage.

Clients suggested that their sense of choice and control could also be enhanced by staff taking the initiative to check with women if they are happy with their relationships with staff, rather than waiting for women to build up the confidence to ask for a change. *"Maybe the staff need to check that they [the clients] are happy with how things are going, they're happy with [their keyworker], because you don't actually get asked"*.

Recommendation 2.1a: Introduce structured opportunities for clients to provide feedback on their relationships with staff. This could involve a 1-1 conversation with another staff member, asking clients if they are happy with:

- Their choice of keyworker and other support workers
- How often, and what time, they meet their keyworker and other support workers

2.2: Communication between staff and clients

The women involved in this research reported that a significant barrier to feeling secure in their relationships with staff was a sense that staff do not always keep clients informed of important updates, particularly relating to rules and client or staff turnover. Clients in some services felt that staff *"don't tell you clearly what the rules are"* and that *"no one*

¹⁷ Wilton J. and Williams A. 2019. [Engaging with complexity: Providing effective trauma-informed care for women](#). London: Mental Health Foundation.

gets informed of the rule changes until you break [the new rules]". The same clients also recalled instances where staff members had informed them of changes to scheduled departures or arrivals within the service at the last minute, quoting staff as saying: *"oh yeah, we forgot to tell you"*. These breakdowns in open communication between staff and clients cause clients to feel that the service and staff are unpredictable and unreliable, undermining their sense of safety.

Clients indicated that this is an issue which has previously been acknowledged by staff: *"their communication...[staff] know that it's quite poor"*. Some services have already taken positive steps to redress the issue: *"they've started putting letters through our doors"*. Some women also suggested a "big board in the reception area" to display key messages, and another proposed a "communal diary" where staff can share notes for residents. She envisaged that this diary could become part of staff's handover routine: *"is there anything they need to hand over to [clients]? And we could write notes in there, for them to take to their handover"*. This practice would turn clients into more active and equal recipients of information from staff, contributing to their sense of control and agency.

Recommendation 2.2: Test different techniques to help staff consistently and effectively communicate information to clients, such as:

- Letters through residents' doors
- (Digital) information boards in reception areas
- 'Handover notebooks' in reception areas to which both staff and residents can contribute

Collaborate with clients to review the effectiveness of these techniques.

2.3: Information sharing among staff

Clients suggested that better information sharing between staff would help them to feel safer: at present, *"the communication [between staff] could be better"*. Where staff lack a shared understanding of a client's circumstances, clients must repeatedly re-tell their traumas and needs, which could risk re-traumatising them. It also may cause clients to feel that their views are not being properly listened to, which, as discussed in the **Choice and control** section, could prove highly triggering.

Effective information sharing requires not only clear communication from the staff member sharing the information, but also receptiveness from the staff member receiving it. One client expressed distress that staff continued to disregard one of her needs, despite her mental health support worker having informed them of the need.

"I said to [the staff member] that I've already had this conversation with [my mental health support worker], and she said, 'oh, yeah, [the mental health support

worker] did send everybody an email.' They've read the email but they then...it seems like they disagree".

In contrast, clients spoke positively about the instances when staff did share information effectively. They appreciated when staff acted as an advocate for them, "*speak[ing] to people for me...if I don't feel mentally strong enough to say anything*": this made them feel securely protected by staff.

Recommendation 2.3: Support all staff members to achieve the flexibility and communication (with clients and with other staff) discussed throughout sections [2.1: Choice and flexibility](#), [2.2: Communication between staff and clients](#), and [2.3: Knowledge sharing among staff](#), by:

- Providing additional training or information to staff on the value of these behaviours for building positive relationships and strengthening clients' sense of safety
- Sharing information and resources about trauma-informed care for women specifically, such as Mental Health Foundation's [Engaging with Complexity](#)
- Investing in service staffing levels to ensure that staff have enough time in their working day to meet these objectives
- Placing greater weight on these objectives in service monitoring and evaluation so that staff feel that their efforts are recognised as part of their core role rather than adding to their workload

3: Individuals

Although staff largely felt that clients are safe when within TT spaces or with TT staff, they are far more concerned about client safety when outside of TT spaces: 5 of the 8 staff who responded to questions about client safety outside of TT spaces warned that clients were "*mostly unsafe*". Service users not living in TT accommodation, such as those who use TT community hubs, are particularly vulnerable. This part of the report, therefore, explores opportunities for TT to support its women clients to keep themselves safer when away from TT services.

3.1: Communication tools

A recurring theme among staff and clients was the need for tools to help clients communicate and quickly seek help in an emergency. This is reflected in one client's choice to include her mobile phone in her artwork: "*calling, texting, sharing my location*" (whether with TT or with friends and family) makes her feel safe. In a similar vein, another client drew an image of her dog ([pictured above](#)), because "*my dog makes me feel*

safe...as long as I've got [her] with me, I'm alright...if anyone stood over me, she'd go mental". Although the client cannot communicate with TT through her dog, she feels that her dog can at least alert others in the vicinity.

Multiple staff members suggested that women clients be provided with "personal alarms" like the [Reliance Pulse fobs](#) carried by lone workers (Paul Hughes, Community Links Manager; Anna-Maria Godwyn, Relief Project Worker). Clients could use these to easily raise an immediate alert with a 24/7 monitoring centre, or to check in with updates on location and risk. The women involved in this research responded positively to this suggestion, stating that "that'd be a brilliant idea, definitely" and "that could be very useful".

A slightly cheaper alternative to physical fobs could be personal alarm mobile apps, such as [Hollie Guard](#), which similarly enables users to easily and discreetly send an alert with location and camera recording to their emergency contact for free (or, for £40 per user per year, a 24/7 monitoring centre). However, mobile apps are only suitable for clients with smartphones. Furthermore, the physical fobs are more waterproof, have a longer battery life, and can pinpoint a user's location more accurately than most mobile phones.

Recommendation 3.1a: Consider providing women clients with [Reliance Pulse fobs](#) or the [Hollie Guard](#) mobile app (with training on appropriate use).

On the other hand, personal alarms connected to an independent 24/7 monitoring centre may be less necessary if clients feel that they can rely on staff when outside of the service. At present, clients at some services can contact staff via mobile - but find the response to be unreliable, undermining their sense of security.

"They have a mobile phone that we can call or text, but it's not always charged up; sometimes the night team haven't even picked up the phone since being on shift. They say if you're in a situation where you can't leave and you want us to come in and get you out or get someone away from you, we can text them. That's all very well, but if you're not picking up the phone on the other end, that's not going to work." (Client)

Recommendation 3.1b: Work with staff to understand why staff may be unable to respond to clients contacting the staff mobile. For instance, TT may need to:

- Place posters in staff offices to remind staff to keep the phone charged and collect the phone when starting a shift: TT could place reminder posters in staff offices.
- Provide each service with multiple (cheap) phones so that clients can contact other staff if one staff member is busy with clients.
- Speak to clients to ensure that staff and clients have a shared understanding on what times and circumstances clients can contact staff on this phone.

3.2: Women's groups

The communication strategies mentioned above are intended to help women protect themselves in situations of acute and short-term risk. However, staff also emphasised the need to support women to avoid unsafe environments and relationships in the longer term. One client in a high-support service acknowledged that *"we [the women in the service] have got no confidence, you know. Quite a lot of us are at our rock bottom, or depressed, or have really bad anxiety."* Consequently, staff expressed concern that clients *"accept behaviour that [staff] would class as abusive"* because they do not feel confident enough to hold their abusers accountable, particularly when their abuser is close to them. Indeed, one client reported having recently been sexually harassed by a male *"mate"*: although she managed to call the police, she found doing so *"so overwhelming...so hard"*. Another client admitted that *"I still blame myself for a lot of the abuse that I've been through"*. Several staff therefore suggested, echoing guidance from Homeless Link and St Mungo's, structured group activities to develop women's skills and confidence.¹⁸¹⁹

It is strongly recommended that at least some of these groups be run as women-only sessions, for several (related) reasons: first, as discussed in section [1.6: Women-only spaces](#), this may encourage engagement from women who would otherwise feel physically unsafe around men.

Second, given that women's pathways into and through homelessness are often very different to men's, women's groups would provide a space for women to discuss shared experiences, helping relieve women's feelings of shame and isolation about their experiences. Some women suggested that, thanks to their shared understanding of what

¹⁸ Homeless Link. 2024. [The gendered lens framework workbook](#). London: Homeless Link.

¹⁹ Hutchison, S., Page, A. and Sample, E. 2014. [Rebuilding Shattered Lives](#). London: St Mungo's.

it is like to experience homelessness as a woman, other female clients were able to provide support which most staff - even women - could not.

"I just don't relate to [my ex-keyworker]...[they're] someone with no understanding and experience...people want to help, but if you're someone who's not been through something, you don't know anything like how that will necessarily make somebody feel or what that causes that person to act the way they act." (Client)

Third, clients felt that they would be able to "open up more" with just women. This was demonstrated when one service introduced a women's group during the course of this research: "[Another female client] came in here a nervous wreck, and when we had the first women's groups, she was really opening up, chatting...she felt a lot more comfortable talking with just the women." (Client)

Fourth, women's groups can enable women to connect with each other and develop healthy peer support networks which can help them to feel more confident and empowered. The role of peer support in empowering women to keep themselves safe was evidenced at one service, where two women had developed a strong and supportive relationship: when one woman (as mentioned above) called the police after her male "mate" harassed her, another woman in the service encouraged her and helped her to do so. They stated that "we play the other [woman's] safe space, or bodyguard". Women's groups can provide a safe, structured opportunity for women to connect with each other by sharing their experiences.

Staff and clients set forward several ideas as to activities for women's groups.

First, workshops teaching women strategies to boost their confidence and self-esteem. Several clients called for support to build "confidence" as well as "self-esteem" and a "positive mentality".

Second, education for clients on how to recognise abuse, where to seek support, and how to hold abusers accountable.

"I would like advice around how some of our female clients are perceived by law enforcement and their rights, education for them around coercion and exploitation. They are often victims of crime but rarely see justice through their own or systemic volition." (Paul Hughes, Community Links Manager)

However, this will need to be done sensitively to accommodate the different levels of vulnerability presented by women at TT. Although staff identified some women as particularly vulnerable due to "neurodiversity" or "learning disability", some clients involved in this research had a strong sense of their own capabilities: "we're all grown adults".

Third, practical safety training. Staff were keen to "teach [women] how to protect themselves", and clients also called for training to help them to look after each other - for

instance, first aid training. One client recalled that, when an acquaintance had a drug-induced seizure, she "*just felt useless*": although she was carrying a Naloxone pen (which can be used in emergencies to prevent overdose death), she did not know how to use it, so another woman had to do the injection. Providing women with skills to look after themselves and others would not only inherently support their safety, it would also prevent them feeling "*useless*", strengthening their sense of self-efficacy.

Fourth, activities to enable women to connect with each other without directly confronting issues of confidence and safety. Clients suggested activities explicitly aimed at helping women to bond: for instance, "*teambuilding*" activities like "*having to build a raft*". Homeless Link also recommends creating a "space to 'just be'" by offering less structured leisure-based activities such as yoga (as suggested by clients) or art sessions.²⁰ Indeed, the women involved in this research provided largely positive feedback on the art workshops themselves, expressing that they enjoyed the sessions and were proud of their creations.

Recommendation 3.2a: Introduce regular women's groups offering structured activities aimed at empowering TT's women's clients to protect themselves from abuse and harm. Activities could include:

- Workshops teaching strategies to boost confidence and self-esteem
- Education on coercion and exploitation and how to seek support or justice
- Workshops teaching practical safety skills such as first aid
- Group leisure activities such as yoga or art workshops

These group sessions could be delivered at specific accommodation services, or be held at community hubs and made available for both day clients and service

It may be helpful to introduce a men's group at the same time, with activities tailored to men's specific needs and experiences. This will increase perceptions of fairness and reduce resistance to change among both clients and staff.²¹

Recommendation 3.2b: Introduce regular men's groups. Activities could be selected in consultation with TT's male clients.

Avenues for further research

²⁰ Homeless Link. 2024. [The gendered lens framework workbook](#). London: Homeless Link.

²¹ Homeless Link. 2024. [The gendered lens framework workbook](#). London: Homeless Link.

Men's safety

This research was conducted on a voluntary basis over one summer, so was forced by resource and time constraints to narrow its scope to women clients only.

Physical safety is particularly crucial for homeless women because they are, as discussed, more likely to experience historic violence-related trauma and continued vulnerability to abuse. However, several staff and clients raised concerns that a significant number of homeless men experience similar trauma and vulnerabilities. Staff reported "*also work[ing] with males that have experienced the same...history of sexual abuse*", and clients expressed concern that male survivors of domestic violence "*are sort of forgotten*". Consequently, creating an environment within TT services which feels safe for men is also essential. It cannot be assumed that men feel safe at TT: for instance, one project worker supports a client who "*will regularly spend four or five nights away from the project...he's scared of coming here, he's scared of other male residents*".

Many of this report's recommendations, such as measures to mitigate aggressive behaviour within services, will foster a safer environment for all clients, not just women. However, men experience abuse and vulnerability differently to women, and so one avenue for further research could be exploring opportunities to improve men's sense of safety in services. No male clients participated in this research: men should be involved in any research or redesign which seeks to improve their safety.

Avenue for further research: Conduct further research, including peer research with TT's male clients, on opportunities to improve physical safety for vulnerable men in TT's services.

Transgender service users

This research recommends women-only services and women's groups. However, it has not taken a clear position on whether the term 'women' should be inclusive of individuals who identify as women but were not 'assigned female at birth'.

There is little consensus among homelessness and women's organisations on whether women who have experienced male violence are likely to be re-traumatised by the presence of a transgender woman who was 'assigned male at birth' and who may appear to be 'male' in some respects.²²²³ However, research conducted with transgender homeless women indicates that this population, like other homeless women, are likely to have experienced abuse and trauma and, like other homeless women, feel extremely

²² Pain, R., Cygnus Support, and O'Neil, S. 2021. *'One of the Lasses': Trans Inclusion and Safety in Abuse Services*. Newcastle upon Tyne: Newcastle University.

²³ Gosling, M. and Sex Matters. 2024. *Women's Services: a sector silenced*. London: Sex Matters.

vulnerable living in services alongside cisgender men (who were 'assigned male at birth' and still identify as men).²⁴

No clients in the services involved in this research openly identified as transgender, so this report was unable to canvass the views of transgender clients. However, it is very possible that trans people are avoiding accessing support from TT because of a perception that it is unsafe or not inclusive of trans people - a risk which may be exacerbated by the introduction of women-only spaces which only accept cisgender women.

Avenue for further research: Conduct further research on opportunities to make TT services inclusive for both cisgender women experiencing trauma related to male abuse *and* transgender individuals. This may involve collaboration with local trans support services such as [The Clare Project](#) in order to canvass the views of homeless transgender people in Sussex who are not currently accessing TT services.

Conclusion

The views and stories of the clients and staff involved in this research make clear that TT's women clients, like many homeless women, are often uniquely vulnerable and traumatised. Although feeling and being physically safe is important for everyone, it is particularly valuable for this population - and cannot be taken for granted.

TT is one of the leading providers of homelessness services in West Sussex. It plays a crucial role in helping vulnerable women in the area to recover from trauma and from homelessness. It is therefore highly promising that both staff and clients offered a significant amount of positive feedback about TT's capacity to ensure that women in its service are, and feel, safe. However, there remain opportunities for change. It is hoped that the recommendations made in this report will enable TT to help current service users to feel as safe as possible and to encourage more vulnerable women in Sussex to access TT support.

Appendix 1: Methodology

The report was developed over summer 2024. Research was conducted by Saoirse Osborne, who has previously volunteered at Turning Tides and is an undergraduate student at the University of Warwick. Funding, research guidance and ethical approval was provided by the University of Warwick.

²⁴ England, E. 2018. [Homelessness among trans people in Wales](#). Swansea: Shelter Cymru.

Arts-based focus groups

Art sessions were held at two TT accommodation services. All women who had lived in the service for more than two weeks were invited to participate. Three women participated (two and one at each site, respectively).

Participant were provided with materials to create artwork about the items, locations or activities which made them feel safe or unsafe at TT. While creating their artworks, participants were encouraged to discuss the meaning behind their own and others' pieces. This formed the basis of discussions about participants' experiences of safety at Turning Tides.

It was hoped that arts-based research would feel less intrusive and overwhelming than structured interviews given the potentially sensitive nature of the discussions. It was emphasised that the stories and personal meaning behind the art was more important than whether the artworks looked professional or aesthetically pleasing.

The use of arts-based research also enabled women to create physical evidence of their contribution to the report, generating a sense of empowerment and pride. The finished artworks were, with participant consent, collated into an art exhibit to be displayed in TT services.

Staff interviews and surveys

Turning Tides staff were invited to participate in individual semi-structured interviews discussing their understanding and opinion of existing TT policies on women's physical safety. Two staff participated, with each interview lasting 45 minutes.

Staff were also provided with an online survey with mostly open-ended questions as an alternative to interviews. Eight staff completed the survey.

Feedback

In order to ensure that women clients felt like equal and active contributors to the research (in alignment with TT's ethos of co-production), they were invited to a second meeting to provide feedback on the art display and on a draft plan of the report. This enabled them to comment on the previous contributions of other clients as well as on staff contributions.²⁵ All three women participated again.

Data analysis and further research

²⁵ Kramer-Roy, D. 2015. [Using participatory and creative methods to facilitate emancipatory research with people facing multiple disadvantage: a role for health and care professionals](#). *Disability and Society*. **30**(8), pp.1207-1224.

All arts groups, interviews and feedback meetings were recorded and transcribed. The transcriptions and survey responses were analysed together. Recordings and transcriptions were deleted after this report was completed.

Client and staff contributions were supplemented with a review of relevant national research on women's homelessness and trauma, as well as informal conversations with staff in women's organisations including [Women in Prison](#), which provides holistic support and advocacy to women affected by the criminal justice system.

Limitations

This research was relatively small in scope, engaging women at only two of Turning Tides' accommodation services. Further research in this area would benefit from working with women across a greater range of Turning Tides services, including move-on accommodation and community hubs, to ensure findings are representative.

Research indicates that some homeless women may avoid homelessness services altogether due to a perception that they are unsafe.²⁶ The research only involved women who already access Turning Tides services, and therefore excluded this avoidant population. Although research with this population would require extensive outreach efforts,²⁷ insight into why they avoid Turning Tides will be crucial to ensure Turning Tides is fully inclusive and accessible for homeless women.

²⁶ Holly, J. 2017. [Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales](#). London: Agenda Alliance.

²⁷ Solace and The Connection at St Martin's. 2022. [Women's spaces in homelessness settings](#). London: The Connection at St Martin's.