

St Mungo's
Ending homelessness
Rebuilding lives

Women's health at St Mungo's

Erasmus+ Helsinki, September 2019
Catherine Glew, Daniela Costa,
Ellie Guedalla, Simon Hughes



Women
and homelessness

Healthcare system in England

- Physical and mental health services provided or commissioned by the National Health Service (NHS)
- Local authorities lead on drug and alcohol services
- Certain NHS services free of charge to all (including GP, A&E, sexual health except abortion and infertility services)
- Charges for people not 'ordinarily resident' (including hospital treatment and maternity care)
- Homelessness and migration status are barriers
- £30m commitment of extra healthcare spending for people who sleep rough in latest NHS Long Term Plan

Barrier to good health for marginalised women

- Service gaps and lack of women only space for women facing multiple disadvantage ([Agenda and AVA](#))
- Impact of NHS charging, for example on maternity care ([Maternity Action](#))
- Health inequalities for LGBT people ([AKT](#))
- In England and Wales, average age of death is 42 years for homeless women and 44 for homeless men ([Office for National Statistics](#))

Women's health and homelessness

- Women in St Mungo's services:
 - More likely that men to need mental health support (81% of women, 74% of men)
 - More likely to experience suicidal ideation and self-harm

Most common mental health diagnoses among St Mungo's clients

Women with a formal diagnosis	Men with a formal diagnosis
1) Depression (68%)	1) Depression (62%)
2) Anxiety (44%)	2) Schizophrenia (33%)
3) Personality disorder (22%)	3) Anxiety (32%)
4) Schizophrenia (19%)	4) Personality disorder (9%)
5) PTSD (12%)	5) PTSD (8%)

Women's health and homelessness

- Women in St Mungo's services:
 - Less likely than men to use drugs and alcohol
 - Women that use drugs have higher rates of heroin and crack use, and higher risk of overdose

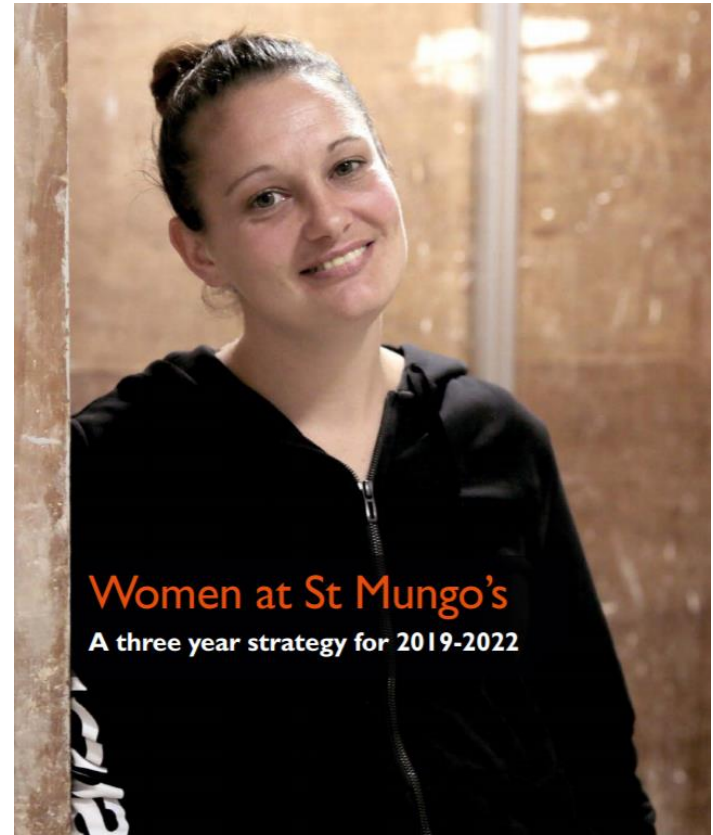


46% of female clients who use substances are at risk of overdose. 53% are using heroin and 61% crack cocaine.



Reviewing St Mungo's approach to health – women's feedback

- Eight discussion groups, 35 clients in mixed and women only services
- Clients invited to choose topics to cover
- Interesting discussions about mental and physical health, disability, support, migration



Reviewing St Mungo's approach to health – women's feedback

Mental health

- Impact of loneliness and isolation, contact with loved ones
- Clients rely on other clients for support, particularly at times with lower staffing (evenings and weekends)
- Unmet mental health need is a barrier to recovery and moving on into independent accommodation – can lead to overstaying

St Mungo's approach

- Clients felt staff had a generally good knowledge of trauma impacts
- Lack of consistency in training – feeling that some staff were “shocked” and struggled to support clients in mental health crisis, may just signpost to external services
- Clients who appear more “well” may not be offered support
- Prefer to get information about services and support face to face via key worker (rather than leaflets, posters etc)

Reviewing St Mungo's approach to health – women's feedback

Accessing health services

- Negative past experiences of health services lead to low motivation and feeling “lethargic”
- In-reach support within hostels highly valued but less and less available. Stigma around accessing in-reach sexual health services
- Willingness to travel to maintain contact with trusted services – one client takes three buses to see a doctor
- Need for investment in mental health services – feeling that services are only available in a crisis
- Health services do not understand St Mungo's – may assume all clients' needs are met
- Further barriers for some client groups – immigration status, trans women's lack of access to women only spaces

Endsleigh Gardens - Safe Space

- Staff has access to training and coaching around working with women with complex needs
- Evictions are prevented and engagement increases
- Multiagency meetings are held on a regular basis
- Women can choose who is going to lead in their meetings
- The positive factors and achievements will be recognized
- We will identify “system blockages” – i.e. problems or issues which are getting in the way of a woman accessing services or achieving her goals

PIE at Endsleigh Gardens

- At present we have 12 women living at Endsleigh Gardens who suffer from complex needs.
 - 11 Women suffer from substance misuse issues
 - 10 from mental health issues
 - 9 from Physical health issues
 - 11 experienced trauma or sexual abuse, and 5 domestic violence
 - 11 have fluctuating engagement with servicesIssues include Depression, anxiety, personality disorder, PTSD, Hep C, HIV, mobility difficulties, or asthma.
- Psychologically Informed Environments are services which consider the psychological and emotional needs of people with complex needs. What do they have access?

PIE at Endsleigh Gardens

- A more person-centred and co-ordinated services, eg, staff have trained around trauma, domestic violence, or PIE
- Residents take part in the design and delivery of the service, for example, they were involved in the transformation of the physical environment, the project is more homely and feels welcoming and safe
- Building strong relationships is key to our work, this includes relationships between staff and clients, and staff and their colleagues. This includes the increase of activities outside the Hostel such as Trip to Paris and other social events, or in relation to staff, the implementation of the away day and fun day for the team.

Improving physical and mental health – the strategies

- In-reach services, when women can access easily and in their safe space
- Very strong communication between external and internal services, including regular case conferences and team around me meetings
- Regular training for staff on Domestic Abuse and psychologically informed environments that include trauma informed care, stigma and shame; we are also part of the Safe Space project where Women have access to Art Therapy, and the staff has extra support around how to work with Women
- Use of peer support services for shared understanding and experience such as Groundswell.

Improving physical and mental health – the strategies

- In-reach sexual health screening and TB van, for cervical and sexual health screening or contraception access
- Appointment reminders and one to one support to access health services
- In-reach smoking cessation awareness sessions
- Informal key working sessions
- Discussing counselling options
- Discussing meaningful use of time
- Discussing alternative therapies such as relation exercises, yoga or medication
- Regular use of motivational interviewing.

The Orbit Project

- In 2014-16 9.8 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy. Most women who died had multiple health problems or other vulnerabilities.
 - 71 women died by suicide
 - 43 women died in relation to drug and alcohol misuse
- <https://www.npeu.ox.ac.uk/mbrace-uk>

The Orbit Project

- Developed to improve outcomes for pregnant women and their unborn children known to substance misuse services by improving access to all health services.
- Based in a local Children's Centre/community centre and delivered by a partnership of services including Substance Misuse Services, Specialist Substance Misuse and Perinatal Midwives, and Children's Social Care.
- Trauma informed care based on building and maintaining healthy boundaried relationships with the women.

The Orbit Project

- The women engaging with this service have multiple disadvantages.
- 100% have or have had substance misuse difficulties
- 95% are working with Child Protection Services
- 52% have previously had children removed from their care
- 95% report difficulties accessing Health Services
- 91% have a diagnosed Mental Health Condition
- 71% are homeless
- 91% have experienced or are experiencing domestic violence.
- 52% disclose childhood abuse and/or neglect

The Orbit Project

- The service is based around a group and a stay and play with on site Senior Playworkers, Midwives and Health Visitors.
- Each client is allocated a Keyworker from Substance Misuse Services who leads in developing a Care Plan often in conjunction with The Early Years Parenting Unit at Anna Freud a specialist Mental health service.
- The Care Plan considers all needs for both mother to be and the unborn and any elder siblings and we work with the family until the child starts school aged 4/5years.

The Orbit Project

- The group aspect of the project encourages healthy relationships through social learning and the modelling of healthy relationships and parenting skills by staff members as well as topics covered within the group.
- Services are expected to attend the project to see our families as the service itself represents a safe space for the women and children.
- 80% improvement in engagement with health services for cases with women who have had previous pregnancies.

The Orbit Project

- Sadly around 30% of our Orbit clients have their children permanently removed from their care by Child Protection Services
- In these circumstances we facilitate first contacts with the Pause Project
- Pause works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. We aim to give women the opportunity to pause and take control of their lives breaking a destructive cycle that causes both them and their children deep trauma

The Orbit Project

- Partnership and supporting services:
- <https://www.annafreud.org/what-we-do/our-help-for-children-and-families/our-clinical-work-and-projects/our-work-with-under-fives/early-years-parenting-unit-eypu/>
- <https://www.pause.org.uk/>
- <https://www.nelft.nhs.uk/>

Improving women's health across St Mungo's

Women's Strategy health priorities:

- Focus on safety from violence and abuse as first step to dealing with trauma
- Focus on sexual health and drug related harm for women
- Breast and cervical cancer screening
- Connecting with external specialist services
 - Rape and sexual assault
 - FGM services

Improving women's health across St Mungo's

- Advocacy and influencing
 - Better mental health services
 - Fair access to substance use services for women including women only spaces and spaces for women with children
 - Access maternity care and housing for pregnant clients
- Connecting with other St Mungo's strategies
 - Health improvement strategy
 - Substance use strategy
 - Mental health strategy (in development)

Improving women's health across St Mungo's

- Supporting St Mungo's staff:
 - Occupational health
 - EAP including access to phone and face to face counselling
 - Supervisions
 - Reflective practice
 - Trauma pathway
 - Workplace Supporters
 - Union
 - Women's Recovery Forum

Any questions?

St Mungo's
Ending homelessness
Rebuilding lives

Cat Glew

catherine.glew@mungos.org

Daniela Costa

daniela.costa@mungos.org

Ellie Guedalla

eleanor.guedalla@wdp.org.uk

Simon Hughes

simon.hughes@mungos.org



Women
and homelessness

More information

- Other St Mungo's health projects:
 - Women's Lifeworks psychotherapy service



Adobe Acrobat
Document

- End of Life Care

<https://www.mungos.org/publication/homelessness-palliative-care/>