

# Homeless Couples and Relationships Toolkit

SUPPORTED BY  
**MAYOR OF LONDON**



**St Mungo's**  
Ending homelessness  
Rebuilding lives

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# Introduction

Everyone has the right to a place they call home. A place of safety, security, a space where they can connect with others through shared experiences. These qualities may be offered by a partner and, for many homeless people, relationships often replace engagement with housing and professional support, particularly when the only option presented to them is access to a Single Homeless Pathway. There is a clear need for more hostels and accommodation that accept referrals for couples as well as investment into further training for accommodation teams to ensure they feel confident about supporting couples. It is important to ensure that the challenging work carried out by Outreach workers to support couples into housing will not be undone.

This toolkit provides recommendations on requirements for a clear housing pathway for couples as well as guidance for client-facing staff on how to support homeless couples and their relationships. This follows St Mungo's Recovery Approach where the aim of recovery is to achieve what each client sees as a fulfilling life with purpose and meaning, and for them to be part of mainstream society. For most people this means having a place to call home, sustaining a sense of wellbeing, enjoying positive relationships, being able to navigate life, and being part of a community<sup>1</sup>.

## Why develop this toolkit?

We have developed this toolkit to:

- Raise awareness of the barriers faced by homeless couples and homeless people in relationships.
- Improve the way data is collected by outreach and accommodation teams when supporting homeless couples.
- Improve housing and support outcomes for rough sleeping couples and couples living in high need accommodation.
- Provide increased support and guidance for staff supporting homeless couples and homeless people in relationships.
- Improve the way statutory services support organisations who work with homeless couples and homeless people in relationships.
- Embed current good practice of housing and supporting couples.

## Who can use the guidance in this toolkit?

The guidance in this toolkit has been developed to advise outreach or accommodation workers who support homeless couples or homeless people in relationships who have complex support needs. Some of the general guidance may still be useful for workers supporting clients and couples with lower support needs. Recommendations for rough sleeping and hostel commissioners are also included in this toolkit.

The research, case studies and directory of services included in this toolkit cover five London boroughs and pan London specialist services. The target boroughs are: Tower Hamlets, Westminster, City of London, Southwark and Hammersmith & Fulham.

## What defines a couple in this toolkit?

In this toolkit, the term 'couple' refers to two people who have actively identified themselves as being in a relationship. They may have other partners, there may be unhealthy aspects to their relationships and their relationships may be involve separating and reuniting repeatedly.

When one partner wishes to leave the relationship due to domestic abuse, statutory services should be contacted in order to support the survivor of the abuse to leave the relationship and be housed safely. Please see the **Domestic Abuse** section for further details and consult your organisation's safeguarding lead.

The toolkit considers couples where:

- Both partners are rough sleeping.
- One partner is rough sleeping and one partner is in accommodation.
- Both partners are in the same accommodation.
- Both partners are in accommodation but living separately.

## Funding

The development of this toolkit has been funded by Tower Hamlets, City of London and the Greater London Authority in response to the barriers faced by rough sleeping couples with regard to housing and support.

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# Methodology

The good practice examples provided throughout this toolkit have been identified through facilitating client-facing staff focus groups, advising teams on their couples' cases, tracking the advice given, and interviewing couples and clients. Good practice is defined as an action that has led to positive outcomes for couples and relationships. For example, a couple being housed together and supported or a relationship becoming healthier.

## Couples First? research

Brighton Women's Centre, supported by Commonwealth Housing, published their **Couples First?** research in 2018. The research was carried out nationwide and centred around the barriers faced by rough sleeping, cisgender women in relationships with men, and provides extensive insight into their experience of domestic abuse on the streets.

### Key recommendations from Couples First?:

- Adopt risk-aware approaches to working with couples. Services need to become less risk averse and more open to identifying in and minimising risk in a dynamic way.
- Support approaches to take account of each individual as well as the couple and ensure the relationship is respected.
- Create the conditions for effective joint and multi-agency working.
- More supported housing options for women.
- Improved recognition of rough sleeping couples under homelessness provisions.
- Commissioners should require within their contracts that providers work with couples.

The recommendations in this research, as well as existing guidance, have been used to advise outreach and accommodation teams in London on how to house and support couples. This is particularly relevant when domestic abuse is occurring in the relationship and where the survivor(s) wishes to stay with their abusive partner. For further details on how these recommendations have been used and ways to manage domestic abuse, refer to the **Domestic Abuse** section.

Many outreach and accommodation teams that were consulted are already supporting couples in ways that reflect the recommendations made in existing research and guidance. This is already providing some excellent outcomes for couples. So far, this work has not yet been recognised or shared effectively and client-facing staff are not being supported or listened to in a consistent way by statutory services or and, at times, by rough sleeping and hostel commissioners. This toolkit will provide guidance for client-facing workers and recommendations for commissioners to address these issues.

# Principles for Working with Couples

This toolkit has been developed with a number of important guiding principles in mind. These form the basis for the recommendations made throughout the following chapters.

## A strengths-based approach

The existing research on homeless couples has highlighted the need to identify and celebrate more positive relationships using a strengths-based approach in an appropriate and safe way. The chance to experience a positive relationship is a human right:

**“Recognising individual and joint skills as strengths and assets, rather than seeing their circumstances as a set of ‘problems to be solved’ (and in couples a double set of problems) enables a more positive approach for staff working with couples.”<sup>2</sup>**

As this toolkit was created, focus group sessions and discussions with outreach and accommodation teams across London found many commonly held beliefs and fears standing in the way of an asset-based approach to working with couples, including:

- The assumption and fear that there is domestic abuse occurring in homeless people’s relationships before assessments are carried out.
  - Workers describing bickering and non-threatening arguments they have overheard couples having as a concern, when this is a normal part of intimate relationships.
  - The assumption that couples refusing to be seen separately equates to controlling or coercive behaviour. When couples have been rough sleeping together, often for several years, it is inevitable that they will have anxiety around separation and this should be monitored.
- A culture of deciding that the relationship is toxic and the couple must separate. Trying to control a client’s relationship often leads to non-engagement and abandonment of accommodation.
  - Not all workers reflect on their own experiences and the standards they hold for their own relationships. This may lead to unconscious bias and impact how they support couples and clients in relationships.
  - Workers are rarely encouraged to talk about relationships with their clients and couples.

**“When I worked for a young person’s hostel, relationships were banned. Clients were excluded if they were going into another client’s room. They couldn’t be around each other as if it’s a serious issue. This also sets the precedence that it’s a Single Homeless Pathway and that you can’t be in a relationship if you’re homeless!”**  
– St Mungo’s Outreach Worker.

This toolkit will present ideas and guidance for homelessness services developing an asset-based approach to working with couples and keeping their clients safe.

<sup>2</sup> Brighton Women’s Centre (2018) Couples First?  
[https://womenscentre.org.uk/wp-content/uploads/2018/12/BWC\\_couples-first-report\\_301118.pdf](https://womenscentre.org.uk/wp-content/uploads/2018/12/BWC_couples-first-report_301118.pdf)

## A rights-based approach

Everyone has the right to experience a positive relationship.

When facing adversity, homeless people may require support to help their current relationships become healthier as well as support to form positive relationships in the future. Rough sleeping, problematic drug and alcohol use and mental ill health amongst other multiple disadvantages many homeless people face, mean that there may be unhealthy elements to their intimate relationships. However, workers can use their role as an opportunity to advocate for couples, provide support for each partner's recovery journey and listen to a couple's needs which can help their relationships to become healthier.

In the same vein, if a client is in an abusive relationship, they have the right to be supported throughout this on their own terms. Workers cannot force couples to separate but they can help domestic abuse survivors to build up their self-esteem and autonomy and support them to be safe. Refer to the **Domestic Abuse** section for further guidance.

**“All relationships are complex, whether you're homeless or not.”**  
– St Mungo's Outreach Manager.

As stated by Homeless Link in their guidance, 'Supporting Couples: an introduction for accommodation teams.'

**“If being in a relationship is a key part of someone's identity, and their hopes for the future are about being with their loved one, supporting the individual is unlikely to be enough. Services should develop their capacity to recognise the value of personal**

**relationships and to offer support to couples – including same sex couples – as well as to individuals.”<sup>3</sup>**

If someone is homeless and facing adversity with multiple needs, experiencing love, intimacy and companionship is vital, particularly when homeless people often have their identity dictated to them by a stigmatising society. Relationships are a human need, like any other support need, but it is a need that is rarely met in homeless services.

### The right to a sex life

Homeless people have the right to a sex life and intimacy whether this is experienced with their romantic partner(s) or through experiences with casual partners. The World Health Organisation (WHO) working definition of sexual rights describes “all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.”

This reinforces the need to practice talking about sexual health needs and relationships with every client during regular key work sessions. Refer to the **Sexual and Reproductive Health** section for further guidance.

Clients may have more than one partner. This is reflective of relationships experienced by non-homeless people, however, for clients living in staffed accommodation services - unlike a person in private housing - personal details are often made public due to the nature of high need services. Workers should remain non-judgemental and ensure any discussions with their team about a client's sex life are necessary and carried out in private.

<sup>3</sup> Homeless Link (2017) Supporting Couples in Homelessness Services  
[https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20Couples%20June%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20Couples%20June%202017_0.pdf)

## Diversity and intersectionality

This toolkit will address the gap in research on LGBTQ+ homeless couples, as well as other minority demographics

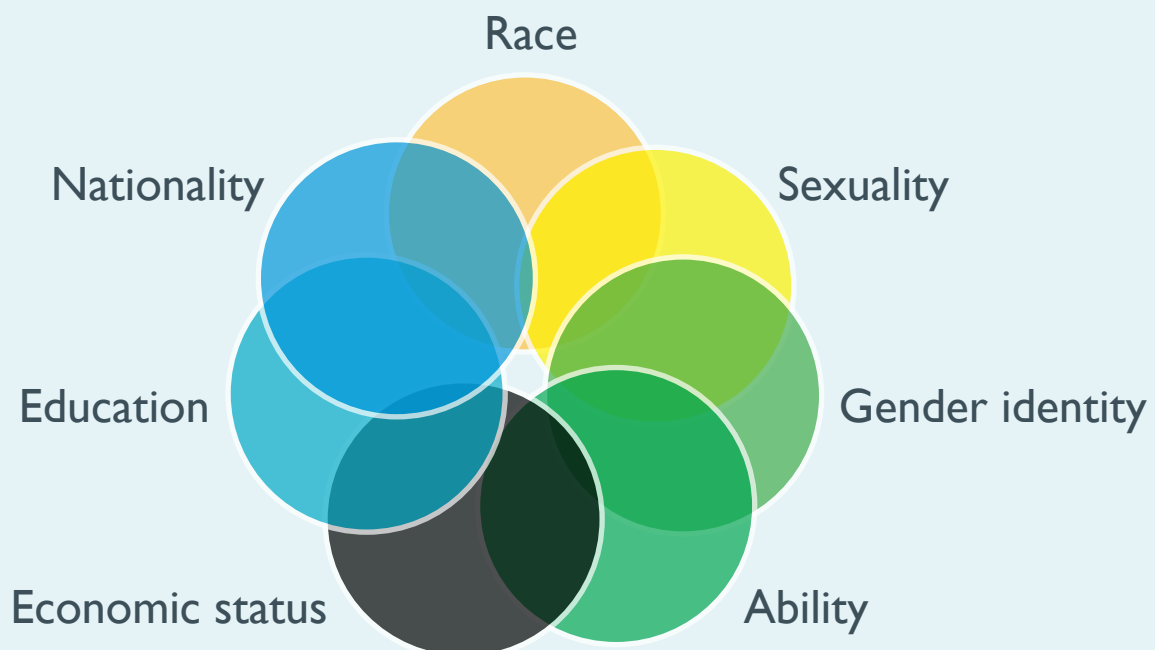
such as **Romanian National couples**, and provide guidance that promotes an intersectional way of understanding the needs of homeless couples and relationships.

### What is intersectionality?

Intersectionality is a theory from academic Kimberlé Crenshaw that encourages us to think about the overlap of various social identities: race, gender, sexuality, class/socio-economic position, disability and faith, and how they contribute to the specific discrimination experienced by an individual. As shown in the image below, thinking about people's identities in this way helps us to see all the different parts of someone, their experiences and how they overlap. A person with specific intersections of identity will face unique challenges when accessing health and support services. For example, women of colour will often

face more barriers than a White woman would when navigating mainstream domestic abuse services and therefore be less likely to receive support.

Everyone's identity is 'intersectional', so this theory can be used as a framework when supporting all clients and couples, particularly those with more than one identity that has faced discrimination. This understanding of identity and experience encourages a person-centred approach and can be helpful for workers when supporting homeless couples and relationships. This way of working will be referenced throughout the toolkit.



The first step towards working in a way that acknowledges intersectionality is to understand that contemporary society is by default racist, homophobic, transphobic, sexist, ableist and classist. For example, a gay person must navigate within a homophobic society and will therefore face challenges and discrimination that a straight person will not. A Black person must navigate within a racist society and will therefore face challenges and discrimination that a White person will not. If a gay person is Black, they must navigate society in consideration of both of these minority identities and face additional and complex challenges, often from both of the communities they identify with and belong to. For example, a Black gay man is likely to experience discrimination in both the LGBTQ+ community and BAME communities.

Homeless people in London are likely to identify under one or more minority identities:

- London had the highest overall number of homeless households; it also had the lowest percentage of homeless households made up of White households.<sup>4</sup>
- LGBTQ+ young people make up one quarter (24%) of youth homelessness<sup>5</sup> when only 4.1% of young people in the UK identify as LGB and approximately 200,000 as trans.<sup>6</sup>
- Working class people and people from a lower economic status are at higher risk of experiencing homelessness.<sup>7</sup>

**One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff. [Stonewall]**

**Cervical cancer screening is much lower for women with a learning disability (30%) than in the general population (70%). [Mencap]**

**Black people are less likely to receive psychotherapy, psychological treatments, counselling or other alternative treatments when seeking mental health support. [Sainsbury Centre for Mental Health]**

4 <https://www.ethnicity-facts-figures.service.gov.uk/housing/homelessness/statutory-homelessness/latest#full-page-history>

5 London Assembly Housing Committee (2017) [https://www.london.gov.uk/sites/default/files/london\\_assembly\\_-\\_hidden\\_homelessness\\_report.pdf](https://www.london.gov.uk/sites/default/files/london_assembly_-_hidden_homelessness_report.pdf)

6 Government Equalities Office (2018), Trans People in the UK [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721642/GEO-LGBT-factsheet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf)

7 Fitzpatrick (2017) LSE, Can Homelessness Happen to Anyone? <https://blogs.lse.ac.uk/politicsandpolicy/can-homelessness-happen-to-anyone/>

8 Sainsbury Centre for Mental Health (2002) Breaking the Circles of Fear [https://www.centreformentalhealth.org.uk/sites/default/files/breaking\\_the\\_circles\\_of\\_fear.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/breaking_the_circles_of_fear.pdf)

9 Stonewall (2018) LGBT in Britain – Health [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)

10 <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities>

11 <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/inequalities-distribution>



## Multiple disadvantages and intersectionality

Individuals with combinations ('intersections') of minority identities often experience more discrimination, as the oppression that they face because of one identity is often compounded with another. For example, a Black person is more likely to experience health inequalities<sup>8</sup> as are LGBTQ+ people<sup>9</sup>, people with disabilities<sup>10</sup> and working class people<sup>11</sup>. If someone was to hold all of these identities e.g. a Black lesbian working class woman with a disability, their experience of accessing health care would be more challenging than their straight, cisgender, White middle class and non-disabled male counterparts.

Often, experiencing these inequalities can lead to experiencing **multiple disadvantages** such as homelessness, mental ill health, problematic substance misuse and contact with the criminal justice system. We see a disproportionate amount of people with minority identities within these institutions and systems and this is no coincidence. This helps to maintain the false and problematic notion that a person is disadvantaged because of their minority identity. Often this is due to the discrimination and inequalities of the unjust society they are forced to navigate.

Workers can use their knowledge of how intersectionality and health inequalities are interlinked and prepare themselves for the possibility of advocating within the health system on behalf of their clients. An example of this could be to accompany clients to health appointments to ensure they are being treated equally and challenge any comments and/or decision-making by health professionals.

## Diversity and intersectionality in relationships

Identity and experience is at the core of human interaction and relationships. A couple does not necessarily have to share the same identity to find common ground but will often find that their experiences of navigating society are similar. Trusting that someone understands this can lead to a fast and strong emotional bond. Sharing experiences of homelessness and other multiple disadvantages with a partner can intensify this bond. This may often lead to a sense of a 'shared' identity which is a common theme when considering cases of couples who have experienced rough sleeping together.

### Recommendations for outreach and accommodation teams:

- Ask clients to rate how important their identities are to them. If your client rates that their sexuality and faith is very important to them and they are a lesbian Muslim woman, you could look for BME services, LGBTQ+ services, community groups or services that specialise in intersections of both identities. You could also ask your client if they would like to be supported by those specialist services as well.
- Use your understanding of identity and intersectionality to help the couple to find their identity as both individuals and a couple. Workers can also reflect on the dynamics within relationships that are shaped by the identities each partner has as well as their experiences in relation to them. Understanding this can help to create a person-centred approach to support.
- Reflect on your own experiences and those of your team by completing 'Walk of Privilege' activities such as this **lesson plan**.
- Self-educate about identity and experiences by reading through the research, reports and other toolkits provided in this toolkit as well as blogs and other internet resources.
- Practice multi-agency and partnership work with specialist and identity responsive services that support clients and couples. For example, services that offer **domestic abuse support for BAME women, couples therapy for trans clients, LGBTQ+ BAME specialist services**. Many specialist services understand the needs of homeless clients but partnership work provides an opportunity to provide awareness both ways. Creating contacts and sharing good practice and learnings will reinforce intersectional ways of working.
- Celebrate diversity days in services and create a safe environment for all clients and couples by challenging discrimination.

# Supporting Couples and Relationships in Practice

Workers can use the principles set out in the previous chapter to put into practice new ways of working with couples. This section collates best practice examples gathered across the four target boroughs which can be

carried out alongside the principles. For more specific examples of best practice, such as managing **domestic abuse**, refer to the contents page and search for key words throughout this toolkit.

## What Homeless Couples Need

### Rough Sleeping Commissioners

- Create a clear couples pathway
- Award the same local connection
- Understand the risk of separating rough sleeping couples
- Trust outreach teams' assessments of couples
- Reintroduce rolling shelters

### Hostel Commissioners

- Commission a range of move on options within the borough that can house and support couples at every level of need
- Regular communication with rough sleeping commissioners about the needs of rough sleeping couples

### All commissioners

- Ensure services are psychologically informed
- Ensure services are given the resources needed to effectively support couples
- Partnerships with NHS and specialist services
- Influence statutory services to provide understanding of homeless couples and complex needs

### Organisations

- Collect data on relationship status
- Create a couples policy
- Create a domestic abuse policy
- Provide clinical supervision for workers supporting domestic abuse survivors
- Provide domestic abuse awareness training
- Provide LGBTQ+ awareness training
- Provide sexual health awareness training

### Client-facing staff

- Risk assess couples in a safe and sensitive way
- Provide a separate key worker for each partner
- Hold regular 'Team around Me' style couple case reviews
- Listen to both clients individually and as a couple
- Use a strengths and rights-based approach
- Provide opportunities to talk about the relationship
- Trained to recognise the signs of domestic abuse
- Trained to support disadvantaged women
- Confident about asking personal questions
- Understand the needs of couples from diverse backgrounds
- Partner with and learn from specialist and identity responsive services

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## Outreach and accommodation teams

- Positive outcomes for high need couples tend to come from cases where the couple have been housed in the same service, often in separate rooms to begin with, and given **separate key workers**. This shows the couple that they are seen as two individuals with their own recovery journeys as well as respecting their status as a couple.
- Each key worker can **catch up regularly** about the couple to discuss the positives in the relationship, possible risks and unhealthy aspects of the relationship as well as housing and any move on options. This example of good practice has been taken from Hopkinson House, a Look Ahead hostel based in Westminster, which has been accepting referrals for couples since 2018 and has supported 13 couples since then.
- Regularly hold 'Team around Me' style **couple case reviews** to include key workers associated with both partners: hostel key worker, drug and alcohol worker, mental health worker, physical health practitioners, palliative care workers etc. These meetings should be held once the couple has been identified and on a regular basis in order to create a support plan for the couple and ensure relevant information is being shared.
- Appoint a **Couples Champion** in outreach and accommodation teams. The Couples Champion will use resources in this toolkit to advise and signpost to their team members when couples have been identified who wish to be worked with as a couple as well as individually. The Couples Champion will embed best practice as stated in the toolkit and ensure their support is person-centred and celebrates them as a couple as well as individuals. The Couples Champion will incorporate diversity and inclusion into the role by championing LGBTQ+ and same gender relationships that may have typically been unnoticed or ignored by staff. Once champions have been established, they can visit other teams in the same organisation to gain and provide alternative perspectives about current couples and share learnings from visit with their team. This role does not act as, or replace, the involvement of a domestic abuse specialist, but the staff member will be trained in domestic abuse awareness and act as the point of contact for the organisation's domestic abuse/safeguarding team.
- St Mungo's Tower Hamlets Outreach Coordinator encourages their team to **talk about relationships** with their clients, whether they are single or in a relationship(s). Use the **Asking Personal Questions Prompt Sheet** as well as the **Equality Wheel** to guide conversations about relationships with their clients by discussing green flags and using a positive approach.
- Encourage the couple to **build interests both as individuals and as a couple**. Several St Mungo's services have encouraged each partner to start a separate course at St Mungo's Recovery College as well as supporting each partner to get involved with the community that reflect aspects of their identity. This can help each partner to understand their individual identity as well as their identity as a couple which may be particularly helpful for couples who have been rough sleeping together for a long period of time and would benefit from more independence and autonomy.
- During team meetings, try to **raise at least one positive aspect** of the relationships clients or couples in the service are involved in or the progress they are making.

## Outreach teams

- If a couple is CHAIN (Combined, Homeless and Information Network) verified, currently engaging with support, and have an ability to manage a tenancy with fortnightly support, they may be eligible for a **Clearing House** self-contained one bed flat.
- With support from management and the borough's rough sleeping commissioner, use previous cases of advocating for rough sleeping couples to **influence** Housing Options, Housing First and other providers to include move on options for couples in their services.

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## Accommodation teams

- Ask couples if they would like **joint key work sessions** once a month where both of their key workers are present.
- **Display positive posters**, like the **Equality Wheel**, in services and ask clients and couples if they would like one to hang up in their room.
- Couples who are on the **same timeline** for their recovery journey are more likely to see positive outcomes for themselves as individuals and as a couple. Each partner's key worker can work together to enable this.
- When considering high risk couples who are not living in the same accommodation, two St Mungo's hostels in Hammersmith and Fulham create a **person-centred visitors policy** for their clients' partners. The policies are created with the partner's input during a meeting and discussed separately with the client to reach an agreement. This practice has reduced partner/visitor bans and therefore reduced the risk of client abandonment.
- Use client-involvement funding for a **date night** to normalise the couple's relationship and reduce the amount of time spent in their room, particularly when the couple are co-dependent and using substances together. Project Workers in St Mungo's Hammersmith & Fulham hostels accompany the couple to the cinema so they can enjoy spending time together in a safe way, whilst showing that staff are celebrating their relationship and respecting their status as a couple.

## Commissioners

- When considering high need couples who both wish to be housed together, the best practice from local authorities is to award the same local connection to both partners and house couples in the same accommodation and in separate rooms. This allows each partner to have their own space for support and recovery whilst respecting their identity as a couple and their right to be able to spend time together. Once the couple is ready for a lower support needs service, if they still wish to be housed together, they can be referred to shared semi-independent accommodation.

**“All we’re asking is to be listened to.”**  
– St Mungo’s couple.

**“It’s been helpful and nice to talk about my past and current relationships.”**  
– St Mungo’s client.

# Data and Visibility

At this current time there is no robust data to show how many rough sleeping couples have been identified in London. The database for rough sleepers, CHAIN does not include a rough sleeper's relationship or marital status.

Similarly to CHAIN, most homeless accommodation services do not include a relationship status option in their booking in forms, referral forms or assessments. A marital status option is often included but many clients will be in a relationship rather than married, divorced, separated etc. and others may simultaneously be in a relationship and divorced, for example.

From August 2018 – August 2019, St Mungo's outreach teams in four target boroughs (City of London, Tower Hamlets, Southwark, Westminster) as well as St Mungo's SIB team (Entrenched Rough Sleeping Social Impact Bond) have each supported at least ten rough sleeping couples as well as supporting each partner individually.

## Challenges for couples

Couples are being identified on the streets on a regular basis but workers are not given a reliable tool to monitor this. As stated in Brighton Women's Centre's Couples First? report<sup>12</sup>, "less than 10% of service providers identify as 'accepting couples' (Homeless England Database, 2018) which gives an indication of couple (in)visibility within overall homelessness service provision and suggests that couples' needs are not being identified and met."

## The impact

The lack of data and evidence about homeless couples has a real impact on clients and services:

- There is no clear housing pathway for couples as they are not visible within data.
- Outreach teams and local authorities are relied upon to collect this data separately to evidence the need for a pathway, which results in a lack of consistency across boroughs.
- Services are not set up to accommodate couples or support relationships.
- The majority of services are not commissioned to take referrals for couples.
- Couples will often abandon their separate housing offers

and continue rough sleeping together.

## Good practice and recommendations:

### Outreach teams

- Outreach teams and any service assessing rough sleepers can add a relationship status and marital status option to the demographics section of their assessment forms. In order to simplify this process, clients can be given the options: 'in a relationship(s)' or 'single' and the free text box in the assessment form and CHAIN can be used to provide further details.

### Commissioners

- It is recommended that CHAIN includes a rough sleeper's relationship status as well as their partner's key worker contact information if applicable. This ensures Outreach workers can update their client's partner's key worker regularly and recognise their clients as both individuals and a couple.

### Organisations

- St Mungo's will be adding a relationship status option to their accommodation services client database by 2020. It is recommended that all homeless organisations include this and ask that accommodation workers check and update their clients' relationship status every three months to ensure the data is reliable.

## Couples in the Single Homeless Pathway

**"To do this by yourself would be heart breaking. I've only experienced this with my partner so I can only imagine what it would be like to do this by yourself. You'd have to be headstrong."**  
– St Mungo's couple, semi-independent accommodation.

<sup>12</sup> Brighton Women's Centre (2018) Couples First? [https://womenscentre.org.uk/wp-content/uploads/2018/12/BWC\\_couples-first-report\\_301118.pdf](https://womenscentre.org.uk/wp-content/uploads/2018/12/BWC_couples-first-report_301118.pdf)

## Challenges for couples

The Single Homeless Pathway and terminology has been identified as one of the main barriers for homeless couples. It contributes to couples' invisibility within the housing system and suggests that homeless people must be single to access the housing and support they need. Furthermore, Outreach workers are often told that identified couples must be offered separate accommodation. This typically results in people returning to rough sleeping with their partner; and here they are faced with much higher risks to their health and wellbeing.<sup>13</sup>

## The impact

Those in relationships may say they are single to get the housing, shelter and support they need, resulting in unreliable data. In addition, a Single Homeless Pathway does not require workers to collect a relationship status as a client's only option is to be housed without their partner. If this data collection was mandatory, the statistics would show that a couples' pathway is also needed.

## BEST PRACTICE

**Westminster's Rough Sleeping Commissioner recognised this issue after carrying out a couples audit in 2018 which counted twenty rough sleeping couples. Hostels and semi-independent accommodation in Westminster were the first in London to be commissioned to accommodate and support couples.**

**"Before this we weren't treated as a couple. You have to know these things or you don't get the help. You have to seek it out, you're not sure what you're asking for and no one's telling you – you just hear it through the grapevine."**  
– St Mungo's couple.

## What does a couples' pathway look like?

A couples' pathway will require changes in practice in all parts of the homelessness sector:

- Hostels to take referrals for high need couples in separate rooms and provide support as recommended throughout this toolkit.
- Semi-independent accommodation to have rooms for couples that are ready for a lower support need service.
- Housing First to provide flats for couples, using Clearing House's referral process.
- Temporary Accommodation to provide flats for couples.
- Housing Options to provide a clear couples' pathway.
- All services to be supported to create a clear couples' policy.
- All staff to be given support and training around the needs of couples and talking about relationships with their clients, as provided in this toolkit.

## To facilitate the development of a couples' pathway, it is recommended that commissioners:

- Re-introduce rolling shelters as an immediate response option for rough sleeping couples. This model takes referrals for couples without a local connection and works well for pregnant clients as it provides showers, beds, food and allows clients to settle for the first few days before discussing move on options.
- Reduce ring fencing around awarding local connections to partners of another rough sleeper or homeless client. Evidence has shown that partners are likely to continue rough sleeping with their partner if they are not housed in the same borough or service. Currently, Outreach workers are spending a lot of time and resources to prove that rough sleeping couples are at higher risk of continuing to sleep rough if they are not awarded the same local connection and housed in the same service.
- Introduce a clear couples' pathway within Housing First, temporary accommodation and Housing Options.

**“We won’t do a swap because we’ve done a swap with this borough and they haven’t paid us back. You never know what local politics you’re wading into when you’re trying to advocate for couples to be awarded the same local connection. It shouldn’t be about the politics, it should be about what the clients need and often it isn’t focused on that. There should be a cross-borough liaison worker who helps to negotiate these issues and look at it more objectively as it’s a real obstacle.”**

– St Mungo’s Outreach Manager.

**“Housing Options said they were concerned about placing two clients in the same Housing First flat - if they split up, they still owe a Housing First flat to one person. We highlighted that anyone could go in and start a relationship and we had to build a case for them to be housed together. Eventually they were both awarded Housing First and it’s gone really well because they’ve been stable enough to manage drug treatment. This couple were problematic on the street: begging and high drug use, but actually we were able to show that when they were both housed together all those troubles calmed down. It was quite a rewarding case because we were able to prove that it helped to solve this issue.”**

– St Mungo’s Outreach Manager.

## Assumptions and unconscious bias

When asking information teams in homeless organisations about the gaps in data collection with regards to couples, it became clear that there was a common assumption that homeless people are more likely to be in short, unstable relationships. Therefore collecting data on relationship status is unreliable and too difficult to track.

Whether a client is in and out of relationships, in casual relationships or has more than one partner, this data is just as relevant and collecting it provides organisations with more awareness and understanding of homeless people’s needs when it comes to relationships.

When advising teams across London, the majority of cases included couples who had been together from at least 2 - 20 years. Three couples who have a history of rough sleeping together were interviewed for this research, all of whom have been together for over five years. Single clients who were interviewed had all been in long-term relationships as well as casual relationships.

This is a reflection of the general population. Experiences of short-term relationships, long-term relationships, casual sex, multiple partners and non-sexual relationships are all part of a human experience that enables people to learn what they like and dislike and learn more about their identity.

For further exploration and guidance around this, refer to the **Principles for Working with Couples** section.

## Invisibility of LGBTQ+ homeless couples

Brighton Women's Centre's Couples First? report stated that they were unable to identify and consult with LGBTQ+ and/or same gender homeless couples due to "lesbian, gay, bi-sexual and trans (LGBT+) rough sleepers choosing to keep their identity or sexual orientation 'under the radar' because of the possibility of attacks and harassment."

This is emphasised in **The Outside Project's** Supporting LGBTQ+ People in Homelessness Services guidance where they "looked at London CHAIN data from 2017 and found that, after heterosexual, the second largest sexuality was 'prefer not to say'. People in the LGBTQ+ community often do not feel safe discussing their sexuality or gender identity when rough sleeping."<sup>14</sup>

The guidance goes on to state that the way in which homeless people are asked about their identity may force them to answer in this way, consider how uncomfortable it is to hear: "This is a personal question, you don't have to answer this, it's just for our diversity monitoring, but are you homosexual?" Yet this is often how staff in homelessness services approach conversations about sexual and gender identity." Some workers may also make an assumption about a client or couple's identity without asking them, which often leads to clients being identified as heterosexual and/or cisgender when they are not and therefore resulting in unreliable data.

## Challenges for couples

When consulted further on homeless LGBTQ+ couples, The Outside Project's Director, Carla Ecola, explained that some same gender couples will initially identify as siblings in an attempt to get housed together which is something Outreach workers can bear in mind.

Through facilitating focus group sessions and whilst advising Outreach and accommodation teams across London, other responses to LGBTQ+ client and couple invisibility were:

- Why should LGBTQ+ clients be treated differently?
- What if the client or couple doesn't want to be 'out'?

- Clients should not be defined by their sexuality or gender identity.
- There are no LGBTQ+ and/or same gender couples living at this service.

**"The response from the focus groups demonstrate the lack of awareness of LGBTQ+ people and their unique support needs in mainstream services as well as the lack of services available for LGBTQ+ homeless people."** –

Carla Ecola, Director of The Outside Project.

**"It feels very robotic and doesn't seem natural, it's like a tick box question just for statistics. It's quite a personal question, is me knowing that actually going to benefit them?"**

– St Mungo's Outreach Worker

Workers who identify under the LGBTQ+ umbrella responded differently to this question by acknowledging that LGBTQ+ clients are not seen by mainstream services and there is a lack of awareness of LGBTQ+ homeless needs. These workers were more likely to be able to identify LGBTQ+ and/or same gender couples living in their service, usually due to those clients and couples feeling more comfortable talking to them about their relationships.

## The impact

The more LGBTQ+ identities are kept invisible in data, the less support these clients will receive in mainstream services. In turn, the less likely it is that LGBTQ+ clients and couples will feel comfortable disclosing their identity if they are made to feel they should remain invisible and hidden.

<sup>14</sup> The Outside Project (2019) Supporting LGBTQ+ People in Homelessness Services <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>



**“A lot of workers don’t have the right mind set when it comes to LGBTQ+ clients. They see abnormalities within the community and think we’re not like them. When I was living in a mainstream service I had to stay closeted for my own safety and keep my relationships a secret.”**

– St Mungo’s client, LGBTQ+ housing pathway.

**“Even if they do have the opportunity and the client is happy to talk, some of my team struggle to know how to frame questions.”**

– St Mungo’s Outreach Manager.

- In response to this, an **Asking Personal Questions Prompt Sheet** has been created which covers sexuality, gender identity and asking questions about relationships. The questions about sexuality and gender identity have been adapted from The Outside Project’s guidance who worked in partnership with Stonewall Housing.<sup>15</sup> Workers can use this guidance to ask questions in order to safely identify homeless LGBTQ+ couples in a way that is on the clients’ own terms.
- Refer to the **LGBTQ+ Couples and Relationships** section for further guidance and information about supporting LGBTQ+ and/or same gender couples.

**“If someone asks the question in the right way and explains why they wanted this information, I will answer it.”**

– St Mungo’s client, LGBTQ+ housing pathway.

### Good practice and recommendations:

Outreach and accommodation teams

- Identifying LGBTQ+ clients and couples in a safe way and on the client’s terms enables workers to provide specialist housing and support options as well as mainstream. **London’s LGBTQ+ pathway** often does not require a local connection meaning that the client or couple (separate referrals) is more likely to be housed quickly and in a service that meets their needs, resulting in fewer incidents of abandonment and dis-engagement. It also provides an opportunity for workers to take part in multi-agency work by forming partnerships with specialist services and through this, learning more about the needs of LGBTQ+ couples and clients without relying on workers who identify under the LGBTQ+ umbrella to educate them.

<sup>15</sup> The Outside Project (2019) Supporting LGBTQ+ People in Homelessness Services <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>

# Housing Benefit and Universal Credit

Being in a couple can affect people's entitlement to welfare benefits, including housing benefit and Universal Credit. Homeless Link's guidance, **Couples and Benefit Claims**, provides detailed information and guidance around navigating Housing Benefit and Universal Credit for services supporting homeless couples.

The guidance was created in 2017, before Universal Credit had been rolled out across London. Workers can skip to the relevant Universal Credit sections when considering a couple's personal living costs.

## Housing Benefit

Supported housing rent (hostels, refuges, supported living complexes, extra care schemes and sheltered housing) is covered by Housing Benefit:

- For high need couples who would like to move into the same service but are not yet ready for semi-independent accommodation, it is recommended that they are moved into the same hostel but in separate rooms. Therefore, they will need two separate Housing Benefit claims.
- During the couple's booking in process, workers can explain the policy around spending a maximum of three nights in each other's rooms and ask the couple to sign an agreement. Spending more than three nights a week in each other's room is considered a form of benefit fraud.
- If the couple are sharing a flat, for example in semi-independent accommodation, they will need a joint Housing Benefit claim.

## Universal Credit: personal living costs

Joint Universal Credit claims are considerably lower than separate claims and couples with a joint claim are left with very little to go towards their personal living costs. This is particularly concerning when considering high need couples and/or couples who have experience of rough sleeping where they require extra support around developing or re-learning living skills.

## Good practice and recommendations:

### Outreach and accommodation teams

- Joint Universal Credit is lower for couples as it assumes the couple are able to budget and share resources for cooking, cleaning and all personal living. However, many homeless couples face challenges around budgeting, accessing cooking equipment, cooking healthy and regular meals and accessing a facility to wash their clothes. Couples are supported with this in hostels as many provide cooked meals, but high need couples who are living in semi-independent accommodation will need extra support around this from each of their key workers. Workers can create a budgeting plan with the couple and accompany them while grocery shopping, for example.
- For couples living in separate rooms in the same hostel, Homeless Link's guidance states that they may still be considered a couple in terms of requiring a joint Universal Credit claim for their personal living costs. However, due to our client-group's complex needs, a case can be made to argue that they need their own separate claims as they are not sharing resources in the same way a couple sharing a flat would be. Workers can support each partner to explain this by accompanying them to a job centre appointment after making a Universal Credit claim.

**“We get £125 each a month but we used to get £204 each a fortnight when we had single claims. My partner goes out begging every morning just to get by.”**

– St Mungo's couple, semi-independent accommodation.

**“The food bank only offers tinned goods and my partner likes to cook but fresh vegetables are too expensive to buy all the time.”**

– St Mungo's couple, semi-independent accommodation.

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## Managing risk

Homeless Link's guidance states:

**Managing money together might be difficult for some couples e.g. if one of the couple is worried about their partner/spouse unreasonably taking control of the money and leaving them with no access to cash. They can talk to their Jobcentre Plus about having the Universal Credit payments split. A case will need to be made for this change. A history of domestic abuse or addiction might make split payments appropriate.**

**In these cases, workers can manage risk by advocating for their clients to have a split Universal Credit claim.**

### Joint Universal Credit claims

If the couple you are working with wishes to start a joint Universal Credit claim and it is assessed as appropriate, the following outlines the process:

1. One partner makes an online Universal Credit claim and states they are part of a couple.

2. A code will be given to them which is to be used by the other partner when they set up an online Universal Credit claim.
3. Both partners will be asked to sign the Claimant Commitment at the Job Centre - key workers can accompany the couple to the Job Centre and support them to explain what their needs are to ensure they are receiving the appropriate amount.
4. One partner will receive the full payment in their bank account and it is advised that the claim is made in both names.

Workers can refer to Homeless Link's guidance, **Couples and Benefit Claims**, for further information including managing a joint claim if a couple separates.

# Sexual and Reproductive Health

At the current time we have no robust data on the sexual health needs of homeless people or homeless couples. In 2014, 113,381 Londoners were diagnosed with an STI, this accounts for just over 1 in 4 diagnoses of STIs in England.<sup>16</sup> Since 7% of homeless people in the UK have been denied access to a GP<sup>17</sup>, they are less likely to be diagnosed or receiving medical support for STIs or sexually transmitted blood-borne viruses such as HIV. Increased involvement with transactional sex and/or experiences of domestic sexual abuse put homeless people, particularly homeless women,<sup>18</sup> at higher risk of sexual assault where contraception has not been used.

Due to these higher risks and health inequalities for homeless people, it is vital that conversations about sexual health take place with both single clients and clients who are in relationships. Asking about a client's sexual health needs is an ideal way to follow up once a client has identified as being in a relationship during an assessment.

## GOOD PRACTICE

**St Mungo's Tower Hamlets Outreach team have formed a partnership with local NHS sexual health services in order to provide rough sleepers with condoms and sexual health information during shifts.**

## Good practice and recommendations:

### Outreach and accommodation teams

- Workers can refer to the **Asking Personal Questions Prompt Sheet**. These questions should be asked in private and separately by each partner's key worker. Outreach assessment forms and booking-in forms at accommodation services can be edited to include this question in order to prompt client-facing staff.

- As outlined in the **St Mungo's Pregnancy Toolkit**, many clients have experienced complex trauma, such as childhood sexual abuse, and may need more motivation to acknowledge their sexual and reproductive health needs. Try to normalise the discussion of sexual health by asking your client if they need support around this during regular key work sessions. You could also consider accompanying your client to clinic appointments to encourage them to address their sexual health needs.

### Outreach teams

- If Outreach workers approach a couple in public, specific questions about reproductive and sexual health needs should be asked during their individual assessments. It is good practice to carry and offer packs that include condoms, dental dams and local sexual health clinic information to clients once they have been assessed. This practice helps to normalise the use of contraception and engagement with sexual health services.

### Accommodation teams

- Accommodation teams should ensure condoms, dental dams and sexual health information are on site at all times for all clients, whether they are single or in a relationship(s). Assumptions about a client's sexuality, body parts and the way clients prefer to have sex should not be made by workers. To ensure you give clients the correct contraception, during private key work sessions workers can list what is on offer and ask the client whether they would like access to any of them.

<sup>16</sup> Public Health England (2015) Health Inequalities in London [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/467805/Health\\_inequalities\\_in\\_London\\_Oct\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/467805/Health_inequalities_in_London_Oct_15.pdf)

<sup>17</sup> Homeless Link (2018) Hepatitis C and Homelessness <https://www.homeless.org.uk/connect/blogs/2018/aug/23/hepatitis-c-and-homelessness-improving-access-to-treatment>

<sup>18</sup> Cisgender and transgender homeless women

## Sexual health and identity

Understanding the couple and client's identity is vital when supporting them with their sexual health needs. Clients may prefer to access specialist or culturally specific services such as clinics for LGBTQ+ clients, clients from BAME backgrounds, or women-only walk in services.

**cliniQ** is a sexual health and wellbeing service for trans and non-binary people<sup>19</sup> of all sexualities. Clients wishing to access services do not need a fixed address so there is no robust data available on the amount of clients that are homeless. However, cliniQ's Greeter explained that many clients accessing the service disclose that they are "sofa surfing, attending chem-sex parties<sup>20</sup> as a housing alternative and/or are involved in transactional sex for a place to stay." This reflects the UK's 'hidden homeless' population, of which LGBTQ+ homeless young people are more likely to be part of<sup>21</sup>. cliniQ works in partnership with **Stonewall Housing** and **Galop** and staff have an understanding of the complex needs of their homeless clients.

cliniQ's Greeter reported that their homeless clients are more likely to be involved in relationships where their partners are exploitative, for example, a place to stay is often provided in exchange for sex. Homeless trans clients may find this option the preferable alternative to accessing mainstream homeless services where there is a gap in knowledge and understanding of LGBTQ+ client's needs,<sup>22</sup> as well as higher risk of discrimination.

**"Accessing cliniQ meant that I could interact with other trans people and just have a coffee and a chat with them while I waited."**

– St Mungo's client, LGBTQ+ pathway.

BAME<sup>23</sup> clients also face barriers around accessing support around sexual health<sup>24</sup>. **The Naz Project** specialises in supporting clients from BAME background and other intersections, for example LGBTQ+ BAME clients. Workers can ask their clients how important their BAME identity is to them and whether they would like to receive sexual health support that takes this into account.

### GOOD PRACTICE

**At Stonewall Housing's LGBTQ+ young person's hostel, staff keep condoms and LGBTQ+ specific sexual health information on site. Workers offer condoms to their clients on a regular basis and normalise the discussion by raising sexual health needs during key work sessions.**

**"There's always condoms, lube and information about HIV and STIs available. My key worker checks in about my sexual health needs, especially when I'm seeing more than one person."**

– St Mungo's client, LGBTQ+ pathway.

Refer to the **LGBTQ+ Couples and Relationships** section for more guidance on supporting LGBTQ+ clients and couples. Refer to the **Principles for Working with Couples** section for more guidance on supporting BAME clients and couples.

<sup>19</sup> <https://www.stonewall.org.uk/help-advice/glossary-terms>

<sup>20</sup> <https://www.changegrowlive.org/content/what-is-chemsex>

<sup>21</sup> London Assembly Housing Committee (2017) Hidden Homeless in London [https://www.london.gov.uk/sites/default/files/london\\_assembly\\_-\\_hidden\\_homelessness\\_report.pdf](https://www.london.gov.uk/sites/default/files/london_assembly_-_hidden_homelessness_report.pdf)

<sup>22</sup> The Outside Project (2019) Supporting LGBTIQ+ People in Homelessness Services <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>

<sup>23</sup> Black, Asian, and minority ethnic (used to refer to members of non-white communities in the UK).

<sup>24</sup> NAT (2014) HIV and Black African Communities in the UK <https://www.nat.org.uk/sites/default/files/publications/NAT-African-Communities-Report-June-2014-FINAL.pdf>

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## Reproductive health

If domestic abuse is occurring within the relationship, workers should consider that the perpetrator may be preventing their partner from accessing contraception, particularly when the survivor is able to conceive<sup>25</sup>. Refer to the **Domestic Abuse** section for further guidance.

Long-acting reversible contraception such as an implant or intra-uterine device may be more suitable for clients who are able to conceive as they are reliable for clients who have complex lifestyles. For more details about pregnancy, reproductive health and homelessness, see the **St Mungo's Pregnancy Toolkit**.

It is good practice to have condoms on site in services and to offer them to clients during key work sessions. However, in order to practice trans-inclusivity while supporting clients with reproductive health, workers should not assume the type of contraception a client may wish to access. For example, a trans man or non-binary person may also wish to access long-acting reversible contraception such as an implant or intra-uterine device. Workers can practice letting clients know that they can be supported to access a range of sexual health clinics, for example, "would you like any support to access contraception? We have condoms and dental dams available on site and I can support you to make an appointment at the local sexual health clinic or LGBTQ+ clinics for other forms of contraception." See Gendered Intelligence's **sexual health booklets** for more guidance on supporting trans clients around sexual and reproductive health.

### Good practice and recommendations:

#### Outreach and accommodation teams

- Accommodation and outreach managers to form partnerships with local NHS sexual health service in order to access condoms and sexual health information that can be offered to rough sleeping clients and clients using accommodation services in a private setting.

- Workers can liaise with specialist services, self-educate and attend events to gain understanding of the sexual health needs of couples with diverse identities and experiences, for example, LGBTQ+ clients.
- Not all specialist services will have an understanding of complex needs relating to homelessness but workers can liaise with specialist services to raise awareness about the needs of homeless couples and clients.

#### Commissioners

- Further funding for high need accommodation services to provide access to an onsite nurse on a weekly basis.
- Funding for homeless organisations to provide sexual health awareness training for client-facing staff.

#### Services

- **Find your local sexual health clinic**
- **cliniQ:** for trans and non-binary clients
- **The Naz Project:** for BAME clients
- **Terrence Higgins Trust:** specialists in HIV support
- **Well Woman Clinic:** for women-only sexual health services
- **Women at the Well:** support for women involved in transactional sex to access health services

<sup>25</sup> Clients who do not identify as female, for example, trans men and non-binary people, may also be able to conceive.

# Children

Many homeless couples have had their children removed and put into care which is often a traumatising and complex experience for both birth parents involved, particularly mothers.

Couples who were interviewed as well as workers who attended focus groups raised similar issues related to social services and how they treated couples and mothers.

They told us that social services would often show a lack of awareness about homelessness, **multiple disadvantage** and how the removal of a child with no follow up or mental health support for the birth parents could increase risks. These risks could be around self-harm, overdose and triggering a mental health crisis.

**“Social workers show a lack of empathy around rough sleeping experiences and don’t work with them as a couple. They only see the baby and not what the mother has gone through.”**

– St Mungo’s Outreach Worker.

**“We weren’t offered any support after our daughter was taken into care.”**

– St Mungo’s couple.

## Having children in the future

Some couples may wish to have children in the future and they may voice this to workers. It is important that this is taken seriously and not ignored. Workers can discuss a realistic timeline with their clients, particularly couples who are still in recovery or have yet to start, and talk about what they will need in order to start a family in a stable and safe way. This is a good opportunity to help the couple work towards a goal.

**“During a case review I mentioned that the couple wanted to try for a baby but the other professionals in the meeting laughed. I didn’t know what to say, I was so shocked at this reaction.”**

– St Mungo’s Outreach Manager.

## Good practice and recommendations:

### Outreach and accommodation teams

- If workers are supporting a couple or client who have had their child or children removed and transferred into care, ask them if they would like mental health support and include this information in any referrals with their consent. This may help to prioritise their case for mental health support.
- Mothers would benefit from a gendered approach to their mental health support, due to the impact of loss on the woman giving birth, and the propensity to more pregnancies to fill the loss of a child. For detailed guidance on homelessness and pregnancy, workers can refer to **The St Mungo’s Pregnancy Toolkit**.

### Organisations

- Services that specialise in supporting clients who have experienced homelessness, for example psychotherapy teams that are part of homeless charities, should consider offering couples counselling. St Mungo’s is currently working on opening up this channel for couples who are St Mungo’s clients. For safeguarding reasons, couples should only be referred to couples counselling if domestic abuse is not occurring in the relationship.

# Complex Trauma

Homeless people are likely to be experiencing mental health issues as well as other **multiple disadvantages**, typically resulting from historical and/or ongoing repeated experiences of complex trauma. Homeless Link's research on health and homelessness found that "80% of homeless respondents reported experiencing a mental health issue. Of these 45% reported having a diagnosis, which compares to 25% of people within the general population."<sup>26</sup>

Complex Trauma can result in the development of personality and pervasive behaviours commonly diagnosed as personality disorders. This is a diagnosis that is prevalent amongst homeless people<sup>27</sup>:

**“Personality disorder is the term used within mental health services to describe longstanding difficulties in how an individual thinks and feels about themselves and others, and consequently how they behave in relation to other people.”<sup>28</sup>**

## Challenges for couples

Complex Trauma and personality disorders, particularly **Emotionally Unstable Personality Disorder** (EUPD), also referred to as Borderline Personality Disorder; impacts the way relationships are formed and sustained. With regards to intimate relationships, those with EUPD tend to rely on learnt behaviours. This means that they are likely to have developed this behaviour due to experiencing childhood trauma, where they may appear to push their partners away whilst simultaneously fearing they will be abandoned by them. EUPD impacts a person's sense of self and identity, and they may rely on their partner's presence to provide an identity. This can result in a complex attachment to partners where they may spend most of their time together and are often highly

dependent on each other, particularly when both partners have EUPD and/or a personality disorder diagnosis:

**Individuals [with a personality disorder] are more likely to have feelings of shame and a lack trust in others which can have an impact on how they engage in relationships that are there to help and support them. They are also more likely to experience overwhelming emotions, have difficulties controlling fear and anger, and may have other mental health needs such as depression and anxiety.**<sup>29</sup>

Symptoms of EUPD are experienced on a spectrum which is not fixed and they may present themselves in a range of severity. If a person with EUPD is homeless and not receiving mental health support, their symptoms may be more acute and their relationships are likely to be less stable. This means that they may sit at the more severe end of the spectrum. However, with the right support and more opportunities to experience stability and access to appropriate accommodation, people with this diagnosis can develop positive relationships or experience more stability in their current relationship(s).

## Stigma

Workers should be mindful of the stigma attached to personality disorders and remember that their clients and couples are not defined by their diagnosis. People with EUPD are likely to have experienced rejection and judgement from others throughout their lives. They are likely to sense when people are responding to them in this way, particularly those who are there to support them. It is important that workers are patient, consistent and empathetic when supporting clients or couples with EUPD.

**“Personality disorder is also linked in the public mind with criminality and dangerousness; in fact, the majority of people with difficulties associated with personality disorder are not violent or criminal.”<sup>30</sup>**

<sup>26</sup> Homeless Link (2014) The Unhealthy State of Homelessness <https://www.homeless.org.uk/facts/our-research/all-research-reports/homelessness-and-health-research>

<sup>27</sup> Maguire, N.J., Johnson, R., Vostanis, P., Keats, H. and Remington, R.E. (2009) Homelessness and complex trauma: a review of the literature. Southampton, UK, University of Southampton

<sup>28</sup> <https://www.newhamscop.org.uk/wp-content/uploads/2016/11/Meeting-the-Challenge-Making-a-Difference.pdf>



## Supporting couples with EUPD

Workers have an opportunity to provide support and a sense of consistency to their clients with EUPD when working in homeless services. However, as stated by Homeless Link, “these complex and interrelated issues can be highly challenging for support services, even more so in the homelessness sector where most staff do not have clinical training.”<sup>31</sup> Supporting single clients with a personality disorder can be extremely challenging, particularly when they are not receiving support from mental health services.

### GOOD PRACTICE

**Lambeth’s Community Mental Health team offer Mentalisation training for hostel workers within the borough of Westminster. Mentalisation is understanding what is going on in your mind and using that to help you understand what is going on in other people’s. This is particularly helpful for workers supporting clients with EUPD as Mentalisation Based Therapy is often offered to those with EUPD who are also experiencing other multiple disadvantages.**

### GOOD PRACTICE

**Tower Hamlets outreach team refer their clients to an outreach psychotherapist who has supported clients to navigate their relationships with positive outcomes. If your team does not have access to an outreach psychotherapist, consider seeking funding for this.**

### Good practice and recommendations:

#### Outreach and accommodation teams

- As with any client, each partner should be supported to have their own referral made to their local mental health service. Workers can aim to start this process at the same time so both partners are on the same timeline, reducing the risk of sabotaging the other partner’s recovery.
- Managers should ensure their team are given relevant mental health awareness training and have the opportunity to discuss any challenges and frustrations during supervision sessions and/or team reflective practice.
- Services can work towards creating a Psychologically Informed Environment (PIE) for their clients and couples which may reduce triggers for clients with EUPD and other mental health problems. PIE services are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them, as well as the psychological needs of the staff that support them.
- Services can also support their workers to provide trauma informed care by following **No One Left Out’s** guidance: **Creating a Psychologically Informed Environment**. If the service is mixed or women only, managers can refer to guidance on trauma informed care for women: **Engaging with complexity: Providing effective trauma-informed care for women**.

29 Homeless Link (2017) An introduction to Psychologically Informed Environments and Trauma Informed Care [https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017_0.pdf)

30 Emergence (2014) Meeting the Challenge, Making a Difference <https://s16878.pcdn.co/wp-content/uploads/2014/09/Meeting-The-Challenge-Making-a-Difference-Practitioner-Guide.pdf>

31 Homeless Link (2017) An introduction to Psychologically Informed Environments and Trauma Informed Care [https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017_0.pdf)

## Commissioners

- Psychotherapists from SLam in Westminster carry out regular Couples Reflective Practice sessions for hostel workers across the borough. This provides an opportunity to discuss the challenges when working with couples in a safe and supportive space for staff. Couples Reflective Practice should be made available to all London boroughs using Westminster/ SLam's model.
- Roll out Mentalisation<sup>32</sup> training for hostel and outreach staff to all London boroughs using SLam's model.
- Hostel and Rough Sleeping Commissioners to work in partnership by ensuring their services are psychologically informed and trauma informed.

- Hostel and Rough Sleeping Commissioners to follow the **Make Every Adult Matter** model when supporting clients with multiple disadvantages by ensuring statutory and voluntary agencies in their borough are coordinating their interventions together to ensure the needs of clients are being met whilst reducing the cost of crisis services.

## Organisations

- Homeless organisations to create partnerships with couples/relationship counselling services to provide a service based on the needs of couples with multiple disadvantages. For safeguarding reasons, couples should only be referred to couples counselling if domestic abuse is not occurring in the relationship.

<sup>32</sup> Mentalization is understanding what is going on in your mind and using that to help you understand what is going on in other people's. This is particularly helpful for workers supporting clients with EUPD as Mentalization Based Therapy is often offered to those with EUPD who are also experiencing other multiple disadvantages.

<sup>33</sup> <http://meam.org.uk/multiple-needs-and-exclusions/>

# Drug and Alcohol Use

Problematic drug and alcohol use is a common health issue for homeless people and is part of a range of multiple disadvantages experienced by homeless people including mental ill health. It is estimated that 58,000 people face problems of homelessness, substance misuse and offending in any one year.<sup>33</sup>

If clients are experiencing multiple disadvantages and are in need of drug and alcohol treatment they will often face barriers in accessing health services as they “tend to be known to everyone, but often are served by no one as they are perceived to be ‘hard to reach.’” In addition to this, clients may face additional barriers in accessing support due to the health inequalities faced by women and clients who identify under minority identities:

**Women are under-represented in these figures, but despite this, face significant and distinct challenges which need to be met. Similarly, people from Black, Asian and minority ethnic communities experience a range of social inequalities which contribute to their experience of multiple disadvantage.<sup>34</sup>**

## Challenges for couples

Since single clients often face these barriers and inequalities and require further support to access health services, homeless couples who require substance use support and treatment often face an additional barrier. Navigating the health system as a homeless couple with multiple disadvantages requires flexibility from services. Often, drug and alcohol services do not meet the needs of homeless couples due to this inflexibility, lack of multi-agency work and the assumptions made about the relationship.

## The impact

Outreach and accommodation workers reported that the majority of the couples they were supporting were co-dependent<sup>35</sup> around drug and alcohol use, particularly when rough sleeping. Couples who are ready to seek support around their substance use often request to start treatment at the same time and/or enter rehabilitation facilities in the same service. Offering separate treatment timelines and services can seem beneficial when considering co-dependency, but is often counter-productive as many couples tend to abandon treatment in these cases.

**“We were told that we could start rehab at the same time but in different buildings, male and female. At the last minute they said they couldn’t get my partner in and that he had to go to a different service miles away. It was easier to walk out but if he was also in rehab I wouldn’t have left.”**

– St Mungo’s client.

<sup>34</sup> <http://meam.org.uk/multiple-needs-and-exclusions/>

<sup>35</sup> Excessive emotional or psychological reliance on a partner, typically one who requires support on account of an illness or addiction.

## GOOD PRACTICE

**Reset Treatment and Recovery Support Services** in Tower Hamlets support homeless couples flexibly with a person-centred and holistic approach. Both partners can arrive together and are assessed separately for substance use treatment and receive a health check for blood borne viruses. Depending on the assessment, both partners will often be given a prescription for treatment. Once both partners are stabilised and ready to start rehabilitation, the application for funding will begin. Separate and joint support sessions are offered by Reset during the waiting time. Couples are referred to the same rehabilitation service but stay in separate houses. If the couple are the same gender, facilities will often have multiple houses for same gender so they will be placed in separate houses.

**“Co-dependency adds a lot of complications to client recovery which can be challenging for services.”**  
– St Mungo’s Complex Needs Manager.

workers can familiarise themselves with **NICE guidance** which states that “secondary care mental health services should not exclude people with severe mental illness because of their substance misuse”<sup>36</sup> in order to challenge any mental health support rejections.

## Organisations

- Drug and alcohol services across all boroughs to follow a flexible approach to supporting couples and develop a couples’ policy within their service.

## Services and resources

- **Antidote at London Friend:** LGBTQ+ Drug and Alcohol support
- **EACH Counselling Service:** BAME and Women’s Drug and Alcohol support specialists
- Homeless Link guidance: **Working with People Who Use Drugs**
- For further guidance on how to advocate for your client or couple around health inequalities, refer to the **Principles for Working with Couples** section.

## Good practice and recommendations:

### Outreach and accommodation teams

- Drug and alcohol key workers associated with both partners to attend regular ‘Team around Me’ style couples case reviews with other key workers: hostel key worker, in/Outreach worker, mental health worker, physical health practitioners etc. This puts multi-agency work into practice and can help to coordinate care and share information in an effective way.
- Often drug and alcohol use is a coping mechanism related to ill mental health and both are part of a range of multiple disadvantages. Outreach and accommodation

<sup>36</sup> <https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-community-health-and-social-care-services-pdf-1837520014021>

<sup>37</sup> <http://www.homelesspalliativecare.com/overview-and-faqs/>

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# End of Life and Bereavement

People who are homeless or vulnerably housed are at higher risk of health problems and on average die 30 years younger than the general population. The deaths of homeless people are often perceived as “sudden, untimely and undignified and can be very traumatic for all involved”.<sup>37</sup>

## Challenges for couples

Homeless couples are more likely to experience the loss of their partner and support their partner or each other through end of life care. This puts those who are often already dealing with multiple disadvantages such as ill mental health and problematic substance use, in an extremely vulnerable position.

Additionally, as stated in the **Homeless Palliative Care Toolkit**, “hostel and day centre staff are often left to support people who are very unwell, even when they have high care needs, due to a lack of suitable alternative places to live.” With regards to couples, workers will often be expected to juggle this with supporting their partner through a traumatic time and, in many cases, bereavement.

## The impact

St Mungo’s Palliative Care Coordinator explained the complexities around co-dependent couples where problematic substance use has caused high risk illness. In these cases, clients may not tell their partners that continuing to use drugs and/or alcohol will worsen their health significantly and the partner may continue to supply and use substances with them. This behaviour can potentially be seen as providing support for pain relief in some capacity and the partner may perceive their actions as helpful and caring, not malicious or inconsiderate. Due to GDPR laws, workers are unable to disclose the details of the client’s illness to their partner without the client’s consent.

There are also cases where both partners will be aware of the risks around drug and alcohol use but due to co-dependency and non-engagement with support around this, the couple may continue to use in spite of this. Both cases can leave workers feeling frustrated and it can be a

traumatic experience for them to witness. In response to this, managers can carry out more supervision sessions for workers who are supporting clients and couples in these cases and organise reflective practice sessions for their team.

The **Homeless Palliative Care Toolkit** includes further guidance and advice around supporting teams with end of life care and bereavement.

## Bereavement

St Mungo’s Palliative Care Coordinator discussed cases where bereaved partners started to engage in more risky behaviour after their partner died which often has led time in prison and/or heavier drug and alcohol use.

Workers should be mindful of the vulnerable position a bereaved partner will be in, and take their specific needs into consideration. For example, if the partner is using drugs and alcohol, this intake may increase and measurements can be put in place to manage this, such as welfare checks and regular key work sessions. The partner’s support plan should be updated to reflect the bereavement, and explain what will be put in place to manage possible changes in behaviour, vulnerability and the risks associated with them.

**“I was rough sleeping for eight years, then I met someone and we fell in love. He passed away about a year and a half ago and I was with him for 20 years. All of a sudden he fell really ill and he was told he had cancer. The thing was, I introduced him to harder drugs which made him ill so I have to carry that. We were both supported by the same drug and alcohol service but we didn’t go to the joint meetings they offered us because we weren’t ready to quit. After he died I became high risk again. I was on the streets and I started a new relationship with someone and she got me to help her with a burglary and I got caught. I was in prison for six months and after I was released I was using and rough sleeping for four days until I followed up a St Mungo’s offer. I feel more settled here and I’ve been offered bereavement counselling. My previous partner is buried at the cemetery down the road from here so I get to visit him a lot.”**

– St Mungo’s client.

## Grief

**“They don’t stop being a couple once a partner has passed away.”**

– St Mungo’s Palliative Care Coordinator.

A client’s experience of grief is likely to be impacted by the significance and nature of the loss as well as the environment a client is living in. Bereaved clients may reflect on their behaviour in the relationship after their

partner has died in ways that they were unable to while their partner was alive. Workers will need to be prepared for this and can offer a non-judgemental space for clients to reflect through structured key work sessions and referrals to bereavement services if the client is ready.

St Mungo’s Palliative Care Team gave examples of couples where one partner is bereaved and there is a lack of emotional support from their partner around this loss. Often, this is due to the partner’s own experience of loss and/or mental health problems that they are dealing with.

Information regarding a death cannot be disclosed to a partner until the end of an investigation and public health funerals can take a long time to arrange, which is distressing for bereaved partners.

The **Homeless Palliative Care Toolkit** provides detailed guidance around key working skills and supporting clients through grief and a bereavement.

## Good practice and recommendations:

### Outreach and accommodation teams

- Managers and workers can familiarise themselves with the advice and guidance in the **Homeless Palliative Care Toolkit**.
- Managers to ensure at least one team member has received face to face bereavement training for key workers.
- Managers to liaise with their organisation’s Palliative Care Service for advice and guidance around supporting clients through palliative/end of life care and bereavement and loss.
- Managers to consider the complexities of supporting couples through end of life care and/or bereavement by ensuring workers are receiving structured support around this process.

# Domestic Abuse

This section can be used for guidance when domestic abuse has been suspected or identified in a relationship and the survivor of the abuse has not asked to be separated from the main perpetrator. If you are supporting a survivor of domestic abuse and they wish to separate from the perpetrator, refer to your organisation's domestic abuse and safeguarding policies to support the survivor to move to appropriate accommodation.

## Definition of domestic abuse

Domestic abuse is defined as any incident, or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include but is not limited to psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence; female genital mutilation (FGM) and forced marriage when these are perpetrated by partners, ex-partners or family members. Domestic abuse, particularly between partners, is characterised by coercive and controlling behaviour in a relationship where the perpetrator exerts power over the survivor – this can range from subtle to extreme behaviour and causes significant trauma to domestic abuse survivors in any case.<sup>38</sup>

Domestic abuse is a gendered crime and affects women disproportionately. Women are more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death.<sup>39</sup>

## Domestic abuse and homelessness

Homeless people are likely to have experienced childhood trauma as well as continued cycles of trauma into adulthood.<sup>40</sup> This experience may negatively impact self-esteem, a sense of self and feelings of autonomy. For homeless couples, particularly homeless women who are in relationships with men<sup>41</sup>, this can leave them vulnerable to being targeted by abusive and exploitative

partners. Often survivors have a lack of healthy relationship models; domestic abuse survivors do not choose to be with abusive partners and do not choose to be abused.

The effects of abuse can also leave workers frustrated and anxious as well as causing vicarious trauma through supporting clients that are being abused by their partners and supporting clients that are perpetrators:

**“It frustrates the life out of me and as a man you just want to dive in and protect someone [who is a victim/survivor of domestic abuse]. It comes down to trying to support them.”**  
– St Mungo's Outreach Manager.

**“You can have everything in place - safeguarding alert, MARAC - but you still go home with that worry in your chest thinking something's going to happen.”**  
– St Mungo's Outreach Manager.

<sup>38</sup> <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

<sup>39</sup> <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>

<sup>40</sup> No One Left Out: Solutions Ltd for Westminster City Council (2015) Psychologically Informed Environments <https://www.homeless.org.uk/sites/default/files/site-attachments/Creating%20a%20Psychologically%20Informed%20Environment%20-%202015.pdf>

<sup>41</sup> Brighton Women's Centre (2018) Couples First? <https://www.commonwealhousing.org.uk/static/uploads/2018/12/Couples-First-Brighton-Womens-Centre.pdf>

## Supporting staff

A survivor's key worker may be the first person in their lives to show consistency around care and support. They do this by helping the client to gradually trust their worker who may be in a good position to support them around domestic abuse. During this time, the worker may see their client repeatedly entering abusive relationships which may cause vicarious trauma. It is therefore vital that workers are offered regular clinical supervision sessions and managers follow the organisation's trauma pathway.<sup>42</sup> Since many workers may have lived experience of domestic abuse, including witnessing domestic abuse in childhood and adolescence, organising regular clinical supervision sessions can also ensure personal experiences do not prevent a professional response from workers.

**“If you’ve experienced abuse in your life it can be really triggering. Replaying the things that have happened in your family and to you. I always focus on improving someone’s situation so they are empowered to make more beneficial choices to help them feel that they can invest in a healthier relationship. They need the space to do that.”**

– St Mungo’s Outreach Manager.

## GOOD PRACTICE

**Psychotherapists from SLam in Westminster carry out regular Couples Reflective Practice sessions for hostel workers across the borough. This provides an opportunity to discuss the challenges when working with couples in a safe and supportive space for staff.**

## Managing domestic abuse

Evidence from cases across London shows that homeless survivors of domestic abuse who wish to stay with their partner are more likely to abandon their place in accommodation if they are separated from their partner. This is especially the case if they are moved to accommodation with a no visitors policy. If the perpetrator is rough sleeping or in accommodation that is unstaffed, incidents of abuse are less likely to be witnessed and therefore reported. This also heightens the risk of serious injury and homicide.

## Domestic abuse, culture and beliefs

A client's culture and/or beliefs do not justify controlling, coercive or abusive behaviour in their relationships. Survivors experiencing domestic abuse within this dynamic may benefit from receiving support from identity responsive domestic abuse services in addition to support from workers and statutory services: **Directory of Domestic Abuse Services**. Workers can also call these services for advice on how to best support the survivor. This may be useful in cases where the survivor does not share the same culture as the perpetrator:

<sup>42</sup> <https://cdn.mentalhealthatwork.org.uk/wp-content/uploads/2019/07/30101914/SM-Pathway-for-staff-exposed-to-a-traumatic-incident-at-work-FINAL.pdf>



## Good practice and recommendations:

### Outreach and accommodation teams

- We recommend that rough sleeping couples where abuse has been identified are housed in high need hostels with 24 hour staff and in separate rooms that are in different parts of the building. Cases have shown that the survivor will tend to spend most of their time in their partner's room but this arrangement gives the survivor their own space if they wish to access it. If a positive risk has been taken to house a couple in the same accommodation, ensure that the organisation's safeguarding lead and regional head have been informed of this decision.
- If incidents of abuse are suspected by staff or reported by other residents, try to speak with the survivor after the incident in private and at a time that is safe for them. At this point, a trained member of staff can complete a **DASH RIC assessment** with the survivor or use their own judgement to complete one. Do not speak to the suspected perpetrator about these suspicions and do not speak with both partners to 'mediate' the situation.
- As with any violent incident that is witnessed by staff, workers should call 999, report it to the police and follow their organisation's safeguarding procedure. Workers can make a third party report to the police if the survivor does not want any action taken but has consented to there being a police record of the incident.
- All abusive incidents, whether suspected or witnessed, should be logged and kept up to date. The perpetrator's key worker should not share any information about the survivor with them. Each partner's respective key worker should be in regular communication as this helps to reduce and manage risk. **Workers can call the Respect Phonenumber for key workers for specialist support: 0808 802 4040 (Monday-Friday 9am-5pm), email [info@respectphonenumber.org.uk](mailto:info@respectphonenumber.org.uk) or refer to [Respect's page for client-facing workers](#).**

- This Responding to Domestic Abuse Chart can be printed and displayed in staff areas.

### Organisations and commissioners

- All client-facing staff should receive face to face domestic abuse training to recognise the signs of domestic abuse and understand the dynamics of abuse.
- All client-facing staff should be trained in how to carry out a **DASH RIC assessment**.
- All staff working in mixed gender high need accommodation to receive trauma-based training for working with disadvantaged women. This is good practice from a mixed St Mungo's hostel in Camden, who have gained positive outcomes for their female clients with complex needs, particularly those who are navigating relationships.

**“We record incidents of suspected domestic abuse and we will always make third party reports as we have a duty of care. One couple both used the same drug and alcohol centre and their workers said there wasn't enough evidence of domestic abuse and seemed to take the perpetrator's side. The police confirmed there had been previous third party reports made before the survivor came to us. Third party reports can be helpful for the future.”**

– St Mungo's Hostel Manager.

## Housing First

Housing First accommodation is not staffed and allows visitors but will often accommodate survivors and suspected perpetrators of domestic abuse. Therefore, workers will rely on reports from their clients, other residents and their own skills, in identifying signs of domestic abuse. Housing First workers can still follow the guidance above but should ensure that the safeguarding lead and regional head of their organisation are aware of the challenges in monitoring domestic abuse. All Housing First workers should receive domestic abuse training to recognise the signs of domestic abuse and understand the dynamics of abuse.

## DASH RIC assessment

All workers should be trained in how to carry out a **DASH RIC assessment** and complete this with the survivor if they are willing to engage. The DASH RIC can be completed using the worker's own assessment of the situation which is useful for cases where the survivor is not engaging. Once completed, the assessment can be sent to the local authority's Multi Agency Risk Assessment Conference (MARAC) administrator.

## What to expect from a MARAC meeting

### MARAC cases

Most of the feedback regarding MARAC meetings for homeless survivors has been positive. However, there is some evidence of MARAC representatives dismissing cases where the domestic abuse survivor is homeless and has complex needs. It is important to bear in mind that MARAC's interventions are non-statutory, so adherence to best practice often varies from borough to borough.

**A St Mungo's service manager attended their first MARAC meeting to represent their client when the case was raised. The Chair of the meeting (a police representative) asked if the client was using substances and when confirmed that they were, it immediately dismissed the case.**

## GOOD PRACTICE

**The Green Room in Westminster employs a Homeless and Multiple Disadvantage Representative who carries out case research and attends MARAC meetings where the survivor is using homeless services in the borough. It is recommended that this role is standardised across boroughs to ensure homeless survivors' needs are understood.**

## Independent Domestic Violence Advocates (IDVAs)

A survivor who is rough sleeping or homeless will require person-centred risk assessments from their local authority's **Independent Domestic Violence Advocates (IDVAs)** to account for the environment they are living in. For example, a rough sleeping couple who are street-based versus a couple living in a hostel. Workers can meet with IDVAs before they start supporting the survivor to ensure they understand the specific needs of homeless survivors. The survivor's key worker should be present during meetings between the survivor and their IDVA to provide support and further advocacy.

**“MARACs don’t work for rough sleepers in general. The IDVA’s safety plan is about whether knives are kept in a knife block - how is this relevant to our clients who are rough sleeping? They won’t come out and see someone as they say there’s too much risk seeing them together even though they’re a couple together on the streets. The service claims the survivor is ‘not ready’. Solace’s Outreach IDVA was great as she understood the complexities of domestic abuse for our clients but she left quickly and it’s gone back to the way it was before.”**

– St Mungo’s Outreach Manager.

## Mutual abuse

Many workers have fed back about cases of 'mutual' domestic abuse where both partners appear to be perpetrators and victims. Mutual domestic abuse, where both or all partners are using controlling and coercive behaviour, is very rare. There will almost always be an imbalance of power between the primary perpetrator and the survivor.

Treating a perpetrator as if they are a survivor is harmful and dangerous because it offers the perpetrator opportunities to further control the survivor. Perpetrators may try and manipulate services into believing they are experiencing abuse in order to further isolate and stigmatise the survivor. Where there are mutual allegations of abuse it is important to gain a realistic understanding of power and control dynamics within the relationship to

identify which party is at higher risk of serious harm. In some cases survivors may use violence against their partner in self-defence, or as a reaction of frustration. This is called violent resistance. In violent resistance, the survivor uses violence, but not as part of a pattern of coercive, controlling behaviour. This often leads to a whole history of abuse and current abuse being dismissed as a “toxic relationship” rather than recognised as a pattern of extensive and continuous abuse.

## Good practice and recommendations:

### Outreach and accommodation teams

- Workers can call the Respect Phonenumber for key workers for specialist support: **0808 802 4040** (Monday-Friday 9am-5pm), email **[info@respectphoneline.org.uk](mailto:info@respectphoneline.org.uk)** or refer to **[Respect’s page for client-facing workers](#)**.
- It is advised that the main perpetrator is identified and the survivor is referred to MARAC once both partners are assessed. If the main survivor is male, a male or LGBTQ+ IDVA can be requested and **[Respect’s guidance on supporting male survivors](#)** can be referred to.
- If the perpetrator is also a client living in the same accommodation, they should be supported separately from the survivor. The survivor may not want to leave the perpetrator; however, this will give the survivor an opportunity to safely disclose any abuse and receive appropriate support.

## Unhealthy vs abusive

Workers should be mindful of making assumptions about suspected controlling behaviour as many couples would have been rough sleeping for long periods of time, often for several years. A comment or gesture that appears to be controlling is not always a sign of domestic abuse but may be a way of communicating that has become unhealthy when the couple have relied on each other for sole safety and support on the streets as well as having to deal with daily stressors together. If any controlling behaviour becomes more alarming once the couple have been receiving individual and joint support in accommodation, workers should monitor and record this.

### Case Study

Anna has been with her partner for ten years of which five have been spent rough sleeping together. Anna and her partner were placed in separate rooms at a hostel for 18 months and they were not offered a shared flat that other couples were moved to. Anna felt that an assumption was made that her partner was controlling but this was never raised with her as she didn't feel comfortable having separate key work sessions away from her partner since they did everything together and there was nothing she couldn't say in front of him and vice versa. Anna asks that hostel staff understand each couple is unique and to work flexibly around them and listen to them. Anna said it was challenging enough for her and her partner to deal with the stigma of homelessness and using substances, so feeling that workers assumed her partner was abusive made it even more difficult to trust that they weren't being judged. Anna and her partner have been living together in a St Mungo's semi-independent flat for the last three years and have felt more listened to and respected as both individuals and as a couple.

## LGBTQ+ survivors

**“A lot of trans people have been abused by partners, friends, family members and society.”**

– St Mungo's client, LGBTQ+ pathway.

**Galop's** report evidences that LGBTQ+ people experience and share similar types of domestic abuse as their heterosexual cisgender peers, however LGBTQ+ survivors are by and large invisible in the mainstream support system. In addition, there are still significant barriers LGBTQ+ survivors face with regard to accessing refuges and mainstream services.<sup>43</sup>

Adding homelessness to the equation means that LGBTQ+ homeless survivors of domestic abuse are even less likely to be identified and supported. For guidance on how to safely identify LGBTQ+ and same gender homeless couples, please refer to the **LGBTQ+ Couples and Relationships** section and follow the guidance on asking questions about sexuality and gender.

**“My ex-boyfriend sussed out when my disability benefit payments would come through and he would call me non-stop at all hours of the day asking me for money. If I said no he would tell me I was weak. I felt bad because he said he didn't have money for food. He was a drinker with a chronic illness and he would use those things as a weapon to manipulate me. When I tried to break up with him, he threatened suicide.”**

– St Mungo's client.

<sup>43</sup> Galop (2018) LGBTQ+ People's Experiences of Domestic Abuse ([http://www.galop.org.uk/wp-content/uploads/Galop\\_domestic-abuse-03a-low-res-1.pdf](http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf))

The signs of domestic abuse may differ from heterosexual and/or cisgender homeless couples depending on the identities and intersections of identity the survivor has. For example, the perpetrator may use the survivor's immigration status to control them if they know the survivor fled their country of origin due to homophobic and/or transphobic violence. The **LGBTQ+ Power and Control Wheel** shows the specific signs of domestic abuse within LGBTQ+ relationships.

### Good practice and recommendations:

#### Outreach and accommodation teams

- Where possible workers should follow the guidance and recommendations on monitoring domestic abuse in accommodation, see above. However they should ask if the couple would like to be housed in the LGBTQ+ housing pathway, if the survivor wants to stay with their partner. Workers in a specialised pathway are more likely to be trained and aware of how domestic abuse impacts LGBTQ+ homeless survivors. However, it is also the responsibility of mainstream accommodation and Outreach workers to educate themselves on this as many LGBTQ+ clients may not be 'out' or they may prefer to live in mainstream accommodation.
- Workers should also bear in mind that housing female clients in female only services may not be appropriate or safe if they have experience of surviving domestic abuse where the perpetrator was a woman.
- **The LGBT Foundation** provides LGBTQ+ awareness training for IDVAs and **SafeLives** provides support around attending MARACs where the survivor is LGBTQ+. Workers can also get in touch with **Galop** who provide confidential and independent advice and support for LGBTQ+ people who have experienced sexual assault, abuse or violence.
- **Stonewall Housing's report** on their accommodation based domestic abuse support team can be referred to for further guidance and case studies.

#### Commissioners

- There is only one LGBTQ+ Multiple Disadvantage IDVA based in London and in order to effectively support homeless LGBTQ+ survivors, it is recommended that commissioning bodies fund more positions in London and across the UK. Mainstream IDVAs can support clients in these cases but not all will understand the needs of homeless LGBTQ+ survivors.

#### Specialist domestic abuse services

Depending on their identity, some survivors may find that mainstream domestic abuse support services may not be able to meet all their needs. If the survivor starts to engage with support around domestic abuse, ask them if they would also like to be referred to specialist services such as services for BAME women, LGBTQ+ women, LGBTQ+ people, and male survivors and explain why this could be beneficial to them. Workers can use the services directory and refer to the **Principles for Working with Couples** section for further details on intersectionality:

#### **Directory of Domestic Abuse Services**

**“My key worker and my Galop caseworker helped me to re-build my self-esteem during a really difficult time in my life.”**

– St Mungo's client, LGBTQ+ pathway.

# LGBTQ+ Couples and Relationships

Currently, **The Outside Project** is the only LGBTQ+ specific shelter that accepts referrals for couples by providing two self-contained rooms for homeless couples. However, **Stonewall Housing and St Mungo's LGBTQ+ pathway** often house LGBTQ+ clients who are in relationships and partners will stay with clients a few nights a week, depending on the service. There is a clear need for an LGBTQ+ couples pathways within the LGBTQ+ homeless pathway if they wish to be housed together.

**“If I became homeless with my partner, I would want to be housed within the LGBTQ+ pathway together.”**  
– St Mungo's client, LGBTQ+ pathway.

## Asking the right questions

As stated in the **Data and Visibility** section of the toolkit, in order to safely identify LGBTQ+ clients and couples on their own terms, the confidence and ability to ask the right questions is needed in order to present the appropriate pathway options. For example, an LGBTQ+ couple may wish to be housed within the LGBTQ+ pathway connection or a mainstream housing pathway but workers will need to be able to determine whether they identify as LGBTQ+.

It is also important to note that clients living in same gender hostels may be sharing sexual and intimate encounters with other residents of the same gender and may not identify as lesbian, gay or bisexual. Some clients may be men who have sex with men (MSM) or women who have sex with women (WSW). If staff have picked up on this, workers can check in by asking open questions about their relationships at the moment rather than directly asking if they are in a relationship with the other client. This is also a good opportunity to ask if the client needs access to contraception, refer to the **Sexual and Reproductive Health** section for guidance.

## Relationships

LGBTQ+ couples and clients experience relationships in varied ways, similar to their heterosexual, cisgender counterparts. The good practice examples throughout this toolkit can be applied to any couple. It is, however, important that workers are aware of how homelessness and other experiences of **multiple disadvantage** can be more challenging for LGBTQ+ clients. This is because they are likely also dealing with discrimination and other inequalities due to homophobia and/or transphobia in addition to this, and will need workers who can advocate for them.

Many LGBTQ+ clients are made homeless because of homophobia and/or transphobia from family members and friends they have been living with. An LGBTQ+ couple are likely to be supporting each other through shared, likely traumatic, experiences. If workers are understanding of this, it can ensure that LGBTQ+ couples and clients engage with support since they are more likely to trust that staff are educated and aware of their needs. It is important to recognise that each LGBTQ+ client or couple is unique and this recognition allows for a person-centred approach to support.

**“Key workers need to be trained in talking about relationships without coming across as nosy and understand that every client's experience is unique.”**

– St Mungo's client, LGBTQ+ pathway.

**“I would like a healthy relationship where we're learning from each other. My ideal partner would be supportive around my disability and what I have to go through as a Black, gay man. Unity is strength and with unity we can overcome any obstacle together.”**

– St Mungo's client.

## Good practice and recommendations:

### Outreach and accommodation teams

- Workers can explain how housing pathways work with their clients and let them know the LGBTQ+ pathway exists, no matter whether the client is 'out'. This practice also normalises LGBTQ+ identities. Some LGBTQ+ couples and clients may not wish to disclose their identity so it is important for workers to check in regularly about a client's demographics. The **Asking Personal Questions Prompt Sheet** has been created which covers sexuality, gender identity and asking questions about relationships. The questions about sexuality and gender identity have been adapted from The Outside Project's guidance who also worked in partnership with Stonewall Housing.
- **cliniQ** is for trans and non-binary clients and couples. cliniQ offers couples counselling for this client group and has an understanding of the needs of homeless trans and non-binary clients. For safeguarding reasons, couples should only be referred to couples counselling if domestic abuse is not occurring in the relationship.
- Workers can refer to the Outside Project's **Supporting LGBTIQ+ People in Homelessness Services** report for further guidance on supporting LGBTQ+ homeless clients.
- Further LGBTQ+ specific and identity responsive services have been included throughout this toolkit and can be referred to by specific support need: **Sexual and Reproductive Health, Domestic Abuse, Drug and Alcohol Use** and **Principles for Working with Couples**.

### Self-education

Since LGBTQ+ couples form within services and some LGBTQ+ client may prefer mainstream services, it is every worker's responsibility to understand LGBTQ+ clients' and couples' needs. Workers should be mindful about relying on 'out' LGBTQ+ workers to educate them as there is plenty of research and guidance out there for workers

to self-educate with. Workers cannot assume that an LGBTQ+ client or couple will prefer an LGBTQ+ worker – clients should be asked about their preferences and listened to.

Workers can refer to **Stonewall's Glossary of Terms** for definitions of LGBTQ+ identities.

**“My key worker asks me how my relationships are going. If I'm using dating apps, they'll ask me how that's going to make sure I'm safe.”**  
– St Mungo's client, LGBTQ+ pathway.

### Pride

Celebrating Pride in services and displaying flags, posters, support services, **positive role models** and other communications related to the LGBTQ+ community all year round will help LGBTQ+ couples and clients to feel valued. The Outside Project's Supporting LGBTIQ+ People in Homelessness Services guidance provides further recommendations:

Create LGBTIQ+ staff and client forums and groups. Recognise the community on a regular basis, not just LGBTIQ+ History Month and Pride season, especially those who are further marginalised, the trans, bisexual & intersex community:

- Trans Day of Remembrance, remembering all trans people who have been murdered over the past year – 20th November.
- Bisexual Visibility Day – 23rd September.
- Intersex Awareness – 26th October.

Introduce simple, small things such as wearing yellow and purple on Intersex Awareness day and discussing why this is important with people in your service.<sup>44</sup>

<sup>44</sup> The Outside Project (2019) Supporting LGBTIQ+ People in Homelessness Services <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>

# Rough Sleeping Romanian National Couples

In response to the high number of rough sleeping Romanian Nationals, St Mungo's will be publishing a Supporting Romanian Nationals toolkit in 2020. This section has been created in collaboration with St Mungo's EEA Coordinator; Georgiana Choak and St Mungo's Tower Hamlets Outreach Worker; Darius Pantea.

One of the main assets of Romanian culture is the strength and loyalty within relationships, whether they are friendships, familial relationships or couples.

Romanian nationals of Roma ethnicity and culture tend to stay in groups and create a small tight-knit community around them which, when street homeless, will often translate into rough sleeping in groups on the streets. Outreach teams, as is usual practice with any large group of people, will need to adapt their approach to support due to the group dynamic. Workers can identify and communicate with the person who represents and speaks for the group, for Roma rough sleepers, this person will usually be a man.

## Good practice and recommendations:

### Outreach teams

- Couples that are part of a group are more likely to be men and women/ heterosexual and, similarly to the group dynamic, the man in the relationship will initially speak for their female partner. A female worker, preferably a Romanian speaker, should be allocated to the female partner.
- Rough sleeping non-Roma Romanian Nationals usually to stay in small groups of men so couples tend to rough sleep separately from these groups as a pair. They are likely to be in heterosexual relationships and the female partner should be allocated to a female worker.
- Approaching support from a health perspective has been an effective way of supporting rough sleeping Romanian Nationals. This good practice has come from St Mungo's outreach team in Westminster where the majority of rough sleeping Romanian Nationals are located in the UK.
- This practice should also be followed when supporting couples as once trust is established, cases show that couples are more likely to agree to have a separate health check. Romanian women should have a female

and, preferably, Romanian and/or Roma speaker present to advocate for them during reproductive and sexual health checks where possible.

- Due to the dynamic between heterosexual Romanian couples of Roma ethnicity where it is likely the male partner will initially speak for the female partner, it is important that non-Romanian workers are aware of their own unconscious bias and do not automatically assume the female partner is being controlled or coerced by their male partner. Once a rapport is built with the female partner, their workers can proceed with a person-centred assessment of the female partner's safety, as they would with any client. If the worker suspects **domestic abuse**, refer to the Domestic Abuse section of this toolkit for guidance.

## Gender equality in Romania

Although gender equality in Romania is slowly progressing<sup>45</sup>, "the gender division of time dedicated to care activities has become more unequal" where "75% of women compared to 41% of men do cooking and housework every day for at least 1 hour." Gaps in gender equality are likely to be wider when supporting couples who have migrated from rural areas in Romania when compared to those who are from more metropolitan cities.

## Domestic abuse in Romania

In 2017, Eurostat's data showed that Romania and Northern Ireland shared the highest level of murder committed by a partner in Europe<sup>46</sup>. During Romania's communist rule, domestic abuse was largely ignored by the Romanian government which contributes to this alarming current statistic. In 2016, Romania ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

Unlike Roma culture, a non-Roma Romanian male partner speaking for their female partner is likely to be a sign of controlling and coercive behaviour and, as with any client, workers should proceed with an assessment of the suspected survivor's safety. If the worker suspects domestic abuse is taking place, refer to the **Domestic Abuse** section of this toolkit for further guidance.



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## LGBTQ+ Romanian Nationals

LGBTQ+ homeless Romanian Nationals and couples that are 'out' are less likely to be part of a group due to the cultural stigma around LGBTQ+ identities. Similarly to LGBTQ+ homeless people in general, LGBTQ+ Romanian Nationals will be at higher risk of substance use and mental health issues due to discrimination. In addition to this, LGBTQ+ Romanian Nationals and couples are more likely to be vulnerable to experiences of homophobia and/or transphobia from members of the Romanian community as well other members of the public, alongside experiences of xenophobia from members of the UK LGBTQ+ community.

Unfortunately, there are no Romanian specific LGBTQ+ services in London but if the client is of Roma ethnicity, they can be referred to **LGBTQ+ BAME specialist services** if this is what they would prefer.

## Good practice and recommendations:

### Outreach teams

- In order to support couples from this background to spend time with other members of the community, workers can organise group sessions in partnership with Romanian cultural centres. Romanian women may benefit from attending a Romanian women's group, for example. Similarly, workers can signpost their clients to Romanian churches if their clients are of faith and have expressed that this is an important part of their identity.
- Non-Romanian workers can use multi-agency partnerships as an opportunity to self-educate on Romanian culture and create links with the Romanian community who may be able to team up with homeless organisations regarding the housing crisis that Romanian Nationals face.

## Commissioners

- Funding for accommodation services that house and support Romanian Nationals and couples that have no recourse to public funds, particularly in Westminster.
- Further awareness and understanding of the needs of LGBTQ+ Romanian Nationals and couples.
- Funding for accommodation services that house and support LGBTQ+ Romanian Nationals and couples that have no recourse to public fund.

45 <https://eige.europa.eu/publications/gender-equality-index-2017-romania>

46 <https://www.bbc.co.uk/news/world-europe-49586759>

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# Authorship

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