

WESTMINSTER VAWG HOUSING FIRST SERVICE SECOND YEAR EVALUATION



solace

**STANDING
TOGETHER**
against domestic abuse



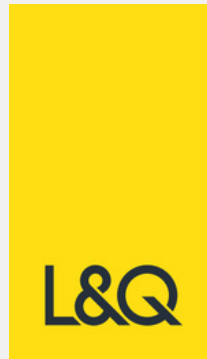
City of Westminster

Housing Partners



Octavia

Peabody



Southern Housing Group

L&Q

Women's Pioneer Housing LTD

With thanks to the Department for Levelling Up Housing and Communities for funding the Westminster VAWG Housing First project

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This evaluation will highlight the key outcomes, challenges, and successes of the second year of the Westminster VAWG Housing First project. It will cover the period of September 2020 - September 2021 and will focus on the experiences of the 20 women being supported as of the end of that period.

METHODOLOGY

The research comprised the following elements:

Database analysis

We analysed data collected in an excel database set up to monitor the progress of each woman from the start of the project.

Interviews

We conducted virtual interviews with the Housing First team manager and three Housing First workers to explore their views on progress against outcomes, key barriers and the challenges and realities of partnership working. We conducted 4 face to face interviews, 1 telephone interview and 1 “mini”-interview which was conducted by the client’s keyworker, with 6 women supported by the project. We also conducted virtual interviews with 7 housing stakeholders from housing providers partnered with the project. All interviews were conducted using Microsoft teams, and were recorded, transcribed and analysed using thematic content analysis. Files were deleted after transcription.

Client Feedback forms

We analysed data from feedback forms completed by 4 women.

Stakeholder surveys

We analysed data from 8 survey responses from project stakeholders working for a wide range of agencies across Westminster.

Case studies

We wrote up the case studies of two of the women supported by the project in order to conduct a cost benefit analysis.

Limitations of the evaluation

There was not the capacity to conduct one to one interviews with generic stakeholders, which meant that feedback was collected by survey monkey. This may have limited the depth of information/feedback available from this group. We collected feedback from the women being supported by the project via one to one interviews and feedback forms and had increased response compared to the year 1 service

evaluation, but the views presented here still only represent one quarter of the women supported. Obtaining feedback from the women themselves is dependent on their permission and the time being right for them.

BACKGROUND

DEVELOPMENT OF THE WESTMINSTER VAWG HOUSING FIRST PROJECT

In 2017 Standing Together and Westminster City Council were awarded funding from the domestic abuse team at the Department for Levelling Up, Housing and Communities (DLHUC) to develop a Housing First project for women with experience of homelessness, VAWG, and multiple disadvantage. Standing Together laid the groundwork for the project, crucially by building partnerships with several national and local RSLs to secure units to house women, as well as successfully bidding for a second year's funding for the project in partnership with Westminster Council. In 2019 Westminster Council commissioned specialist women's service provider Solace Women's Aid to deliver the support element of the service, and it started taking referrals in June of that year. The project started out with a capacity of 10 women, which increased to 20 in September 2020 after Westminster Council funded another two workers. The project is one of six women's Housing First services in England, and one of the first where support is delivered by a specialist women's service provider.

NATIONAL AND LOCAL CONTEXT: IDENTIFYING NEED

Women experiencing homelessness are living in a state of survival, often without access to services and in high-risk environments where they are frequently subjected to violence and abuse".

The University of York.

In the last 10 years, the number of women in England who are homeless and living in temporary accommodation has increased by 88%. Currently, 75,000 women and their families are homeless and living in temporary accommodation. They make up 60% of homeless adults in temporary accommodation, compared with just 51% of adults in England.[1] Westminster has the highest number of rough sleepers of any London borough. In 2020/2021, 398 women were met rough sleeping in Westminster (CHAIN data), which accounts for 19% of all rough sleepers in Westminster (2162). [2] What is more, this is unlikely to reflect the actual figure as research shows that women are more likely to experience hidden or concealed homelessness than men[3].

Recent research by York University has highlighted how women's homelessness "occurs at a greater scale than is generally realised and can often be distinct from that of homeless men" and that despite assumptions to the contrary, women do experience long term and repeated homelessness associated with high support needs[4]. Research has shown that experience of domestic violence and abuse is near-universal among women who become homeless[5], and that women who are street homeless are at risk of a wide range of VAWG[6]: from partners, members of the public or sexual violence and rape if they are selling sex or engaged in transactional sex. They often avoid services where men are present, meaning they generally present at services at a later stage when mental health and substance use issues have become more entrenched. They have often had children removed from their care and suffer from complex trauma as a result of their often lifetime experience of multiple disadvantage.

There is a distinct lack of housing and support options for this group of women. Their high level of needs,

and the fact that they may be more likely to remain in relationships with perpetrators of domestic abuse[7] creates barriers for them in accessing specialist women's services such as refuges and community IDVA support.[8] At the same time, 'mainstream' homelessness services are largely designed around the needs of men, and often do not recognise how women's needs are different[9], and how service design/support needs to be different as a result. This group of women also lose out when it comes to housing legislation, which is based on assumptions around lone homelessness as an almost exclusively male experience and the differential response to women with and without children mean that this group of women are often deemed not to be statutorily homeless[10].

WHAT IS HOUSING FIRST?

Housing First is a housing and support approach which:

- Provides a stable home for people who have experienced homelessness and chronic health and social care needs so they can rebuild their lives.
- Provides intensive, person-centred, holistic support that is open-ended.
- Places no conditions on individuals; however, they should desire to have a tenancy.

It is an evidence-based intervention that is proven to successfully support people with repeat histories of homelessness who experience multiple disadvantages, helping them into independent and stable accommodation. For further information about the model please see the Housing First England project.

HOUSING FIRST FOR WOMEN

Research has highlighted how the Housing First model lends itself well to being adapted for certain groups, e.g. women experiencing long term and recurrent homelessness[11]. There are now several women specific services across the country that have led the way in evidencing the distinct gender specific needs of the women they support[12][13][14] and highlighting how the Housing First approach can help. A two-year evaluation of Threshold Housing Project's Housing First pilot for women with an offending history, identified that most women using the service had experienced some form of domestic abuse. The management of domestic abuse and other forms of VAWG should therefore be a key function of any Housing First service supporting women: without ensuring women's safety and wellbeing in this way, a service cannot provide a sustainable end to their homelessness [15].

Many women in Housing First services are likely to be mothers and many will have had their children removed from their care. The removal of children can be a major barrier to women making a meaningful recovery, as many women accessing Housing First will never have had any support around this loss, or the support to reconnect with children and family members. Research has also shown how the risk of abuse accumulates over time, and that the poorest outcomes are for those who experience extensive physical and sexual abuse as both children and adults, 84% of which are women [16]. It is perhaps then unsurprising that women accessing Housing First services tend to have very high needs. Indeed, the Threshold evaluation outlined how the women using Threshold Housing First had typically higher needs than the largely male groups using the English Housing First pilots [17].

The principles of Housing First align well with a trauma and gender informed approach to service design and delivery. Housing First prioritises choice and control, support is flexible, open ended and led by the client. These elements are essential for working with women who have experienced violence, abuse, and complex trauma, giving them back agency taken from them by perpetrators and institutions, and allowing

workers the time to creatively engage women who have little reason to trust services.

It is important though to remember that Housing First is not catch all solution for women's homelessness; it is designed for those with recurrent or long-term homelessness and high needs. Wider systemic and legislative change must sit alongside a suite of options and services for women across a spectrum of need. Standing Together's Whole Housing Approach for survivors of domestic abuse is a key example of this holistic, and tiered approach, where housing first is only one piece of the greater 'jigsaw' needed to ensure safety for all women and survivors of abuse[18].

THE WESTMINSTER VAWG HOUSING FIRST PROJECT

SERVICE AIMS

There are five key service aims of the Westminster Housing First Project:

- To support women who are experiencing VAWG and multiple disadvantage, who are currently disengaged or not engaged well with existing services. This includes proactive and continuous engagement efforts made within reason.
- To support women to access good quality independent housing, and to maintain this housing as per the Housing First principles.
- To support women to reach an understanding of the abuse they have experienced, so that they are able to increase their safety and make informed choices.
- To coordinate support and navigate treatment pathways with other services to ensure women are robustly supported in the areas of housing, substance misuse, physical health care, mental health care, criminal justice engagement etc.
- To support women to improve their confidence and wellbeing and provide them with opportunities for personal development.

SERVICE DESIGN

There are three key elements to the Westminster VAWG Housing First project:

1. Support

Support for women accessing the Housing First project is delivered by four Housing First workers and one team manager from Solace Women's Aid. Workers support a maximum of five women at any one time due to the high and complex nature of the women's needs.

They work to engage and build relationships with the women, support them to access a permanent, independent tenancy, and then provide intensive support to help them maintain their tenancy, and address other aspects such as their physical and mental wellbeing. As violence and abuse is a universal experience for women experiencing homelessness, and there is a need for the Housing First approach to be modified in response to women's experiences around this, this project particularly benefits from the involvement of specialist women's sector provider Solace Women's Aid, who have the knowledge and skills necessary to provide specialist support around domestic abuse and VAWG.

2. Housing Coordination

Standing Together play a vital role in procuring housing for the project and coordinating partnerships with our coalition of housing partners. We act as the link between Solace, the support provider, and the housing associations, monitoring nominations and offers, and addressing any barriers to accessing housing for

women. We coordinate partnership meetings every 4 months, which are attended by all partners and facilitate workshops for Housing Officers to get them up to speed on Housing First and the needs of the women housed.

Housing First workers nominate clients for properties by emailing the coalition of housing providers and the Housing First and Homelessness Coordinator at Standing Together. Housing providers regularly check their voids for properties and offer suitable flats to the project/scheme. When an offer is made, the Housing First team work at speed to match the property to a client. The coordinator monitors this process, keeping track of nominations sent, offers received and any issues that may arise around viewings, move in etc.

3. Housing

Housing is provided by Peabody, London and Quadrant, Southern Housing Group, Women's Pioneer Housing and Octavia Housing Association. All partners work on a service level agreement basis and allocate properties outside of allocations agreements with local authorities.

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Like many Housing First pilots across England, the Westminster VAWG Housing First service started small; in its first year (September 19 - September 20) the project had the capacity to support ten women. In September 2020 capacity was increased to allow the project to support 20 women, when Westminster Council funded two more Housing First workers and a service manager role. As stated above, each worker supports a maximum of 5 women at any one time. The reason for this cap in caseload is that there is some evidence to show that women with experience of long-term homelessness may have higher needs than their male counterparts, and this was reflected anecdotally throughout the first year of the project.

REFERRALS

To be eligible for the service, women must be aged over 18, have experienced some form of Violence Against Women and Girls (VAWG), have experienced long term or recurrent homelessness, have a history of non-engagement with services, have poor mental health and/or have alcohol or substance misuse issues. Referrals for year two were discussed at a meeting that took place in September 2020, organised by Westminster council and attended by representatives from Westminster Council, Solace Women's Aid, Standing Together and homelessness support providers from the borough. Homelessness support providers brought cases they felt met the referral criteria, each case was discussed and reviewed against the criteria. More cases were accepted onto the project than there was the capacity to support to account for drop out. Further referrals were accepted throughout the year when a space became available.

In year 2 the project received 26 referrals:

- 4 of these didn't meet the criteria for the service.
- 4 were accepted and supported but subsequently closed due to moves out of London or they declined support.
- 12 women were still receiving support at the end of year 2 in September 21.
- 6 women are on the waiting list at the end of year 2 in September 21.
- The majority of the referrals came from homelessness support providers: supported accommodation, outreach and day centre services. One referral came from a specialist women's provider.

At the end of year 2 the project was supporting 20 women. 8 women from the first year of the project were still being supported and 12 from the second year.

DEMOGRAPHICS

Demographic information is collected on an excel spreadsheet and recorded when women first start engaging with the project. This information is collected to monitor who is accessing the project and

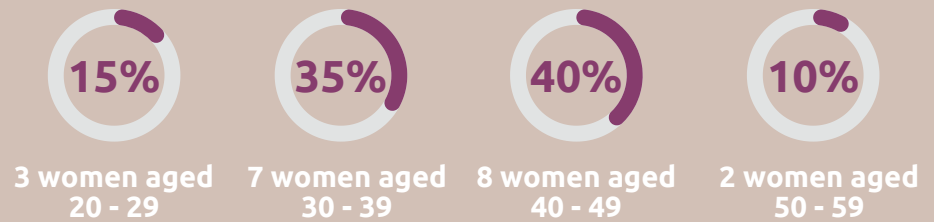
highlight gaps where women with protected characteristics may struggle to access the service. Some information may be missing when women prefer not to answer certain questions.

20
women

As of Sep 2021 the project was supporting...

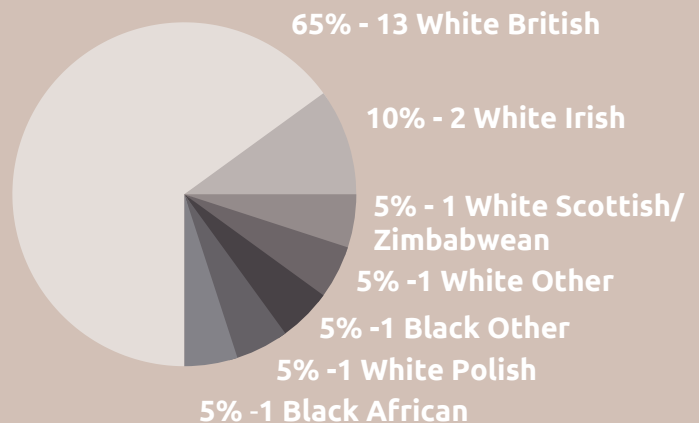
Age

This is in line with the average for Housing First services across England who tend to work with those aged between 35 and 59.



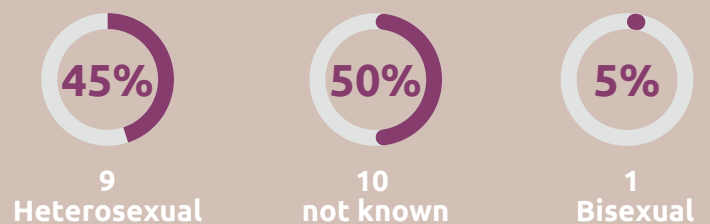
Ethnicity

Again, this is in line with the picture of Housing First services across England, where the majority of clients are White (89%), on average one in 20 clients are black and the same proportion are of Mixed Ethnicity. This highlights that Housing First may not be doing enough to reach black and minoritized people; this will be explored with regards to this project in greater detail below.



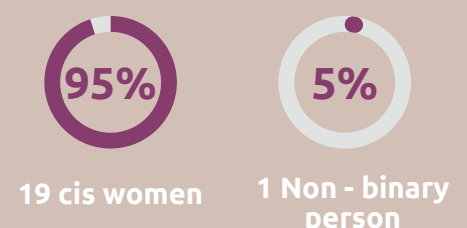
Sexuality

Many of the women chose not to disclose their sexuality which makes it difficult to get an accurate picture of how accessible the project is to women that identify as LGBTIQ.



Gender Identity

It is essential that Housing First projects for women support anyone that identifies as a woman as this could represent a considerable barrier to trans women accessing such services.



Physical Disability

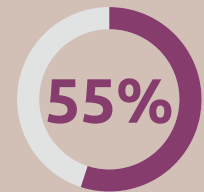
11 women reported having a physical disability and this has been separated out from mental ill health. Epilepsy and COPD were common conditions affecting the women being supported by the project with 3 women affected by COPD and 3 women living with epilepsy.



11 women reported having a physical disability

Children

11 women had children that were not in their care. Some had been adopted and some lived with family members. This number represents just over half of the women supported in year 2 which suggests this a common experience for this cohort of women.



11 women had children that were not in their care

Multiple disadvantage

All 20 women have experienced long term or recurrent homelessness and one or multiple forms of VAWG. 18 had needs around substance use. 14 experienced issues with their mental health. 9 women have offending histories. This is expected, as the service criteria is that woman must be experiencing long term homelessness, VAWG and other forms of multiple disadvantage.



All 20 women have experienced long term or recurrent homelessness



18 had needs around substance use



14 experienced issues with their mental health



9 women have offending histories.

Housing status at point of referral

The majority of the women have been street homeless at some, or multiple points in their lives. In year 1 nearly all the women referred into the project were rough sleeping at point of referral, but in year 2 a significant proportion of the women referred into the project were already in hotel accommodation via the Government's 'Everyone In' initiative.



13 were street homeless at point of referral.



6 were in some form of supported accommodation



1 was sofa surfing

Outcomes

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In line with the service aims outlined above, the below outcomes were what we were looking for:

- That women engage with the support offered by the Housing First team; this does not have to be consistent, but the hope would be that women would re-engage after periods of non-engagement.
- That women have access to good quality, independent housing, and that they are able to maintain that tenancy.
- That women reach an understanding of the abuse they have experienced, so that they are able to increase their safety and make informed choices.
- That women are empowered to access support from other services, particularly around drug/alcohol treatment, physical and mental health.
- That women are encouraged to get involved in activities they enjoy and that build confidence and social networks.

These indicators of progress might look quite different from the 'Key Performance Indicators' used to evaluate the effectiveness of other models. The principles-based approach does not expect or require clients to achieve 'hard' outcomes such as engaging in drug treatment, or involvement in volunteering or getting back into employment, and for many clients who have the most entrenched and complex needs it is often unrealistic to expect significant change.

ENGAGEMENT

The women accessing the service have experienced considerable trauma, from experience of VAWG and multiple disadvantage, but also through negative interactions with services and agencies. We know that the trauma suffered by this group of women, who experience multiple disadvantage, is not well understood, and often leads to them being labelled as 'non-engagers' when they can't engage with service providers[19]. It is therefore a key project aim, to work flexibly and assertively to get women engaging with the Housing First team. As mentioned above, engagement doesn't have to be consistent, but the hope would be that the Housing First team can re-engage women who aren't able to engage with the project for periods of time.

- All 20 women whose cases are currently open to the project are engaging.
- 6 women were not able to engage with the service in year 2:
 - Two women were supported to move outside of London for safety reasons and to be closer to family.
 - Two women were initially interested in working with the project but then declined support.
 - One woman's case was closed after non-engagement after a year of assertive outreach.
 - One woman withdrew her consent to receive support but continues to maintain her tenancy.

ENGAGEMENT: WHAT WORKED

“Keep pushing, start getting into activities, start engaging... once I started engaging, things started moving.”

– HF client

The above quote is from one of the women supported by the project; when asked what her advice would be for other women about working with a Housing First project, she wanted to encourage other women to trust the service. We know that there are many reasons why this cohort of women might find it difficult to engage with and trust services to help, as this next quote highlights:

“I have not had much luck and hope with services as they have made a lot of promises that they have not always kept. At times I have felt judged by services, and I have been told things that have not come true.”

– HF client

The year 1 evaluation of this service highlighted the importance of pre-engagement work when doing Housing First with women; we found that it was important to give women as much time as they needed to trust and slowly start engaging with workers, and that workers used assertive approaches to meet with women and show them that they were trustworthy. Women were not rushed into housing and the support was taken at their pace. The HF workers re-iterated the importance of this approach:

“Really, I feel like a lot of it's just time, a lot of time. Some clients are just you need to get to know them a bit more, so they feel comfortable around you.”

– HF worker

“When [Housing First worker] was working with her she kind of told her F off and all this. But the fact that she never gave up, she came week after week. That's when she fell. That's when that's the connection. That kind of got her engaged.”

– HF worker

This assertive approach was regarded positively by the women interviewed for this evaluation.

“They say they'll be there, they'll be there.”

– HF client

“They're the ones that pulled me off the streets.”

– HF client

“If I don't come out, they'll still come and bang on the door.” “That phones, are you OK [client's name]? Phones you up.”

– HF client

“They will go out of their way to try and work with somebody. So I mean, the only thing I would be able to say is that I've been through the situation with these, and you can trust them 110%. They're not there to do anything against people, they're there to be for people and not against them, so it's not like they go out of their way and go sneaking behind your back and that, they're not like that.”

– HF client

The Housing First workers and the women both highlighted the flexibility of the support as playing an important role in engagement e.g., workers were able to attend appointments with women, or wait all morning to catch up with a woman living at a hostel.

“They’re there, anything that I need help with, with them, they don’t hesitate. I mean, I’ve gotta go on the 6th and have this done and someone from here was gonna come with me but because it’s 7 o’clock in the morning, it’s still night staff here so Solace have said they’re gonna, they’re gonna put me in a taxi anyway but also, they’re gonna try and get somebody to come. I mean, that’s before they even start work.”

– HF client

Women also compared the service favourably to other homelessness services they had accessed and said they valued the intensive support, and the focus on them.

“[Other homeless service] has to do more, a lot of people, [at] the one time. But Solace can focus on just one person or one person at a time.”

– HF client

BARRIERS TO ENGAGEMENT

As outlined above, Housing First workers felt that trust and fear of judgement was the biggest barrier to women’s ability to engage with the project.

“I think they kind of don’t engage initially because it’s like Oh well, what’s the point? You’re gonna do the same thing. You know, they can’t really stick. It’s gonna be very difficult for us to connect with you guys and you’re going to do the same thing, so there’s no point. Feeling judged because they’re being street homeless, drugs, alcohol, and feeling that there’s going to be a big stigma around that.”

– HF worker

Similarly to year 1, the HF workers told us that it could be difficult to locate women who were sleeping rough, and who would often move from borough to borough. HF workers told us that in these situations they work closely with outreach teams, going out on shift with them and sharing information. Strong partnerships with outreach teams were crucial in locating women, but this often could take up considerable service time and resource.

We will discuss domestic abuse in greater detail below, but the Housing First team felt that coercive control and sabotage from perpetrators created considerable barriers to women’s engagement with the service and with other agencies. This is consistent with the findings from the year 1 evaluation. What is more, besides perpetrators themselves creating barriers to engagement, one Housing First worker felt that the clear service remit around women and domestic abuse might be off-putting to some women who were not ready to leave their partners; therefore it was important to be clear from the start that there was no expectation for women to leave relationships, and that the service would work with them wherever they were at.

“I think as we do, we’ve got the DV side of things I think some women feel like, oh, if we engage with you, that means we’re going to have to kind of press charges or there’s going to be a for and against that means if we go for you, then we’re going to have to be against the perpetrator. And they might not be

ready for that.”

– HF worker

“It's letting them know I think first off that they don't have to make that decision.”

– HF worker

HOUSING AND TENANCY SUSTAINMENT

Another key aim of the service is that women have access to good quality, independent housing, and that they are able to maintain it. Firstly, this section will document the women's thoughts about housing, it will then examine how the Housing Coordination element of the project, and the partnership with housing providers enabled access to good quality, independent housing that met the women's needs. Finally, it will look at the factors that enabled the women to maintain their tenancies, and factors that made tenancy sustainment challenging.

As of September 2021, and out of the 25 women supported by the project over the last two years:

- A total of 16 women have been housed through the project and 15 of them have maintained their tenancies. The woman who did not manage to maintain her tenancy is deceased. Two years on, the tenancy sustainment rate is: 90%.
- 6 women were waiting to be housed:
 - One woman signed a tenancy in September 2021 and will move in in October.
 - Five women have outstanding nominations and are waiting for properties to become available. In September 2021 two of these women were sleeping rough and weren't engaging consistently with the service. The other three were in supported accommodation; two had been offered properties but had turned them down and one woman was pregnant and had a current perpetrator so was considered too high risk for housing at that time.

Three women were supported by the service, but their cases were closed before they could be housed. Two of these women moved outside of London for safety reasons, and one had been sleeping rough for many years and wasn't able to engage despite a year of assertive outreach from the Housing First team.

WHAT THE WOMEN TOLD US ABOUT HOUSING

The majority of the women we spoke to felt positive about their flat, a couple of women expressed their surprise at 'just being given a flat'!

“And one day she just call[ed] me, she said '[client's name], we have a nice place and I will send you the view and we have [a] look inside. We have to renovate [but] if you like it, you can choose that'. And I was just “wow, yeah” and I saw the shops around, perfect.”

– HF client

“They said ‘we've got a house for you'. I couldn't believe it.”

– HF client

A few of the women compared life in their flats to life on the streets or in hostels; being warm, safe, clean, being able to wash their clothes and have their own space.

“In your own space, you start to feel like a human again. Because there [on the streets] you feel like [an] animal or like rubbish, in your mind, totally.”

– HF client

“ [When] I landed on the street and I remember I was sometimes sitting in [the] night time, [...] in [the] winter time, and I was like, I fucking dream about a bed, with water, warm water, the hot water even, with the bubbles [...]. Sometimes you're not getting the shower [for] 2 weeks. [...] so now, I feel so lucky. I have a flat, I have my own bedroom, I can cook something when I want and the things like that, and I was dreaming about it before; to getting a shower when I want, you know what I mean?”

– HF client

PARTNERSHIPS WITH HOUSING PROVIDERS AND DEDICATED HOUSING COORDINATION

The Westminster VAWG Housing First project consists of a unique partnership between Solace Women's Aid, who provide the support for the project, a coalition of housing providers (registered social landlords) who provide the housing, and Standing Together, who provide housing coordination that brings the support and housing together. The partnerships with housing providers, and the housing coordination that maintains and oversees these partnerships, are essential in ensuring access to good quality, independent housing that meets women's needs.

The Housing First team and housing providers felt the housing coordination role was crucial in 'bridging the gap' between them and maintaining good partnership working. The housing coordinator was seen as the housing provider or HF worker's 'point of liaison' or main contact. Other key functions of the role mentioned were:

- The coordinator kept track of nominations and offers and sent regular updates to all partners.
- The coordinator organised 3 partnership meetings a year attended by the Housing First team manager and all 5 housing providers, as well as one to one individual catch ups with providers when needed.
- The coordinator organised 'review meetings' attended by Solace and the housing officer when a woman had been housed for 4-6 weeks to discuss progress and catch any issues at an early stage.
- The coordinator offered 'What to expect' briefings to upskill housing professionals who had contact with the project (lettings officers and those responsible for housing management) around Housing First and the needs of the women.
- The coordinator updated the service level agreement.
- The coordinator played a crucial role in developing relationships with three new housing providers to increase housing stock/project capacity.

The Housing First team described some of the key benefits of the housing coordinator role to the wider project. The most significant of these was that it took the pressure off the team and enabled them to focus on supporting women.

“I remember working in refuge and we had to be the person that was working with the women and also trying to also be able to liaise with housing to get them housed 'cause there was no middle person...you can't really give as much attention to the women as you would like because you're trying to deal with [housing provider]. In this way it allows more focus to be on the women and around issues directly affecting them.”

- HF worker

“I would not be doing this job, and I said this tonight as well, but will not be doing this job if it wasn't for [Coordinator's name] and the coordination role.”

– HF worker

The housing coordinator role was also described by HF workers and housing stakeholders as an impartial mediator and problem solver, creating vital platforms to discuss challenges at the individual/operational level as well as wider, systemic issues.

“I've been involved in things, where things have gone wrong previously, and it can sometimes leave a sour taste. This sort of slightly taints the relationship or something, and there was no sense of that at all. I'm saying, OK, well this hasn't worked, we will learn from it and go again. That was very much her approach.”

– Housing stakeholder

“Even when we've had to have difficult conversations about, I think like the whole racism thing and stuff like that that took place previously in one of the organisations you know, not many organisations would raise that. She created a platform for us to have a discussion about it.”

– Housing stakeholder

The housing coordinator also played a crucial role in holding partners to account and keeping them motivated by sending regular updates to housing providers, reminding them how many women had been nominated and were waiting to be housed. Several external stakeholders commented that women had to wait some time to be housed, the coordinator's role was therefore essential in keeping the service on the housing provider's agenda.

“Just to make sure that things are moving. Everyone is so busy and if we didn't have that coordinator it would just get lost. Even though we've got that commitment to the project you really do need to have that person just to make sure it's actually progressing, and things are moving rather than standing still”

– Housing Stakeholder

THE HOUSING COALITION

The Westminster VAWG Housing First project has a unique partnership structure in that it partners with multiple housing providers, but instead of liaising with each provider separately, it takes a 'coalition' approach. This means that all partners sign the same service level agreement, nominations are sent out to a group of housing leads (one from each organisation) and the Solace team and housing leads get together for partnership meetings on a 4 monthly basis.

Housing providers told us that they valued this 'coalition' approach to the housing partnership as it enabled them to learn from one another and reach consensus around issues. Alongside this, they valued the option of one-to-one support made available by the housing coordinator.

“You're all going through the same thing. I think that's what's really good about working in a collaborative way and working alongside other organizations as well. And when we're struggling, I think the last meeting we had all of us were like voids and electricians is just a nightmare and they were like, yeah, me too.”

– Housing Stakeholder

“We all do the same thing, all trying to achieve similar goals, have different ideas that we can develop and bring into the partnership. It’s good to know were all on the same page and providing the same service to achieve this goal. Having the meeting with all the housing providers really works.”

– Housing Stakeholder

All the housing providers demonstrated a strong understanding of the aims of the service and the difference it makes to women’s lives. They also felt that their organisation’s commitment to the service tied in with their organisational ethos and aims.

“We know there’s like a lack of stock in London waiting lists are you know, so big, and yet you’ve got these ladies that are obviously a high priority need that are struggling to find settled accommodation so to be able to support that. Uh, just help make them make the most of their lives. It’s just obviously what [HA name] is kind of about. I think it’s three [flats] that we offer, a small amount but it makes a big difference I think”

– Housing stakeholder

When asked about their concerns at the start of the project all the housing providers mentioned worries around Anti-Social Behaviour (ASB), domestic abuse and women not being able to maintain tenancies, also about the level and type of support that would be provided. It was reassuring to hear that two years into the project these concerns had largely not been realised. The housing providers expressed their confidence in the support provided by Solace and compared the project favourably to others they were involved with, most notably their obligations around clearing house and the rough sleeper’s initiative.

“I think sometimes we feel that someone will come in with their support worker and it’s for like 3 months and then they tail off and then the tenant is kind of like just left in limbo. Then you’re trying to sort different support networks to try and help them. So to get that confidence about that wrap around support and I think also, after a year, two years down the line to know that there’s still ladies in these properties that we’ve sourced for them and still managing their tenancies. And they’re still there. Just proves how successful that kind of model is.”

– Housing stakeholder

KEY FACTORS IN TENANCY SUSTAINMENT

In terms of the housing itself and processes that have been key to tenancy sustainment, the ability to give women choice over where they live and the type of flat they live in has been key. The Housing First principles state that housing provided should be based on suitability (stability, choice, community integration, affordability) rather than the type of housing. We all want to be able to choose where we live, and make a choice that aligns with our individual needs; we shouldn’t expect anything less for the women accessing housing through this project. In the second year of the project more women turned properties down before they accepted one, and there was a clear emphasis on matching the type/location of property to what the woman said she needs to feel safe.

“This cohort turned housing down a lot over the past year - I suppose it’s a good thing because this is their permanent home.....they’re not like in a stuck in a corner and they have to just pick the first one that comes to them.....they’re picking what’s right for them, so yeah, so it’s been a bit difficult for us, but ultimately hopefully it’s good for them.”

– HF worker

“We have some flats, we get it might be in some sort of like complex where you have two sets of doors and an intercom and then like a camera so you can see who's coming in. So, I feel like a lot of our property offers we get have that kind of safety mechanism for our clients.”

– HF worker

Flat interiors and furnishings were also considered key to tenancy sustainment. The HF team spoke positively about the housing coalition's commitment to provide flooring and white goods in all properties offered, and the housing coordinator's role in supporting this to happen.

“That makes life easier for the team, also makes life easier for the clients, because, you know, we had clients move in with nothing and we were scrubbing around for grants for stuff to get them like a fridge.”

– HF worker

Housing stakeholders described the different ways in which they had flexed their standard policies, procedures, and processes to better meet the needs of this cohort of women. For example, a lettings officer described how it had taken her a bit of time to get used to how sign up and viewings had to be more flexible/taken at a slower pace with the Housing First case she housed, when normally a key aim of her role is for this to be completed ASAP. This tailored response to meet the needs of women experiencing multiple disadvantage must also be built upon a foundational, wider response to tenants experiencing or perpetrating domestic abuse. All the housing providers involved in the project are DAHA Accredited, which has provided a foundational standard around policies, processes, training and awareness raising around domestic abuse.

Intensive support from the Solace HF team also played a key role in supporting women with the transition into housing and essential, practical, problem-solving support around bills, gas, benefits etc. Stakeholders also commented on how practical support and addressing issues as they arise, supported women to maintain their accommodation.

“I think knowing that they're going to have somebody come each week to help them figure out any issues because I think feeling like they'd have to suddenly set up stuff on their own would just be completely overwhelming for them.”

– HF worker

“There have been issues with bedbugs within her flat, which she has received support from the team to help sort out. In the past this would've been something that she would've abandoned over but with the support from her worker, this avoided it. This has given her a proven example of where things can go wrong but can be fixed, without having to move or lose her tenancy in the process.”

– Project stakeholder

We will address this in more detail below, but Housing First workers prioritising conversations around relationships and safety with women, have also played an important role in supporting them to maintain their accommodation.

“Through conversations around safety with her worker this has helped [client name] to be more protective around her flat and who she invites/allows over. In the past she has unfortunately lost flats due to issues with visitors and ex-partners”

– Project stakeholder

KEY CHALLENGES TO TENANCY SUSTAINMENT

In this second year of the project, tenancy sustainment has been 100% - all the women that were housed in year two (8) are still in their properties. This is not to say that there haven't been considerable challenges on the road to achieving this milestone.

The first challenge relates to availability of housing; a key issue for Housing First services across the country. All the housing leads told us they had difficulty sourcing appropriate units for the project due to competing priorities. This meant that some of the women had to wait a few months to be housed; stakeholders and the women themselves also commented on this.

“Just availability of properties or so many obligations to different people. Cause obviously we've got that commitment. And also, we know we want to help. It's just when that property comes up and do, we have to give it to XY and Z or is it one that we can use for this specific project?”

– Housing stakeholder

Housing supply and how speedily housing can be sourced will always be an issue for Housing First services. The Housing Coordination role is a key mitigating factor here; she is able to stay on top of nominations and follow up regularly with housing providers, reminding them of their commitments and keeping the project on their agenda. One housing stakeholder also spoke about the potential to make Housing First an official referring agency in their priorities to house, alongside contractual obligations to local authorities, internal management transfers etc.

We also spoke to those in direct lettings and housing management roles who had worked with the project. They told us that COVID had really impacted on their capacity and the way they work and demonstrated awareness on how this might impact on the women being supported by the project, and their ability to sustain their tenancies.

“Before the pandemic any new tenant would get an in person welcome visit after about a month or six weeks, I think. Maybe that's permanently finished. I don't know whether we will be going back to doing that, but I mean it would certainly be a good idea, wouldn't it? if we could do that for your women, then it would just be a bit less threatening, wouldn't it?”

- Housing stakeholder

The HF workers all felt that the isolation experienced by women when they first moved into their tenancies posed a significant challenge to tenancy sustainment. Lockdown measures over winter 2020-21 exacerbated this issue further. Since lockdown measures have ended the Housing First team have worked hard to link women in with events and activities in their local areas, as well as organising their own events; most notably a gardening project, where women were taught basic gardening skills and were able to build relationships with each other.

“Some women do ok, other women it's totally overwhelming and to be on the street for maybe 10-15 years or long period of time and then to move into a house. It's proving an issue because you've got a quiet space now, where they say they have, in their words, demons, traumas, stresses start to...you haven't got those people you know talking to you. You haven't got the noise at the traffic. You're by yourself and you're left with these thoughts, loneliness.”

– HF worker

On the other end of the spectrum from isolation, women's relationships also posed a challenge to tenancy sustainment. We will discuss this in more detail below.

WOMEN'S EXPERIENCES OF VAWG AND WORKING TOWARDS SAFETY

A key aim of the project is for women to reach an understanding of the abuse they have experienced, so that they are able to increase their safety and make informed choices. This section will discuss the different ways in which the project work towards this outcome. All the women being supported by the project have experienced some form of violence against women and girls, and for many it was an ongoing issue. Safety was a key concept and one that was returned to time and time again by the women being supported by the service and the Housing First team.

"I was just interested in keeping safe, and finding somewhere to lay my head, and because I was dependent on people giving me a place to stay, I put up with a lot of negative behaviour and abuse as I had no choice or options."

– HF client

"Women are often coming from a different lens of trauma that's been quite immediate, whereas from my experience than the men they've come into housing first projects. Often. They've had trauma, but it's been from quite a long time ago. So actually their need for safety is probably a lot higher than for men."

– HF worker

9

Women experienced domestic abuse in the past year

3

Women were supported around incidents of sexual violence.

1

Woman engages in transactional/survival sex and discusses this with the team.

13

In year 2 the service supported 13 women to stay safer.

ADDRESSING PHYSICAL SAFETY: HAVING SAFE SPACE

Research into gender informed approaches to support has highlighted that emotional safety can only be fostered when physical safety is provided [20]. The Housing First model prioritises this need for physical safety by ensuring that women have access to safe physical space in the form of independent tenancies, in their name.

"[Client's name] the other day she was talking about how feeling safe.... It's her safe space that the doors not gonna, you know, not going to open and her ex-partner's gonna walk in. Like she doesn't feel like scared looking over her shoulder all the time"

– HF worker

Feedback from the Housing First team also focused on the importance of housing as physical safety and stability.

"Definitely I think it [domestic abuse] is the main issue, but it takes the back burner because you can't really start to unpick DV if there's no set place to live. Although maybe there's a lot in these

relationships that is unhealthy, it takes a long time before the stability part happens where you can start to unpack or address that."

– HF worker

Most of the women we spoke to said that they felt safe in their flat.

"I don't feel like when I go outside, I have to watch my back, watch around. Even if it's evening time. Now, [only a] few people know where I am living because [I'm] not really open to people. So, my real friends know about it yeah and it must stay like that, you know what I mean. Yeah, I feel safe here."

- HF client

Two women said that they didn't feel safe in their flats. One of these women told us that this was because her flat is on the ground floor, facing the street and she doesn't feel safe having doors and windows open; she would have preferred to be above ground with a balcony. She said she was given the choice to turn it down, and she thought it was ok when she viewed it, but that she ***'just wanted a place so said yes'***. The other woman who told us she does not feel safe in her flat has since moved back into supported accommodation. She told us that this decision was not to do with the flat itself, but that she feels safer in supported accommodation due to the availability of 24-hour support from staff. This woman will be supported to move to another independent tenancy when she is ready.

The Housing First team told us that they put a range of practical measures in place to help women feel safer in their properties. Examples of this included making referrals to local sanctuary schemes; what these provide vary from area to area, but they can generally fit extra locks and carry out other works to secure the property. The team also told us that they supported women to have CCTV and alarms installed in some cases. The housing coalition supported this by funding the installation of key safes and door chains which enabled the team, and the police to do welfare checks when necessary.

ADDRESSING EMOTIONAL SAFETY: BUILDING RELATIONSHIPS AND PRACTICAL SUPPORT

Having a safe physical environment is not enough; the Housing First team must build relationships of trust and build women's sense of emotional safety through their support. Experience of VAWG erodes women's sense of emotional safety. All the women on the project have experienced domestic abuse and/or another form of VAWG in the past, or it is a current issue, and therefore live with the myriad impacts of trauma every day. Many of the women remain in unsafe situations e.g., in relationships with their abusers, and rely on risky coping strategies to survive. The Housing First team felt that abusive partners represented the biggest challenge to women's safety.

"I don't think it's really in their control, but like having a reoccurring partner who there might be periods of time where you know it's doing really well, and they don't have much contacts and they're keeping safe. And then there might be another time where they're back together or they're seeing each other again."

- HF worker

This has meant that the team's specialism around domestic abuse and VAWG has been vital in enabling them to do work to build women's sense of emotional safety; they have been able to have conversations with women to help them understand the dynamics of abuse and coercive control, the impact of trauma etc. The team have the skills and confidence necessary to talk to women about their relationships safely and sensitively.

“It has been helpful to have, as part of my clients’ support network, more expert knowledge of domestic violence and safety planning around this.”

– HF stakeholder

The Housing First team stressed the importance of the woman choosing her priorities for support and starting from there. At first, the focus must be on building a relationship with the woman and slowly normalising talking about relationships. Several workers spoke about how this could be difficult, especially when the woman’s ‘presenting’ issues are around drugs or alcohol and the worker is aware she is experiencing abuse, but she isn’t open to talking about it yet. One worker also talked about the difficulty of situations where they must override the woman’s consent to share information, and how this impacts on trust.

“With other domestic abuse frontline work like refuges and stuff that’s [domestic abuse] always the presenting issue. Uhm, whereas in this case, domestic abuse is normally not the presenting issue, and so sometimes that can be hard because you don’t want to bring up you know all this stuff that they’re going through, you don’t even sometimes want to mention the abuse, but actually the risk is very high of that, sometimes higher than the risk of their substance misuse or whatever, but that’s often the presenting thing.”

– HF worker

“Sometimes I’ve had to make like third party reports and like explained to the client that like I have to do this for your safety. I feel like just having those conversations with them where you need to like kind of lay down boundaries like I get you’re in a relationship with this person. But if this is happening like we have a duty to like make sure you’re safe as possible.”

– HF worker

As trust builds women are more likely to disclose abuse; this process can take a long time and Housing First workers spoke about the need to stand by the woman’s side and show her there is an alternative.

“It’s a long game with X, but we’re slowly getting her, you know, trying to get her involved with other stuff so she can see what life is like outside of that relationship. All this stuff that we’re doing to help her and not just have her life resolve around this abusive relationship and so that hopefully you know one day she can move forward. And if she doesn’t, she doesn’t. But it’s all steps.”

– HF worker

Sitting alongside the relationship building work, the Housing First team also spoke about practical ways that they supported women with safety planning. This involved thinking of creative ways to see women without their perpetrators, using safe words and phrases, and talking to women about healthy relationships, slowly helping them to become more aware of the abuse and reassuring them that they are not there to push them into making decisions.

“So we’ve clients when we do like one to one and we look at, you know about confidence and there’s like a little worksheet that you might give them. And then it’s like little things like empowerment, empowering words like statements for example, that they can actually say to themselves. We have conversations with clients to get them thinking differently”

– HF worker

Several of the women we spoke to described how their worker had helped them better understand their partner’s behaviour as abusive,

“The benefits have been in regards to being safe, getting off the street and understanding DV better and how it impacts you, as discussions that I have had, has helped me to realise that I pick unhealthy relationships and I have low confidence which I can begin to work on, as previously I was not a priority as I did not have the space or chance to work on me, or reflect on my life the way I can do now.”

– HF client

“I do realise now he’s just selfish.”

– HF client

WORKING IN PARTNERSHIP

The evaluation of the first year of the project highlighted the need for the Housing First team to link perpetrators in with support, and work alongside agencies supporting perpetrators. When women remain in a relationship with their perpetrator, the Housing First workers must invariably encounter that perpetrator, in order to support her. This presents several challenges, but once again the Housing First team told us that ensuring that the perpetrator has support, and that there is good communication between agencies helps mitigate risk to the survivor. These are key principles laid out in recent guidance created to support professionals working in such situations[21].

“Keeping updated on what, um, the perpetrator’s support plan is. Is there anything that we can do together to like separate them a bit more, which is really difficult, but I think that’s pretty important. Uhm, to have an idea what’s going on both ends really.”

– HF worker

The Housing First team also highlighted that a judgemental response from certain agencies, alongside an ineffective multi-agency response had a negative impact on women’s safety. This will be examined in greater detail below.

HEALTH AND WELLBEING

This section will examine the ways in which the service empowered women to access support from other services, particularly around drug/alcohol treatment, physical and mental health.

PHYSICAL HEALTH

- 16 women have been supported with accessing health services / have improved physical health.

The Housing First team told us that they work to link women in with primary and secondary health care; this involves booking and arranging appointments as well as accompanying women to appointments.

“I have one particular client ...like she didn't really engage with health, she didn't trust professionals, but at the moment she's got a problem and she's engaged. She's having an operation for her hip after two years, on the 6th of December.”

– HF worker

“She is connected in with the HIV doctors at Kings hospital. So since being in the project she's started on the medication that she needs to get the HIV kind of under control, and she's been engaging with them,

and we go with her to those appointments so that she can keep them and encourage her taking medicine.”

– HF worker

One Housing First worker felt that many of the women she supported had poor diets and talked about how she had been supporting a particular client around this.

“I think like supporting them to make healthy like choices, we signed up for food bank and I kind of go with her to collect the things and we discuss like what's like a healthy balanced diet.”

– HF worker

The Housing First team identified that it was important to link women in with sexual health services, and this was particularly important for women who are selling sex. One woman was engaged in transactional/survival sex and openly discussing this with her worker; she was supported to access sexual health services for testing and contraception. The team felt that other women being supported by the project may be selling/exchanging sex for things they need, but that this hadn't been disclosed.

Two women talked about how working with the project had improved their physical health

“If I was still in my doorway, I'd be cold, wouldn't be able to go to the chemist.”

– HF client

“I previously found it difficult to attend appointments as I was staying in different places which meant I may not wake up in time and therefore I missed a lot of appointments. Although I have still missed appointments, I have been able to attend a lot more appointments and I have attended the dentist and GP much more often.”

– HF client

There was consensus among the Housing First team that access to GP services was the biggest challenge for women's access to health care in year 2. Housing First workers described how the impact of COVID and the switch to telephone appointments created a big barrier for women, as they would often miss call backs from the doctor. They felt that GPs often judged women, and that there was a general lack of understanding of the needs of this group of women.

“GP services aren't set up to work with people experiencing homelessness and they tend to be in very inflexible and like if you missed the appointment. Like say yes struck off the list you know that kind of thing.”

– HF worker

MENTAL HEALTH

- 17 women were supported around their mental health in year 2
- 7 engaged with psychological support (statutory and non-statutory)

The majority of the women being supported by the project have current mental health issues and/or have struggled with their mental health throughout their lives. One woman we spoke to talked about how being on the streets had had a lasting impact on her mental health

“But the people, sometimes it’s too much for me. Even if I’m walking on the street, I have to walk like that, [they] make me nervous and I have to go home and I’m like “oh my god”. No, no, it’s too much sometimes. I don’t know how to explain. I just wanna be alone.”

– HF client

That time when you’ve been on the street [it will] always stay, gonna stay to the end of your life, in your head. [...] It’s really hard sometimes. I can imagine for the women, alone on the street, it’s harder. But it’s gonna stay. That’s why they, sometimes they need psycholog[ic] care. Especially the woman, because the woman is more scared, you know what I mean. Men is more open to be on the street. But the woman is more scared.”

– HF client

The women we spoke to generally felt that their mental health had improved since they started working with the project.

“I feel that I belong rather than drifting along and feeling lost. Although I have a way to go, I am more hopeful than I have been in a while.”

– HF client

Housing First workers talked about the importance of linking women in with psychological support, but also how daily contact might impact positively on women’s mental health

“If I call X or X, and you know they might talk on the phone at me for 40 minutes, but for them that’s someone that they’ve talked to that day and just to get out all of the stuff that they’re thinking, which I think does help their, their kind of mental wellbeing.”

– HF worker

There was consensus among the team that statutory mental health services are among the most challenging for women to access. This finding is consistent with findings from the year one evaluation. The Housing First team all spoke about gatekeeping from mental health services who make assumptions that women are using when they aren’t, or that their use negates their access to appropriate services. Several of the team also pointed out that therapeutic services for survivors of domestic abuse often don’t take the needs of women experiencing multiple disadvantage into account; this creates barriers in accessing this type of support. It was agreed that an in-house psychologist, who could support women directly or link them into appropriate mental health support, and provide support for the team, would be beneficial.

“Women who do want help around their mental health have been told basically, go away. Deal with the addiction first and then come back.”

– HF worker

SUBSTANCE MISUSE

- 15 women were supported around their substance and/or alcohol use in year 2

The women shared their views around how their substance/alcohol use had been impacted by engaging with the project. Two women felt that being housed and having support had helped them to reduce their alcohol intake. The majority of the Housing First team and stakeholders also commented on the positive

impact on women's substance and/or alcohol use.

“Sometimes you're drinking on the street even [when] you don't want [to]. You're trying to stay away from everybody because you totally don't want to drink today. And then, behind the corner, someone's coming “come on [client's name], I don't want to drink just by myself, come on, I have 2 bottles of vodka” “Ok, ok, I'm going with you” Just like that. So if you stay away from the places, people, it's easier because you can make busy yourself with the different things. Like uh, I don't know, cook something nice for you, go for a walk with dogs, just stay away from them. You know what I mean, just different things [in the] daytime.”

– HF client

“Cut it out on me own since moving in here [...] Doesn't bother me now, now I'm in here”

– HF client

“One is using a lot less than she previously was. She was in a hostel for three years and she found that environment like really chaotic for her, really stressful. She was using crack like every day and now she's really reduced on that, and I think she has her own space which really helps her mentally actually just not to have to share any sort of facilities with anyone and she has like more peace of mind I think in her current flat.”

– HF worker

“Although the client relapsed, she was quickly linked in with local services and supported to stay in touch with them. The client was really happy to get their new flat and a safe space away from her previous partner.”

– HF stakeholder

However, both the women and the Housing First team reflected that this was far from a straightforward process. One woman spoke about her concerns that she will turn back to drinking due to boredom and isolation in her flat. A team member also spoke about a woman who stopped drinking on moving into her tenancy but then started using street methadone to deal with stress of the move and a new environment. The Housing First worker then linked her in with drug and alcohol services who have supported her to come off.

“One of my clients she didn't feel like she was getting much like emotional support from that drug service. It was more just like I guess scripting and then they kind of leave her to do what she wants to do.”

– HF worker

“It's OK to have a flat and all, [but we] need more activities. I don't want to be out drinking, I want to be out doing something” – HF client

SOCIAL INTEGRATION

Social and economic integration are key aims for all Housing First services. In the case of the Westminster VAWG Housing First project, the Housing First team supported women to be more economically stable and encouraged them to get involved in activities they enjoy and that build confidence and social networks.

ECONOMIC INTEGRATION

- 14 women have been supported to improve their economic circumstances.

The team have provided support around applying for benefits, attending Job Centre appointments, and maintaining finances (ensuring rent and bills are paid). One woman told us about how the team had supported her to apply for dual housing benefit which has enabled her to maintain her tenancy while she moved to supported accommodation for a period of time. Another woman told us how the team had supported her to access universal credit but said that she was struggling with being paid monthly.

The Housing First team spoke about the importance of discussing finances and budgeting with women. One team member suggested that access to some sort of tailored tenancy training might help the women better manage their money.

“Before they have that move in you can kind of like help them with budgeting and have a like serious talk with them about what like what the living costs would be to live by yourself because I think at the start some clients have maybe like unrealistic expectations of you know, they could move in and they’ll have fun I guess. Loads of dispensable income to spend on what they like, but so I don’t realise I have to pay like bills and council tax and sometimes food and things like that.”

– HF worker

When asked about key systems barriers that impact on women’s lives, several of the team spoke about the Department for Work and Pensions and a lack of accountability. For example, mistakes and delays with benefit payments resulted in one woman ending up in rent arrears, which caused great distress. The team applied for a grant which enabled the woman to pay this debt off. They were also critical of how the benefits system has moved largely online, which made it less accessible to people who might not have access to a computer or the internet or may find the online system difficult to interact with.

“You’re dealing with a lot of people who are not computer literate or find it quite difficult to manage. And they’ve got to go online and read their journals and upload this and upload that.”

– HF worker

All women were supported to access their personal budget. Personal budgets have been essential in helping women to settle into their new homes and communities. Examples of personal budget use have been:

- One woman bought a keyboard and had piano lessons.
- Household items and furnishings e.g., mattresses, hoovers etc.
- Phones.
- One woman bought a PlayStation.
- Locksmith fees/having new keys cut.
- Taxis for moving into new flats.
- One woman went on a sewing course.
- Several women applied for passports.
- Sketch books.
- One woman bought a laptop.

COMMUNITY/SOCIAL INTEGRATION

- 5 women were supported to re-establish relationships with family and/or children.
- 7 women were supported to access meaningful activities.

Despite the challenges posed by the COVID pandemic and the lockdown measures put in place in autumn-winter 2020-21, the service has once again achieved positive outcomes in terms of supporting women to engage in meaningful activities, reconnect with family and friends, and get involved in their communities.

The Housing First team felt that isolation was a key challenge for women in the second year of the project. This was echoed by one of the women we interviewed who told us that “in the flat, I’ve got nothing to do”. Many women are mothers but are living alone, apart from their children. Women who were moved into their flats just before and during the lockdown measures were the worst affected. One woman was not able to pursue voluntary work with an animal rescue centre as COVID meant they stopped taking volunteers.

One key finding that was consistent with findings from year one, was the sense workers got of how women felt alienated from and judged by the ‘mainstream’ community, and how this created a significant barrier to community integration.

“X earlier telling us about how people would, you know, look at her and call her rubbish and literally, you know, throw things at her. They’ve just had quite a hard time with mainstream community. And so I think even though they’re now housed, you know they might feel like oh now I’m in this different space, but actually it doesn’t feel that different for them because they still have got all of those experiences and you know the people that they’re used to hanging out with are the people that have been, you know, rough sleeping or facing similar issues and yeah, that’s who they feel comfortable with.”

– HF worker

Conversely, one HF worker told us how a woman she supports did not want to attend a ‘Pamper Day’ organised by Solace, which was attended by other women who had experienced homelessness and multiple disadvantage. There is a sense that women may feel stuck in the middle, unable to integrate with the ‘mainstream community’ for fear of judgement and negative responses, while at the same time wanting to break free from street life, and the things and people associated with it.

“Her feelings were she didn’t want to be, she wanted to forget kind of her past because she was, you know addicted to drugs before and she didn’t want to be around any other drug addicts and alcoholics and things like that. So, then there is that kind of taboo now. I’ve kind of left that life behind me. I don’t want to mix with anyone else.”

– HF worker

The Housing First team play a key role in encouraging women in their pursuits and the things they enjoy. This aspect of support is crucially important for women who have experienced VAWG and are impacted by trauma, as engagement in meaningful activities builds confidence and agency, and gives them the chance to form positive relationships with others. One particularly successful example of this is the Gardening Project. The Housing First team supported the women to attend, accompanying them in taxis or by topping up their oyster card, and a coordinator showed them how to plant vegetables, take cuttings, sow wildflowers, and build frames. It enabled the women to get out into nature and to interact with other

women being supported by the project, who shared similar experiences.

“The gardening project has been a big hit with some of my clients feeling like they’re part of making a space look good and seeing kind of fruit of their work.”

– HF worker

“Client was supported to access and get involved with recovery activities including art/music and other creative activities. Client supported and encouraged into volunteering including client panels for interviewing potential sector workers.”

– HF stakeholder

Another key function of the service is to support women in re-establishing contact with children and family members. One Housing First worker spoke about how she was supporting a woman around accessing legal aid and advocating for her during a child guardianship order dispute. One woman is working towards her adult child coming to live with her. Housing providers have been flexible and offered two-bedroom tenancies in response to this.

“I was not able to have contact with my son, however now that I am making progress and making changes, I can continue to work towards regaining contact, whereas before this was not a possibility, therefore I am much more hopeful.”

– HF client

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SYSTEMIC CHALLENGES: ATTITUDES TOWARDS WOMEN EXPERIENCING HOMELESSNESS, VAWG AND MULTIPLE DISADVANTAGE

The year 1 evaluation of this service found that attitudes and understanding around women experiencing homelessness, VAWG and other forms of multiple disadvantage needed to change and outlined how women being supported by the project had experienced discrimination on the basis of their homelessness. In year 2, the Housing First team shared their thoughts on how expectations around gender roles intersect with homelessness and multiple disadvantage and how this impacts on how women are viewed.

“Maybe the expectation is women is like going to be all like... not aggressive, women not violent. You know women don't commit crimes like all this, so it's like when you have a woman that does, then you're like this is doubly worse than a man like you can expect it from a man, but from a woman. So yeah, it's just like oh, you know you, you just think you've seen them as more difficult, I guess than men.”

– HF worker

According to the Ministry of Justice, women are more likely than men to be sent to prison for a first-time offence and are more likely to reoffend following a short-term prison sentence for a minor crime such theft or criminal damage[22]. This fits with the experiences of one of the women interviewed for the project, who told us about her experiences of the criminal justice system.

“Yeah, [...] every day on the street was worse for me because of police. I was arrested a lot of times.”

– HF client

When discussing the systemic barriers and challenges that make life difficult for women the two agencies most frequently mentioned were the police and social services. There was a sense that women were judged and not taken seriously by these agencies, when they did not live up to the stereotypical ‘ideal victim’ or fulfill preconceived ideas around gendered social roles. This is in line with recent research that has highlighted the impact of sexism at the structural level and the ways in which it distorts how women’s homelessness is viewed[23].

“They sometimes have a taboo idea that obviously you're the mum, nurturer that kind of thing. You know that judgmental? So they're very hard on the women. They don't understand that actually because of the DV or the trauma that they face led to the... maybe their addiction or the drinking as a way of coping etc. Kind of makes the women full quite bad and judged. So I found their approach quite difficult to work around a lot of times.”

– HF worker

“Most of our women do not want to engage with the police because of past history and everything like that. It’s hard to get, you know, some orders and you know actions and stuff for clients.”

– HF worker

OPERATIONAL CHALLENGES AND BARRIERS

MULTI-AGENCY PROCESSES

Housing First workers spoke about the importance of multi-agency risk management and collaboration in supporting women, but there was a sense that these processes sometimes did not meet the needs of women experiencing multiple disadvantage. The Multi Agency Risk Assessment Conference (MARAC) process was specifically mentioned with regards to this.

“Yeah, I think that’s probably one of the biggest things. Is obviously when I’m raising the alarm for when the violence feels like the threat is high and getting a referral into MARAC, attending MARAC and then things not being done. Being told, you know, you just have to accept the risk.”

– HF worker

WORKING IN PARTNERSHIP

Stakeholders from a range of Westminster agencies and the housing coalition spoke positively about working in partnership with the Housing First team. They told us that in general, the team were easy to get hold of, clear about what the service could provide and open to reflection when things didn’t go as expected.

“Workers have been super responsive, flexible and creative in their approach to working with MD clients experiencing VAWG. This approach coupled with the joint working has helped in developing strategic partnerships with outreach teams like X.”

– HF stakeholder

“They just keep it real like there’s no hidden agenda. And you know when things don’t go well, they say things haven’t gone well and for us when we haven’t performed, we say we haven’t performed, and you know we can just learn from it. There’s no them and us.”

– Housing stakeholder

Some stakeholders and members of the Housing First team spoke about issues that had arisen around ‘splitting’. Splitting is associated with borderline personality disorder, a common diagnosis in women who make up 75% of those affected[24]. People who split see other people as being either good or evil. Some people who split will go back and forth between idolising and shunning the very same person. Others will divide each individual into one of two categories: ‘good’ or ‘bad’. Good communication between agencies is key when a woman is using splitting behaviours; feedback demonstrated how this could be challenging at times and impact negatively on partnerships.

“Sometimes.....there’s not that like I guess, cohesiveness between two professionals working with the client. We now have like weekly MDTs [multi-agency meetings] where we’ve discussed her, but I think at the start that like kind of she was like kind of splitting between some professionals and that was kind of like I guess reducing how often we all engage with her and she’s kind of like pushing some way then pulling some closer to her so I feel like you need like a strong communication between everyone working

with the client so that they all on the same page and you can like, I guess, have an action plan with each client to go forward with them.”

– HF Worker

Thinking about partnerships from a different perspective, feedback from one stakeholder highlighted a potential tension between working in a psychologically informed way and the approach and language commonly used in domestic abuse focused, women’s specialist support. It also echoes the views of the Housing First team, in that it highlights a need for in-house psychological support.

“I have found that the workers’ rigid beliefs around DV dynamics and the service’s use of language around ‘victims’ and ‘perpetrators’ has been particularly unhelpful for clients (rather than ‘your husband / partner’ etc.....I think it would benefit the service if it had an ‘in-house’ psychologist to develop the psychological thinking of the workers (& meet the psychological needs of the clients themselves) so that a more psychologically informed (PIE) approach is used.”

– HF stakeholder

ACCESS TO THE SERVICE: RECOGNISING STRUCTURAL INEQUALITY

Black and minoritised groups are underrepresented in Housing First provision generally; in England most people accessing Housing First services are White (89%). On average one in 20 are Black and the same proportion are of Mixed Ethnicity. A very small proportion of clients are Asian.[25] This trend is reflected in the demographics of the women accessing the Westminster VAWG HF project and suggests that the service may not be accessible to all women, and that more work needs to be done to reach women with protected characteristics such as race or sexuality, and whose experience is impacted by the intersection of race, sexuality, age, religion etc.

Referrals and referral processes for the service represent a key touchpoint for change. Currently, referrals are decided at a borough level meeting chaired by homelessness commissioners. Those invited to refer are predominantly commissioned homelessness providers from a range of supported accommodation and outreach services. Research has shown that Black and minoritised survivors are faced with complex structural barriers to access safe and stable forms of accommodation, their victimisation compounded by intersecting structures of oppressions based on race, immigration status, language barrier, class and/or disability[26].

What is more, research has also shown that migrant women are less likely to live rough or in encampments and more likely to conceal themselves when they do[27]. If Black and minoritised women are less likely to be seen by outreach teams, an active approach should be taken to encourage referrals from a wider range of agencies and organisations who do see this group of women. The project is in the process of setting up meetings with specialist by and for organisations to increase referrals from minoritised communities.

Additionally, modifications to the Housing First approach may need to be considered in order to meet the needs of Black and minoritised women. Housing benefit is the basis of housing first tenancy affordability; Black and minoritised women may have insecure immigration status or no recourse to public funds which would mean that they are excluded from Housing First services on this basis as they would not pass the ‘right to rent’ checks. To enable them to access Housing First they would need access to specialist legal support to help them understand their rights and make applications etc. The Housing First Team have made links with a ‘No Recourse to Public Funds’ project run by Solace Women’s Aid in order to seek referrals for women who are likely to get status and can access benefits.

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A cost benefit analysis (CBA) model was applied to demonstrate the economic and social value of the VAWG Housing First intervention based on the experiences of two women.

The results are persuasive in showing that harmful outcomes were likely prevented for each case study with a potential total savings of £113,835 to the public purse. The cost benefit ratio is £6 for every £1 invested.

The Greater Manchester Cost Benefit Analysis model[28] provided the foundation for undertaking a CBA. Two main inputs are needed to run the New Economy model:

- Data on project costs.
- Evidence of project outcomes, in this instance the issues prevented or delayed because of the VAWG Housing First intervention. The costs saved relate to immediate savings, roughly within the first year, and extend beyond that period.

The outcomes prevented or delayed were identified based on the existing issues the women faced at the start of the intervention. The costs of delivering the Housing First intervention were taken from the cost of one HF worker post for one year, supporting 5 women at any one time (HF post cost divided by 5) and the percentage of the part time housing coordination role based at Standing Together.

The New Economy Unit Cost Database was used to identify the costs associated with the outcomes prevented or delayed by the VAWG Housing First intervention (i.e., fiscal benefits).

The cost savings for each case were calculated by subtracting the cost of delivering the VAWG Housing First intervention from the combined costs of the outcomes prevented or delayed. With this figure, it is then possible to work out the cost-benefit ratio for each case.

A certainty level of 70% was added to account for risk and uncertainty. This is an allowance for outcomes of “what would have happened anyway” without the VAWG Housing First intervention. This meant applying a 30% reduction from the total savings identified.

The following example shows how the cost benefit ratio for PL’s journey was calculated:

The cost of the VAWG HF intervention was £9,625

The saving identified was £82,440. 30% was deducted from this figure to reflect a saving of

£57,708
 $£57,708 / £9,625 = £6$

This means that £6 was saved for every £1 spent.

SELMA'S STORY

Background/Crisis/Issues

When Housing First workers first made contact with Selma, she had been sleeping rough and in and out of various forms of temporary accommodation for four years. Her current partner was abusive; she had tried to flee the violence on several occasions but the various temporary accommodation options she was given always broke down and she ended up back on the street. She had a long offending history and had been in and out of prison for offences that included theft and assaulting a police officer; she was on probation when the team started working with her. Selma was also using crack, heroin and alcohol heavily.

Actions/Awards

Selma was referred to the Westminster VAWG Housing First project in September 2020 and supported by Housing First support workers from Solace Women's Aid. The workers slowly built trust with Selma and supported her into her own independent tenancy in March 2021 provided by one of the project's housing partners, L&Q. Her worker liaised with partners at Standing Together and L&Q to support her to settle in her new home.

Selma has now maintained her tenancy for 6 months. She is engaging with drug and alcohol services; since being housed she has reduced her methadone script from 50ml to 3ml. She is still drinking but has managed to reduce her alcohol intake. She has not reoffended since she started working with the project. She suffers from depression and anxiety and describes how being on the streets has had a lasting impact on her mental health, but says she is feeling better and safe for the first time. She is trying to socialise with people who she feels are a positive influence and has no contact with her abusive ex-partner.

Outcomes/costs prevented or delayed:

As a result of the Housing First intervention further domestic violence was prevented (CR2.0, **£12,903**).

Selma has been housed for a year and is no longer sleeping rough (HO6.0, **£9,189**) or accessing temporary accommodation sporadically (HO4.0, **£13,000**)

She has reduced her drug and alcohol use and maintained a methadone script (HE2.0, **£18,104**, HE1.0, **£2,133**)

Her mental health has been slowly improving, preventing future costs associated with service provision for people with mental health disorders (HE13.0, **£6,937**).

Further offending was prevented (CR8.0, **£3,700**)

Further prison stays were prevented (CR3.0, **£38,974** per person per year)

Cost Benefit Analysis

Intervention cost*	Cost	Unit	Main cost bearing agency
VAWG Housing First support	£8,400	Per victim/survivor (average)	Support provider – Solace Women’s Aid
Housing Coordination	£1,225	Per victim/survivor (average)	Standing Together
Total	£9,625		

* The costs of delivering the Housing First intervention were taken from the cost of one HF worker post for one year, supporting 5 women at any one time (HF post cost divided by 5) and the percentage of the part time housing coordination role based at Standing Together.

Further crisis/issue prevented (New Economy Unit Cost Database)	Cost	Unit	Main cost bearing agency
CR8.0 – Prevention of crime - average cost per incident of crime, across all types of crime	£3,700	Per incident	Multiple
CR3.0 - Offender, Prison- Average cost across all prisons, including central costs (costs per prisoner per annum)	£38,974	Per year	Criminal Justice System
CR2.0 - Prevention of domestic violence. This includes costs saved to health care services, the CJS, and general housing costs associated with an incidence of domestic violence.	£12,903	Per incident	Multiple
HE2.0 - Prevention or reduction of drug misuse	£18,104	Per year	Criminal justice system / NHS
HE1.0 – Prevention or reduction of alcohol misuse	£2,133	Per year	NHS
HO6.0 – Prevention of Rough sleeping	£9,189	Per year	Local Authority
HO4.0 - Temporary accommodation - average weekly cost of housing a homeless household in hostel accommodation	£125	Per week	Local Authority
HE13.0 – Prevention of cost of service – people suffering from mental health disorders	£6,937	Per year	Local Authority
Total	£92,065		
Applying certainty level of 70% (deduct 30% from above)	£57,708		
Cost Benefit Ratio (saving for every £1 spent)	£6		

Total cost savings = £92,065 - £9,625 = 82,440 **£57,708 applying certainty level of 70%**

DEBBIE'S STORY

Background/Crisis/Issues

Debbie had been street homeless for over 20 years when she came to the project. She had experienced domestic abuse from her long-term partner, and he had forced her into selling sex to finance their drug habit. Debbie has five children; four have been adopted and one lives with Debbie's mum. Debbie is well known to the criminal justice system and has served three prison sentences. In 2019 she served 6 months in prison for assaulting a police officer. She also had £1,200 outstanding fines owed to Transport for London.

Actions

Debbie was referred to the Westminster VAWG Housing First project in September 2019 and supported by Housing First support workers from Solace Women's Aid. The workers slowly built trust with Debbie and supported her into her own independent tenancy in March 2021 provided by one of the project's housing partners, Southern Housing Association. Her worker liaised with partners at Standing Together and Southern to support her to settle in her new home. Debbie has now maintained her tenancy for 2 years. Since Debbie started working with the project she hasn't been arrested. She hasn't used heroin and crack since before her last prison sentence. She is engaging well with the local mental health team. She did not reconnect with her abusive partner upon her release from prison, and now she has moved he cannot locate her. Her worker supported her to reduce her debt to TFL and start paying it back monthly. She was also supported to apply for a freedom pass.

Outcomes/costs prevented or delayed:

As a result of the Housing First intervention:

Debbie was supported around abuse and did not reconnect with her abusive ex-partner - domestic violence was prevented (CR2.0, **£12,903**).

Debbie has now been housed for two years and no longer sleeps rough (HO6.0, **£9,189**).

She has maintained abstinence from crack and heroin preventing further costs around drug related offending and to health and social care (HE2.0, **£18,104**).

Her mental health has improved since she has been engaging with mental health services (HE13.0, **£6,937**).

Further offending was prevented (CR8.0, **£3,700**).

Further prison stays were prevented (CR3.0, **£38,974** per person per year).

Cost Benefit Analysis

Intervention cost*	Cost	Unit	Main cost bearing agency
VAWG Housing First support	£8,400	Per victim/survivor (average)	Support provider – Solace Women's Aid
Housing Coordination	£1,225	Per victim/survivor (average)	Standing Together
Total	£9,625		

* The costs of delivering the Housing First intervention were taken from the cost of one HF worker post for one year, supporting 5 women at any one time (HF post cost divided by 5) and the percentage of the part time housing coordination role based at Standing Together.

Further crisis/issue prevented (New Economy Unit Cost Database)	Cost	Unit	Main cost bearing agency
CR2.0 - Prevention of domestic violence. This includes costs saved to health care services, the CJS, and general housing costs associated with an incidence of domestic violence.	£12,903	Per incident	Multiple
HE2.0 - Prevention or reduction of drug misuse	£18,104	Per year	Criminal justice system / NHS
HO6.0 – Prevention of Rough sleeping	£9,189	Per year	Local Authority
HE13.0 – Prevention of cost of service – people suffering from mental health disorders	£6,937	Per year	Local Authority
CR8.0 – Prevention of crime - average cost per incident of crime, across all types of crime	£3,700	Per incident	Multiple
CR3.0 - Offender, Prison- Average cost across all prisons, including central costs (costs per prisoner per annum)	£38,974	Per year	Criminal Justice System
Total	£89,807		
Applying certainty level of 70% (deduct 30% from above)	£56,127		
Cost Benefit Ratio (saving for every £1 spent)	£6		

Total cost savings = £98,807 - £9,625 = £80,182 **£56,127 applying certainty level of 70%**

LIMITATIONS

This CBA only considers the cost savings based on the likely outcomes that were prevented or delayed by the VAWG Housing First intervention. The project did not have capacity to collect data on women's historical patterns of service use. Understanding what women's patterns of service use were prior to engaging with the Westminster VAWG Housing First would enable us to see how this changed over time and therefore more accurately estimate cost savings.

Increased knowledge around women's use of services before they started engaging with the project would also better help us understand if there had been an initial spike in spending. If a woman is rough sleeping and has very low engagement with services, costs will initially go up when she starts working with the project, as HF workers support her to apply for benefits, access drug treatment etc, which she has not been accessing previously. However, as the evaluation of the Threshold Housing First service points out "the available evidence shows that when someone remains living rough for protracted periods, they will, sooner or later, tend to have contact with emergency health, mental health and criminal justice services [29] . Equally, as homelessness persists, the costs of extricating someone from it tend to increase" [30]

It is also important to note that a CBA does not account for individual experiences and benefits to the person. For example, it does not quantify how this impacted on the person's own health and wellbeing and financial situation. Costs saved will be much higher when considering the direct outcomes for each individual.

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Two years in, and despite COVID lockdown measures, the service has increased in capacity and supported women to achieve some positive outcomes. Tenancy sustainment for the project is higher than average at 90%. The unique partnership with housing providers and housing coordination role have contributed to this, enabling access to good quality housing, and providing women with choice over where they live and what type of property they live in. Positive outcomes around physical and mental health and substance/alcohol use are also evident; well over half of the women supported by the project have engaged with treatment and services that can help.

Managing risk around domestic abuse is an ongoing challenge, and one for which there are no easy answers. What this evaluation has shown is the team's skill in building relationships and starting conversations with women about their relationships, the impacts of trauma and coercive control. Having an abusive partner is not a barrier to accessing the service and something which the team have worked creatively around to increase safety and agency for women in this situation. Supporting women to engage with their communities has also been challenging. Housing First services are reliant on partnerships with local agencies to build someone's support network; this evaluation has shown how some of these systems and structures remain particularly difficult for this group of women to navigate and highlighted the widespread stigma that these women face. Despite this, the Housing First team have built good relationships with a range of agencies and advocated on women's behalf to challenge stigma.

There is still much room for hope going forward. Women's specialist organisations have lobbied for Housing First for women experiencing long term and recurrent homelessness and VAWG to be prioritised under the Part 4 Support within Safe Accommodation duty under the new Domestic Abuse Act. The All-Party Parliamentary Group for Ending Homelessness have also supported a Housing First model for domestic violence survivors. This can only serve to raise the profile of the model and the needs of the women it supports. This year the Westminster VAWG Housing First project received a commendation from the London Homelessness Awards and Westminster council have continued to show their commitment to the project, with plans to increase capacity further in year 3. We look forward to another year of learning and evolving and sharing this with our partners and beyond next year.

APPENDIX A: HOUSING LEAD INTERVIEW TOPIC GUIDE

Theme 1: Understanding of the project/HF/Impact on the women

What is your understanding of what the Westminster VAWG Housing First project does and the needs of the women it supports?

What is your role in the Westminster VAWG Housing First partnership, and do you have a sense of how does what you do impact on the women the project supports?

Theme 2: Partnership with Solace and the other Housing Associations (HA):

What are your thoughts on how well the partnership with solace women's aid and the other housing provider works?

- What works well?
- How can partnership working be improved?
- Are you happy with the 'coalition' approach to partnership (all housing providers meeting together/emails as a group)?

Theme 3: Their thoughts on the coordination role at ST:

- What is your understanding of what the Housing First and Homelessness coordinator does with regards to the VAWG Housing First project?
- How does this role help you?
- What is the impact of this role on the partnership as a whole?
- How does the work of the HF & Homelessness coordinator impact on the women the project supports?
- Is there anything the Housing First and Homelessness coordinator does that has been of particular help? e.g., partnership meetings, regular email reminders, 1:1 catch ups, coming in when there are issues to be addressed)
- What can be improved? Can we change the way we do something currently, or do something new?
- Theme 4: What's in it for you/the challenges you face:
Think back to when you first started working with the project: what were your original concerns
- about HF? Are they still concerns now? If not what helped to solve these issues?
How does this bring value to your work/to the HA's work – essentially, why do you do this? What is
- in it for you?
What is the biggest barrier you face in fulfilling your role in the partnership?

Theme 4: What's in it for you/the challenges you face:

- Think back to when you first started working with the project: what were your original concerns about HF? Are they still concerns now? If not what helped to solve these issues?
- How does this bring value to your work/to the HA's work – essentially, why do you do this? What is in it for you?

What is the biggest barrier you face in fulfilling your role in the partnership?

APPENDIX B: SOLACE HOUSING FIRST TEAM INTERVIEW TOPIC GUIDE

Questions

1. Engagement:

- What has worked in terms of engaging women (when they first come into the project)?
- What have been the barriers to engagement (internal barriers for the women – why do they find it hard and external barriers)?

2. Tenancy Sustainment and housing

- What is your understanding of the Housing coordination role in the Westminster VAWG HF project?
- What do you feel are the benefits of having a role like this, that coordinates the housing partnership, a) to you in your role and b) to the women? Are there any negatives?
- What has helped women to sustain tenancies? What has been key to tenancy sustainment in your view? (your support, partners etc)

3. Domestic abuse/VAWG – all the women in the project have experienced or are currently experiencing some form of VAWG

- Supporting women around domestic abuse/VAWG – what has worked?
- How do you support women around VAWG? What do you do to support them to stay safer?
- What are the biggest challenges?

4. Health and Wellbeing

- How have you supported clients around their health and wellbeing e.g. physical health, mental health and substance misuse?
- For those women you support, do you feel like their health and wellbeing has improved since they started working with the project? Can you give an example?
- What are the challenges/barriers for women in addressing their health and wellbeing?

5. Community integration

- In terms of integrating women into their communities, what things have worked well and what challenges have you faced?

6. Working in partnership

- Which agencies have you worked in partnership with – which partnerships work well and which don't work so well? What is it that makes that partnership work/what gets in the way?
- What would you say are the biggest systems blockages/barriers that makes life hard for the women you support?

APPENDIX C: CLIENT FEEDBACK SESSION TOPIC GUIDE

Consent:

- Explain that I am evaluating the project and I'm interested in both what is going well but also what might not be going so well so we learn how to better support women. So I'm interested to hear about your experiences in Housing First, whether it's good or bad.
- Remind them it's completely confidential and anonymous, unless I'm worried about their safety or the safety of someone else.
- As a thank you for your help, what we're also doing is offering a £10 All 4 One gift voucher and I can arrange that to be emailed to for you once we finish the session. Your contribution will be very helpful and will make a difference in the future of Housing First. Thank you!
- Check they're in a quiet space where they won't be interrupted. Suggest setting up a safe word so they can leave quickly if needed and tell them that if they use the safe word, I will contact their support worker.
- Consent to audio record

****Turn on recorder****

Is it OK for us to go ahead with the session?

Is it OK that this feedback session is audio recorded?

Everything you say will be anonymous but is it OK if we quote you in the report?

1. Who are/is your support worker(s) from HF?

- a. How long have you been getting support from HF?
- b. How long have you been living here?

2. Can you describe how HF has been for you?

(Open question - can be about the housing or the HF support, or both)

- a. What's been helpful/not helpful?

3. Have you been offered any flats? If yes,

- a. What was that process like? (Viewing, sign ups, move in, etc)
- b. What is it like living in the flat?
- c. What do you like about it?
- d. What don't you like about it?
- e. How do you feel about the support from HF through all the changes (with moving) in your life?

Did you feel supported?

- f. What is the most helpful part of the HF support? Least helpful?

4. How's your physical health at the moment?

- a. Has it been getting better/worse?
- b. Has the HF support or changes (e.g. moving in) made it better or worse?
- c. What support do you need to help you get better?

5. How's your mental health at the moment?

- a. How are you feeling about yourself?
- b. How do you cope when things are hard?
- c. What helps?
- d. Has the support from HF helped at all?

6. It's really common for women to use drugs or alcohol to cope when they're homeless or have been homeless. Is that something you use?

- a. Have you wanted support with this?
- b. Has your use changed with the HF support?
- c. What's helped?

7. How do you feel about your safety at the moment?

- a. What makes you feel unsafe?
- b. What helps you to feel safer?

8. Who supports you?

- a. What is it about this person/people that is helpful for you?
- b. What else could make the support better?
- c. Practical & emotional support?

9. If you were speaking to someone else who is just coming into the HF service, what would you tell them about what to expect? What advice would you give her/them?**10. This report will be read by people who can make decisions about the service. What would you say to them about what support homeless women need?**

APPENDIX D - WESTMINSTER VAWG HOUSING FIRST STAKEHOLDER SURVEY - YEAR 2

You are receiving this survey as you have been identified as a key stakeholder of the Westminster VAWG Housing First project. Standing Together are evaluating the second year of the service (September 20-September 21) and would really appreciate your feedback on what it has been like to work in partnership with the project, and your perception of the impact it has on the women it supports.

If we use direct quotes from you in the evaluation we will ensure that they are anonymous and don't contain any identifiable information about yourselves, your clients or your organisations.

The survey should take around 15 minutes to complete.

1. Your job title:

2. Organisation name:

3. Service name:

4. Can you briefly describe what involvement you have had with the Westminster VAWG Housing First team?

5. Can you tell us about some of the positive things about working in partnership with the VAWG Housing First service?

To get you thinking: what was working in partnership with the service like? Were the workers easy to communicate with? Did they respond quickly to queries etc? Were they flexible in their approach to support?

6. Have there been any negative things about working in partnership with the VAWG Housing First service?

7. How has engagement with the VAWG Housing First service impacted on the woman that you support/supported?

- Don't worry if you feel you can only answer a few of these
- It would be really helpful if you can think of some specific examples of positive changes the woman has made since she started working with the service - you can add these in the 'Examples of change' box below.

	Positive Change	No change	Negative change
Her engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her ability to sustain a tenancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her safety - from domestic abuse/other forms of VAWG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her integration into the community - supported around finances/integrating into the local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to fill out this survey - it is much appreciated!

APPENDIX E: SPREADSHEET DATA

- Name
- Date of Referral
- Month Referred
- Borough
- DOB
- Age
- Ethnicity
- Religion
- Sexuality
- Transgender?
- Disability
- Children?
- Accepted
- Nomination submitted
- Advocate Allocated to
- Open or Closed
- Currently Engaging
- Referred by
- Referral Agency
- Referral Agency Type
- Reason referral not accepted
- Tenancy established?
- Tenancy maintained?
- External referrals?
- Registered with GP?
- Registered with Dentist?
- Opened bank account?
- Types of Multiple disadvantage experienced
- Type of VAWG
- Previously known to Solace?
- Improved financial position?
- Improved Safety and decreased risk?
- Improved Mental Health and wellbeing?
- Engaged in meaningful activity?
- Support into further engagement with drug and alcohol services?
- Support with incident of VAWG?

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