

WESTMINSTER VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) HOUSING FIRST SERVICE: LEARNINGS FROM THE THIRD YEAR



March 2023

**STANDING
TOGETHER**
against domestic abuse


City of Westminster

solace

With thanks to our housing partners

Octavia



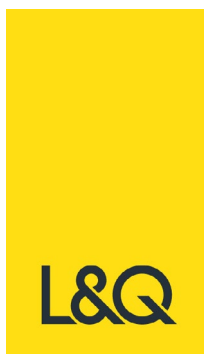
Peabody



Southern Housing Group



L&Q



Women's Pioneer Housing LTD



Guinness



SAHA



Sanctuary



With thanks to the Department for Levelling Up Housing and Communities and Westminster Council for funding and commissioning the Westminster VAWG Housing First Project

ABOUT STANDING TOGETHER AGAINST DOMESTIC ABUSE

Standing Together Against Domestic Abuse is a national domestic abuse charity, working with multi-agency partners to establish a coordinated community response to domestic abuse. We specialise in developing the housing and homelessness sector's response to domestic abuse and providing innovative solutions to survivors' housing needs. 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.

ABOUT SOLACE WOMEN'S AID

Solace is a leading London charity supporting survivors of domestic abuse and sexual violence. We know that women across London are experiencing domestic and sexual violence right now. Whatever form this comes in, from rape and trafficking to relationships based on psychological or financial control, we work to end it. But we know escaping abuse can be the hardest thing to ever do. That's why it's so important we're here.

EXECUTIVE SUMMARY

The VAWG Housing First for Women in Westminster responds to the unique and often unmet needs of women experiencing long-term homelessness, multiple disadvantage and male violence against women and girls (VAWG). It is built on the Housing First [fidelity principles](#), and critically creates a gender informed response that meets the needs of women, including project leadership by specialist VAWG and domestic abuse services, Solace Women's Aid and Standing Together Against Domestic Abuse, in partnership with housing providers Peabody, London and Quadrant, Southern Housing Group, Women's Pioneer Housing and Octavia Housing Association, The Guinness Partnership, Sanctuary and Salvation Army Housing Association.

KEY ACHIEVEMENTS

The Westminster VAWG Housing First project has been supporting women in Westminster for three years, supporting a total of 44 women during this time. Over the three-year period, 25 have accessed accommodation, with an overall tenancy sustainment rate of 92%.

The success of the Westminster VAWG Housing First project is built on the foundational elements of:

- Long term and open-ended support for women accessing the services provided by a women's specialist organisation.
- Separate housing coordination to ensure women access the right tenancies for them and to strong relationships are maintained with housing providers.
- Housing providers who work alongside the project to provide permanent tenancies to women based on their needs.
- Strong partnerships with multiagency partners who both refer into the project and provide ongoing support to women and communication with project partners.

As shown within the learning report, women's safety, housing security, physical and mental health, and financial stability were all improved following their engagement with the Westminster Housing First for Women project, and there is a strong case for its continuation and the replication of the model.

"I have sorted out all my benefits, got my flat, got my cat and I am happy"

Woman supported by the service

"Housing first has really changed my life for the positive"

Woman supported by the service

KEY CHALLENGES

Despite the success of the project, there are continued systemic barriers to women accessing safety, support, and housing security, that must be addressed in order to ensure these women's needs are met.

Barriers to support for Black & Minoritised women

Housing First nationally, and specifically Housing First for Women in Westminster, is not reaching Black and Minoritized women to the extent it reaches white British women. We know that black and minoritized women are even more marginalised than the white women accessing housing support, including, language and immigration barriers and often, no recourse to public funds. The responsibility lies with Housing First providers to find and engage Black and minoritized women and to work alongside specialist by and for services to do this. There are significant challenges to overcome to achieve this, including no recourse to public funding, which will limit many women's accesses to housing benefit required to gain a social tenancy.

Support for women who identify as LGBTQ+

While we know that many women experiencing long term homelessness, multiple disadvantage and male violence against women and girls identify as LGBTQ+, this is not representative in the cohort of women accessing Housing First for Women in Westminster, either due to concerns sharing their identity, or referring services not identifying where these women need Housing First support. More work must be done through our project, to identify and often support to all women and meet their unique needs.

Continued male violence against women and girls

Even after accessing Housing First, women are at a continued risk of harm from male violence against women and girls both from previous and new partners, and non-personally connected men. This directly impacts their safety and their housing security and has significantly impacted women's tenancy sustainment. Safeguarding women from male violence against women and girls requires a Coordinated Community Response, including criminal justice partners, perpetrator management programmes, and the homelessness services that are often best placed to support men using abusive behaviours. There is a significant gap in responding to perpetrators and holding them accountable for their behaviour, particularly in the homelessness sector in Westminster.

The need for an improved Coordinated Community Response

It is clearly evidenced throughout the report, that women accessing our Housing First services, often have significant mental and physical health, substance use needs, and disabilities, that requires coordinated response from health, social care, and substance use partners.

RECOMMENDATIONS FOR HOMELESSNESS AND HOUSING FIRST FOR WOMEN PROVISION

Housing First for Women must be one element of a wider strategy to identify and respond to the unmet and unseen needs of women sleeping rough

There is a strong body of qualitative data, as well as compelling new quantitative data, which demonstrates that women's rough sleeping is significantly under-represented in current statistics, and current provision is failing to address and provide for women's rough sleeping. Women sleeping rough carry the added burden of gender-based violence and abuse before, during, and after their time on the streets. Hiding from harm can mean that women are hidden from support services and missing from homelessness statistics.

For many the only offer off the streets is to go into mixed accommodation, where women may continue to be exposed to male violence and abuse. Without identifying and responding to women's experiences of rough sleeping as distinct from men, which requires a distinct response, we will not end rough sleeping.

As a result, few local authorities specifically commission services or support designed for these women or provide safe women only spaces within homelessness settings. We recommend that every local authority commission Housing First for Women, or ensure that mixed services are commissioned, designed and delivered with women in mind, based on the model which we have evidenced is effective and sustainable. We also recommend that local authority level homelessness and VAWG & domestic abuse strategic partners work jointly to address the needs of these women through multiple forms of services and support, as a part of a Whole Housing Approach to domestic abuse, in line with tier one local authorities' duties under Part 4 of the Domestic Abuse Act 2021, to provide support within safe accommodation.

Wider response to perpetrators across the homelessness sector and input from perpetrator specialist services

Homelessness providers, alongside all multiagency partners, must respond to perpetrators as the cause of violence and abuse towards women and girls. Without holding perpetrators to account for their behaviour, all women will continue to be placed at a risk of harm wherever they live and however secure their housing. The homelessness sector does not currently have the required training, awareness, and knowledge on how to respond to perpetrators in a way that is safe, and survivor centred. There is still a big gap in services, support and training around supporting perpetrators who are homeless and experiencing multiple disadvantage. More must be done nationally to understand the specific challenges of homelessness providers in holding perpetrators to account, and to provide them with the support and resources to do this effectively, in partnership with specialist perpetrator services. The DAHA Led National Housing and Domestic Abuse Policy and Practice Group, is regularly meeting with homelessness support services to understand this unmet need, and provide guidance on how to work towards solutions.

Understanding and meeting the needs of Black and Minoritized Women

There is a critical need to research and understand the needs of Black and Minoritised women experiencing long-term homelessness, multiple disadvantage and male violence against women and girls, and to devise homelessness support, and potentially Housing First, solutions that meets their needs. It is inevitable that access to such services will be impacted by multiple barriers, including immigration and no recourse to public funds. We support the Domestic Abuse Commissioners call for the Government to offer support to migrant women to access lifesaving services. Standing Together is currently working with a small group of homelessness and specialist by and for services to discuss these issues and how we can work together to address them, however there is a need for a funded project working towards this.

Housing First for Couples

Research and lived experience tell us that survivors of domestic abuse experiencing homelessness alongside other forms of disadvantage are among the most marginalised in society. We recognise that domestic abuse can happen to anyone, regardless of gender or sexuality, but that women are disproportionately affected; experiences of domestic violence and abuse are “near universal” among women who become homeless. We also know that, for several complex reasons, women experiencing homelessness and multiple disadvantage are more likely to remain with perpetrators. Learning from existing Housing First provision for women reaffirms that women are often part of a couple, and the lack of support/housing for their partners can often increase the risk of tenancy hijack and domestic abuse.

Wider homelessness services eviction policies often mean women end up homeless too, following their perpetrator back onto the street, and losing their tenancy or license. In the meantime, minimal accountability is placed on the perpetrator to address their behaviour and needs. The proposal of Housing First for Couples, enables couples to access support that meets their needs, including experiences of VAWG and perpetration of VAWG, while accessing separate tenancies and support services. There needs to be an opportunity for homelessness, women's and perpetrator specialist services to pilot this approach to understand its impact.

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INTRODUCTION

This learning report summarises key learnings from the Westminster VAWG Housing First project as of the end of its third year in September 2022. It explores the challenges and successes of the service from the perspectives of the women supported by the project, the Solace support team, project partners and commissioners. Although the focus is predominantly on data and outcomes from year three, this report will also endeavour to zoom out where possible and explore outcomes for women that were referred into the project when it opened to referrals in September 2019, and those referred in at various intervals since. We hope that this will demonstrate what a woman's journey through the service looks like over time, and what learning can be gained from cases where that service journey has ended. Based on our findings shared in this report, we make clearer, practical recommendations for service delivery, commissioning partners and other strategic partners on how and where service delivery, design and commissioning should be approached differently to meet the needs of women, and in doing so, provide a gender responsive Housing First service.

It is hoped that this will be of use to support existing Housing First services (mixed gender or women only), organisations considering developing Housing First for women, housing providers, commissioners, and other agencies/partnerships that are so key to the success of Housing First.

ABOUT THE SERVICE

The Westminster VAWG Housing First service is commissioned by Westminster Council and funded by the Department for Levelling Up, Housing and Communities rough sleeping initiative fund. With initial development support from Standing Together Against Domestic Abuse (Standing Together) conducted in 2018, and Solace Women's Aid (Solace) joining the partnership in 2019, it opened its doors to referrals in September 2019. In year one the service supported ten women, increasing capacity to twenty in year two and thirty in year three.

The Westminster VAWG Housing First Project has five key aims:

- 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.

There are three key elements to the project, which enable us to meet the project aims:

1. Support

In year three support for women accessing the Housing First project was delivered by 6 Housing First workers and one team manager from Solace Women's Aid. Workers support a maximum of six women at any one time due to the high and complex nature of the women's needs. Providing open-ended, long-term support to a small number of women, is a foundational element of Housing First for women.

The Solace team 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 needs, such as their physical and mental wellbeing. As violence and abuse is a universal experience for women experiencing homelessness, this project particularly benefits from the involvement of specialist women's sector provider Solace, who specialise in supporting women to be physically and psychologically safe. Solace Women's Aid offers advice and support to women and children in London to build lives free from abuse and violence.

2. Housing Coordination

Standing Together play a vital role in procuring housing for the project and coordinating partnerships with housing partners. The housing coordination is the link between Solace, the support provider, and the housing associations, who provide permanent tenancies. The housing coordinator works to bring new housing providers on board and maintain relationships with existing providers by signing providers up to a service level agreement and holding regular one to one and quarterly partnership meetings. The coordinator also monitors the nominations and offers process, organises 6-month tenancy review meetings and supports when there are any issues with tenancies. The housing coordinator also has an educational role, providing briefings for Housing teams to get them up to speed on Housing First and the needs of the women housed.

3. Housing provided by the housing partnership

Permanent, independent housing is provided by housing associations [Peabody](#), [London and Quadrant](#), [Southern Housing Group](#), [Women's Pioneer Housing](#) and [Octavia Housing Association](#), [The Guinness Partnership](#), [Sanctuary](#) and [Salvation Army Housing Association](#). All partners work on a service level agreement basis and allocate properties outside of allocations agreements with local authorities.

LEARNING OUTCOMES

REFERRAL INFORMATION

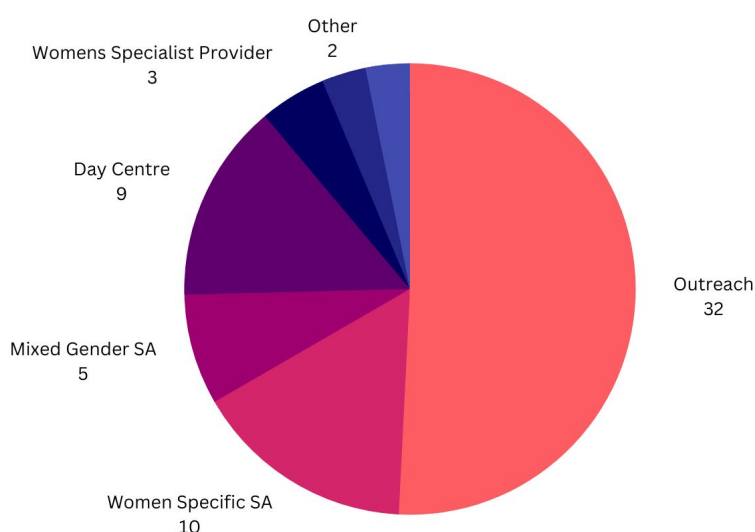
The referral process

For the referral criteria of the service please see the service referral form in appendix A. Referrals into the service were made in two ways.

- Two referral meetings were held, at the beginning of year one and then again at the start of year two. These were organised by commissioners from Westminster council and attended by representatives from Solace, Standing Together and homelessness support providers from the borough. Homelessness support providers brought cases they wanted to refer, and 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.
- Referrals from individual organisations were accepted throughout the year when a space became available.
- For the full referral criteria of the service please see the service referral form in appendix B.

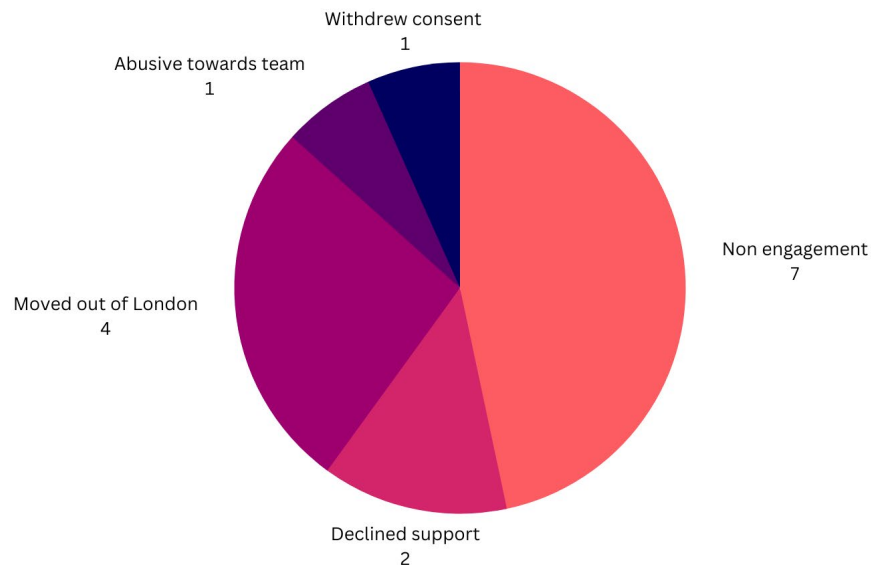
There are positives and negatives to managing referrals in this way. Referral meetings allow valuable time for discussion and are useful in terms of getting a range of perspectives from different professionals. However, as the service sits in Westminster council's rough sleeping portfolio, those invited to refer were predominantly homelessness service providers which precluded many referrals getting through from other agencies such as women's specialist, health or drug and alcohol services. This is reflected in the referral data below:

63 referrals recieved over 3 years



Of the 63 referrals received over the three years 19 were not accepted. The most common reasons for this were that the referral either did not meet the criteria, or the woman declined the service.

63 referrals recieved over 3 years



Over the three years, 44 women were accepted onto the project and received some form of support. 15 cases were closed over this time so at the end of year three (September 2022) there were 28 women being supported by the service and one woman on the waiting list.

THE WOMEN: DEMOGRAPHIC DATA

Data presented here is for the 28 women who were receiving support at the end of year three in September 2022. This data provides a useful comment on who the service is and is not reaching.

AGE

The majority of the women were aged 31-50. This is largely in line with data from Housing First services across the country which shows that overall services tend to work with those aged between 35 and 59, although the women being supported by the Westminster VAWG Housing First service are on the younger end of this scale.



ETHNICITY

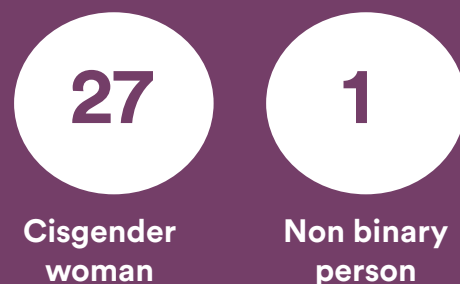
Like last year, most of the women supported by the service identified as either White British or white other. Again, this is in line with data from Housing First services across England which shows that for most services most clients are White (89%). On average one in 20 clients are Black and the same proportion are of Mixed Ethnicity. This highlights a need for more evidence and understanding of Black and minoritised women's experiences of long-term homelessness and the barriers

they face to accessing Housing First support and we recommend mixed services and those specifically for women should also consider if the service is reaching black and minoritized groups of women and consider the barriers these groups face in accessing their service.



GENDER

The Westminster VAWG Housing First service is for women only, but supports anyone identifying as a woman, and the support is tailored individually to that woman's needs. 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. Despite this, the service is not currently supporting any trans women which means this is an area to explore and identify barriers to support for this group in the coming year.



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.



Heterosexual



Not Known



Bisexual



Lesbian

DISABILITY

13 women were recorded as having a form of disability, which is quite a large number and makes up almost half of this cohort. Research by Groundswell found that living conditions and the stresses of being homeless aggravated women's health conditions and that many women found it difficult to access support around their health while homeless. This would suggest that women's health needs might be high at point of referral into the project and in need of specific focus.



ENGAGEMENT

When exploring how well women engaged with the project it is useful to look at the data that shows how long women have been supported by the project, year by year (for the 28 women being supported at the end of year three in September 2022).

- 10 women who were referred in year one (Sep 19-Sep 20) were still engaging with support.
- 9 women who were referred in year two (Sep 20 – Sep 21) were still engaging with support.
- 9 women who were referred in year three (Sep 21 – Sep 22) were still engaging with support.

It's encouraging to see that many of the women who have been with the project the longest are still engaging at the end of year three, although it should be noted that analysis of case notes showed that for most of the women engagement with the project was not consistent and often fluctuated across the year. This is to be expected considering the trauma that women have experienced and the impact on their mental and physical health, substance, and alcohol use. Incidents of VAWG, problems with finances and benefits and other stressors such as having to wait for maintenance work in their property all impacted on a woman's ability to engage with the service.

WHAT THE WOMEN SAID

11 women filled in feedback forms in year 3 and all of them reported feeling happy or very happy with the support they were receiving. Their feedback showed that how support is delivered to women is key to building relationships and maintaining engagement with them.

They appreciated that the Solace team were **easy to contact**:

“Always there when I needed her”

“When I had a support worker before, she didn't support me properly. If I needed support, I would need to ask a few times or not get an answer. With my caseworker, she is always there and deals with it straight away. She always answers the phone”

They appreciated that the Solace team **could be relied upon to do what they said they would do**:

“She gets things done”

They appreciated that when needed the Solace team **would go ‘above and beyond’**, particularly with regards to incidents of VAWG:

“Rachel is always there for me and goes out her way for me. When I phoned her after an incident, she dropped everything to help me and give the support I needed”

HOW THE SOLACE TEAM ENGAGED WOMEN: CREATIVITY AND PERSISTENCE

The Solace team demonstrated persistence, but also creativity in how they engaged women. A good example of this is how one of the Solace team sent a card to a woman who had been recently referred, and who was in and out of supported accommodation and sleeping rough, to introduce herself and ask her how she wanted to be contacted and engaged with. This creativity and flexibility in approach is so important and is reflected in the comments of a key project stakeholder who described the Solace team as having essential ‘willingness and that sort of drive to just try.’

PARTNERSHIPS ARE KEY

Partnerships with other agencies were also key to engaging women at the start of support and re-engaging them after periods of non-engagement. As many of the women were referred in by outreach teams, and/or returned to sleeping rough for periods of time throughout their support, partnerships with local outreach teams in Westminster were of particular importance. These relationships were especially important at the point of referral, when the Solace team would do joint shifts with Westminster outreach workers to meet up with women sleeping rough and start building a relationship. The Solace team also spoke about the importance of good partnership working with outreach teams in other London boroughs, particularly those further out. This enabled them to engage and keep track of women outside of Westminster much more effectively, despite the geographical distance.

As well as outreach teams, health and drug and alcohol services in Westminster were specifically mentioned as good allies in the task of reaching and engaging women. Two examples of good practice demonstrate this positive joint working:

- A local homeless health service supported the team to engage with a woman by enabling the Housing First worker to join her GP appointments virtually. This created a valuable safe space for the worker to speak with the woman without abusive partners or other negative people around.
- Close partnership working with local drug service Turning point enabled one Housing First worker to keep a woman engaging with the service

GOOD PRACTICE EXAMPLE: WORKING IN PARTNERSHIP TO ENGAGE WOMEN

Working in partnership with Turning Point drug service was crucial for engaging Lisa who was incredibly vulnerable when she joined the service. Lisa had been excluded from various accommodation options in the local rough sleeper’s pathway and had recently been evicted from the women specific hostel. She had returned to street homelessness and was using heavily to cope with her situation. Lisa did not trust professionals as she felt let down by services and feared that her history would prevent her from ever accessing housing.

A member of the Solace team worked closely with a professional from Turning Point to build Lisa’s trust through consistency, and the understanding that professionals working together was in her best interest. Solace focused on advocacy around Lisa’s housing, while the Turning Point worker supported her to stabilise her substance use. These two factors had an overwhelming effect on each other as Lisa finally felt secure enough to work on her addictions. This calmed the fears of professionals in housing services and opened doors for longer term housing. After three months of consistency and joint working, Lisa was stable in temporary accommodation and had stopped using on top of her script. She describes that time as a happy time in her life, where she was able to reconnect with family.

CHALLENGES

Over the three years seven cases were closed due to non-engagement. Of these seven:

- Three were open for over two years
- Two were open for between a year and two years
- Two were open for less than a year

This data is interesting as it speaks to a common issue faced by many Housing First services around how long a team should continue to try and engage a client before they close the case. There is no hard and fast rule around this, but it is pertinent to look at the reasons why engaging these women was difficult. The team put significant effort into engaging each of these seven women, so it would be interesting to know if there were any common factors in these cases that hampered engagement. Looking in more detail at the cases of these seven women highlighted some key trends:

- In over half of these cases domestic abuse or another form of VAWG was a factor in the woman's disengagement from support. This is in line with findings from the years one and two evaluations of the service, perpetrators are adept at sabotaging women's housing and engagement with services and support as a form of abuse.
- It was notable that a woman from the year one cohort lost her battle with the family courts during the first year she was supported by the project. Her children were taken into care and the case notes evidence the subsequent start of a new relationship with an abusive partner, worsening mental health, substance use relapse, a return to rough sleeping and gradual disengagement with the service.
- Three women were housed (one through the housing partnership and two via London local authorities) but had returned to sleeping rough for periods of time. Again, it is notable that all these women had an abusive partner who controlled where they stayed. One of these women abandoned her property altogether and was evicted.
- Four women were moving between sleeping rough and short stays in supported accommodation. All these women were sleeping rough outside of Westminster and often crossed borough boundaries. Case notes from the Solace team reflected on how they could be very difficult to track down as a result.

HOW THE SOLACE TEAM SUPPORTED AND ENGAGED THESE WOMEN

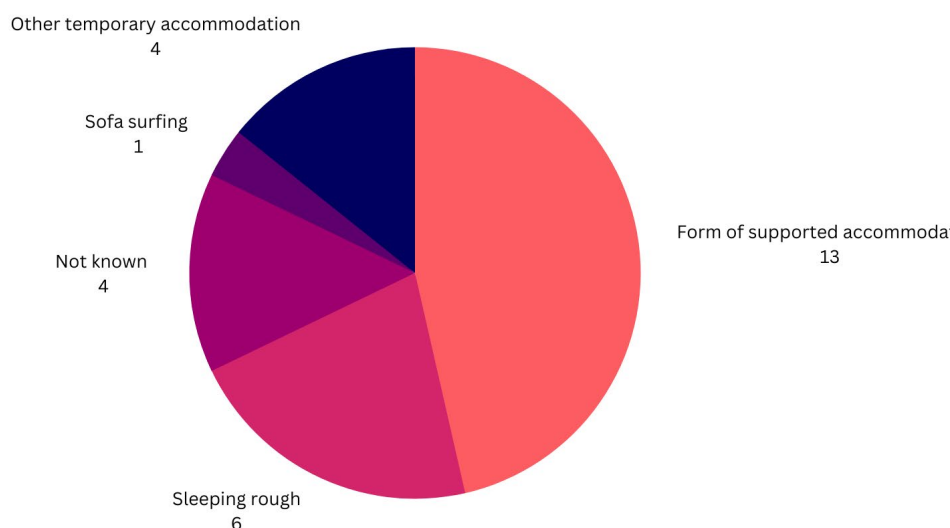
- Worked with outreach teams to locate women and start building relationships.
- Supported women to access health care via outreach nurses and homeless health services.
- Supported and encouraged women to disclose incidents of VAWG and domestic abuse to the police.
- Worked with partners (particularly those in women specific supported accommodation projects) to facilitate moves to supported accommodation to try and get them off streets.
- Initial support focused on practical matters such as applying for bank accounts, passports, benefits etc.
- Organised and chaired weekly MDT meetings to discuss each case – try and find a way in to engage the women with the support of other professionals.

HOUSING AND TENANCY SUSTAINMENT

HOMELESSNESS HISTORY

The chart below shows the housing status of the 28 women being supported at the end of year three at point of referral. It is notable that most of the women were in some form of temporary accommodation, predominantly hostel accommodation, but also other forms of temporary accommodation such as Bed & Breakfast and hotels. This contrasts with last year's data which showed that most of the women being supported by the service at the end of year 2 had been sleeping rough at point of referral. There has been a shift then over the lifetime of the project, with more referrals from supported accommodation providers. This is positive as it suggests that there are more options to bring women in off the streets than there were three years ago, and that outreach teams are experiencing more success in doing so. It is also noteworthy that despite most women being in supported accommodation at point of referral, data collected on types of homelessness experienced over the women's lifetime showed all but one of them had slept rough at some point.

Housing status at point of referral



WOMEN HOUSED THROUGH THE PROJECT

25

Since it opened to referrals in September 2019 the project has housed 25 women:

23

were housed by the housing partnership and 2 were owed a duty by local authorities. These were predominantly one year starter tenancies which converted to permanent tenancies if we all had gone well at the one year mark.

7

women were housed in year 1

11

women were housed in year 2

7

women were housed in year 3

This is a very positive outcome considering that all women accessing the service had experience of long-term homelessness, ranging between 3 and 21 years, and struggled to maintain accommodation in the past.

28

Of the 28 women being supported by the project at the end of year 3:

5

were on the nominations list and waiting to be offered a property. The average time on the nominations list is around 3 months but this varies as some women turned down multiple properties before finding one that is suitable for them.

8

were yet to be nominated for a property. These women were all referred into the service in year three. The team work to build relationships with women and work out what they want from housing before nominating them for a property. This is reflected in the average time for a woman to be housed from the start of support which is around 8 months.

15

were housed

TENANCY SUSTAINMENT RATES

Since the project opened to referrals there have been three evictions where women returned to sleeping rough and/or were placed in supported accommodation, and one woman was moved to a new tenancy within the housing partnership (we count this woman as maintaining her tenancy despite the move).

Tenancy sustainment rates across the three years have varied from 86% in year one, 100% in year 2 and then 92% in year 3, which reflects the fact there were two evictions in this year. Overall tenancy sustainment across the three years is 93% which is a very positive outcome. We will look at the factors behind the tenancies that didn't work in closer detail below.

Of the eleven women who completed feedback forms, nine fed back they were happy or very happy with their housing situation; all nine of these women were housed in independent tenancies through the housing partnership. The two women who felt unhappy with their housing were in supported accommodation awaiting a move to an independent tenancy. Three women commented that they "loved their new homes" and being stably housed had allowed one woman to adopt a cat.

SUCCESSSES/WHAT WORKED

HAVING A DEDICATED HOUSING COORDINATION ROLE

"We have somebody in the middle saying, Actually, [Housing provider name] you can do more or you can do less, or actually solace you can do more and you can do less. You've got kind of that mediator whose focus is just you know the women."

Housing Lead

As was highlighted in the year 2 service evaluation, having a separate role that focuses solely on housing coordination has benefited the project in various ways. It allows the Solace team to dedicate time and energy in supporting women, maximises communication between the woman, the Solace team and the housing provider and maintains the processes and procedures necessary to ensure women are nominated for properties, get through the sign-up process, move in and then for any issues with the tenancy to be dealt with as they arise. The housing leads felt that the role was essential in maintaining good communication between all project partners and centring the needs of the woman throughout the housing process.

GOOD COMMUNICATION BETWEEN THE SOLACE TEAM AND THE HOUSING PROVIDER RIGHT FROM THE START

The partnership arrangement with housing providers was largely considered beneficial by the Solace team. They felt that lead contacts at housing associations and some housing officers they worked with had a good understanding of the service, its aims, and the needs of the women. This understanding became particularly important when something happened which caused the woman to be unsafe in her property, as it facilitated clear communication around issues. The Solace team gave examples of how housing leads and officers would participate in meetings to discuss issues impacting women's tenancies and suggest local interventions and contacts who might be able to help. The following example of how a housing officer worked with a Solace team member to support a woman whose tenancy was at risk demonstrates this well.

“I think how Kelly, from [housing provider name] dealt with it was really, really remarkable because she basically got an independent person to assess. So, it wasn’t just complaints on its own, she got someone independent to, kind of, look into it. We had meetings, we had check-ins, she arranged a support plan to look at what support they can give, what support I can give.”

Solace Team Member

Housing leads agreed that good communication with the Solace team, particularly at the beginning but then throughout the woman’s tenancy had supported tenancy sustainment for the women. They specifically mentioned that joint visits between housing officers and the Solace team and 6-month tenancy review meetings coordinated by Standing Together helped to troubleshoot any issues before they could develop further.

Best Practice Example: Six-Month Review Meetings

To maximise tenancy sustainment for women, The Housing Coordinator at Standing Together coordinates six-month tenancy review meetings attended by the woman, her Housing First worker and the Housing Officer. If the Housing First worker and Housing Officer haven’t met yet, this meeting facilitates an introduction, and gives the Housing Coordinator and Housing First worker an opportunity to explain the Housing First approach, the aims of the project and the needs of the women it supports. The Housing First worker will then update on how the woman has settled into the tenancy and the Housing Officer shares any information they have, such as any complaints from neighbours, or rent arrears. A key focus of the meeting is to share any relevant risk information to ensure that all parties are on the same page and are working as part of a multi-agency response to reduce risk and maximise tenancy sustainment for that woman. This meeting is particularly important when ASB complaints have been made, commonly when women are living with abusive partners or are vulnerable to allowing dealers and others from the street population into their flats.

QUALITY OF FLATS AND CONSIDERATION OF AREA/LOCATION

External stakeholders also commented positively on the quality of the flats and how the partnership was able to find women properties in their preferred areas. “Quite nice flats...lovely big...got grants for furniture.... she enjoyed getting all kitted out”. The Solace team successfully applied for grants to purchase furniture and other essentials for women, with white goods and flooring mostly provided by the housing partners. The need for careful consideration around area and location of properties was also highlighted by the housing leads. They felt it was important for tenancy sustainment that housing providers consider any risk factors associated with properties prior to housing a woman. “The women only element, this has been a consideration when looking at suitable housing, if there is anything going on in those areas already which mean they would not be suitable for an applicant”.

WHAT ARE THE MOST COMMON REASONS TENANCIES BREAK DOWN?

To explore the challenges around housing and tenancy sustainment for women, it is useful to take a deep dive into what happened for the four women who were not able to sustain their tenancies. The first-year evaluation of the Threshold Housing First service for women with offending histories suggested that a key difference in doing Housing First with women is the “presence of both negative and fractured relationships, with former partners who were abusive” as well as negative relationships with others such as children, family, neighbours etc. Taking a closer look at why these tenancies failed would suggest that women’s relationships with abusive partners, neighbours and friends/acquaintances were indeed a key factor, and that male violence and abuse was present across all four cases.

Woman 1: Evicted due to ASB involving racial abuse towards neighbours and potential cuckooing. ‘Cuckooing’ is a practice where people take over a person’s home and use the property to facilitate exploitation. In this case there were concerns that drug dealers had moved into the property. This woman found it very difficult to ‘door guard’ or decide who she did and didn’t want in her flat and was easily exploited. This would often result in her inviting the local street and homeless population to drink and use drugs in her flat which resulted in a lot of complaints from neighbours and the local community.

Woman 2: Moved within the partnership after she was sexually assaulted in her flat. This highlights how important it is to have mechanisms in place to move women when their tenancies become unsafe for them, and it is appropriate.

Woman 3: Evicted due to cuckooing. Again, door guarding was a significant issue in this case and the flat was taken over by dealers who were violent towards the woman. It is suspected that this woman was in an intimate relationship with one of the dealers or someone in the group of people who came to use drugs in her flat and was experiencing domestic abuse alongside the exploitation and abuse of the flat take-over.

Woman 4: Absconded property shortly after moving in following an incident of domestic abuse.

HOUSING SUPPLY - SOURCING APPROPRIATE HOUSING

The data above shows that women waited an average of 8 months from the start of support to being offered a property. The Westminster VAWG Housing First project is one of many competing priorities for housing partners, alongside local authority allocations, schemes like Clearing House, and their own internal transfers, which has meant that some women have had to wait on the nominations list for some time before being housed.

“I guess that would be a bit of a barrier because we could have about four or five nominations come through within six months and be able to offer nothing.”

Housing Lead

This is not necessarily a negative thing as has been highlighted in previous evaluations of this service, it is important for the Solace team to have time to build relationships with women and talk to them about housing and what they might want and expect instead of rushing women straight into properties. It is also important to note that the team work to find suitable accommodation placements for women who are sleeping rough at point of referral and have made particularly good links with women specific supported accommodation providers in Westminster to do so.

LETTINGS PROCESSES AND PROCEDURES

The Westminster VAWG Housing First project benefits from a service level agreement with housing providers which is based on the key principle that housing providers will flex their policies and procedures and 'business as usual' approach to meet the needs of women and maximise tenancy sustainment. The housing coordinator at Standing Together oversees a review of this agreement on a yearly basis and keeps it on the agenda at quarterly partnership meetings. However, this approach does not always translate into practice. The Solace team felt that on occasions lettings officers gave very short notice about tenancy sign ups, meaning that women who had been waiting for months were put under pressure to sign and move in within a very short time frame. This resulted in the team having only a short time window to get basic furniture and essentials for the woman to move in. They also fed back that sometimes the questions that are asked as part of the sign-up process were quite invasive and could be triggering for women.

"It doesn't really give them enough time to really process what's being asked of them and why that's being asked of them"

Solace Team

LACK OF ENGAGEMENT FROM SOME HOUSING OFFICERS

As outlined above, communication between the housing leads, some housing officers and the Solace team was generally good, and leads were knowledgeable about the project and the needs of the women it supports. However, the Solace team fed back that communication from some housing officers was poor, and that some were not sufficiently knowledgeable around domestic abuse and cuckooing and tended to view it as anti-social behaviour. Judgements and assumptions made about women by housing officers and tenancy sustainment teams impacted on the crucial partnership work needed when a woman's tenancy was at risk.

"They were helpful with giving advice but then it was hard to actually move it from advice to actual things being actions because, like, of the multiple disadvantages, they just said, 'Well, she's always high or whatever, so we can't really do anything'"

Solace Team

SAFETY: EXPERIENCES OF DA AND VAWG

Experience of violence and abuse proved difficult to track accurately over the course of the project. All the women accessing the service had either historic and/or current experience of some form of violence against women and girls (VAWG) at point of referral into the project, and most went on to experience further incidents of VAWG after referral and throughout their support. Some women were openly discussing abuse with the Solace team, and some were not at that stage yet. Despite this, the data below gives a snapshot of the experiences of the 28 women being supported at the end of year 3:

8

women struggled with door guarding once they have moved into their flats. This ranged from women inviting homeless people and acquaintances in from the streets to cuckooing by drug dealers resulting in the woman being evicted from her property.

14

women were at risk from a current or ex-partner. 10 were openly discussing it with the Solace team and 4 were not.

1

woman was sexually assaulted in her flat (not in the context of domestic abuse)

5

women were currently rough sleeping and at risk of VAWG on the streets

5

women were at risk of VAWG when selling sex

WHAT THE WOMEN SAID

The feedback forms asked women to score how safe they felt but not specifically what it was that was causing them to feel safe or unsafe. Of the 11 women who completed the forms, all but two reported feeling neutral to very happy with regards to their safety and comments focused around how safe they felt in their flats. Of the two who reported feeling unsafe, it is notable this was also with regards to their flats. One had been sexually assaulted in her flat and was moved to supported accommodation and another had been physically assaulted by someone she had invited into the flat.

One woman spoke about her experiences of domestic abuse and how the Solace team had supported her around this:

“I think how Kelly, from [housing provider name] dealt with it was really, really remarkable because she basically got an independent person to assess. So, it wasn’t just complaints on its own, she got someone independent to, kind of, look into it. We had meetings, we had check-ins, she arranged a support plan to look at what support they can give, what support I can give.”

Solace Team Member

SAFETY PLANNING

The Solace team highlighted the importance of safety planning with women experiencing domestic abuse and other forms of VAWG. 'Safety planning' is probably best understood as a catch all term for a few different processes and areas that need to be considered when thinking about how to mitigate risk around domestic abuse/VAWG and get women thinking about their safety. The Solace team highlighted a couple of basic principles to guide the safety planning process. Firstly, that safety planning should be done around specific incidents of VAWG and involve typical domestic abuse multi agency processes such as MARAC etc but should also take women's wider safety and needs into account. Secondly, safety planning can be adapted depending on whether a woman is openly discussing domestic abuse/VAWG with professionals or not and whether they are ready to leave an abusive partner or not.

"I think with our women, like, it's not very often that they're leaving the relationships. And, like, obviously we can't force them to do that, and that's not what we're trying to do. It's about trying to support them to live in a safer way. Maybe it's not the safest but it's safer for them"
Solace Team

Analysis of case notes showed that typical safety planning consisted of the following aspects and considerations:

- The Solace team had multiple discussions with women around door guarding and who they wanted in their flats, who is a friend, who might be trouble etc. These discussions didn't specifically reference or use the language of domestic abuse unless the woman was openly discussing abuse and was happy/comfortable using this language.
- These conversations were backed up by the offer of physical safety measures to help women that were housed feel safer in their properties and give them more control over who they allow in. Specific examples mentioned included supporting women to have key chains installed on doors, sanctuary or target hardening measures installed when appropriate, support getting intercoms fixed/installed, support to install key safes, guidance on how to use the Hollie guard app and installation of Ring doorbells.
- Supporting women to find safe space was also a priority. If a woman was living with her abusive partner, workers suggested sessions outside the property to enable safe discussions. Due to high levels of control from abusive partners this could often be difficult so the team would work with other agencies involved in the woman's care to create opportunities to see her alone and define spaces that were safe for her. A notable example of this was a homeless health GP practice who created a designated safe space for a woman in their building, allowing her to come behind the reception desk if she was in the area and feeling unsafe.
- The Solace team are domestic abuse specialists and therefore invested time in educating the women, as well as other professionals around the dynamics of domestic abuse, introducing concepts such as power and control and the 'domestic abuse cycle'. Service commissioners felt that this specialist knowledge was invaluable and that it had impacted other homelessness services in Westminster to be more gender informed and compassionate "Women's specialist kind of expertise rubs off, doesn't it?" Westminster VAWG Housing First commissioner.
- The Solace team also spoke about the importance of using the language of relationships and modelling healthy relationships and boundaries when working with women who aren't openly disclosing or discussing abuse, to help them to open up.

“Through our relationship with them we’re showing them what a healthy relationship looks like, and that can sometimes make them realise, ‘Actually, the situation I’m in isn’t healthy or isn’t normal.’ And... they start to think about that and disclose more and more. With all our women, it takes a really long time for them to trust you. So, I think it’s just about patience and planning, you know, around their safety generally”
Solace Team

COORDINATING AND PARTICIPATING IN MULTI-AGENCY FORUMS AND MEETINGS

The Solace team played a key role in bringing professionals involved in a woman’s care together to share information about VAWG and safety plan together as well as making use of existing multi agency forums. When risk from domestic abuse/VAWG was particularly high the Solace team coordinated weekly MDT meetings to discuss individual cases. They referred into and attended MARAC meetings; the team made 19 MARAC referrals in year 3 and well over half of these were repeat referrals where the woman’s case had been heard at MARAC previously. The team also referred into and attended a local Westminster VAWG and Multiple Disadvantage forum, which provided reflective space to talk through challenges women were facing and issues that seemed stuck from a psychological perspective.

WORKING WITH PROFESSIONALS SUPPORTING THE PERPETRATOR

As in evaluations of previous years of the service, the team highlighted the importance of working in partnership with professionals supporting the perpetrator to best safeguard women. This consists of sharing relevant information around risk, working together to enable the Solace team to see a woman without the perpetrator present, and ensuring that professionals involved in the perpetrators care and support are present at relevant MDTs and case conferences. The service commissioner also spoke positively about this approach

“I’m thinking of in relation to like the outreach team]. They found it so useful working closely with the solace worker where they’ve got the perpetrator and they’ve supported the women in the flat”.
Westminster VAWG Housing First Commissioner.

GOOD PRACTICE EXAMPLE: ADDRESSING THE NEEDS OF THE PERPETRATOR

The Solace team are working with a woman who is in a long-term relationship with her partner who they recognise as a perpetrator of abuse. The couple live separately now but have a long history of living on the streets together. There is a lot of control within the relationship for example, when the perpetrator is street homeless, the woman has to rough sleep with him, despite poor weather conditions such as snow and rain. This is despite the woman having sustained her housing first tenancy for a number of years, meaning she has a safe and covered place to stay.

Due to their longevity of rough sleeping and their substance misuse, both people in the relationship have poor physical health problems. Both of them have separate professional support networks and a combined support network. Housing First have created and sustained relationships with all the support networks, primarily to try and keep the woman safe but also to try and allow her partner to access the support and health care that he needs. This has included frequent MDT meetings to discuss how all professionals can support one another to get each person the help they need and regular contact. This has included providing any updates around their health, whereabouts, and general wellbeing. This has been a positive working relationship so that two very vulnerable clients get the help that they need.

WORKING WITH THE CRIMINAL JUSTICE SYSTEM

The team have also supported women to report to the police or made third party reports to the police when necessary, arranged for women to receive welfare checks from Safer Neighbourhood Teams and advocated for perpetrators of domestic abuse to be served with Domestic Violence Protection Notices (DVPN) where appropriate. The team have found that DVPN's can be useful in high-risk scenarios where the woman is experiencing severe isolation and control from her partner. Excluding the abusive partner from woman's property/accommodation for 28 days may not be something the woman wants to happen, but if professionals report breaches to the police, then there is a chance of disrupting the abusive partner's behaviour and giving the woman some valuable breathing/thinking space, and professionals time to support and put things in place while the perpetrator isn't around.

CHALLENGES

As has been outlined in discussions around engagement and tenancy sustainment above, domestic abuse, VAWG and other safety concerns represent a considerable challenge to 'doing' Housing First with women. Analysis of 15 cases closed across the three years the project has been running shows that domestic abuse or another form of VAWG was present in just under half of those cases closed. This reflects just how difficult it can be to support women experiencing domestic abuse and other forms of VAWG in a Housing First context and could go some way to suggest why, on occasion, Housing First doesn't always work for women.

- 3 women whose cases were closed due to non-engagement were experiencing current domestic abuse.
- 1 woman whose case was closed withdrew her consent to work with the service and there were concerns that a new abusive partner was behind that decision.
- 3 women's cases were closed as they moved out of London due to feeling at risk from historic or current perpetrators.

KNOWLEDGE AND SKILL GAPS AND NEGATIVE ATTITUDES FROM PROFESSIONALS

Lack of knowledge around domestic abuse and wider VAWG, teamed with judgemental and negative attitudes towards women experiencing homelessness and other forms of disadvantage ultimately results in increased risk to women and blocks access to the support they need to be safe. While recognising the importance of reporting to and liaising with the police to safeguard women experiencing VAWG, the Solace team felt that the police had limited knowledge and skills around VAWG and domestic abuse and that they often held judgemental and negative attitudes about women, particularly those with experience of homelessness and other forms of disadvantage. These attitudes fed into a common narrative that women 'choose' to be in the situations they are in and therefore there is nothing the police can do.

"Because our clients tend to be on the older side, they've usually had a situation like that before with the police, where they've reported something and it's failed and then their life has been at risk or they've been really seriously assaulted and that's sticks with them and then they have that guard up already"

Solace Team

EMOTIONAL AND PHYSICAL SAFETY OF SUPPORT TEAM

If, as evidence suggests may be the case for Housing First projects, the needs of women experiencing long term homelessness are higher than their male counterparts, it would follow that there could be a considerable emotional toll on the teams supporting them. An example of this is how supporting women experiencing long term homelessness and domestic abuse/VAWG means that teams must interact with women's abusive partners and other people that might cause them to feel unsafe. The Solace team spoke about how they often found it uncomfortable to support women who had current abusive partners.

“It’s really uncomfortable, I must admit. Because they always have that, sort of, fake charm about them that, you know. You can see how they present and clearly try to put on a show for you, and it’s just knowing what they’re capable of and knowing what they can do, or could do, if set off”

Solace Team

The team also talked about the strong relationships they formed with women and felt it was important for Housing First workers to think about how they might be triggered if they have had similar experiences. Like most Housing First services the team has a range of measures in place to maximise their physical safety such as a check in system with the team manager, regularly reviewed risk assessments, the People safe app etc. To stay emotionally safe the team regularly de-brief with each other and take time to reflect together after incidents. They also felt that working in close partnership with other professionals to support women was really helpful as it ‘shared the load’ and felt reassuring to have another professional involved who had a relationship with the woman and knew her situation. Project stakeholders reported feeling similarly about this, that they often found supporting women difficult and that the team were:

“Super supportive to her [the woman]. And also, to me sometimes as well when I’ve needed a bit of support around the case.”

Project Stakeholder

HEALTH AND WELLBEING

All 28 women being supported by the project at the end of year three were referred in with a wide range of overlapping physical health, substance misuse, alcohol misuse and mental health issues.

11/28

Alcohol use

23/28

Substance Misuse

19/28

Physical Health

28/28

Mental Health

14

had significant health or mobility issues:

1

ADHD

2

Learning/Cognitive
Impairment

1

Hip Surgery

2

Arthritis

1

MS

2

COPD

1

Blind in 1 eye

1

Epilepsy

1

HIV

2

Hep C

It is notable that all the women experienced mental health issues. It is not known how many of these are clinical diagnoses.

18

Depression/
Anxiety

11

PTSD or
Complex PTSD

3

Personality Disorder

2

Psychosis

1

Schizophrenia

Accurate data collation around health needs was difficult to record as women engaged, disengaged and reengaged with support around these issues often multiple times during their support journey. Despite this, the Solace team supported all 28 women to access and engage with at least one health focused service at some point during their support. These services included GP and hospital care, drug and alcohol services for methadone scripting and other interventions, statutory and non-statutory mental health services and support, and local authority care packages. This is a positive outcome considering the barriers this group of women face in accessing appropriate healthcare.

WHAT THE WOMEN SAID

Women's feedback around their physical health was mixed, with two women reporting feeling unhappy or very unhappy due to difficulties accessing medication and being on a waiting list for some time.

All but one of the eleven women who completed the feedback form reported feeling unhappy or very unhappy about their mental health. Comments around mental health frequently included phrases such as 'feeling up and down' or 'I have good days and bad days' which is to be expected considering the trauma that women experience and the ongoing impact on their mental health.

One woman however, was clear that the service had made a positive difference to her mental health:

"There's a big difference, my mental health has improved. Find it easier to cope. I feel more at peace. When I am having a down week it's never as bad as it used to be."

Women's feedback around their substance or alcohol use was also mixed, with the majority feeling neutral to very unhappy about their current drug and/or alcohol use. However, analysis of their comments showed that these women also wanted to reduce their intake or were trying to cut down, which is positive.

PHYSICAL HEALTH

SUCCESSSES

ENGAGEMENT WITH GP'S AND THE BENEFITS OF SPECIALIST HOMELESS HEALTH SERVICES/PATHWAYS OF CARE

Nearly all the women were recorded as being registered with a GP at the start of support and at the end of year 3 all the women supported by the project were recorded as being registered with a GP. Westminster is fortunate to have specialist homeless health pathways and provision and most of the women were registered with a homeless health specialist GP practice upon point of referral. The Solace team spoke positively about joint working with specialist homelessness health services. These services recognise the barriers and challenges women face in accessing health care and have adapted their services to meet their needs. For example, the Solace team fed back that these services responded to issues and requests for support quickly, knowing that they might only have a very short window of time to engage the woman. It was also felt that homeless health practitioners took the time to get to know the women and build relationships. The team also spoke positively about working with outreach nurses to enable women sleeping rough to access healthcare.

DENTISTRY

Only one woman was registered with a dentist at point of referral into the service. In year three the Solace team supported 6 women to access dentistry services; this ranged from routine check ups to link in with specialist dental care to remove teeth and fit dentures. This is a marked increase and positive that women were getting to the stage where they felt able to engage with their dental health.

WOMEN'S HEALTH ISSUES

In year three the Solace team supported 6 women around various aspects of women's health including menstrual or gynaecological issues, smear tests and pregnancy. Four women were supported to access sexual health check-ups.

SUPPORT TO ACCESS HEALTH CARE FOR SIGNIFICANT/DIAGNOSED HEALTH ISSUES

At the end of the year 3, the Solace team had supported 12 of the 14 women with significant health or mobility issues to engage with support. 'Significant' issues were counted as those with a clinical diagnosis.

CHALLENGES

FLEXIBILITY OF GP CARE

The Solace team found it difficult to support women to access care from generic GP practices (those outside of the homeless health pathways offered in Westminster). Health care, particularly primary health care, has been increasingly difficult to access since the pandemic. As the needs of the women demand extra flexibility from health care providers, the Solace Team found it necessary on more than one occasion to re-register women with homeless healthcare provision based in Westminster.

THRESHOLDS FOR CARE AND SUPPORT

Similarly to many other Housing First and homelessness services across the country, the Solace team reported that they found it difficult to engage with and get support from social services on occasions when a woman needed a care and support package. Two issues mentioned were lack of consistency in support due to a high turnover of staff, and high thresholds for care act assessments meaning women were not able to access the support they need. The Solace team manager also commented on the lack of pathways to escalate these issues up to the strategic/commissioning level in Westminster.

DRUGS/ALCOHOL

ENGAGEMENT WITH SUPPORT AROUND SUBSTANCE AND ALCOHOL MISUSE

Nationally, the impact of Housing First support on a client's drug and alcohol use is not clear cut, with many services reporting some or limited reduction in drug or alcohol use, but positive outcomes around supporting clients to engage with services and support. This trend is reflected in the data from the Westminster VAWG Housing First service which shows that at the end of year three 22 women had needs around drug and/or alcohol misuse and that 14 were on scripts or engaging with support. This figure isn't so different from the data for this group collected at point of referral (see above) which shows that 13 women were either on script or engaging with drug/alcohol services upon entry into the service.

Analysis of case notes showed that relapse was common and that the team supported some women to re-engage with drug and alcohol services and support multiple times. However, it is positive that at the end of year three all 22 women with needs around drug and alcohol use were recorded as openly discussing this issue with the Solace team. The Solace team also spoke positively about the support women were receiving from local substance use and alcohol services, that services understood the needs of the women they support and the need to be flexible in the support they offered.

Anecdotally, two positive outcomes around substance/alcohol use included:

- A woman had an initial assessment with a drug and alcohol service in Lambeth and had her first clean urine sample in 15 years.
- A woman was accepted into a mother and baby unit and specialist rehab in Sheffield following the birth of her baby. Both were detoxed from heroin. She did well to engage with services and be accepted into the unit as spaces are extremely scarce.

MENTAL HEALTH

All the 28 women being supported at the end of year three were recorded as having mental health issues at the point of referral and at the end of year three. The data presented above demonstrates the wide range of complex and overlapping mental health conditions that women experience. The data does not show how many of those women have clinical diagnoses, but it is almost certain that all the women being supported by the service have experienced and continue to experience the effects of complex trauma.

As is the case nationally, and as an issue that has been highlighted in previous evaluations of this service, women experiencing issues with their mental health struggle to access appropriate support, particularly from statutory provision. Of the 28 women experiencing mental health issues at point of referral only two were accessing some form of support. However, it is positive that at the end of year three 21 women were recorded as actively and openly discussing their mental health with the Solace team and five women were recorded as engaging with some form of support.

Anecdotally, the Solace team reported supporting women to access a range of different mental health services including:

- The local Joint Homelessness Team which provides statutory mental health provision.
- Support from GP's; the team supported women to appointments and access medication such as anti-psychotics and anti-depressants.
- Local homelessness specialist psychological support from the South London and Maudsely's Psychology in Hostels team.
- The team also invested time into sourcing free or low-cost counselling options for women wanting to engage with therapeutic support.

Despite the high thresholds for statutory mental health support which make it difficult to link women in with mental health care and support, it is clear that the work done by the Solace team to find alternative options and services to support women around their mental health was of some benefit.

SOCIAL AND FINANCIAL INTEGRATION

FINANCIAL INTEGRATION

With regards to financial integration, of the 28 women being supported at the end of year 3, at the point of referral:

24

were accessing benefits

17

had a bank account

In year three the Solace team supported:

7

women to open bank accounts

12

women to maximise their income by applying for benefits, cost of living payments, winter fuel payments etc.

PERSONAL BUDGET USE

The women have access to a personal budget, which comes from a grant provided by the [Olwyn Foundation](#). This is used to facilitate engagement with workers, to buy coffees and snacks when meeting up. It also covers phones, food shops and things to make the women feel good, such as haircuts. Each woman has up to £1k in their budget that covers the essentials when they move into their new flat, for example a bed, sofa, furniture, electricity and gas top ups.

SUCSESSES

The data above and analysis of case notes shows that although most of the women were already linked in with benefits or had bank accounts at the point of referral, the Solace team were effective in supporting those who didn't have bank accounts to access them and in enabling women to maximise their income by ensuring that women were accessing all the benefits and payments they were entitled to. Examples of the latter include supporting women to access disability benefits such as PIP, cold weather and cost of living payments and payments to support with other utilities such as water etc.

The Solace team also supported women to maintain their tenancies in their flats or supported accommodation placements by setting up direct debits and payment arrangements for rent and service charges and making sure that any arrears were dealt with swiftly. This has been a crucial factor in tenancy sustainment.

CHALLENGES

Analysis of case notes showed two clear trends which may suggest why some women struggled to manage their finances. Women with high drug use and/or those being financially exploited by an abusive partner or other known person often struggled to pay for food and utilities and relied more on the service's personal budget pot to pay for these things. For these women, the Solace team found it necessary to exercise some flexibility around the use of personal budgets so that women did not go completely without. However, as outlined above, the team also sought longer term solutions whenever possible by working to link women in with substance use services and interventions, and by enabling those being financially exploited by partners/others some degree of financial independence e.g., exploring the possibility of separate universal credit claims, supporting women to open their own bank accounts etc.

SOCIAL INTEGRATION

- 16 out of the 28 women open to the service at the end of year three were recorded as having had one or multiple children removed from their care. In year 3 the Solace team supported 5 women to connect with children (this includes adult children).
- In year 3 the Solace team supported 8 women to engage with family or friends.
- In year 3 the Solace team supported 5 women to engage with education, training or volunteering.
- In year 3 the Solace team supported 11 women to engage with 'meaningful activities' (other than education, training, or volunteering).

SUCSESSES

SUPPORTING WOMEN TO CONNECT WITH CHILDREN AND FAMILY

A combined experience of long-term homelessness and domestic abuse and/or VAWG meant that the majority of the 28 women being supported by the project at the end of year three had either no or very limited contact with children and supportive family members. This is reflected in the data which shows that out of the 14 women experiencing domestic abuse in year 3, only two had supportive family members who could be counted on as a supportive or protective factor in their lives. It is therefore a positive outcome to see 8 women reconnecting with supportive family members in year 3.

The impact on women of losing children to the care system has also been well evidenced by research and the lived experience of women over the years. The Westminster VAWG Housing First project has responded to this by ensuring data is collated on the number of women accessing the service who had had children removed from their care and by the Solace team opening conversations with women about their children, sensitively and gently. Having these conversations enabled the team to connect 5 women with children or adult children in year three.

CASE STUDY

Jane was referred to the Westminster VAWG Housing First project by a local supported accommodation project in Westminster – previously to this she had spent many years street homeless and in and out of supported accommodation, was addicted to heroin and crack, in poor physical health and had had two children removed from her care. Jane had also experienced extensive domestic abuse from previous partners, had lost trust with services and felt let down. The referrer and Solace worker worked closely together to gradually support Jane to engage with the Solace team.

Jane was about 6 months pregnant when she was supported by the Solace team to move into a flat in Islington. Jane was insistent that she did not want what had happened to her daughter and her son, to happen again as she really wanted to raise her baby and was prepared to do whatever it took. The Solace team supported Jane to comply with asks from social services and attend appointments with her drug service. They also supported Jane through her decision to separate from the baby's father. Jane gave birth in a mother and baby unit and was funded to attend a mother and baby rehabilitation center placement. Jane was doing well until she suffered health complications which eventually led to disengagement and breakdown of her placement in the specialist rehab center. The outcome for Jane in terms of keeping custody of her baby is unknown at this point but despite this, she has maintained her housing and demonstrated great resilience and determination to get to where she has.

SUPPORTING WOMEN TO ENGAGE IN 'MEANINGFUL ACTIVITY'

The term 'meaningful activity' is a broad one and can encompass anything from a woman engaging with a structured volunteering placement to doing some arts and crafts at home. The service has seen some positive outcomes around this, with women being supported to engage in a range of solo and group activities such as:

- The Solace team organised group events such as gardening days, pamper days, a theatre trip and a picnic in Hyde park which were great opportunities for women on the project to get to know each other.
- Women were supported to volunteer in gardening projects, with an organisation supporting dogs on the streets, access apprenticeship schemes such as the Luminary Bakery and courses on beauty therapy and peer mentoring.
- One woman was supported to adopt a cat.
- Swimming, swimming lessons, yoga and gym memberships.
- Solace team members would accompany women to galleries and support women to attend art and craft groups, or purchase art and craft activities to do independently.
- Bowling and cinema trips.

“So, one of my women, I took her bowling for the first time in, like ages. She said she's not had a birthday without someone, you know, controlling what was happening. So, that was really fun for her. And then another client, actually, we took her on one of those Uber boats to Greenwich, and it was the first birthday that she's had in years, probably decades, where she was sober. So, it was a huge, huge milestone for her”

Solace Team

The Solace team fed back that at the start of support many of the women weren't ready to engage in meaningful activities and that many didn't have associates outside of the world of drug use, homelessness etc. The service data reflected this as interest in activities and groups and other forms of meaningful engagement was lower in those referred in year three and the latter half of year two, where women hadn't been housed yet and were sleeping rough or in supported accommodation.

Support from the team at this stage tended to focus on the practical and immediately necessary; benefits, safe housing, support around domestic abuse, other forms of VAWG, and physical and mental wellbeing. It is notable that nearly all the women whose support started in year one, or the first half of year two were engaging with or at one point had engaged with some form of meaningful activity at the end of year three.

Alongside supporting women with practical matters on a day-to-day basis, and responding to crises, the Solace team felt that making the time to 'do the nice stuff' is key to supporting women to build a sense of emotional safety and give them back a sense of control over their lives.

“By just asking, ‘What would you like to do?’ and ‘How can we support you with that?’ We’re trying to give them back some of the power that they didn’t have before”

Solace Team

One of the project stakeholders commented on how a woman she supported felt when housed and supported by the Westminster VAWG Housing First service in comparison to how she felt in the hostel she had previously lived in.

“She felt like a functioning member of society. And she wasn’t in there. Wasn’t this sort of label of like service user or like, you know, addict”

RECOMMENDATIONS

REFERRALS AND SERVICE DEVELOPMENT

FOR THOSE DELIVERING SERVICES

- Mixed gender Housing First services should work with commissioners to ensure that the service is reaching women in the local area who meet the criteria.
- Mixed services and those specifically for women should also consider if the service is reaching black and minoritized groups of women or those who identify as LGBT+. Consider the barriers these groups face in accessing Housing First services and link in with local specialist by and for organisations to introduce your service and explore the possibility for partnerships.

FOR COMMISSIONERS AND THOSE IN STRATEGIC ROLES

- Commissioners should consider that generic homelessness and Housing First services may only be reaching the most visible long term homeless cohort, who research suggests are predominantly white men. “Women’s needs are different. We’ve got so many services around men’s needs, actually we need to redress the balance and pay some kind of focus on this.” Westminster VAWG Housing First Commissioner
- Commissioners and those in strategic roles should work with local service providers to explore women’s need for Housing First in the local area. Where are these women and which services are they coming into contact with? Is there a need for a women’s specific service or a women’s specific role within a generic team?

MAXIMISING ENGAGEMENT

FOR THOSE DELIVERING SERVICES

- Women are likely to drop in and out of engagement. Get creative with how you engage women and be ready for it to take some time. “Take into consideration it might take you five times to engage someone else but with the women we work with because they’re so entrenched, it might take you fifteen. You need to do extra, extra steps to engage them” Solace team
- Two heads are better than one. Work with other professionals involved in the woman’s care to locate and engage her. If she is being isolated and policed by an abusive partner, this approach will best support you to find crucial opportunities to see her alone.

HOUSING AND TENANCY SUSTAINMENT

- Start from the understanding that women’s relationships, particularly those with abusive partners, represent a considerable threat to tenancy sustainment. Seek support on how best to manage situations where a woman wants to remain with her partner and mitigate risk from that partners behaviour. This guidance developed by SHP and Standing Together could help.
- Recognise that you cannot stop women inviting abusive partners and other negative people into their flats but that you can work with landlords and housing officers to help them better understand how the Housing First approach is different, and the needs of the women you support and bring them into a multi-agency response around that woman’s tenancy.

FOR COMMISSIONERS AND THOSE IN STRATEGIC ROLES

- When considering funding a Housing First service, consider including a dedicated Housing Coordination role to build and support relationships with housing providers, put in place robust service level agreements, and facilitate good communication and information sharing. “It’s the difference factor isn’t it having [housing coordination role] bringing on housing associations being that middle man” Westminster VAWG Housing First commissioner.
- If housing is provided by the local authority, commissioners should support service providers to link in with housing teams and relevant housing officers and be available when issues with tenancies need escalating to the strategic level.
- Mechanisms should be available to move women to a new property within the service if they become unsafe in their tenancies, regardless of how housing is sourced.

FOR HOUSING PROVIDERS

- Work with the service provider to consider women’s safety needs at an early stage, when sourcing and offering properties.
- Recognise that anti-social behaviour and domestic abuse are two distinct things that must not be conflated (although they can and often do happen concurrently). Work with the service provider around this and ensure housing professionals are participating in any multi agency risk management processes and forums.
- Ensure that relevant information about the woman, her needs and any risks are being passed on from those in senior lettings roles who may have general oversight for and therefore the most contact with the Housing First project, down the chain to lettings and housing officers.

MAXIMISING WOMEN’S SAFETY FROM DOMESTIC ABUSE AND OTHER FORMS OF VAWG

FOR THOSE DELIVERING SERVICES

- Start from the recognition that most women will have historic and/or current experience of domestic abuse and/or VAWG in some form and that this prohibits them from being able to step forward. “This means that often you’ll have to put most of the effort in for a long time” Solace team
- Housing First services should ensure that teams (and managers) are trained on women’s homelessness and the impact of multiple disadvantage as well as how to identify and respond to domestic abuse and other forms of VAWG that impact women. Housing First services supporting women only should consider an enhanced level of training and/or recruiting roles with specialism around domestic abuse/VAWG.
- Recognise that strong partnerships and multi-agency working are key in supporting women to be safe and manage risk. Housing First services supporting women should play a key role in bringing together agencies involved with the woman, and if relevant, their perpetrator to share information and risks. This should include statutory and women’s specialist services.
- Put in place mechanisms to support the physical and emotional safety of the Housing First team in recognition that working with women experiencing VAWG can be triggering, particularly for female team members.

FOR COMMISSIONERS AND THOSE IN STRATEGIC ROLES

- Consider bringing in women's specialist input when developing commissioning processes for Housing First services for women and encourage bids from women's specialist providers or partnership bids between homelessness and women's specialist providers.
- Support Housing First team managers to escalate any issues and difficulties they face in accessing support from local statutory teams. Be willing to escalate issues to relevant statutory services where appropriate.
- Consider the effectiveness of the police response to survivors of domestic abuse and women experiencing homelessness in your local area. What can you do to facilitate better links between the Housing First service and the police?
- As well as being gender responsive, it is essential that all parts of the system are working to the basic principles of trauma-informed practice e.g., housing providers, the police, adult social care and other agencies that are part of this work. What can you do to facilitate and support this?

MAXIMISING WOMEN'S HEALTH AND WELLBEING

FOR THOSE DELIVERING SERVICES

- Focus efforts into supporting women to engage with women's health issues and dentistry.
- Ensure that women have access to sexual health check-ups, particularly women who may be involved in selling sex.
- Think outside the box when it comes to referring women for mental health support. If statutory pathways are blocked ensure you escalate the issue to a team manager, to escalate to commissioners. Investigate other avenues for mental health support in your local area e.g., local charitable organisations.
- Drug and alcohol services vary when it comes to knowledge of women's needs and how flexible they can be to accommodate them. Work closely with drug and alcohol teams to share skills and knowledge.

FOR COMMISSIONERS AND THOSE IN STRATEGIC ROLES

- Access to specialist homeless health pathways and services maximise women's mental and physical wellbeing. Are these available in your area? Could this be explored?
- Be prepared to escalate blockages in statutory pathways (particularly mental health pathways) to relevant contacts.

SUPPORTING WOMEN'S FINANCIAL AND SOCIAL INTEGRATION

FOR THOSE DELIVERING SERVICES

- Consider what you can do to give women who are financially exploited by abusive partners some control back in this area of their lives.
- Collate data on how many women in your service are mothers and where appropriate explore this issue with women sensitively.

FOR COMMISSIONERS AND THOSE IN STRATEGIC ROLES

- Funding for services should include personal budgets which must be able to be used relatively flexibly around women's needs.

CONCLUSION

The Westminster VAWG Housing First service operates similarly to the majority of Housing First services across the country, by adhering to (or as closely to as possible) the Housing First fidelity principles in how the service is designed and delivered. However, when delivering a gender responsive Housing First service that works for women, the findings of this report suggest that it may be necessary for those commissioning, designing, and delivering Housing First services to look a bit more closely at specific fidelity principles, particularly where these dovetail with the key principles of gender informed support. Choice and control are particularly pertinent for women who experience structural gender inequality, racism, and homophobia and how these impact their experiences of home or homelessness, family and relationships, violence, and abuse, the criminal justice, and the care system.

This report has also highlighted the importance of multi-agency working and cooperation to safeguard and support women. Partnerships are key to the success of all Housing First services, but they become particularly key when a woman's life is at risk from an abusive partner. Ultimately, the Westminster VAWG Housing First service has been commissioned, designed, and delivered starting from the acknowledgement that gender makes a difference, and this is well reflected in the outcomes for women presented in this report. This acknowledgement can be introduced and developed at any stage in a service or commissioning team's Housing First journey, and it hoped that learnings shared in this report will ease the way.

"I think when we deal with a lot of our women their right, or their power have been dismantled and taken away. And I think we focus solely on them, and their voice and I think restoring that is the key in what we do"

Solace Team Member

REFERENCES

St. Mungo's (2018) Women and Rough Sleeping: A Critical Review of Current Research and Methodology. Retrieved from <https://www.mungos.org/publication/women-andrough-sleeping-a-critical-review/>

Homeless Link (2020) The picture of Housing First 2020. Retrieved from https://hfe.homeless.org.uk/sites/default/files/attachments/Picture%20of%20Housing%20First%202020_Full%20Report_0.pdf

Groundswell (2020) Women, Homelessness and Health, a peer research project. Retrieved from <https://groundswell.org.uk/wp-content/uploads/2020/02/Womens-Health-Research-Report.pdf>

Quilgars, D. and Pleace, N. (2017) The Threshold Housing First Pilot for women with an Offending History: The First Two Years. Retrieved from [https://www.york.ac.uk/media/chp/documents/Threshold%20Housing%20First%20Evaluation%20Report%20-%20FINAL%20\(14-3-18\).pdf](https://www.york.ac.uk/media/chp/documents/Threshold%20Housing%20First%20Evaluation%20Report%20-%20FINAL%20(14-3-18).pdf)

Ibid. Homeless Link (2020) The picture of Housing First 2020.

APPENDIX A: EVIDENCE AND LEARNING METHODS

This report is not a formal evaluation but instead is a learning report which aims to explore what worked and what did not from the perspectives of the women supported by the project, the Solace support team, project partners and commissioners. These perspectives and project data were captured and analysed using a variety of different methods:

Database analysis

We analysed data collected in an excel database set up to monitor the progress of each woman from the point of referral. These spreadsheets were updated at the end of year two which enabled the collation of more and different pieces of data in year three than what was collected in years one and two.

Virtual group and 1-2-1 interviews with housing partners and external stakeholders

We conducted virtual group and 1-2-1 interviews with project stakeholders from a range of agencies and housing partners. All interviews were conducted using Microsoft teams, and were recorded, transcribed and analysed using thematic content analysis. Files were deleted after transcription.

In person focus group with the Solace team

We facilitated an in person focus group to get feedback from the Solace team. The transcript was then themed and coded.

Client Feedback

We analysed data from feedback forms completed by 11 women over the course of year three. We also analysed, coded, and themed the transcripts of three in person interviews with women conducted by the Solace team service manager.

Limitations

Data collated in spreadsheets in years one and two were less comprehensive than the updated spreadsheets introduced in year three which made it difficult to track progress for women who's support began in year one and two and were still being supported at the end of year three. It was also challenging to obtain feedback from the women themselves, as it was dependent on their permission and the time being right for them. These are two areas in need of thought and adaption to enable smoother data and feedback collation in year four.

APPENDIX B: HOUSING FIRST WESTMINSTER REFERRAL FORM



Housing First Westminster Project Referral Form

All women referred must be aged 16+ and affected by VAWG

+

Date		Referral taken by	
Referred by	Name	Surname	
Agency		Tel	
Email			
PERSONAL DETAILS OF WOMAN REFERRED			
Name		D.O.B.	
Tel no.	(mobile) Safe to call Yes <input type="checkbox"/> No <input type="checkbox"/> Safe to text Yes <input type="checkbox"/> No <input type="checkbox"/> Safe to leave Voicemail Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email			
Address/main sleep site	Postcode: Borough:		
Ethnicity		Language(s) spoken	
		Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other agency support			
Is woman receiving support from any other agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, please provide details:	
Has the woman had support from agencies in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	



<p align="center"><i>Assessment criteria</i></p> <p>Please answer yes if any of the below circumstances applies to the client you are referring.</p> <p>Please note we do not expect women referred to meet all the assessment criteria, however the Project will only work with women who 1) are affected by Violence Against Women and Girls (VAWG) 2) are homeless 3) have a history of non-engagement with services 4) have poor mental health and/or 5) have alcohol or substance misuse issues</p>	
1. Client is homeless/sofa surfing/vulnerably housed (e.g. sex for rent)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Experience of any form of VAWG - domestic abuse (physical, sexual, emotional, psychological, controlling/coercive behaviour), rape and sexual assault, FGM, forced marriage, <u>honour based</u> violence, sexual exploitation, trafficking Perpetrator's name (if known):	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
3. Case heard at MARAC/referred to MARAC	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:

4. Substance misuse issues	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
5. Alcohol misuse issues	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
6. Mental Health issues	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
7. Self-harm	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
8. Suicidal ideation	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
9. Past suicide attempts	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
10. Physical health needs	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>

11. Disability (physical, mental health, learning, hearing, vision)	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
12. Affected by or at risk of prostitution	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
13. History of children being removed from woman's care	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
14. History of offending	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
15. Impulsive behaviour (aggressive/anti-social behaviour, temper outbursts)	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>
16. Care leaver/ affected by the Care System	<div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Details: </div>

17. Insecure immigration status	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>
18. Marginal/minimal social skills	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>

Additional information that will support the woman and/or the referral

Have you obtained consent from the woman being referred for this referral to be made?

Consent can be in writing or verbal but it must be recorded in case notes

Yes ☐ No ☐

We cannot accept a referral for a woman who has not consented

Please email completed Referral Form to

X@solacewomensaid.org

Report Authors:

Louisa Steele, Housing First and
Homeless Project Manager

Standing Together

PO Box 74648, London, W6 6LA

l.steele@standingtogether.org.uk

www.standingtogether.org.uk

Solace

United House, 39-41 North Road,
London, N7 9DP

www.solacewomensaid.org

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This document was designed by Solace

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