

Housing First for Couples feasibility study

Findings and key principles for service delivery







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The contributions of the six women and two men who shared their lived experiences of homelessness within a relationship have been a driving force for the research and for the development of the service principles.

Contributing organisations

Local authorities - London boroughs of Camden, Islington and Westminster, London Councils and the other sixteen authorities which participated in the survey.

Perpetrator specialists - London Borough of Camden, London Borough of Islington, Respect, Richmond Fellowship, Rise Mutual.

Housing - LB Islington, Metropolitan Thames Valley Housing, Riverside Group, Notting Hill Genesis Homes, and London & Quadrant Housing Trust.

Support provider organisations - The Connection at St Martin's, the Marylebone Project, St Mungo's, Standing Together Against Domestic Abuse, Solace Women's Aid, and Single Homeless Project.

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Introduction

"Domestic abuse and other forms of gender-based violence are near universal experiences for women who experience homelessness."

"Domestic abuse is a pattern of behaviours which take place within an intimate or family relationship, making it difficult for the person experiencing abuse to have control over their own life or leave the relationship. These behaviours can be controlling, coercive, threatening, degrading or violent." ²

For domestic abuse victim/survivors (predominantly women)³ experiencing entrenched homelessness and multiple disadvantage, there are significant barriers to seeking help to escape the cycle of abuse, especially for those who are still in relationships with abusive partners (predominantly men)⁴ and are homeless/rough sleeping with them. Rough sleeping pathways and provision are largely focused on services for 'single homeless' people, and there are few options for rough sleeping couples who want to be housed together. Where there is known domestic abuse in a relationship, there are even fewer options for couples. Providers are understandably reluctant to take the risk of housing the couple together as domestic abuse may then occur within their service. The outcome is often that the victim/survivor is left homeless unless they are willing or able to leave the relationship, which is often not the case.

Recognising and leaving an abusive relationship is a difficult and often dangerous process, and the challenges and risks are even more acute for victim/survivors who do not have housing, are isolated from support, and who may have other compounding health and social care needs. Domestic abuse can involve a wide range of forms of abuse, including physical, sexual, financial and psychological abuse, and it is underpinned by patterns of power and control. Coercive control (a criminal offence since 2015⁵) is a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used by perpetrators to harm, punish, or frighten their victim, creating a context of fear and control that makes it very hard for victim/survivors to end the relationship⁶.

Likewise, additional complications and fears around future housing, homelessness, health, finances and more that come with the prospect of leaving an abusive relationship can hinder a survivor's ability and decision to leave.

Change can therefore be a long process requiring sustained specialist support for victim/survivors, and it is difficult, and sometimes even impossible, for survivors

experiencing homelessness with their partners to access this support. As a result, survivors in this position often do not feel ready or able to leave a perpetrator, or may leave and then return, often more than once.

The perpetrators in these couples, often also experiencing multiple disadvantage themselves, are typically left homeless too. As long as their housing and basic support needs remain unmet, perpetrators have no incentive or stability from which to break their cycles of repeat offending and to start to work towards behaviour change.

The result is that victim/survivors continue to experience domestic abuse, but without visibility, support or housing, making the situation more dangerous and reducing opportunities for them to improve their safety or potentially leave the relationship.⁷

This study considers the feasibility of developing a new Housing First service in London to address the currently unmet housing and support needs for couples experiencing rough sleeping and/or long-term homelessness, where domestic abuse is known or suspected to be present within the relationship.

The study was funded by Commonweal Housing and was undertaken by a partnership led by Single Homeless Project (SHP) and Solace Women's Aid (Solace), who commissioned Jackie Gallagher and Janet Clark, independent researchers/evaluators with expertise in housing and violence against women and girls (VAWG) as research

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Further Information

A longer research background working report was written as a preliminary stage to this published report and is available to those interested in further detail on the research findings.

Purpose of study and research methods

Purpose

The feasibility study investigated whether a Housing First for Couples service in London could meet two criteria:

- Offer a safe, viable and sustainable model which can realistically be delivered by practitioner organisations in the homelessness/domestic abuse/perpetrator management sectors.
- O Achieve positive outcomes for its target client group.

To enable evaluation, the study partnership developed an operating model for a Housing First service for couples experiencing long-term homelessness who wish to be housed together, and where domestic abuse is a known or suspected identified risk. The independent researchers supporting the partnership then evaluated the proposed model against the criteria above. Building on the research and evaluation findings the partnership then developed a set of draft key principles to support the delivery of a safe and effective service.

Research Methods

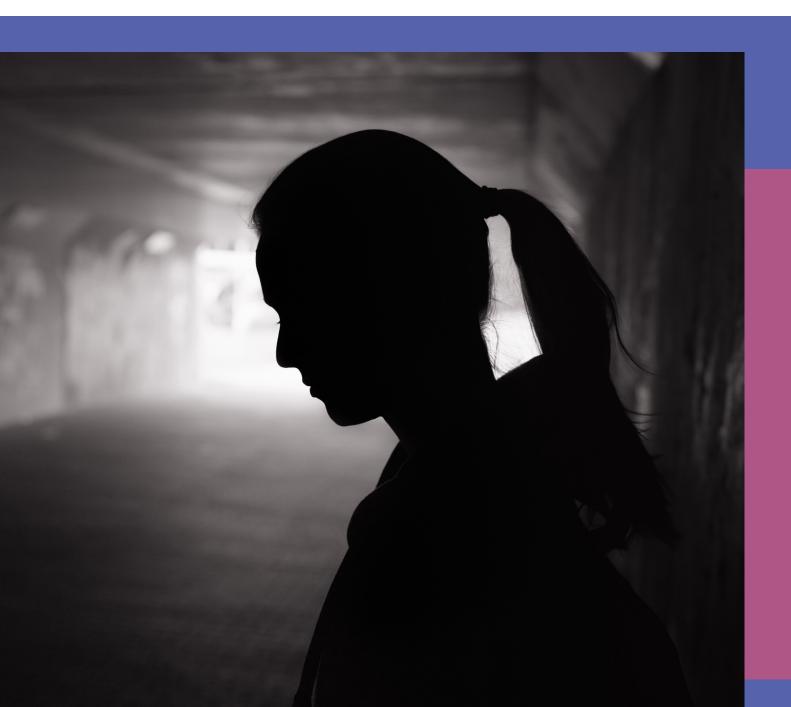
The study included the following methods:

- O Interviews with 8 people with previous lived experience of homelessness intersecting with domestic abuse, (six women survivors and two men with lived experience of being in a homeless couple where services knew them to be perpetrators of domestic abuse). The interviews were individual and qualitative and used open, trauma-informed, and semi-structured questions. They explored interviewees' experiences and perspectives on the barriers and challenges they previously faced and the service design and practice that could have better met their needs.
- O Interviews with 23 professional stakeholders including domestic abuse voluntary sector agencies, rough sleeper/homelessness voluntary sector agencies, commissioners, and registered housing provider partners, to explore needs and challenges, to capture any good practice examples and to inform the development of the operating model. Interviews with internal frontline stakeholders in SHP and Solace informed the development of the operating model and costing framework.
- Online needs analysis survey of London Rough Sleeping Commissioners, facilitated by London Councils, on the numbers across London in need of the service.

- O Perpetrator support workshop and further consultation a half day workshop, plus follow-up consultation and engagement with experts from five domestic abuse perpetrator intervention organisations to explore key challenges, risks, and considerations in developing and integrating the perpetrator support within the wider operating model.
- **O** Rapid literature review of open-source research, evaluation reports and guidance relating to the intersection of homelessness and domestic abuse, and perpetrator management for perpetrators experiencing multiple disadvantage.

Survivor Voice

Survivors themselves are the best experts in describing the barriers, obstacles and gaps within current service provision, and in identifying what needs to be put in place to redress these deficits effectively. The evidence from the six women⁸ who shared their experiences and perspectives has therefore been central to the study and has driven the design of the operating model.



Tackling Social Injustice

"It was either they help him or help me - and that's what put us off accepting the help, that they were trying to separate us." (Survivor)

The unmet housing and support needs for couples experiencing rough sleeping and/ or long-term homelessness where domestic abuse is present, constitute a significant social injustice which has not yet been adequately tackled by mainstream services. The research findings and principles outlined in this report set out how SHP and Solace propose that this injustice might be tackled safely and sustainably to achieve better outcomes for these couples.

Survivors of domestic abuse suffer social injustice

"Women experiencing homelessness are living in a state of survival, often without access to services and in high-risk environments where they are frequently subjected to violence and abuse." 9

Homeless/rough sleeping victim/survivors of domestic abuse who remain in their relationships with their abusive partners are victims of crime, and are trapped in cycles of repeat homelessness, rough sleeping and ongoing abuse – this is clearly a social injustice.

Because providers are reluctant to risk housing the couple together, often only the victim/survivor is housed, and they then often decide or are coerced into returning to their partner on the streets. Victim/survivors are generally therefore left homeless unless they are willing or able to leave the relationship: in contrast, victim/survivors who contact a domestic abuse support service will be offered support whether or not they are ready to leave the relationship, recognising that leaving abuse can be a long and often non-linear process. Likewise, victim/survivors already in housing or applying for homelessness support from the local authority will not be prevented from staying in or accessing housing with their partner because of an abusive relationship: whether they stay with their partner remains their choice. Victim/survivors who are also rough sleeping face the particular injustice of either having their autonomy over their relationship removed or facing continued risk of abuse and rough sleeping out of sight of support and potential intervention in high-risk situations.

The partner/perpetrator is also left homeless which severely reduces any likelihood of them reducing their criminal and harmful behaviour or engaging in behaviour change work.

"Perpetrators experiencing multiple disadvantage wouldn't actually qualify for perpetrator programmes to address their abusive behaviour. Perpetrator programmes say the perpetrator has to be in a place of stability...so obviously multiple disadvantaged perpetrators...are just left, free-floating around." (Stakeholder)

Even if the victim/survivor manages to leave, the perpetrator is likely to make new relationships with other vulnerable homeless women.

"[Perpetrators] have their own vulnerabilities and support needs, but they also have access to so many vulnerable women...and they will target multiple women." (Stakeholder)

Breaking the cycle of offending and abuse

There is a critical lack of interventions which both support and hold accountable perpetrators who are experiencing long term rough sleeping/homelessness and multiple disadvantage. So, not only do victim/survivors suffer social injustice, but there is also a wider injustice – by failing to adequately intervene, the homelessness system itself is effectively perpetuating the cycle of criminal abuse. A first step in breaking perpetrators' cycle of offending is to address their basic needs.¹⁰

Similarly, there are very few specialist interventions to support vulnerable victim/ survivors experiencing multiple disadvantage who remain with perpetrators. Although there are good models of specialist services providing intensive interventions to women experiencing violence and multiple disadvantage, these are few and far between¹¹.

Examples include:

O The Wiser Project, a specialist partnership of eight organisations providing support for women and girls aged 16 and over who have experienced abuse as well as multiple disadvantages.¹²

O Westminster VAWG Housing First, developed by Standing Together Against Domestic Abuse and delivered in partnership with Solace, specifically designed for women who have experienced any form of violence against women and girls.¹³

O Basis Yorkshire, supporting those who identify as women or are non-binary who work in the sex industry, and women and young people

who are sexually exploited, using a gender-informed model based on reaching women where they are.¹⁴

- O Advance London Minerva Wraparound Service, providing enhanced support to women and girls, aged 15 and above, with multiple and complex needs who are or have been in contact with the criminal justice system.¹⁵
- O Pause Practices, operating across 24 local authorities in the UK to support women who have experienced the removal of children from their care, providing an intensive, supportive 18-month programme.¹⁶
- O Single Homeless Project (SHP) Fulfilling Lives in Islington and Camden Housing First, now ended. This service was part of an eight-year lottery-funded learning programme designed to support people experiencing multiple disadvantage and affect system change to improve the experience and outcomes of people accessing services. Although mixed gender, the service delivered effective gender-informed intensive support to women.¹⁷

Both partners within the couple need stable, good quality housing and intensive, personalised support if risk to the victim/survivor is to be reduced and the perpetrator is to receive specialist support to recognise, own, and end their offending behaviour.¹⁸

Aim of Housing First for Couples

Drawing on the findings from the study, the proposed new service is intended to increase the safety and freedom of victim/survivors, and by intervening in the cycle of perpetrator offending, create stability as a ground for further change. This will promote Standard 1 of the Home Office's Standards for Domestic Abuse Perpetrator Interventions¹⁹ – that the priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action)²⁰ for all victim/survivors.

The service aim is:

To reduce and mitigate the risks of harm from domestic abuse for victim/survivors in couples experiencing entrenched rough sleeping/homelessness, where both partners have backgrounds of multiple disadvantage, so that domestic abuse does not deny either partner access to the housing, health care, and specialist support they need.

The proposed service

Eligibility

The service will work with couples identified by referral partners as experiencing long term/entrenched rough sleeping/homelessness where there is a known risk of

domestic abuse, where services have been unable to house and support the partners separately and where the victim/survivor in the relationship cannot or does not want to be separated from their partner.

It is likely that both individuals in each couple will be experiencing multiple disadvantage. It is anticipated that many individuals within the couples referred could be eligible for housing but may have been excluded as not deemed "housing ready" or have failed to maintain housing previously.

Definition of "couple"

The definition of "couple" will need to be developed with commissioners and referrers in the early stages of the service set-up. Couples identified in the scoping exercise for this study are predominantly heterosexual relationships, but the service would welcome all couples who meet the referral criteria. For specialist needs on referral, including for example those of same sex couples, people with disabilities, cultural needs, and religious needs, the project would seek expert partnership input.

Drawing on the principles and research findings above, the key features²¹ of the proposed operating model are:

- O Housing First principles²² applied to rehouse couples separately, each person in self-contained long-term accommodation, but in proximity and concurrently so that they have separate space, tenancies and independent support packages, and can maintain the relationship if they choose to do so.
- O Individually tailored support provided for each partner for both the victim/ survivor and the perpetrator of domestic abuse, to include access to the range of health and other specialist support services they may need.
- O Domestic abuse and perpetrator expertise embedded within the support team to ensure the safety of victim/survivors and to support and hold partners perpetrating domestic abuse to account.
- O **Housing coordination** between housing providers' allocations, lettings and intensive housing management processes and the service's support process, to manage the additional complexity of paired tenancies and emergency transfers.
- O Multidisciplinary, cross-sector collaborative partnership structure led by the service, for work with the couples to enable all services to share key risk management information, planning and decision-making, and to respond dynamically to challenges.

Scale of need

Evidence of scale of need from the pan-London survey

The gap in provision for couples is widely acknowledged by practitioners as a major issue pan-London, both in relation to the high risk of harm for the victim/survivors involved and the high cost to the public purse. However, there is no existing dataset for this cohort.

With help from London Councils, the study partnership conducted a brief online survey of London rough sleeping services commissioners, with 19 of the 33 London boroughs returning data, confirming significant and sustained need over time for London.

In March 2024, the 19 local authorities reported:

- O 167 couples slept rough in the last year.
- O 80 couples were known (not estimated) to be sleeping rough in the last month.
- O Domestic abuse is known or suspected in up to 73% of these couples.

These figures are likely to be significantly understated, as it was not possible to widen the survey to other services and lead officers also working with this cohort (for example, Multi-Agency Risk Assessment Conference (MARAC) Coordinators), due to the potential risk of double counting.

This table shows the known numbers of couples broken down by local authority:

Local Authority	Number of known couples sleeping rough in last year	Local Authority	Number of known couples sleeping rough in last year	
Bromley	4	Barking & Dagenham	1	
Camden	59	Bexley	1	
City of London	10	Hounslow	5	
Ealing	11	Waltham Forest	1	
Hammersmith & Fulham	2	Kensington & Chelsea	1	
Haringey	4	Merton	0	
Harrow	3	Sutton	2	
Havering	0	Tower Hamlets	13	
Islington	12	Westminster	36	
Lambeth	2	Figures correct at March 2024		

The annual figure for Westminster is likely to be a significant understatement as Westminster's one-month figures were much higher than all other boroughs. The team did not have the capacity to provide full data for a 12-month period and their annual return was only marginally higher than the one-month return. It is very likely therefore that the annual figure is understated.

Key principles for safe and effective service delivery

Survivors described clearly and compellingly the support they believed would have served them better during the time they were sleeping rough as a couple, and described how the inadequacies in current provision could be addressed. Professional stakeholders concurred with survivors' views and drew out the implications of these for delivering the service operationally. The literature review supported the views of survivors and professionals and indicated that a Housing First approach is likely to produce good outcomes for this cohort of victim/survivors, particularly those experiencing high levels of abuse and instability.²³

We have synthesised our findings from the study into nine key principles for safe and effective service delivery for this specific cohort, to supplement the overarching framework of the Housing First principles and "non-negotiables". These principles for working with couples are:

Key principles for couples Housing First service delivery

- **1.** The survivor's choice, autonomy and safety are always prioritised.
- **2.** Perpetrators are provided with support to address their unmet needs whilst always being held accountable for their behaviour.
- **3.** The couple receive separate and concurrent long-term housing offers, and separate but joined up wrap-around support.
- **4.** Accommodation is needs-led not supply-led, with couple-specific consideration of proximity/location.
- **5.** Strong local authority governance, leadership, oversight and support of the project is in place.
- **6.** Clear safeguarding procedures are established to explicitly identify and manage risk for victim/survivors.
- **7.** Risk management and decision making are shared across an established cross-sector network of statutory and voluntary agencies.
- **8.** The staffing model provides specialist input and reflective support processes for containment and support of the Housing First team.
- **9.** An active learning, reflection and improvement cycle is in place throughout the life of the project.

Below is a brief summary of the research evidence supporting each principle and the implications for service design for work with couples.

Principle 1: The survivor's choice, autonomy and safety are always prioritised

"I have my own plan I want to work towards, and this gives me independency and security. Even if I didn't have a plan, just because of my situation doesn't mean I shouldn't be able to have housing...I will have respite to have breathing space when I need it. I deserve privacy not just from X [partner] but everyone, I love my support but it's like everyone can watch my life, and it can be embarrassing sometimes." (Survivor)

The research found:

Specific vulnerabilities reduce choice and autonomy of victim/survivors

Victim/survivors of domestic abuse in this group experience multiple disadvantage (such as recurrent homelessness, VAWG, substance misuse, poor mental health, contact with child protection systems in early life, child removal). These disadvantages reduce their choice and autonomy, for example, survivors reported facing exceptional difficulties accessing specialist harm-reduction and trauma-informed services. Sometimes women experiencing homelessness stay with or return to abusive partners as this feels like their only alternative to facing the dangers of rough sleeping alone.²⁵

"...because obviously with the drug use, and being homeless, I didn't want to be out there alone without my partner, so I thought, obviously I'll have to accept it [the domestic abuse] ,it's normal to go through that, but once I started engaging with [service] I started to think, actually, what is going on with my domestic violence, because I felt like I finally had support from someone else – not just stuck in my bubble of me and him. And I was frightened of losing him at the time, so I just shut up and put up with it basically." (Survivor)

Respecting survivor choice of relationship

Survivors' relationships are often sustained over many years or decades, and survivors experience their relationships as being as meaningful and legitimate as the relationships of people who do not experience homelessness and other disadvantages. The lack

of validation by services of their relationships undermines victim/survivors' trust in professionals²⁶ and creates a barrier that prevents survivors from accessing support services and housing in any sustained way.

"...it made us feel like they was trying to break us up and come between us." (Survivor)

"...sometimes people's outlook can be very much 'up and leave him' and that's not the case." (Survivor)

Support for victim/survivors from domestic abuse services therefore needs to be tailored to victim/survivors' readiness to recognise and address abuse in their relationship, understanding that victim/survivors' own agency and choice, at their own pace, are critical to them achieving positive change for themselves.

Creating physical and psychological space for growth of survivor autonomy

Survivors were clear that support for themselves was not enough, and they also needed support to be provided for their partners to free them up to accept help for themselves. Survivors need space, both physical and psychological, to feel separate and safe enough to begin their recovery from abuse and work through their relationship issues for themselves.

"...so I can build the confidence, to open up and say things without him being there, so I'm not scared to say what I want to say." (Survivor)

Prioritising survivor safety and visibility

Survivors experienced extreme violence, coercion, exploitation and manipulation in their relationships which prevented them accepting support or moving out of homelessness.

"They've been together for twenty years at very severe high-risk abuse. High risk that he will kill her or seriously harm her...Every type of abuse you can think of happens within that relationship." (Stakeholder)

Remaining visible within the new service was of critical importance to survivors who highlighted the increased danger of abuse that they experienced if less visible to others, as there can be greater risk for them behind closed, locked doors than out on the street.

"...being in a house the domestic violence got worse, so in that situation I don't think anything would have helped. There was nobody who could see what was going on." (Survivor)

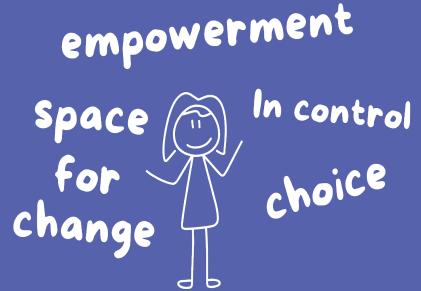
Stakeholders also highlighted the issue of visibility from the perspective of rough sleeping, where the perpetrator can keep the abuse very hidden and cut the victim/survivor off completely from support, significantly escalating risk.

"They'd be out in a tent in the middle of nowhere. No one knows where they are. He's able to just abuse her and no one's around and she's isolated, she's cut off from support, and it's gone on for a long time." (Stakeholder).

Substance use and addiction are involved in many rough sleeping couples' relationships and can also be used by perpetrators to isolate the victim/survivor from contact with support workers.

For the new service these findings mean:

- Accepting the validity of the relationship without judgment, as a key aspect of the wider Housing First principle that individuals have choice and control.
- Understanding that a survivor's concept of safety may differ from that of professionals, so working collaboratively with survivors around how they want to make decisions and manage risks.
- Operating protocols, safeguarding procedures and risk
- management processes which ensure personal privacy (personal time in her own space) for victim/survivors.
- Ensuring ongoing visibility for victim/survivors moving into self-contained accommodation as a key component of safety planning including emergency contact arrangements and physical adaptations to accommodation where needed.
- Dynamic risk management processes which identify key risk escalation triggers such as changes in substance use.



Principle 2: Perpetrators are provided with support to address their unmet needs whilst always being held accountable for their behaviour

"...[my partner] needed the same kind of support as I did." (Survivor)

Survivors described the perpetrator support which might have benefited their partners and enabled survivors to access domestic abuse support themselves. Experts in perpetrator support contributed specialist insights through a half day workshop and further consultation

The research found:

Addressing perpetrator unmet needs

It is essential to link perpetrators with support that addresses their unmet needs, and work alongside agencies supporting perpetrators.

"...as long as my basic needs get met, I'm alright... everyone's alright, ya know what I mean? If I'm not alright, everything's up the wall ya know?" (Partner with lived experience)

Support for perpetrators should both improve perpetrators' wellbeing in relation to their multiple disadvantage and begin to disrupt and raise early awareness of their abusive behaviour.²⁷

"Both [partners] now have respective allocated Navigators, and it's probably the first time for a long time he's been in the space where he's been able to talk about his feelings, and you know what his thoughts are, what his plans for the future are." (Stakeholder)

Perpetrators' normalisation of abuse

Survivors highlighted their partners' lack of insight into their abusive behaviours and reflected on partners' own past histories of multiple disadvantage and adverse earlier circumstances, recognising that without their own support they were unlikely to gain insight or to change.

"...[they] are from equally broken-down homes as I was – but their personality traits are very abusive, and they become perpetrators." (Survivor)

"...the whole fucking way I see human behaviour, the horribleness of it, the nastiness and the absolute weirdness. Ya know, even with everything that happened to me as a kid, it's unfathomable the amount of weirdos there are out there. Unfathomable, fucking unfathomable." (Partner with lived experience)

Perpetrators can believe that their behaviour is "normal" and not perceive that they are abusive. Both men with lived experience of rough sleeping in a relationship (where domestic abuse was known by services to have taken place) who completed research interviews referred directly to the way the pressures of homelessness can make tensions rise and domestic violence erupt, but neither considered their own behaviour abusive. The following dialogue extracted from his interview illustrates how one man had normalised coercive and violent behaviour.

Interview dialogue

Partner with lived experience - Yeah, why would she go down there? There ain't no reason for her to go down there. Fuck that, what reason is there? What reason is there? None, none. There's one reason. And that's why they're going down there. That's why I don't let her do that.

Interviewer – Right so that's the thing, you've discussed that your partner has mental health challenges and that she has addiction challenges as well. So, there are these instances when money is needed. You use the term "wouldn't let her go down there", how does that conversation go? Say when you're both withdrawing, she says... I want to go down; I want to make money...?

P - Smacked. I'd smack her in her earhole she said that.

I - You would?

P – I would. I'd smack her in her mouth. And I'm not, I'm not a domestically violent person but I'd hit her in the face for that. Just, just for like the shock and awe of it, cos... it felt like a slap for her to ask me [laughs]. You get what I'm saying? For that conversation to be happening, would be like I'm being beat with a hammer so, you know what, like wobble your head.

Impact of coercive control

Constant presence, surveillance and coercive control by perpetrators - whilst perpetrators themselves remain disengaged from services - prevent victim/survivors accepting support or accommodation options, and sabotage victim/survivors' potential routes out of homelessness.

"...X would break my phone, and we would sleep in hidden places So it would be weeks with not seeing her [worker]). Before X got a network, he would sabotage and make me paranoid about [worker and outreach team] and stop me from seeing her, he would listen to everything we spoke about on the phone and there was no privacy." (Survivor)

For the new service these findings mean:

- The primary objectives of perpetrator support must be to manage and reduce risk to the victim/survivor, increase victim/survivor safety and space for action, increase perpetrators' awareness of their behaviour, and create an opportunity for future change.
- Specialist perpetrator expertise must be an essential and non-negotiable component of the Housing First support team.
- Clear boundaries will need to be set which balance providing partners with trauma-informed support to address unmet needs whilst also holding them accountable for any abusive behaviour, involving criminal justice agencies where appropriate.
- Close and effective liaison will be essential between the individual support workers for both partners in the couple to facilitate space and time for the victim/survivor's own independent support and to closely manage ongoing risk.
- During the first three years of delivery the new service could investigate the feasibility of an early intervention perpetrator behaviour management programme, for those perpetrators who reach some level of self-awareness and motivation to address behaviours and make changes.

Principle 3: The couple receive separate and concurrent longer-term housing offers, and separate but joined up wraparound support

"I think it would have helped if they would have worked with us together, but also separately – it was the way they dealt with us, that made me keep running back to him, and him keep running back to me, because we could never both get housed at the same time." (Survivor)

Survivors, professional stakeholders and registered housing providers identified the key factors in developing the housing provision and housing coordination element of the operating model.

The research found:

Separate and concurrent housing offers

Survivors and professionals had found hostels unable to meet the needs of couples, with hostel rules and policies, (such as rules on visitors, or gender separation by floor) sometimes exacerbating problems and risks in their relationship.

"When I was homeless, and she had a place, she couldn't accommodate me, because it was no visitors – I sneaked in a few times, I went to her room and stayed overnight because I needed to lie down, my legs were hurting, everything was hurting, my medication needed to be in the fridge..." (Partner with lived experience)

Victim/survivors often play a caregiving role for their partners which prevents them from accepting supported housing for themselves alone.

"[My partner] didn't have proper support for years, making me his caregiver and him rely on me more and more." (Survivor)

It is therefore essential that couples are rehoused separately but at the same time, to break the cycle of victim/survivors abandoning tenancies and rejoining a rough sleeping partner.

Separate but joined up wraparound support

Both partners in the couple need their own individually tailored support so that each has the privacy and space to disclose their full situation, build trust and confidence in their individual support relationships, and access any other specialist support (such as substance use recovery) they need to address their individual needs.

"...I think it's so important that the woman has her keyworker, and the man has his keyworker so they can build that trust and start opening up and telling them things." (Survivor)

However, especially in the early stages of engagement, it is likely that much of the outreach to and engagement done with the couple will involve the two workers for the couple joint working, especially where a perpetrator will not allow the survivor to see their worker alone.

"It would have helped being seen as two adult people that were together, not being told what we had to do but someone listening to adults. Having somewhere to go together and people that could see us together." (Survivor)



"So, any type of support, you know we've got drug addictions, financial help, help with paperwork – For me, I will need help with a few things. If it's concerning me, I go alone. If it's concerning both of us, we go as a couple – healthcare, (drugs service), anything. The mental health, the addiction, medication, food." (Partner with lived experience)

We just had to accept that work has to be done with them as a couple. Every time we target her, we have to bring the perpetrator's worker, so then he can talk to the perpetrator, and we can talk to her. It's safer and because the perpetrator is distracted and he feels like he's getting attention, it gives the survivor space and opportunity and time for her to get support." (VAWG support worker)

For the new service these findings mean:

- Accommodation offers for both partners in the couple should be made at the same time.
- Early work in developing separate but joined up wraparound support for each partner in the couple should include couple-specific assessment of suitable location and proximity of the two lettings.
- Brief temporary accommodation is also likely to be needed for one or both partners while the lettings are aligned.
- The wraparound support will need to include specialist expertise in direct support to victim/survivors of domestic abuse and in the broader dynamics of domestic abuse when working with both victim/survivors and partners, as well as access to other specialist agencies working across the spectrum of needs arising from multiple disadvantage.

Principle 4: Accommodation is needs-led not supply-led, with couple-specific consideration of proximity/location

The Westminster Violence Against Women and Girls (VAWG) Housing First²⁸ project responds to the needs of women experiencing long-term homelessness, multiple disadvantage and male violence against women and girls. The project is one of the few VAWG/women-specific Housing First services in existence and has been consistently evaluated over the last four years. The experience and learning from the project therefore provided valuable insights for this feasibility study.

The research found:

Needs-led housing allocation process

The Westminster VAWG²⁹ Housing First service responds to the supply of units as they are released and matces them with the needs/safety/ preferences of the women supported and waiting to be nominated, so the allocations process is supply-led. For the couples project however, allocations should be driven by the joint needs of the couple, as location and proximity of accommodation are critical success factors for the service.

Location and proximity of housing

The needs-led tailored support process should include assessment of the location a couple needs, considering their existing support networks and what proximity partners will need so as to be able to make use of both flats as individual homes and each to experience personal space, whilst still spending time as a couple together.

"...it all depends how nearby... so we're not in each other's faces all the time – then it'll end up me always staying at his or him always staying at mine – I think it would be good to separate a little bit, so there's not so much co-dependency." (Survivor)

"Two separate accommodations near each other is perfect because she can do her stuff, and I can do mine, and we can see each other, she can come to mine and I can go to hers, and if there is a problem, to avoid escalating and causing problems, and getting to problems like domestic violence, we can say – I'm going home. Separate for a while, relax." (Partner with lived experience)

Urgent property moves for safety

The Westminster VAWG project occasionally needs to respond to domestic abuse

incidents in the property where it is no longer safe for women to remain. This usually requires use of temporary accommodation for the woman while the project works with the housing provider to identify a long-term tenancy swap to a safe location.

Intensive housing management

Survivors highlighted the need for specific support to help with the practicalities of managing and sustaining their tenancy, such as setting up utilities, paying bills including rents and service charges, reporting maintenance problems, claiming benefits and acquiring furniture and white goods.

"There should be ongoing support when we are in the flat. Not loads of expectations to be able to get this, people will never know how hard it is to access our support networks, with all these 'need to dos', it's a lot, especially when we are trying to survive. So, making sure we have people to help us through the steps." (Survivor)

"I don't think we were in the mentality to maintain a tenancy, I wasn't given the skills to manage a tenancy, so even if I was offered that, I don't know if I was ready to adhere to that. I was dependent on those partners, but those partners were just as unequipped as I was." (Survivor)

"I don't know what it's gonna be like living with her do I? But it wouldn't be about like her mental health and that, it would be around bills, rent and getting in debt, my issues would be that, not violence or drugs and that." (Partner with lived experience)

Housing providers taking part in the research were generally providing Intensive Housing Management (IHM) in their other Housing First projects, with IHM funded though enhanced housing benefit via eligible service charges.³⁰ IHM contributed to the additional work on lettings, tenancy management and maintenance required for vulnerable tenants experiencing multiple disadvantage and enabled seamless transition if it became possible to taper off specialist support. Housing providers considered that building in intensive housing management within the operating model from the outset was important as Housing First is intended as a long-term/permanent housing solution.

"... being in a position where we understand that that individual is always going to need support is also not a bad thing." (Housing provider)

Housing coordination

The Westminster VAWG Housing First project includes a part time Housing Coordinator function which has been key to achieving a tenancy sustainment rate of 95% for women housed over its four years of operation. The function bridges all tenancy related work between the housing providers and the support team, who are then able to dedicate their time to directly supporting the women.

"The housing coordinator model is really good because it keeps the relationship between the housing provider's intensive housing management input seamless with the support input if a tenancy becomes very problematic. The coordinator would be able to "translate" - sometimes people speak different technical languages, and support staff don't always 'get' the housing provider's concerns." (Housing provider)

For the new service these findings mean:

- Allocations and lettings processes should be driven by the assessed needs of each couple, including location and the proximity between the two flats which should ultimately be directed by the survivor.
- Provision for urgent safe location tenancy swaps should be expected and planned for by the service and included explicitly within any service level agreements with housing providers.
- Housing providers should offer Intensive Housing Management in addition to core housing management services.
- A housing coordinator role within the support team may offer an efficient interface with housing providers on the additional complexities of managing paired tenancies and temporary accommodation moves.

Principle 5: Strong local authority governance, leadership, oversight and support of the project is in place

The research found:

Governance and oversight

Local authority strategic support and involvement with the project was viewed as essential by all professional stakeholders and pivotal to collaboration with both housing provider partners and other multi-agency partners, due to the complexity of couples' needs, the risks to be managed, and the complexity of service delivery.

"It helps the practitioners who are on the ground working with those cases feel supported and that they're not alone with the high risk." (Commissioner)

Competing demands for limited housing supply

A sufficient needs-led supply of long-term social housing is necessary as a bedrock for the service. Social housing providers have many demands on their housing supply and must comply first with their existing local authority obligations. Housing providers taking part in the study were keen to be involved in the new service if they could be assured that local authorities were willing to prioritise housing units for the project.

"Local authorities will have many competing priorities and for this to actually deliver a supply of paired lettings of the right types and locations which will be safe and suitable for these couples, authorities may have to prioritise this service over other important commitments." (Housing provider)

"The resources are very limited. But if everybody is aligned and the resources are prioritised enough then this is absolutely doable." (Housing provider)

For the new service these findings mean:

- Strategic support, leadership and prioritisation by one or more local authorities (possibly at sub-regional level) need to be in place for the service to be delivered safely and sustainably.
- Local authorities will need to coordinate their governance, oversight and support of the service to involve rough sleeping commissioning plus other relevant services includinghousing, local VAWG leads, adult social care, MARAC and other linked multi-agency structures.

• Local authorities will need to prioritise allocation of housing units for the service highly enough to deliver a flow of needs-led supply in suitable locations/proximity.

Principle 6: Clear safeguarding procedures are established to explicitly identify and manage risk for victim/survivors

"Very rough, violence, drugs, drink, everything nasty evil wickedness, beaten up, drugged up, raped and abused, do I need to go on?" (Survivor)

The research found:

Severity of risk faced by victim/survivors

Partners are likely to include high risk/serious harm perpetrators or perpetrators where the risk is initially unknown and must be assumed to be high. Victim/survivors are expected to be highly vulnerable with multiple and complex needs.

"She has a high level of substance misuse, risk of overdosing. She's also got loads of health issues, mental health issues, other multiple disadvantages, as does he. So, she's experiencing really dangerous risk around her substance and health issues." (VAWG specialist worker)

However, the evidence is clear that without any systemic intervention, victim/survivors remain exposed to unassessed and unmanaged risk of severe harm including risk to life. Stakeholders highlighted the essential requirement of a hyper-vigilant and proactive safeguarding approach to protect victim/survivors:

It's labour intensive but it helps because you've got a very robust, safeguarding mechanism that has oversight...if something is more complex, we can act quickly to escalate a response from the multi-disciplinary team around the couple - flash points where stuff is going very wrong, and the risk really escalates, or big incidents - this system really helps." (Local authority stakeholder)

Perpetrator risk assessment

The Drive Project is the Drive Partnership's³¹ flagship intervention working with high-harm, high-risk and serial perpetrators of domestic abuse to prevent abuse and protect victims. Drive's risk assessment process is a rigorous model which could be adopted by the service.

Drive's approach is to explore a range of needs and how they interconnect with risk – both criminogenic and non-criminogenic, drawing on the risk-needs-responsivity model.³²

"At present, the empirical evidence base supporting the RNR principles is the best we have."³³

Drive considers needs such as substance use, mental health, pro-social recreational activities, families and parenting, financial, and tech abuse risk factors. Risk markers for suicide are also significant. Drive also draws on tools such as the Domestic Abuse, Stalking and Honour Based Violence (DASH 2009-2024) and Risk Identification, Assessment and Management Model and Severity of Abuse Grid (SOAG).

Managing risk arising from change and increased victim/survivor empowerment

One of the partners with lived experience expressed strong feelings of responsibility for caring for and protecting his partner which caused him intense stress and anxiety but also gave him a sense of purpose and identity.

"...they see us homeless, in vulnerable positions...They think you're less. Like, less of a person. And not only that, when you're homeless, people attack what you love the most, so I have to protect her because they will attack the thing I love, which is... me girlfriend." (Partner with lived experience)

Because of the prevalence of co-dependency, (excessive emotional or psychological reliance on a partner) in this cohort, any changes such as separating joint finances and benefit claims, change in circumstances, or change in the victim/survivor's feelings about the relationship because of greater empowerment and improved situation may seriously escalate risk from the perpetrator.

"Cos they [support workers] always wanna separate [us], ya know saying you're abusive, you're codependent, colluding, fucking load of shit... and recovery is selfish and all this nonsense." (Partner with lived experience)

"I'm quite traditional... like if I had a house, I wouldn't want her out at work, I'd want her at home...when I grew up that's what a man did." (Partner with lived experience)

Property security

Housing providers highlighted the need for safety planning to include property related safeguarding³⁴ and security features (sometimes referred to as sanctuary schemes).

For the new service these findings mean:

- Rigorous risk/safety assessment and planning should be standardised across the service for all partner/perpetrators at a level for high risk/serious harm perpetrators.
- Risk assessments for victim/survivors need to be specialist for multiple disadvantage as the severity of their risk may be less apparent with only the standard DASH measures applied.
- Specialist VAWG and domestic abuse knowledge, skills and expertise will be essential requirements for the workers supporting victim/survivors.
- Close day to day working and collaboration between support workers for the victim/survivor and for the partner/ perpetrator will be essential to manage any escalating perpetrator risk and ensure additional safeguards are put in place.
- Dedicated funding for security and safety measures and adaptations in properties to make them safe should be identified and included within housing provider service level or other agreements.
- Service-specific procedures and policies for responding to risk and incidents will be important. These might cover responding to and reporting incidents, welfare checks and reporting missing persons, where thresholds and processes are likely to be different from other services.

Principle 7: Risk management and decision making are shared across an established cross-sector network of statutory and voluntary agencies

"...the high risk is still there, but this is the long game of how we reduce the risk slowly, over time, for the long term." (VAWG specialist worker)

The research found:

Multidisciplinary risk management and decision making

Multidisciplinary work is essential for ensuring victim/survivor safety.

"The most critical development priority of any domestic abuse intervention should be the safety of victim-survivors... when multi-agency partnerships and arrangements (such as multi-agency risk assessment conferences and Integrated Offender Management) work as intended, this can enhance victim safety."

Multidisciplinary working will be essential for risk management, to develop shared approaches, to foster learning, and to ensure consistency of professional behaviour with the perpetrator.

"When you work with couples, especially when there's a lot of violence, workers can feel like they're holding so much responsibility and risk and it becomes a very, very scary place. So, making sure that's not sitting with those individual workers and having that multi-disciplinary team around them also makes sure we're giving the couple the best chance." (Commissioner)

A partnership approach to share risk management and decision making is particularly important in the absence of a structured programme for perpetrators. The partnership might include VAWG, police, probation, housing, social care, MARAC, health (including mental health), substance use and other relevant professionals. A stakeholder described a positive example of good multidisciplinary working for one couple.

"There's been a good network, meetings that are regular, it's attended by police, by perpetrator specialists, by hostels, by VAWG specialists, by commissioners, by substance use specialists. Some are working directly with the couple, and some are just in the background. But it's been really good because the case was always being heard at MARAC, but that is only a ten minutes slot, whereas this needed regular, tailored network meetings. Also, it shows realistically the risk - the high risk is still there, but this is the long game of how we reduce the risk slowly, over time, for the long term." (VAWG specialist worker)

Risk ownership and accountability

Because the service will be working in a context of high risk of serious harm it will be critical that the multi-disciplinary approach includes a robust framework for managing risk dynamically.

"Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors..." ³⁶

The risk management framework will require clarity on ownership and accountability for actions, so that risk is contained and held by the multi-disciplinary partnership rather than only the Housing First support team.

Housing-specific risk management

"We house vulnerable people, that's our mission, so we will never say no to vulnerable groups because of their vulnerabilities. But we need to make sure that we are not losing money that if we went down another route would be guaranteed. So, we will need to work intensively on the modelling with the local authority commissioners and other partners to understand and build in the financial implications of the dual allocations and lettings." (Housing provider)

There are specific risks for housing providers involved in housing people experiencing multiple disadvantage, with complex needs and where domestic abuse may be involved. These include void loss if it takes longer to sign up new tenants or if there is a higher rate of tenancy abandonment, loss of rent/service charge income due to financial abuse, "cuckooing" of the homes of vulnerable tenants for criminal activities, and nuisance/neighbour complaints if domestic abuse is mis-perceived as anti-social behaviour or noise nuisance.

"We are not risk-averse as a housing provider but very risk-aware, so we try to take a de-risking approach where all professionals involved are totally aligned and appreciative of the situation. This service is within our comfort zone as long as we are working with domestic abuse experts as partners, so the risks are identified absolutely upfront, and planned for in service level agreements." (Housing provider)

For the new service these findings mean:

• Early engagement with all potential partners in the cross-sector network of

statutory and voluntary agencies, including housing providers, will be essential to ensure their input and feedback on fine tuning the service operating model and developing the frameworks and agreements for risk management and accountability.

• Managing housing-specific risk may need specific financial and service level agreements, for example in relation to minimising potential void losses during the allocation and letting of paired tenancies.

• Training in domestic abuse and working with perpetrators is likely to be important for housing providers so that they can effectively recognise incidents of domestic abuse, particularly where these could be confused with anti-social behaviour.

Principle 8: The staffing model provides specialist input and reflective support processes for containment and support of the Housing First team

The research found:

Specialist Input

The Housing First team must include specialist VAWG expertise, particularly in relation to managing risk and victim response. It should include at least one domestic abuse specialist and all support workers for victim/survivors should be specialists in VAWG, as with the Westminster VAWG Housing First project.

A perpetrator lead role should be embedded within the Housing First team - a dedicated perpetrator specialist to work with the team and to lead the team's work with external organisations on perpetrator support. This role should increase understanding of domestic abuse dynamics and perpetrator behaviours, improve risk management, and build confidence in practitioners to hold perpetrators accountable for their behaviours, whilst acknowledging and responding to the perpetrators' own challenges and vulnerabilities.

Reflective support processes

"Because staff are dealing with very volatile clients, they can make slow or no progress, and lots of backward steps. So....it just seems completely hopeless. There is a higher level of 'stuckness' and complexity that you're dealing with." (Perpetrator support expert)

"The risks are so high, and people are witnessing really high-level abuse, where there's a risk of death. It invoked all sorts of emotive feelings, anxieties, fears, blames, resentfulness. I think especially staff felt like this really high-risk situation was being dumped on them, that they were having to collude and witness abuse. It brought up a lot of feelings for people." (VAWG specialist worker)

Working structures should include reflective group practice, and/or clinical supervision, as the work will be high impact, high stress for the team who will hold significant risk,

even with the support of a wider cross-sector and multidisciplinary partnership.

The structures should also enable the perpetrator lead to share the burden of risk with other professionals as well as the Housing First team.

For the new service these findings mean:

- The proposed operating model includes provision for clinical supervision and reflective practice.
- The proposed operating model includes a perpetrator lead role within the Housing First team and VAWG specialists at a frontline and management level.
- The proposed operating model suggests that the perpetrator lead chairs the cross sector multidisciplinary partnership meetings.

Principle 9: An active learning, reflection and improvement cycle is in place throughout the life of the project

The research found:

Active learning and improvement cycle to ensure victim/survivor safety

The aim of the service is to reduce harm to victim/survivors, improving their safety and outcomes, but this will only be tested once the service is up and running. So, it will be critical to build in an active learning cycle from the outset to identify any weaknesses or new risks to victim/survivors that might inadvertently be created, and to provide rapid feedback to ensure ongoing service improvement.

"We are keen to work with people who are pushing the boundaries and innovating to tackle problems like this where the complexities that women face are relentless and seem intractable. But particularly because it's a radical and untested approach, we need to be constantly checking to make sure we are not doing any unforeseen harm, particularly when the risks are so high, and be able to learn fast, so that we maintain and increase women's safety." (Housing provider)

Potential for improved outcomes

Evidence from evaluation of domestic abuse-focused Housing First interventions³⁷ indicates this service's potential to increase housing stability for victim/survivors

whose current situation is one of instability and high risk; to reduce levels of abuse, housing instability, depression, anxiety, and PTSD; and to improve quality of life, and hopefulness. A local authority commissioner highlighted the importance of ensuring survivor voice plays a key role in evaluating future service outcomes.

"Service user engagement like the consultation you're doing for this research would continue to be really important in terms of how do people feel and what has worked, and what can we learn from them? What has been helpful? Speaking to the individuals, what's changed for them? Has it improved their situation? How do they feel? And do they feel safe?" (Commissioner)

For perpetrators there is potential to improve their wellbeing in relation to their multiple disadvantage, as well as disrupting and raising early awareness of their abusive behaviour.

Strengthening evidence on what works

The Ministry of Housing, Communities and Local Government domestic abuse review cited above also called for further independent outcome focused evaluation to help with replicability and dissemination of learning to the sector.

"More evaluations of clearly defined and documented interventions for women experiencing multiple disadvantage with consistent engagement and outcome measures (including safety outcomes) would enable better comparison across interventions to determine which are most effective... [and] would be valuable in strengthening the evidence base." 38

For the new service these findings mean:

- Independent evaluation³⁹ of the first three years of delivery should be embedded within service design from start-up, to ensure rapid feedback and service improvement loop and to evaluate outcomes.
- The evaluation approach could build on existing specialist project outcome measurement on improving safety, for example work done by the WiSER⁴⁰ Project, (specialist partnership service working across north and east London for women and girls experiencing



violence and abuse together with severe and multiple disadvantage). WiSER's outcome measurement accounts for a gradual approach for women with multiple disadvantage and tracks safety improvement before leaving a relationship.

Conclusion

Victim/survivors of domestic abuse, mostly women, who are experiencing rough sleeping or homelessness and remain in their relationship, despite being victims of crime, suffer a brutal social injustice which keeps them trapped in cycles of repeat homelessness, rough sleeping and ongoing abuse.

"Women find themselves victims of a siloed system where their needs fall between the gaps in departmental and organisational responses to rough sleeping, domestic abuse, criminal justice, and health and social care needs."

They also find themselves victims of a siloed system where their needs fall between the gaps in departmental and organisational responses to rough sleeping, domestic abuse, criminal justice, and health and social care needs. This situation is unjust, inequitable and perpetuates cycles of abuse, leaving vulnerable victim/survivors exposed to unmanaged and unmitigated risks of severe harm, including risk to their lives.

This feasibility study indicates that the model intervention proposed for a Housing First for Couples service has strong potential to achieve positive improved outcomes for both partners within each couple, reducing harm and potentially saving lives.

If the new service is designed and delivered to Housing First principles and also works to the nine specialist key principles identified by this research, it should deliver a safe, viable and sustainable service, which opens up a brighter future for victim/ survivors not just to survive, but to flourish.



Endnotes

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- Women's Aid Federation of England: https://www.womensaid.org.uk/information-support/the-survivors-handbook/im-worried-about-someone-else/
- We have generally used the term "victim/survivor" as this is widely used to reflect the spectrum of people's, largely women's, experience of domestic abuse and violence. However, we have used the term "survivor" when referring to the contributions to the study from six women with lived experience as they were speaking from a place of empowerment and recovery.
- Domestic abuse is predominantly a gendered crime which is deeply rooted in the societal inequality between men and women. It is a form of gender-based violence directed against a woman or girl because she is a woman or girl. Women's Aid Federation of England: https://www.womensaid.org.uk/what-we-do/research/domestic-abuse-the-facts/
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Annex - annual costing framework

(Assumes 10 couples and 20 housing units)

Total staff costs (salary, pensions and NI) for:

- 4 specialist support workers (2 x VAWG/women's multiple disadvantage specialists, 2 x homelessness specialists
- Full time service manager and management support for partner organisation
- Part time perpetrator lead (3 days)
- Part time housing coordinator (2 days)
- Wider staff costs (reflective practice, training, and IT equipment)

Service user costs:

- Access to counselling
- SU travel costs,
- Emergency budget
- Individual personal budgets
- Temporary accommodation costs
- Property set up and replacement costs

Central costs/overheads

Subtotal

Evaluation costs

Total